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A Focus Group Study of Baby Boomers' Processing and Interpretations of Fear Appeals in Health Care Reform Political Advertising

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A Focus Group Study of Baby Boomers' Processing and Interpretations of Fear Appeals
in Health Care Reform Political Advertising

by

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A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts
Department of Mass Communications
College of Arts and Sciences
University of South Florida

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Abstract

This qualitative research study describes the processing and interpretations of “Baby Boomers” in response to fear appeals from two health care reform political advertisements. Research suggests that scholars continue to disagree on the audience’s interpretations of fear appeals, based on studies comparing different levels of fear, emotions, and interpretations by specific members of the population. However, little is known about how “Baby Boomers” interpret fear used in health care reform advertising. The method included six focus groups. Thematic analysis revealed five key themes: “Baby Boomers” processing produced a range of emotions, they demand more facts, the fear expressed was fear of the unknown and fear of change, how do they know who they can trust and what they can believe, and the shared experience of an “us in comparison to them” mentality. Future research should expand upon these themes across a more diverse group of participants, to compare and contrast findings across different generations, or in combination with other methods.

Chapter One

Introduction

This qualitative study examined “Baby Boomers” interpretations of two opposing fear appeals used in health care reform political television advertisements in 2009. The purpose was to begin to understand how “Baby Boomers” process and interpret fear appeals in health care reform communication.

Health care reform policy and messaging appeared on the scene during the 2008 U.S. presidential election and has continued throughout the current administration of President Barack Obama. Political advertising on the subject of health care reform appeared in several forms – in print, on the television, and on the Internet. Special interest groups and membership organizations such as The American Association of Retired Persons (AARP), launched communication campaigns to their publics and entered in the debate on some of the key issues and concerns. As the “Baby Boom” generation ages, it will be impacted by changes to, as well as place heavy demands on the health care system (Spotts & Schewe, 1989).

While there is considerable research on fear appeals and health communication, there is scant research on fear appeals used in the 2009 health care reform debate. This study strived to expand the fear appeals literature by examining examples of these fear messages from the points of view of members of the targeted “Baby Boom” generation.

Below, I first provide some background on the political environment and the health care reform debate of 2009. Media articles and sources outline the debates between Republicans, Democrats, and other organizations about the level of the federal government's involvement and control in the health care system and the financial, health, and social affects to the American people. A summary of the tenets and timeline of the Affordable Care Act, which President Obama signed into law in March 2010, helps lay the foundation for understanding some of the policies, including a 50 percent discount for brand-name drugs in the Medicare "donut hole," expanded coverage for young adults, small business tax credits, and insurance plans for people with pre-existing conditions (HealthCare.gov, 2010).

Second, I investigate the literature on fear appeals and theory, political communication, and health communication to show that discrepancies exist among scholars and practitioners about the use and effectiveness of fear appeals. Fear appeals may not be the most effective tactic to portray audience feelings of control (Bailey, 1987). However, other scholars have found that maximizing self-efficacy, one's ability to overcome the threat or fear in messages, while minimizing fear tactics may lead to successful health communication techniques (Grow & Christopher, 2008). This study filled a gap by investigating a segment of the population rarely studied, the "Baby Boomers," in the context of fear appeals used in recent health care reform messages.

Next, I describe the focus group method used to conduct the study and explain the use of thematic analysis. Then, the findings from the six focus groups are discussed with the five dominant themes. Next, I discuss the significant aspects of the findings, including

insights for practitioners and for future, targeted health care reform communication strategies. Last, the conclusion validates this study's goal to provide preliminary insights into how "Baby Boomers," a segment of the population rarely studied before, processed and interpreted fear appeals in health care reform communication.

Chapter Two

Background

The controversy surrounding the health care reform debate is in part because nearly 46 million Americans do not have health insurance, and 25 million more are underinsured (Cohen, 2009). In the U.S., total health care spending was around \$2.4 trillion in 2007 (Cohen, 2009). While President Obama, Republican and Democratic members of Congress, the American Medical Association, and America's Health Insurance Plans agreed that health care reform was necessary, they disagreed on how to achieve it (Cohen, 2009).

The arguments from politicians, organizations, and the media around the policies and impacts of President Obama's health care reform proposal gained notoriety in 2009. Pharmaceutical companies, labor unions, political parties, organizations, and health insurance companies all entered the debate, and more than \$52 million was spent nationwide in 2009 on health care reform-related advertisements (Pershing, 2009). The opposing arguments from some anti-reform Republican politicians and Tea Party supporters, the grass-roots anti-government movement, reached a boiling point when allegations of death panels and refusing care for senior citizens caused alarm among some Americans (Krugman, 2010; Magder, 2010).

In 1988, 31.1 million Americans were age 65 or older. By the year 2030, as the “Baby Boomers” approach old age, this number will increase to approximately 66 million and account for more than 21 percent of the U.S. population (Benet, Pitts, & LaTour, 1993). One of the major consumer demands for this population segment is health care (Spotts & Schewe, 1989). The “Baby Boom” population’s sheer size and vested interests concerning health care reform made them a frequent target of 2009 health care reform advertisements.

On March 23, 2010, President Obama signed the Affordable Care Act making it law, after a year of partisan combat and advertising (HealthCare.gov, 2010). A few tenets of the Affordable Care Act that became effective throughout 2010 included providing small businesses health insurance tax credits, allowing states to cover more people on Medicaid, and granting access to insurance for uninsured Americans with pre-existing conditions, such as diabetes (HealthCare.gov, 2010). It should be noted that the sources for this information themselves contain biased, political rhetoric, are constantly changing as the political environment changes, and are meant to be persuasive political communication.

Tenets effective throughout 2010 that were particularly significant for seniors included maintaining all existing Medicare-covered benefits, granting people the continued ability to choose their own doctors, offering a one-time, tax-free \$250 rebate check to seniors who reached the gap in Medicare prescription drug coverage known as the “donut hole,” expanded coverage for early retirees who retired without employer-sponsored health insurance and were not yet eligible for Medicare, providing certain free

preventive care services for seniors on Medicare, eliminating lifetime limits, and regulating annual limits on coverage (HealthCare.gov, 2010).

Future changes slated will include the creation of the Community First Choice Options in October 2011 which will allow states to offer home and community-based services to disabled individuals through Medicaid instead of having to receive care in nursing homes (HealthCare.gov, 2010). In October 2012, a voluntary program called the Community Living Assistance Services and Supports (CLASS) program will assist people who need help with their daily activities by providing a cash allowance to receive care and other community supports to help seniors keep their independence (HealthCare.gov, 2010).

An argument on one side of the debate is how the government is currently funding and will sustain the associated cost of the reform since the Congressional Budget Office estimated the government's deficit to reach a record \$1.5 trillion in 2011 (msnbc.com, 2011). Other concerns raised involve questions about the quality of government-sponsored care, and the negative impact to employer-sponsored insurance plans (Cohen, 2009).

In 2011, the debate in Congress surrounding President Obama's Health Care Reform Act, coined "Obamacare" by some political opponents, continues. The Republican-controlled House and Democratic-controlled Senate create a partisan environment in which the Republicans try to repeal the Health Care Reform Act and the Democrats try to renew support (AARP, 2011; Bazinet, 2011). Due to the long-term timeline and complexity of the reform policies, some politicians and Americans are also

voicing concerns about the federal government's ability to enforce compliance among stakeholders including state governments, health care professionals, hospitals, and health insurance companies (Cohen, 2009). A shift occurred in early 2011 when President Obama announced to U.S. governors that he was willing to amend the health care law to grant states the ability to opt out of its most controversial requirements, including the mandate that most Americans buy insurance (Stolberg & Sack, 2011). This announcement was in response to strong attacks in the courts, where judges have questioned the policies based on constitutionality, and in response to scrutiny from some Republicans and Tea Party supporters (Stolberg & Sack, 2011).

The political environment leading up to the signing and passing of President Obama's Affordable Care Act fluctuated as stakeholders and advertisers filled the airspace with fear-evoking messages in support, or against the policies. In the next section, the literature on fear appeals, fear appeals theory, political communication, and health communication is assessed to expose the rationale for conducting this research- to develop budding insight into how a population targeted and impacted by these advertisements interprets fear appeals.

Chapter Three

Literature Review

The U.S. polarized health care reform political environment, marked by a partisan rift between supporting Democrats and opposing Republicans, led to an emergence of fear appeal advertisements on the topics of health care reform during the 2009 advertising debate (Connelly, 2011; Scherer, 2009). In August 2009 during the Congressional recess, the White House appeared to lose control over the health care reform public debate as the intensity of the opposition grew in television advertisements, on talk radio, and at town-hall meetings (*The New York Times*, 2011). Throughout the summer of 2009, a wave of political campaign advertisements created by social, advocacy, and political organizations on the topic of President Obama's health care reform saturated the television airwaves (Scherer, 2009). Before President Obama signed the Affordable Care Act into law, a March 22, 2010 Gallup survey poll found that 49 percent of the Americans surveyed said the passing of the health care reform law would be a good thing, while 40 percent thought it would be a bad thing (Newport, 2011).

According to the "Top 10 Health-Care Reform Fight Ads" article found on TIME.com, 10 television commercial advertisements about health care reform were considered controversial because they featured one of the staples of political advertising—fear (Scherer, 2009). Since the study of the Health Insurance Association of America's

“Harry and Louise” campaign advertisements released during the 1990s President Clinton health care reform debate, there appears to be no research on health care reform political advertisements, and even fewer studies examining the interpretations of fear appeals by targeted members of the population (Goldsteen, Goldsteen, Swan, & Clemeña’s, 2001).

This study explored how members of the “Baby Boom” population interpreted fear appeals and what preliminary discussions emerged. There is currently no research that actively studies the processing and interpretations of “Baby Boomers” in relation to recent health care reform advertising. Previous fear appeals literature contains mixed reviews regarding their use, impacts and interpretations (Roffeld, 1988). Low-threat fear appeals seem to produce little, if any, persuasive effects on the audience (Witte & Allen, 2000; Viljoen, Terblanche-Smit, & Terblanche, 2009). Differences in personal relevance have been found to influence receivers at medium and high levels of fear (Viljoen et al., 2009). Fear appeals may not always be the most effective tactic to portray audience feelings of independence and control (Bailey, 1987). Research has also found that maximizing self-efficacy messages, while minimizing fear tactics may lead to successful health communication techniques (Grow & Christopher, 2008).

First, this literature review begins with a foundational look at fear appeals and theory development, and shows that discrepancies exist among scholars surrounding the use, persuasiveness, and impacts of fear-evoking communication. Thus, some argue the use of a strong fear appeal is less effective than a minimal fear appeal in producing and maintaining attitude changes, while others argue the stronger the fear appeal, the greater

the attitude, intention, and behavior changes, and the stronger the severity and susceptibility in the message, the more changes in attitude, intention, and behavior may occur (Janis & Feshbach, 1953; Witte & Allen, 2000). Next, political communication literature, of which threats and fear appeals are an accepted part of the discourse, shows the staying power of strong political media messages and how past political advertisements have capitalized on the complexities of the political platforms and the salience of issues relevant to the American public (West, Heith, & Goodwin, 1996; Walton, 2000).

The use of fear appeals in health communication research is explored next and research on the role of negative emotions was found to contain conflicting findings, where some researchers find that negative emotion encourages health information-seeking behavior, whereas others argue it acts as a barrier for people to face and seek information related to their health (Lee et al., 2008). Last, this chapter will conclude with a summary of the weaknesses, gaps, and opportunities for future research, which this study built upon by combining elements of past research to investigate “Baby Boomers,” in the context of fear appeals. Older Americans, the largest consumer segment in the health care industry, will simultaneously be the greatest impacters of, and the most impacted by, shifts in health care costs and services, which made them a relevant segment to investigate (Whitten & Gregg, 2001).

Fear Appeals and Theory Development

Fear was a primary focus of mass communication research from 1953 to 1975 (Witte & Allen, 2000). To understand the development of fear appeals research and establish consistency in this review, definitions of key terms are provided and the development of fear appeals theory is summarized. *Fear* is defined as an internal emotional reaction composed of psychological and physiological dimensions that may be aroused when a serious and personally relevant threat is perceived (Perloff, 2008). A *fear appeal* is defined as a persuasive communication that tries to scare people into changing their attitudes by conjuring up negative consequences that will occur if they do not comply with the message recommendations (Perloff, 2008).

Early fear appeals theories focused on the learning theory perspectives (Witte & Allen, 2000). Three main types of emotional reactions may prevent a person from being influenced by communication with fear-arousing subject matter. First, the audience may fail to pay attention to the message (Janis & Feshbach, 1953). Second, a person may become aggressive toward the communicator and reject the communication (Janis & Feshbach, 1953). The third scenario occurs if the tension leads to defensive attempts to avoid the communication, failure to recall the message, loss of interest, or denials of the threat (Janis & Feshbach, 1953). The use of a strong fear appeal was found to be less effective than a minimal fear appeal in producing and maintaining attitude changes (Janis & Feshbach, 1953). The minimal fear appeal fostered the most resistance to contradicting counter-propaganda messages; however, the strong appeal was found to be effective in

arousing interest (Janis & Feshbach, 1953). High, low and neutral levels of fear appeals were found to be equally effective in teaching factual content (Janis & Feshbach, 1953).

Beginning in the 1970s, cognitive perspectives gained attention in fear appeals theories (Witte & Allen, 2000). The protection motivation theory proposed three components of a fear appeal: the magnitude of noxiousness, or unpleasantness, of a depicted event; the probability of that event's occurrence; and the efficacy of a protective response (Rogers, 1975). The protection motivation theory clarifies that one is coping with and avoiding a harmful or unpleasant event rather than escaping from an emotional state of fear, and this directs attention back to environmental stimulation where it is needed (Rogers, 1975). One limitation of the protection motivation theory is that it does not account for the duration of the harmful stimulus, or the painfulness of the amount of work required for implementing the recommended action (Rogers, 1975).

Howard Leventhal's parallel response model involved two processes called danger control and fear control, in which a person initiates both adaptive behavior and the emotional reaction (Rogers, 1975). However, a limitation of the parallel response model is it lacks sufficient rules of correspondence to link theoretical constructs to observable events (Rogers, 1975). The parallel response model was later expanded to become the extended parallel process model (EPPM), which states when people believe they are able to perform the recommended response against the threat (high perceived self-efficacy and response efficacy), they become motivated to control the threat and think of solutions to remove or lessen the threat (Witte & Allen, 2000). In contrast, when people do not believe the recommended response works (low perceived response efficacy) and/or

whether they are able to perform this response (low perceived self-efficacy), they become motivated to control their fear and focus on removing the feelings of fear through denial, defensive avoidance, or reactance (Witte & Allen, 2000).

The EPPM is the most recent fear appeal theory and borrows elements from the classic fear appeals theories, including the parallel response model and the protection motivation model (Witte & Allen, 2000). According to the EPPM, the evaluation of a fear appeal begins two appraisals of the message, which may result in one of three possibilities. First, the individual appraises the threat of an issue from a message. The more the individual believes he/she is susceptible to the threat, the more motivated he/she is to begin the second appraisal, which is the evaluation of the efficacy of the recommended response. If the threat is perceived as insignificant, then there is no motivation to process the message and the individual will ignore the fear appeal (Witte & Allen, 2000). However, when the threat is believed to be serious and relevant, the individual will become scared and he/she will be motivated to take some sort of action to reduce that fear (Witte & Allen, 2000).

The EPPM is criticized because fear in the model is dependent on cognitive appraisal, and some scholars argue that emotional reactions to threats may produce different reactions than cognitive assessments of those threats (Lee, Hwang, Hawkins, & Pingree, 2008).

The stronger the fear appeal, the greater the attitude, intention, and behavior changes, and the stronger the severity and susceptibility in the message, more changes in attitude, intention, and behavior should occur (Witte & Allen, 2000). Low-threat fear

appeals seem to produce little, if any, persuasive effects on the audience (Witte & Allen, 2000).

Practitioners may develop effective fear appeals messages by increasing the references to the severity of the threat by using intense language and visuals, and by increasing the references to the target population's susceptibility to the threat by including personalized, direct language (Witte & Allen, 2000). Demographic characteristics, such as gender or age, do not appear to influence the processing of fear appeals, except in rare situations (Witte & Allen, 2000). The EPPM supports the persuasiveness of fear appeals when there is high perceived self-efficacy and response efficacy in order for a person to become motivated to control the threat and think of solutions to remove or lessen the threat.

Research showing support for the use and effectiveness of fear appeals has investigated a range of topics including, subjective health knowledge, strong versus weak fear appeals, high versus low-efficacy messages, perceived ethicality, and attitudes toward the ad, brand and purchase intention (Nabi, Roskos-Ewoldsen, & Dillman Carpentier, 2008; Witte & Allen, 2000; LaTour, Snipes, & Bliss, 1996). People who view themselves as well-informed about a threat may find fear appeal messages annoying or manipulative (Nabi et al., 2008). Discussions about President Obama's health care reform saturated the airwaves, so it is likely that some people view themselves as having knowledge about the policies. People higher in perceived knowledge, regardless of gender or message type, showed greater intentions to perform the recommended behavior if they experienced less fear, whereas those lower in perceived knowledge showed greater

intention to perform the same behavior if they experienced more fear (Nabi et al., 2008). If the audience can provide the threat or efficacy element of a fear appeal, it may be more effective to let that occur and result in a fear appeal with implicit threat (Nabi et al., 2008).

Related to the population of interest for this study, research questioning the appropriateness of fear appeals targeting the older population, and research examining the older population's responsiveness to fear appeals provides two landmark studies to build upon (Benet et al., 1993; Bailey, 1987). For the purposes of this research, "Baby Boomers" are defined as people born between, and including, 1946 and 1964 (Frankel, 2007).

The older population is in need of specialized attention when it comes to communication (Bailey, 1987). A foundational research study, which assessed the locus of control and responsiveness to fear appeals among three market segments of older consumers, indicated that responsiveness to persuasive communication is linked to a person's perception of his/her own control of events, known as the locus of control construct (Bailey, 1987). This analysis was the first segmentation study to link membership in a segment of the older population with reactions to fear appeals and locus of control measures (Bailey, 1987). Out of the three elderly consumer segments established from this research, the Working Active Elderly sample was found to be significantly more resistant to fear appeals, and shares some similar characteristics with the "Baby Boom" segment (Bailey, 1987). Persuasive advertising needs to be designed and verbalized in terms which allow members of the Working Active Elderly to make

decisions resulting in them feeling like they are in control, and fear appeals may not always be the most effective tactic to portray these feelings of control (Bailey, 1987). Coercion would be a communication tactic that practitioners would want to avoid when targeting members of the Working Active Elderly (Bailey, 1987). Further research calls for expanding the focus on segmenting the older adult populations into even smaller subgroups and examining their interpretations of persuasive communication techniques, and my study answered this call.

Another landmark study was unique in that it combined three topics – the use of fear appeals, marketing to older people, and the marketing of health care services and products into one study – which have previously been focused on as separate research topics (Benet et al., 1993).

This study found no indication that older adults were more vulnerable to fear messages, nor did their responses to fear appeals differ significantly from those of younger people (Benet et al., 1993). If older people do have harmful reactions to fear messages, then these messages should be altered appropriately (Benet et al., 1993). “It may be that the emotional distaste for scaring granny will never be resolved but the ethical dimensions of the issue require careful consideration and continued research” (Benet et al., 1993, p. 53).

Research exists that supports the use and persuasive advantage of positive emotional appeals, such as humor, and argues for the expanded use of positive emotional appeals over traditional fear-evoking messages in public health campaigns (Lewis, Watson, White, & Tay, 2007). Negative emotion is less likely to be persuasive if the

message has the negative result of increasing the emotional tension people feel (Lee et al., 2008). The use of fear has been associated with increasing the likelihood of the advertisement being remembered, increasing the attention given to the advertisement, and raising awareness about the topic in the advertisement (Lewis et al., 2007). Another concern regarding the use of negative emotional appeals is the belief that these appeals are now less effective because audiences have become numbed to the shock value and/or have grown tired with being bombarded with fear and shock messages (Lewis et al., 2007). Next, fear appeals used in political rhetoric and communication is discussed. While fear appeal arguments are an accepted part of political discourse, scholars and practitioners should be mindful when evaluating fear appeals to not dismiss them on the grounds of sleaze or irrelevance alone (Walton, 2000).

Political Communication and Fear Appeals

The political communication and fear appeals research reviewed for this study has a different epistemological perspective than the other literatures examined in this study. This section provides historical and humanistic research about past political communication campaigns through qualitative studies, essays and opinions from scholars and practitioners, whereas the other literatures studied focus more on empirical research supported through data.

Dichotomization is one specific form of fear appeal that is frequently used in political advertising and rhetoric. The dichotomized fear appeal argument is powerfully effective because it sharply contrasts the person's available options into two mutually exclusive actions where one will occur if and only if the other does not occur, leaving the

person little room for rationalization (Walton, 2000). Dichotomized fear appeal messages were released during the past health care reform platform of President Clinton in the 1990s, and reviewing the interpretations and effectiveness of these messages helped set a historical precedent for the messages released during the President Obama reform campaign.

President Clinton unveiled his health care reform program, called the American Health Security Act, in 1993 (West et al., 1996). Due to the opposing advertisements, President Clinton's plan was defeated without a vote being taken on the floor of the House or the Senate (West et al., 1996). Similar to the President Obama health care reform environment, advertising opposing Clinton's health care reform was helped by the complexity of the policies and the salience of health care reform to the American public at the time (West et al., 1996). Because some Americans did not have a good sense of what President Clinton's plan entailed, opponents launched advertising campaigns that capitalized on this weakness and spread deceptive messages (West et al., 1996).

The role of the mass media in defeating President Clinton's health care reform was inflicted by the "death of a thousand cuts" (Huebner, Fan, & Finnegan, 1997, p. 268). Although a single negative advertising argument was not dominant, the negative media coverage as a whole was constant and aggressive (Huebner et al., 1997). One of the mistakes that Clinton and his advocates made during the debate surrounding his health care reform plan was they assumed that strong public support for universal health insurance in combination with framing health care as a crisis would expand and sustain support for the Clinton plan (Huebner et al., 1997). Opponents of the Clinton plan

launched communications that became the dominant sources of negative information and altered the crisis frame by shifting it to denial that a health care crisis existed and that a far worse crisis would occur if the reform passed (Huebner et al., 1997). The goal of the anti-Clinton health care reform advocates and advertisers can be compared to the tasks of criminal defense attorneys. They only needed to plant the seeds of doubt about the health care crisis in their negative campaigns to sway public opinion about Clinton's plan (Huebner et al., 1997).

A notable study analyzed one of the most successful and popular advertisements during the President Clinton health care reform campaign, the Health Insurance Association of America's (HIAA) "Harry and Louise" campaign (Goldsteen et al., 2001). The "Harry and Louise" study is landmark because it is one of the only scholarly investigations of U.S. health care reform advertisements and the impacts on public opinion. The overall argument of the "Harry and Louise" campaign advertisements was that government involvement in health care reform would result in loss of choice, undesirable health reform outcomes, and an expensive bureaucracy (Goldsteen et al., 2001). It can be argued that the 1990s "Harry and Louise" campaign was so successful in discrediting the President Clinton health care reform policy, that in 2009, Families USA and PhRMA launched a new advertisement using the same actors, but this time they delivered a pro-Obama health care reform message (Scherer, 2009). This demonstrates the staying power of strong political media messages, and how the strategy used in both of the "Harry and Louise" campaigns suited the political environments of those times because of the increased polarization of political parties.

Another of the lessons learned from the “Harry and Louise” campaign is the importance of understanding how much the terms, messages, and language used can immediately dissuade or frighten the public away from a new policy (Brodie, 2001). Special interest groups and political consultants research publics to determine exactly the framing and the language to move a certain group of people in the direction they want (Brodie, 2001).

For the purpose of this study, the researcher focused on political communication on the subject of health care reform by showing actual examples for the participants to think about, compare, and contrast. Next, the stream of fear appeals used in health communication is discussed, with a focus on the emotional aspects, personalization of health topics and risks, and framing techniques.

Health Communication and Fear Appeals

Health communication often uses fear appeals to gain compliance among its audience. Sometimes fear appeals may backfire if they scare people too much, or they may come off as hokey or far-fetched. If fear appeals are used in health campaigns, they should be combined with mechanisms for reducing the anxiety that is created (Backer, Rogers, & Sopory, 1992).

Negative feelings may encourage people to act in defensive ways by initiating defensive or avoidance motivation (Lee et al., 2008). Positive feelings may encourage people’s action by promoting approach motivation, such as learning (Lee et al., 2008). However, not all negative emotions represent avoidance or withdrawal from the environment. Anger and guilt, both of which are negative emotions, often promote

approach motivation (Lee et al., 2008). The relationship between emotion and action is highly dependent on the context. “For example, fear can cause paralysis in some instances and flight in others” (Lee et al., 2008, p. 361). It is important to study fear and other negative emotions to identify when the certain emotion acts as a facilitator or an inhibitor of a person’s interpretation or behavior.

Fear appeals are frequently used in health communication campaigns because of the personal significance and often seriousness of health-related topics. Although the practice of using fear appeals in health communication has been investigated in several studies, a consensus standing on the effectiveness, perceptions, or impacts of their use does not exist. Research on the role of negative emotions also contains conflicting findings, where some researchers find that negative emotion encourages health information-seeking behavior, others argue that it acts as a barrier for people to face and seek information related to their health (Lee et al., 2008).

Stigma and structural barriers act as two challenges to health communication practitioners. Fear appeals, which often increase stigma and strengthen barriers, may have unintentional negative effects, thus practitioners should use tangible, empathetic messages and avoid fear appeals (Grow & Christopher, 2008). Fear appeal public service announcements have been found to be viewed as violent, threatening, and to cause disassociation between the audience and the actors in the PSAs (Grow & Christopher, 2008).

A challenge and an opportunity exists for researchers and practitioners interested in designing effective health communications (Fishbein & Cappella, 2006). A message is

more likely to be accepted, and possibly impact behavior, if it produces more positive than negative thoughts or if it leads to little counter-arguing (Fishbein & Cappella, 2006). Public health and risk communicators should reinforce support for controversial actions by building trust and personalizing the risks instead of simply educating or using publicity (Paek, Hilyard, Freimuth, Barge, & Mindlin, 2008). Audience segmentation and unique characteristics affect the levels of susceptibility and severity individuals feel concerning a health risk (Paek et al., 2008).

Research has frequently investigated the impact of fear appeals on young people and older people, two populations often considered impressionable and vulnerable. Fear appeals targeting young people have been found to be effective when they represent scenarios that are personally relevant to them, and contain shock value components that capture their attention (Viljoen, Terblanche-Smit, & Terblanche, 2009). Older people who received risk factor information were more likely to report a type of cancer than individuals who did not receive risk factor information (Lipkus, Crawford, Fenn, Biradavolu, Binder, Marcus, & et al., 1999). Older participants tended to underestimate the effects of health advertisements on themselves because, while they are highly motivated to process the information, they believed that most of the advertisements did not contain any factual information to process (DeLorme, Huh, & Reid, 2007).

Framing health messages follow the dichotomized pattern discussed in the political fear appeals communication research. Information about a health outcome may emphasize the benefits of taking action, called a gain-framed appeal, or the costs of failing to take action, defined as a loss-framed appeal (Rothman, Bartels, Wlaschin, &

Salovey, 2006). Conflicting research exists on the differences in effectiveness between a gain-framed message and a loss-framed message. Gain-framed messages should be used to promote prevention health behaviors, whereas loss-framed messages should be used to promote detection health behaviors (Rothman et al., 2006). Loss-framed messages have been found to evoke a stronger feeling of threat than gain-framed messages, and this stronger sense of threat might increase a message's persuasiveness (van 't Riet, Ruiter, Verrij, & de Vries, 2008) Self-affirming techniques, such as affirming salient values central to a person's self-image, can increase the effectiveness of health information and lead to positive health behaviors (Sherman, Nelson, & Steele, 2000).

The stream of research on direct-to-consumer (DTC) advertising which targets the older population was expanded by research linking self-enhancement motivation and cognitive processing as explanations for the older adults' perceptions of third-person advertisement effects (DeLorme et al., 2007). The participants felt that other people are believed to be influenced by the DTC advertising because others may be swayed by the peripheral cues presented in many DTC advertisements instead of processing them through the central information route (DeLorme et al., 2007).

Next, a review of the methodological issues, gaps, and opportunities for future research is discussed.

Methodological Issues, Gaps, and Directions for Future Research

This study fills a gap in the existing research by marrying elements of the literature in an investigation of a segment of the population not studied, the "Baby Boomers," in the context of recent fear appeals in health care reform advertisements.

There are weaknesses that surround past research. Even today, there appears to be no one consistent position on the use and effectiveness of fear appeals. Scholars and practitioners continue to argue this on a case-by-case basis, but overall research is not harmonious. Researchers have reviewed the theoretical basis of fear communication and the psychological characteristics of older people and found no indication that older people are more vulnerable to fear messages. While it has been found that the use of fear appeals directed to healthy and active older people may not be likely to impact their responsiveness (Benet et al., 1993; Bailey, 1987). This study renovates research on fear appeals and political communication, by investigating members of the “Baby Boom” population, which today represents a large percentage of the U.S. population and has a symbiotic relationship with the health care system (Spotts & Schewe, 1989).

Chapter Four

Method

The purpose of this research is to begin to understand how “Baby Boomers” process and interpret fear appeals in health care reform communication. To explore how “Baby Boomers,” between the ages of 47 to 65 years old in 2011, interpret two opposing fear appeals used in health care reform advertisements, a qualitative study was performed using six focus groups. Focus groups are a useful method to explore the depth and nuances of participants’ opinions regarding an issue, and to capture the interpretations of a communication program’s target audience. Participants were recruited by outreaching to the researcher’s personal contacts and using snowball sampling. Two opposing health care reform advertisements containing a fear element were shown to the participants to spark their thoughts. Speech bubble sheets were used as a prompt in each focus group and participants were asked to write down what they thought people would be hypothetically discussing after viewing the two advertisements.

Because of the emergent and open-ended nature of focus groups, the purpose of this study was purposively broad to provide opportunities for fluid discussions during the focus groups and thick descriptions of personal experiences and interpretations (Grow & Christopher, 2008). Qualitative description is necessary when studying individual and social situations that are distinctive, unknown, or have become stereotyped (Rowles &

Reinharz, 1988). The hallmark of focus groups is the use of group interaction to produce insights that would be less accessible without the interaction found in a group (Morgan, 1988). The focus group synergy allows one participant to draw from another or to collectively brainstorm together, and this may lead to a large number of ideas, opinions, issues, and topics being discussed (Berg, 1998).

The focus group method was chosen for this study because it allowed access to socially-constructed expressed views, opinions, experiences, and attitudes of the participants which helped the researcher understand how they interpret fear appeals (Berg, 1998). Focus groups access fragments of participants' biographies and life structures, which helped gain insights about the "Baby Boomers" who participated in this study (Berg, 1998).

Participants

The researcher conducted six focus groups. The researcher attempted to recruit six to nine participants per each group. The researcher attempted to organize each focus group based on homogeneity. Homogeneity, or similar characteristics, in background is the goal of focus groups because it encourages participation and discussion, and helps limit the number of focus groups a researcher has to conduct (Morgan, 1988). These background characteristics may be gender, race, age, or social class (Morgan, 1988).

"Baby Boomers" are defined as people born between, and including, 1946 and 1964, who are between the ages of 65 and 47 years in 2011 (Frankel, 2007). To recruit participants of the "Baby Boom" population, the researcher recruited individuals ranging

from ages 47 to 65 years old, which is calculated from the 1946 through 1964 birth years. This age range marked the ages of members at the time of this research.

A total of 40 participants, including 18 men and 22 women, participated in the six focus groups. Most participants were White (98%); 3% described themselves as Hispanic. The participants ranged in age from 47 to 70 years old ($M = 59$ years). Participants described themselves as full-time workers (80%), part-time workers (8%), unemployed (3%), or retired (10%). Most of the participants were married (88%), while 13% were divorced. The participants characterized their education levels as completing high school (23%), college (63%), a Master's (13%), or nursing school (3%). The majority of the participants identified themselves as Republican (65%). Ten percent identified themselves as Democrat, 10% considered themselves Independent, 10% were undecided and 5% gave no response to political affiliation. Pseudonyms are used in place of the participants' real names to provide confidentiality.

The first focus group had eight participants, four men and four women, and was held at the researcher's house in Tampa, Florida. The participants ranged in age from 55 to 65 years of age. The second group had nine participants, five women and four men, and was conducted at the home of two participants in Tampa. The participants ranged in age from 57 to 69. Two of the participants were older than 65, however, the researcher did not want to discriminate. The third group had six participants, four women and two men, and was held at the home of two participants in Ft. Walton Beach, Florida. The participants in this group ranged in age from 56 to 70. Two participants in this group were also older than 65. The fourth group had four participants, two men and two women, and

was held at another private home in Ft. Walton Beach. It was the smallest group due to scheduling conflicts and no-shows. The participants ranged in age from 47 to 63 years of age. The fifth focus group had seven participants, five men and two women, and was held at an insurance company in Tampa. The participants ranged in age from 50 to 67. The sixth and final focus group had six participants, five women and one man, and was held at the administrative office for a hospital in Orlando, Florida. They ranged in age from 49 to 56. This group, similar to the fifth group, was comprised of individuals who work in the health care industry in the areas of administration, finance, nursing education, and communication/marketing.

Sites and Recruitment

The researcher focused on Tampa, Florida, Ft. Walton Beach, Florida, and Orlando, Florida as areas for recruitment. To initiate recruitment, the researcher personally outreached to contacts by way of visits, telephone calls, and e-mails to introduce and explain the study. Before recruiting at the insurance company and the hospital, the researcher requested permission to recruit and conduct the focus groups by way of approval letters. In the requests for recruitment and participation, the researcher discussed the purpose of the research, the composition and criteria of the participants for the focus groups, that the research will provide anonymity, and that participants are free to participate or withdraw at any time. The researcher explained to them that no harm shall result from taking part in this research, or by not participating.

Once the researcher gained permission to the sites and/or outreached to personal contacts, participation was enlisted by a flyer (an electronic and/or displayable version),

and with snowball sampling. Snowball sampling identifies cases of interest from people who know people who can provide rich information (Creswell, 2007). Snowball sampling was an appropriate method for selecting the participants for this study because it helped gain access to a population of which the researcher is not a member. First, the researcher made the initial recruitment contacts with the potential participants to establish introductions, and exchange contact information. If the participants agreed to participate, the researcher scheduled the session date, time and location based on the participants' availabilities, the host's or location's availabilities, and the schedule outlined for the focus groups. After the agreement to participate, the researcher sent the participants confirmation letters, by e-mail, to thank them for their participation, and remind them of the date, time, and location of their group. The e-mail also included directions for the location and reminded the participants that light refreshments or breakfast/lunch/dinner would be served. The researcher attempted to over-recruit by one to two people to help mitigate no-shows, however, one of the groups did have a smaller number of people due to cancellations and schedule constraints. Third, the researcher followed-up to ensure attendance with them by phone and/or e-mail to remind them of the focus group the day before the session (Morgan, 1988). Each focus group was scheduled for two hours, but the actual time varied between an hour to an hour-and-a-half depending on the discussion.

Materials

The researcher showed two health care reform fear appeals television political advertisements using a laptop computer and a projector, or a screen/television with a

DVD player. This exposure to two advertisements helped spark conversation and facilitated thoughts for the prompt that started after each of the advertisements were shown.

These advertisements were discovered by researching health care reform advertisements on the Internet. The researcher reviewed an article called, “Top 10 Health-Care Reform Fight Ads,” found on TIME.com (Scherer, 2009). Scherer (2009), a journalist, refers to these ten advertisements, for or against President Obama’s health care reform policies, as the most jarring health care reform commercials which featured one of the staples of political advertising – fear. The researcher chose to use two advertisements with opposing viewpoints, one against health care reform and one supporting health care reform to offer examples from both sides of the polarized environment. After watching all ten of the advertisements, the researcher decided to use the number one and number three ranked advertisements because they were the most egregious, based on the content and visuals, and the researcher thought they were the most targeted to the “Baby Boom” population in part to which groups composed them, and in their content.

The ad in support of health care reform was created by the AARP and is titled “Black SUVs” (Scherer, 2009). This ad depicts opponents of health care reform as malicious special interest groups blocking the path of an ambulance with their black SUVs (Scherer, 2009).

The ad against health care reform was created by the 60 Plus Association, a group considered the conservative alternative to the AARP. This ad is titled “The Greatest Generation,” and it focuses on the older generations by claiming that seniors will lose

their doctors under the new reform policies and threatens that the government will make decisions about their health care (Scherer, 2009). The transcript of AARP's "Black SUVs" ad is included in Appendix A, and the transcript of the 60 Plus Association's "The Greatest Generation" ad is included in Appendix B. The printed transcripts of these ads were also available at the focus groups for participants to follow along or refer to.

Procedure

At the start of each of the focus groups, the researcher explained the study, its purpose, the role of the moderator (the researcher), the use of the digital audio recorders, and how their responses will be confidential through the use of pseudonyms. The researcher passed out informed consent forms and separate demographic forms, which helped identify any trends among the participants. Data collection included the audio recordings, observation of nonverbal communication cues, and note taking.

After the introduction and forms were completed, the researcher began each group by showing the first of the two health care reform advertisements, AARP's "Black SUVs." The ad was repeated twice and again if requested.

After viewing the first advertisement, one sheet of paper and a pencil was handed out to each person. The sheet of paper displayed gender-ambiguous stick figures with blank speech/dialogue bubbles coming from the figures' mouths to show they are supposed to be having a conversation. The participants were asked to imagine they overheard two people talking about the advertisement they just viewed and write what they thought these people would be hypothetically saying inside the speech bubbles. The participants had five to 10 minutes to think and write their conversations after viewing

the first advertisement. After the participants completed their speech bubbles sheets, the researcher segued into asking questions and started discussion by encouraging them to share their hypothetical conversations from their speech bubble sheets. The researcher then played the second advertisement, the 60 Plus Association's "The Greatest Generation." The exact procedure used for the first ad was followed for the second ad, and some of the questions were repeated in order for the participants to compare and contrast between the two ads.

The researcher created a semistructured question guide to help guide the discussion and keep it on topic. It included questions about what the participants filled out in their speech bubble sheets, the tone of the ads, their feelings after watching the ads, whether they thought the ads contained scary material, and what was the most memorable aspects of the ads. As expected with focus group research, the questions were refined by the research and built upon based on responses from the participants, after reviewing the initial groups' bubble sheets, and transcribing the transcripts (Lewis et al., 2007). Each discussion was allowed to continue until it seemed all discussion had been exhausted.

At the conclusion of each focus group, the researcher provided a summary of the major points of the discussion and gave the participants the opportunity to confirm or clarify any of these points. This summary technique confirmed that the participants felt their thoughts were appropriately interpreted by the researcher (Lewis et al., 2007). The researcher thanked the participants for their time and feedback, discussed contact information, and discussed the intention to share the final, completed research with them. The speech bubble sheets were collected. The audio recording ran the entire length of

each focus group and field notes were documented. After each of the focus groups, the researcher mailed a personalized thank you card to each of the participants.

Data Analysis

As the focus groups were completed, the researcher transcribed the audio recordings. Field notes with descriptions of any physical nonverbal cues and other observations were reviewed. The researcher assigned pseudonyms for confidentiality.

The transcripts were analyzed using thematic analysis, a method for identifying, analyzing, and reporting themes and patterns within data (Braun & Clarke, 2006).

Thematic analysis is a useful method if the researcher is investigating an under-researched topic, or if the researcher is collaborating with participants whose views on the topic are not known (Braun & Clarke, 2006).

This thematic analysis follows the essentialist/realist method, which explains the experiences and meanings of the participants based on the assumption that language reflects and allows the participants to articulate their meanings and experiences (Braun & Clarke, 2006). It uses the inductive approach for identifying themes through a process of coding the data without trying to fit the data into a pre-existing framework, or the researcher's theoretical interest (Braun & Clarke, 2006). The themes are identified at a semantic level, meaning within the explicit meanings of the data (Braun & Clarke, 2006).

Thematic analysis is comprised of six phases, starting with the researcher transcribing, reading, and re-reading the data (Braun & Clarke, 2006). Then, initial codes, or features, of the data are created. The third phase involves searching for the themes and collating the codes (Braun & Clarke, 2006). This process involves the identification of

concepts as themes if the concept was expressed with extensiveness, frequency, or intensity (Lewis et al., 2007). In the fourth phase, the researcher reviews the themes and creates a thematic map. The thematic map created and refined for this study is included in Appendix C. Then, the researcher defines and names the themes, followed by the sixth phase which is writing the final report of the analysis (Braun & Clarke, 2006).

Chapter Five

Findings

The themes the researcher identified, coded, and analyzed are an accurate portrayal of the content across all the focus groups. Overall, five themes were identified from the analysis: (a) “Baby Boomers” processing produced a range of emotions, (b) “Baby Boomers” demand more facts, (c) the fear “Baby Boomers” expressed was fear of the unknown and fear of change, (d) ‘how do I know who I can trust and what I can believe?,’ and (e) participants shared a ‘us in comparison to them’ mentality.

“Baby Boomers” Processing Produced a Range of Emotions

Two dominant emotions were expressed among the participants, anger and sadness. Anger was the stronger of the two, driven mainly in response to the 60 Plus Association’s claim about Congress carving themselves out of health care reform. The sadness participants felt was in response to the visuals of the people shown in the 60 Plus ad, as well as when they thought about their loved ones or themselves and how health care reform would possibly effect them.

Anger:

One participant compared the AARP ad to sales pitches often used in car dealer advertisements. Bob, 70 years old, said,

You ever hear these car advertisements where the guy shouts through the whole advertisement? (poses question to the group)...That turns me off so bad that I can't even listen to it. Because you don't get anything out of the commercial.

Well, this [after watching AARP's ad] is like these car advertisements.

While after watching the 60 Plus Association's "The Greatest Generation" ad, Jessica said, "It made me angry, in that, let's just...What's the government's right to do that? What happened to our constitutional rights?" Matt said, "It just pissed me off. I'm mad at it."

Participants across all the groups shared that their anger arose from the notion that Congress wants to keep their health care protected from any reforms they are voting to apply to the general public. Patrick said, "I don't know if it's true or not, but it makes me angry that Congress is building a plan that doesn't apply to them." Brad said, "The part that made me angry, well, I mean, [is] the part about the Congress, duh, which kind of was a zinger...oh, by the way, they're not even going to be a part of it." Renee said, "The whole Congress. It's good for us, it's got to be good for them too." A participant wrote in one of their speech bubbles, "Those in Congress will be over 60 one day- How are their benefits different?"

"Unfair, Congress should not have a special, private insurance paid for by us. They should be included in Medicare just the same as the general population," one participant wrote in their speech bubbles. Another participant wrote in their bubbles, Bubble 1: "Congress designing a health care plan, now that's scary." Bubble 2: "They already get better health coverage than 'us.'"

Lindsay said, “It makes me angry when you think about Medicare and then you see the benefits the government receives. They need a dose of their own medicine.”

The second group captured some dialogue which gave some insight into what their anger meant. Kyle said, “Hey, when you get old people angry, you got a problem.” [Laughter] Later in the second group, this dialogue continued. Chris said, “It really gets you angry watching something like that. It riled her [Renee] up!” Madison, from the sixth group, said, “Basically, the ad [AARP’s ad] made me so agitated and nervous, I didn’t know what to believe.” Regarding the 60 Plus ad, Brad also said, “But the ad, um, what angered me about it is that *some* people will make a decision based on that ad.”

The participants’ anger appeared to relate to their preconceived notions of government and politics, and the two ads triggered their angered responses. The “Baby Boomers” interpreted the polarizing arguments and rhetoric as an expected, natural part of political discourse.

Angie said, “And it’s got to be Democrats against Republicans, and Republicans being so adamant that ‘nothing’s going to work unless it’s our way.’ And Democrats going, ‘We just want to be fair.’ It’s polarizing.” Charlie said, “I felt that it [advertising] was about mobilizing the vote, one way or the other. It was about getting an election result, rather than trying to make us understand.”

Patrick said, “I think what it [in response to researcher’s question about the AARP ad] did was polarize people, because the tenor of the ad was scary. So, whatever you felt

before, you're even stronger now." Bob said, "These [ads] were just frightening. They were trying to scare you into voting their way. It's all just political."

Layla said, after writing in her speech bubbles after viewing the AARP ad, "What I got from it is, ok, like the two different groups of people. One's trying to have one effect and the other's trying to pull against it."

Participants across all the groups communicated a lack of trust and confidence in the government. Matt said, "That's what makes me cynical with all this advertising- is it's all political." After watching the AARP ad, Susan said,

Alright, these kinds of commercials make me mad. I'm so over the political rhetoric...The president says stuff; you can't trust him. Congress says stuff; you can't trust them...They don't care about the overall 'what's good for the country.'

Lindsay, from the sixth group, said, "I don't love what we have, but I don't know that I trust the government to make decisions about my future health care."

Along with expressed feelings of anger, some participants felt the ads made them feel sad, especially when thinking about their futures and the futures of their loved ones.

Sadness.

Several participants across all the groups found the tone of the 60 Plus Association's ad to be emotional and sad. Amy said it was "emotional; very scary tactic." Layla said it made her feel "depressed." Lucy said, "I feel disposable." Susan said, "It's very sad."

The participants felt that overall the ads on health care reform took them on a journey, which was an effective technique. Amy said, "It's gotta grab you. It took you on

a little journey in, how many seconds? It grabbed your emotions from the beginning all the way to the end.” The fourth group compared the sadness from these ads to the sadness in ads asking you to help save abused/neglected animals. Carrie said, “It’s just the sadness in those people’s faces. Like Patrick said, it’s kind of like those dogs that have those terrible, droopy eyes.” This was similar to the second group’s comparison of the AARP ad to a loud car dealership commercial. Angie, a participant from the fifth group, said, “They went straight for the grab of the heart strings of all the poor old people that are even going to be subjected to death panels, and no tests, and no doctors.”

The expressed feelings of sadness related to another theme, scare tactics, in that the participants felt sad because they were afraid of change or afraid of what could happen to them or their families. The participants demonstrated critical interpretative mindsets because they were quick to note that the ads shown went after the emotional reaction, and lacked the facts to be interpreted rationally.

“Baby Boomers” Demand More Facts

A second pattern found was “Baby Boomers” demand the use of more facts in this topic’s advertising, instead of the messages ignoring issues and playing to people’s emotions; and the key finding was that the “Boomers” are smart and savvy enough to tell the difference between communication using rational presentation versus communication presented emotionally. They wished the ads would simply layout the facts for them, would not try to over-simplify a complex topic, and would present arguments rationally instead of emotionally. Some of the participants also found the advertisements’ messages ironic, which caused them to be critical and laugh.

“Just Give Me the Facts!”

The lack of facts juxtaposed against their desire for more facts was a common thread throughout all the groups. Matt said, “No one knows the real stuff. Have you looked at...have you seen how thick that thing [health care reform bill] is?”

One of the questions the researcher asked near the end of each group was, “If you could create your ideal version of a health care reform ad, what would it include and look like?” Molly responded, “I’d put real-life people and real-life incidents in an ad.” Sam said, “I’d say... ‘We’re not here to sell you health care reform...But here is where you can find the facts.’ And set-up a decent Web site where people are going to want to go and look.” Chris said the ads were “just more Madison Avenue garbage.” Deb said, “Even when they are putting out facts, you still can’t trust...Yeah- just give me some good, cold facts. Don’t act like I don’t got a brain in my head.” Sam said, “No one stands up there and tell’s you what’s going on. I don’t think they know!”

Overall, the participants expressed their frustrations with the lack of facts presented in the two ads, and said this was because many of the people in charge, or communicating about health care reform, do not understand or know enough about the complex reform policies themselves.

Over-simplification of the Complex Issue of Health Care Reform.

No one really understands the health care reform policies, and the facts related to the policies would be too complex and boring to put in a TV ad, as the participants explained. So, what we were left with is ads which try to over-simplify a complex issue for the general public. Brad said, “I’m skeptical of taking something that’s so complex as

any reform down to a thirty-second sound bit and try to force you to do something. But that's...but that's what a lot of people respond to." Chris said, "If I was writing a script, I would be direct and honest. I wouldn't do this hodgy-podgy garbage." Marie said, "I don't want it filtered through their political persuasion. I just want it and then I'll decide."

Chris said, "What is the health care reform that we're getting? All I know, that we keep paying more for insurance, more money for doctors...It's just so confusing. It's not a simple, easy thing." Several of the participants mentioned these ads barely scratch the surface of the issues driving or impeding health care reform. For example, Layla said, "I think they [these ads] hurt [people's understanding] because they don't like to think too deeply. They just want to take what they see on the surface." Patrick said, "It's not a black and white position. It's gray."

Participants thought these ads ignored some of the roots of the health care problem including, doctors' fears of malpractice lawsuits, fraud, and that they forgot about the people without access to care/or insurance coverage. Sam said, "If you cut out the fraud, seniors would be able to get their care still." Todd said, "But what they're leaving out is, there are millions of Americans that don't have access to *any* health care. And that was the point of the reform, anyway." Carrie said, "I don't know, everything now seems like you are just being forced to make a choice, but I don't have a choice." Participants felt they were not only being forced to make rash decisions, but the basis for making their decisions was based on their initial emotional reactions, instead of being encouraged to use their critical thinking skills.

Rational Messages Presented Emotionally.

A snapshot of the discussion from the first focus group supports the notion that the lack of facts leads people to make an emotional decision. Matt said. “Well, they want you to make an emotional decision. Not one based on facts.” Jessica said with sarcasm, “There were facts?” [laughs sarcastically]

After watching AARP’s ad, Patrick said, “I’m sitting here thinking about my certain visceral response is...I’m a little angry with the thing because they had a message that was a rational message and it was presented emotionally.” Patrick said, “And if you want to get them convinced in a hurry, you have to get an emotional decision, because intelligence and application of a mental process is just too difficult to do and there’s too many questions.”

A participant in the fifth group wrote in their speech bubble, “...you need to look beyond that kind of rhetoric to find the truth...but it’ll scare some people into getting upset. Most people just go with the flow though and react with emotions instead of intelligence.”

In response to the researcher’s question about how they feel about health care reform advertising, Angie said, “I think the majority of it, it’s more to an emotional appeal than a factual... A commercial is only 30 seconds long. They need to motivate you and scare you in some manner to action.” This is an interesting point because it appeared this participant felt the only ways for advertisers to get their desired action out of their audience is to motivate or scare them into that action. This shows support for the principles of the EPPM.

The majority of the participants were highly educated, considering they had completed, or gone to college. Their level of education may be one of the factors which lead them to acknowledge the irony behind the ads.

Irony.

The participants explained they wanted more facts, but would not believe what they were told because they felt distrust towards the government and the special interest groups who produced the ads.

Renee said, “And we’re not going to understand it [health care reform], because we’re not going to get something in our laymen’s language to tell us what this health care reform is.” Harry agreed, “Nope. Would you believe it if they told you? Renee responded, “No..I believe nothing at this point.”

After viewing AARP’s ad, a participant wrote about the irony behind the message of AARP’s view of “myths” and “scare tactics” in his/her speech bubbles. Bubble 1: “The AARP is basically right- special interest groups are trying to scare us.” Bubble 2: “Yeah, but don’t forget that AARP is a special interest group too.”

The sixth group was the only group that predominantly felt that AARP’s “Black SUVs” ad was lacking emotional content, which was ironic since the other groups identified emotional reactions and expressions of fear from this ad. Ryan said, “Actually, it had no emotions whatsoever, because it didn’t move me to emotion.”

Lindsay agreed,

Yeah, I think it lacked the humanity that really drives feelings. If they had started with a close-up of a child in that ambulance or a person that you empathized with,

then you would have cared about that ambulance getting to where it needed to get to. It was more intellectual than emotional. Even though everyone says they make decisions based on facts, it's not true.

The third theme identified was the largest theme because of the amount of extracts which illustrated its sub-themes, and the amount of sub-themes which were collapsed into the main theme. The use of fear in communication was the main focus of the researcher's questions, so it was not surprising that the theme explaining the fear was the most elaborate.

The Fear "Baby Boomers" Expressed was Fear of the Unknown and Fear of Change

Two main feelings of fear were communicated by the participants - fear of the unknown and fear of change. The participants also described the fear-evoking elements of the ads as "scare tactics." Another sub-theme arose from the interpretations of the fear appeals in these two ads, which was the relationship between fear and third-person effect theory (Davison, 1983). Participants also responded to the symbols used in the two ads, and expressed their own meanings about what the symbols meant.

Fear of the Unknown.

The participants shared a range of unanswered questions that fueled their fear of the unknown. Examples included, "Will Medicare take care of most of my health needs?"; "What could happen to their [seniors'] health care?"; "How will I know what doctors I can trust?"; "Who are these special interest groups?"; "Would I have been denied that right to go get that [a CAT scan] done?"; "Can a solution satisfy individual

needs?"; "Does everyone deserve equal medical care?"; and "What the hell are they trying to say here?"

Patrick shared a list of the unanswered questions of which he said he needs to know the answers to before he can make a decision. "What exactly is Medicare? What's the difference between Medicaid and Medicare?...How much money do we really spend on superfluous tests? Are they really superfluous?"

Marie said, "It seemed like they were deliberately trying to confuse us, because there was so much going on. And there was words...and black cars, and noises. It just, was like, 'Whoa!'"

A participant from the second group wrote in his/her speech bubbles after watching the AARP ad, "Boy, did you see that ad? It was scary-maybe we won't get to decide what we want for ourself." Bubble 2: "Sure was scary- I would like to know who will do the deciding." A question raised from the sixth group was also written in someone's speech bubble. The question was, "If they cut \$500 billion from Medicare, how will that affect the care we will get when we get older?"

The participants' fear of the unknown fueled them to be scared of change, because one of the main tenets behind health care reform, that no one can refute, is the advocacy for change.

Fear of Change.

Change may lead to mistakes, which will have consequences. One participant wrote in his/her speech bubble sheet, after watching the "Black SUVs" ad, "They just move too fast...and we get left with a big mistake."

Another wrote, Bubble 1: “Why do you think AARP used the ambulance in the commercial about health care reform to illustrate blocking?” Bubble 2: “Perhaps to signify the societal good of health care reform and the urgency of the mission of reform.”

When asked about the AARP ad’s tone, Angie said, “A sense of urgency.” Charlie said, ‘Alarmist.’ Todd agreed, “The tone would be much different if the script were just read without the visuals.”

A participant wrote in one of their speech bubble, “What do they have now that could change? I don’t like to think about it - it’s just too scary.” Renee, 67 years old, said,

And I, frankly, am frightened about what’s going to occur with all this stuff. You know, how am I going to deal?...Right now, I’m on his [her husband’s] insurance through a job...I have major expenses attached to this. You know, so it’s...it really is scary stuff. If they’re not being clear to me.”

Sam said, “They’re trying to scare my Mom to death with this stuff. She just wants things left alone.” When the participants described their parents, or when the older participants explained their reasons for feeling afraid, change was a dominant concern.

Scare Tactics.

After viewing AARP’s ad, Jessica said, “I didn’t like the symbolism of the cars blocking the ambulance. It gave the appearance that people are being bullied to block it. And I don’t think reasonable inquiring about what the particulars are is bullying.”

The notion of death, or dying, was developed out of how the participants interpreted the scare tactics and images in the ads. Later in the same group, Matt agreed that the use of the ambulance stood out to him. “[The ambulance] Never made it.

Insinuating that you might die,” he said. Deb, from another group, said, “Yeah, well it leads you to think this person is going to die before he gets to the hospital.”

Charlie, from the fifth group, said, “Right, it’s [AARP ad] not effective in getting me to really buy into what their message was because you know what their tactic was, with the sirens going and what not.” Daryl said, “Is the objective to go to healthactionnow.org, but I think that kind of got lost with all the other action going on, with all the fast talk and fine print at the end. So now, you’re stuck with the facade.”

Rachel, from the sixth group, said, “It [the AARP ad] made me feel like health care reform is dangerous, even though that’s not what they were trying to portray.”

Whereas, Lindsay in the sixth group did not find the AARP ad fear-evoking to her. She said, “In a world where we just see explosions and crashes, you really need to...it needs to be more dramatic than that if you really want to scare people.”

Johnny said, “Anything related to the truth in this ad [the 60 Plus ad] isn’t there. This was built upon lies, innuendos, and scaring you.” Chris said, “The media just loves to scare the hell out of everybody.”

Todd, from the fifth group, said, “The phrase ‘the government, not doctors, will decide if older patients are worth the cost.’ That’s a thinly-veiled threat.” Angie agreed,

That’s a complete fabrication of a service, I believe, that was being offered that if you wanted to talk to someone about how to manage your death...that’s where this all sprung from...It was more being informative, but that’s where the granny death panels came from.

Donna, from the sixth group, said,

The thing that bothered me the most is when it said ‘doctors will decide if older patients are worth the cost.’ And just those words they chose- if they’re ‘worth the cost’ - that was scary. It gave me a sense of feeling hopeless, powerless.

Although the participants recognized the scare tactics used in the ads, they also thought about how others have responded, or may respond, to the scare tactics. Wendy said, “I just kept thinking ‘my Mom.’”

Relationship between Fear and the Third-Person Effect.

The first focus group expressed the ads may have been more fearful to other groups of people, but not their group, which is a concept of third-person effect research. The third-person effect hypothesis predicts that people tend to overestimate the influence that mass communications have on the attitudes and behaviors of others (Davison, 1983). Individuals exposed to a persuasive communication will expect the communication to have greater effects on others than themselves (Davison, 1983). For example, those trying to interpret the effects of a communication may say that the greatest impact will not be on “me” or “you,” but on “them,” which is the third person group (Davison, 1983).

When asked if the 60 Plus ad was scary, Matt said, “But was it scary for us? A different group, it would’ve been scarier.” In regards to the AARP ad, James said, “The scare element for me was that some people...it will get to a lot of people. And that’s the scary part to me.” Frank jumped in and responded to James, “Especially with that AARP logo.” Mary agreed, “Well, that’s the scary thing with AARP, cause some of these seniors think that’s...they’re all about, they’re all for us.”

Molly agreed and said, “Well, a lower-income group.”

Chris, a participant in the second group, said, “And as we get older, too, it’s very easy to scare an older person.”

Sam, from the fourth group, said, “It would’ve scared of Mom. You know, she’s always worried about this.” Susan said, “It’s [the 60 Plus ad] not scary to me, but it’s scary to older people, obviously, because it’s aimed right at them.”

Paul and Daryl, from the fifth group, spoke of the effects of fear on other people than themselves. Paul said, “I think it would scare somebody, but it didn’t scare me.” Daryl responded, “We aren’t in the vulnerable population that it was trying to scare.”

Angie, in discussing the 60 Plus Association’s ad, said, “...But I think it hurts people because they’ll look at that and accept it at face value. And that’s hurtful from the fact that they’re not getting the true story.”

The reference to the third-person effect and fear was also evident in the last group. Lindsay said in speaking to the researcher and rest of the group,

You’ve also got a highly educated group here. I’m sure you’re talking to different folks, but I think we recognize that this [AARP’s ad] is a political ad, and I think we realize that there is manipulation and intent behind the ad, so we look at it with a healthy skepticism.

When the researcher asked the participants to dig deeper in their explanations of how they interpreted the two ads, or what specifically was scary about them, many of the participants spoke of the symbolism used in the ads.

Symbolism used in the Advertisements.

The symbolism used in both of the advertisements, AARP's "Black SUVs" and the 60 Plus Association's "The Greatest Generation," was discussed in the focus groups.

Brad, a participant from the first group, said, "The symbolism of using the ambulance like it's a noble thing and everything is really good, and everybody's trying to block the health care reform from doing the right thing." Chris, from the second group said that the cars and the ambulance from AARP's ad stood out to him the most. He said, "Blocking and scary like they were blocking the ambulance from going." Marie also commented, "And they were black, with black windows. Bad guys in them."

Bob, from the third group, said, "It's [AARP's ad] just too much action to get the message across." Layla responded, "Well, maybe it's the AARP trying to say we need to do it their way." Don agreed, "It just didn't seem real to be, because people pull over." Deb said, "Well, the cars are representing other political people trying to keep this from getting passed." Bob replied, "I just think it was a stupid advertisement."

The third and sixth groups commented that the AARP ad's visuals may not be realistic or something that people outside of big cities can relate to. Bob, who lives in Ft. Walton Beach, which is a smaller town, said, "I took away that you are in a big city and it's kind of complicated getting through here and all or something." Teresa, from the sixth group said, "It was also, definitely, a city. A busy city. So not everyone could relate to it. It's not like that in Georgia is it?" [laughter] And, later in this group, Ryan said the AARP ad was like "everyday in New York City."

Sam, from the fourth group said, “I was more into the chase than I was the message for it.” Sam also found AARP’s ad pushy and disjointed from what they are supposed to stand for. He said, “And then you see it’s AARP, and it’s like, ‘wait a minute; these are supposed to be the nice people that help the retired people.’”

Ryan, from the sixth group, wrote and explained his speech bubbles. Bubble 1: “I don’t know if the advertisement was effective in conveying it’s point.” Bubble 2: “I’m not so sure if that ambulance was supposed to represent us, health care, in general. Either way, I’m not sure I empathize with the ambulance.”

Teresa, also from the sixth group, wrote some dialogue about the symbolism and intent behind the AARP ad. Bubble 1: “It’s not a very good commercial. It doesn’t seem to get anything across.” Bubble 2: “Well, I know what they were *trying* to get across, or portray, but it just didn’t work with all the squiggly and the black cars. If it was significant, I really don’t know what it means.” Another woman in the sixth group picked up on the lack of color in the AARP ad, and yet another women noticed that the cars were black, which she thought was some sort of a symbol.

The visual of the ambulance never reaching its destination at the close of the ad, be it a hospital or wherever the participants imagined, led some to think about death as already explained, but it also left some feeling confused and underwhelmed. Ryan said,

I think the intention was to develop very strong feelings in the ‘Baby Boomer’ generation who had their questions about whether health care reform was going to meet their needs, or if it was going to reduce their level of health care services, for them. But again, the message was so jumbled and muffled

that it really didn't accomplish much of anything. It was almost a waste of a commercial, to some degree.

Chris discussed the use of symbolism and imagery used in the 60 Plus Association's ad. He said, "Whoever produced it was fabulous. Showed the old timer and the old soldier, the imagery was definitely there. They did a hell of a job trying to throw across what they were trying to scare people with."

After watching the 60 Plus ad, Donna, from the sixth group said, "I felt that no one is representing me, because when they show Congress, it's empty." She noticed an intricate detail in this ad, when they showed the inside chamber of the Capitol, it was completely empty. Donna said the imagery of the people was effective in the 60 Plus Association's ad. She said, "And there were lots of people, so it was very easy for people to identify with." However, this group noticed that the majority of the people in this ad were White, so it lacked diversity. Madison agreed, "I would have more of a cross-section of people. Take your amputee diabetic who's getting dialysis and see what that would have done."

The participants were able to break down their interpretations of the two ads so effectively and with so much detail, that it was clear they would be skeptical about what the truth might be, and who they believed they could trust in the media environment surrounding health care reform.

'How do I Know Who I can Trust and What I can Believe?'

It was the manipulation of the truth and facts that caused the participants to feel skepticism. The participants were left with the feelings of confusion about who and what

they could trust, because the two ads offered them so little facts and no elements they described as trustworthy. One of the other dominant sub-themes was the overwhelming use of the word, “promises,” especially in regards to “broken promises.” When it comes to trust, what hurts people more than broken promises?

Manipulation of the Truth Led to Skepticism.

Overall, the participants felt both of the ads manipulated the truth and the “facts” swirling around the health care debate. Amy said, “I felt they didn’t want us to know what the particulars are.” Brad said, “I don’t see it [AARP’s ad] as truthful or lies, but I did perceive it as manipulative.”

After viewing the 60 Plus ad and realizing that a group called “60 Plus” backed it, Lucy said, “It could be a fake name. There could be people who belong to that group, but it could be backed by the Tea Party, or Republicans, as well. But they’re not putting their name on it.” Carrie said, “But you wonder if the advertisements are even necessary. Because, we don’t have a voice in the way they’re trying to push it through.” Angie said, “You know, the vulnerable group...let’s scare the bejeezus out of them. They can be manipulated that way.”

Ryan assumed the intent and driving force behind all advertisements. He said, “The assumption behind every ad is that it is manipulative. If it wasn’t manipulative, why have an advertisement in the first place?” He suggested that people should take what they want from an ad, and discard the rest.

Later in the group Ryan explained the deception used in the 60 Plus ad when the ad played on the living will scenario and used it to scare the older people into thinking

they were going to be euthanized. He said, “Most people wouldn’t have recognized why it was deceptive, but I thought it was extremely deceptive, and kind of underhanded.”

Don’t Know what the Truth Is/Who to Trust.

Participants expressed a do-it-yourself attitude when it came to researching the facts, and would not trust anyone like they would trust themselves.

Mary said, “They always trying to use scare tactics to make us basically think the way they want us to think. The only way to really know...what’s...what’s up there is for us to investigate it ourselves.” Harry said, “Before you digest it [communication], you really have to sort it out...and you have to make an educated...Kyle finished his thought, “Guess.”

A few common phrases from the speech bubble sheets the participants wrote support this theme. “Who do you believe?”; “Are they in fact myths?”; and “You can’t trust these people.”

Harry compared the advertisements to reality TV. He said, “It’s like reality TV. That it’s partially true. There’s fact and there’s fiction. But, it’s real-life and you have to sort it out.”

Angie said, “I don’t recall seeing this [the AARP ad] before, but being a member of AARP, I admire a lot of the work they do. And I felt, without all the sirens and stuff, the message was kind of benign.” Later in the discussion, Angie built upon her earlier comments and said, “That’s why I feel this is kind of benign. At the end they say, ‘We’re not trying to tell you anything. Go learn the facts.’”

Lindsay, a participant from the sixth group, thought that the most important “take-away” from AARP’s ad was barely emphasized which reinforces her belief that it is not effective. She explained,

I do trust AARP, and I’d like to hear more about what they have to say about it.

Because, while the ad didn’t get me to the place of understanding specifics, it did tell me AARP’s got some more data. And, generally speaking, I’d be willing to hear what they have to say.

Daryl described the 60 Plus ad as, “It was just... ‘listen to *our version* of the truth.’” After viewing the 60 Plus ad, Sam said, “I don’t know that there were facts. You tell people that you’re not going to get the tests that you need or that you deserve. But who’s to say that? No one has come out and said ‘here’s exactly what the American citizen is going to get out of this health care package.’” Carrie agreed, “I don’t even think that they know how it’s gonna work, because I don’t think anybody’s really studied it. But just because you read something doesn’t mean you know exactly how it’s gonna work.”

Susan, from the fourth group said, “I have yet to see one [an ad] that I’ve said, ‘that’s really informative about health care reform.’ Normally, it’s like, ‘Oh, there’s a commercial...good time to go and use the restroom.’” [laughter] Teresa said, “I thought it [60 Plus’s ad] was full of generalizations, but it made me think, ‘where am I going to get the facts?’ and ‘who is going to advocate for us, as seniors?’”

The participants expressed they felt they had no one representing them and looking out for their best interest. This feeling is even more expanded upon when they explained the betrayal they felt, and others felt, due to broken promises.

Broken Promises.

The use of the word “promises” and “broken promises” emerged from the discussion across all the groups. Chris said, “So, if we finally go on Medicare, who knows, they’re going to take things away, make us pay more for certain things.” Later, when asked what was the most memorable thing from watching these ads, Chris responded, “I think a visual, as far as when they went in to show what they were taking away...the lady in the wheelchair and so on. That’s going to be taken away.”

Kyle said, “They made a promise to us, years ago. Said they’re going to take your Social Security; you don’t have a choice with that. If they’re going to make changes they...don’t need to make changes to that.”...“But any changes, whether it’s reduction or whatever, should be from the people that are starting into it, now.”

Lucy said, after viewing the AARP ad, “You can look at it as, what is our government doing to us, as ‘Baby Boomers,’ taking different things away.” Later in the discussion, Bob, 70 years old, agreed, “My Mom and my Dad was on the railroad. We’re weren’t poor, but we’re rich...and after World War II and everybody started getting all these benefits, and everything, then...Once you give it to people you can’t take it away.” Layla agreed and said, “We thought all along that we were going to have the benefit of Medicare. And it doesn’t look like it’s going to be there. And what little might be there doesn’t mean it’s going to be covered when we go to the doctor and things like that.”

Carrie wrote in her speech bubbles a conversation she imagined happening between her parents. *Dad*: “I told you they were gonna screw us out of our money we paid in all those years to Social Security.” *Mom*: “Well, there’s nothing we can do about it- they [government] are in charge.”

A participant in the fifth group wrote, Bubble 1: “We’ve all sacrificed and cutting billions of money doesn’t mean it is coming out of our pockets, does it? Bubble 2: “I don’t really know, but I don’t want to lose my health benefits.”

Lindsay, in group six, said, “They did get a promise for something...they feel betrayed. They really do. And it really pushed their buttons.” She continued, “I’ve never felt like I’d be entitled to the same things they [her parents] did, but my generation didn’t go to WWII. It was a different promise.” Ryan agreed and said,

But you could see very, very old people, fearful for their lives...I mean, we’re talking about WWII people, 80s and 90s [years old] people, worrying about taking care of their last years of their lives, taking care of their health care, and worrying that this is going to be taken away from them. I mean, the amount of panic...I could imagine that this could engender them walking on Washington. And I think that was the intention of this ad [60 Plus ad], basically.

The emotions from the expressions of the broken promises related back to the initial emotions the participants shared at the beginning of each discussion, anger and sadness. The emotions from the broken promises also related to the fifth theme identified, which was a shared perspective of how the “Boomers” identified with each other, and could relate to each other’s realities.

Participants Shared a 'Us in Comparison to Them' Mentality

This theme was found to have developed across the span of the groups, and emerged stronger and stronger with each subsequent group. The “us in comparison to them” mentality was not intensely evident in the first focus group, but did emerge in the second group and became more evident and established in each group that followed.

The main premise behind this theme is the participants used words and explanations that compared their generation to other generations, and this ended up creating a sense of divide due to the differences expressed about the generations discussed. The groups also took a step outside of their point of views and acknowledged that the concerns and fears of health care impacts everyone, not just their generation. The participants found the two ads presented as appropriately matched or mis-matched to the target demographic, when they discussed the use of fear and symbols.

Sense of a Divide and Differences Across Generations.

The sense of a divide and differences across generations arose out of concepts and words such as, “vulnerability,” “entitlement,” and “taking from one group to give to another.” Charlie said, “That ad [in reference to the 60 Plus ad] stirs up a lot of emotion and draws battle lines between the generations.” “We’ll all be that age someday- why doesn’t somebody say that?” Charlie said, “But it’s definitely an entitlement message, but it’s based on all those things that that generation did.” Paul agreed,

Yeah, but that’s what brought me into *that club*. I mean, I didn’t storm the beach at Normandy, but I’m going to be a senior, here, in a couple of years. So, by the

time they get done with the debate, it's not going to affect *those* people. It brings me into this special club, you know.

In response to Paul's discussion, Angie said,

To me, it's all about me. I'm going to be the one bearing the brunt of all these changes, because I'm moving into that. And this health care reform thing isn't slated to take effect for four more years, three more years, 10 more years. Like you're saying, the people that went through the Depression, fought in the war - our parents, more likely-...they're not impacted by this.

Harry said, "A lot more younger people are going to vote down the health care, because it will cost them more money out of their paycheck, not thinking about how it could affect the older person, that is no longer employable at a higher rate or at a higher wage in order to pay for their own health care."

In response to a question about what scares them, Chris said, "What they're going to take away, how we're all gonna lose. And sure, we're at an age where we are vulnerable and we feel vulnerable and, you know, we're going to take...what do we do?"

Edith chimed in, "Exactly. Exactly. It hits home." Then Harry said, "This is taking money from Peter to pay Paul. We're going to pay for the health care of ALL citizens."

Renee said, "My son-in-law is for privatization. He's young enough to be for privatization. He also feels that Social Security's not going to be there...I mean, he has a totally different mindset that we did at their ages." Lucy, 70 years old, said, "This is what it's [the 60 Plus ad] all about. The older generation - the greatest generation- is a

disposable generation at this point in time when it comes to health care. If we can't fix you with minimum amount, then just die. Wait until they get to be 70 years old." [laughs]

Renee, from the second group, said,

We can't help it if modern medicine has caused us to live longer. Years ago, the elderly died by the time they were 60. For the grace of God and modern medicine, we're living longer...And now we're going to get penalized because we're getting a tech world. You know, and things are keeping us alive longer.

Bob said, "What it amounts to is that you have to keep working until they carry you out in a pine box."

A participant wrote in one of their speech bubbles after watching the 60 Plus Association's ad, "This ad addressed all of my concerns. Why are they looking to hurt the seniors who have given so much when those same seniors are paying for benefits for those who contribute nothing?"

Lindsay, from the sixth group, explained she remembered when these ads aired and she remembered dismissing them as scare tactics. However, while explaining a personal story, she commented on the fear she had seen on others' faces. She said,

And I remember on the 4th of July a year ago, having a conversation with my mother-in-law, who is a very well educated person, and her husband was in the military and they've lived all over the world, and they both have graduate degrees; and she was convinced that there were death squads, and that their livelihood was going to be taken away because of this. And it was stunning to me because you couldn't convince her otherwise.

Impacts to Everyone.

The participants were not narrow-minded when discussing their perceptions. They shared that the issues and fears resonate in the two ads, should also impact other generations because they are “age-less, non-discriminatory” concerns. Marie said, “I wish we had better spokespeople that really spoke for us...No one’s speaking for us.” Catherine said, “Well they are going to cut \$500 billion, but the population is aging [and] more people are going on, so how are they possibly cutting when they need to be increasing.” Renee said, “It’s [the possible dissolving of Social Security] going to hurt our grandchildren.” Harry responded to her, “Yeah, and it’s...but they’ve told that to every generation to scare everybody the same way, each year. Every generation.”

A participant wrote in his/her speech bubbles, Bubble 1: “It concerns me deeply about how I will manage my health care.” Bubble 2: “I worry about becoming a burden to my children because I won’t be able to care for myself.” Sam said, “...If my generation doesn’t get off their butt and stop this, our parents are going to suffer. And we’re going to suffer, later.”

Many of the participants expressed the fear and concern that they did not want to be a burden to their children, or they worried about the possibility of reform hurting their grandchildren.

Advertising Appeared Matched, or Mis-matched, to the Target Audience.

One of the summations of their thoughts is the use of the fear, images, symbols, words, scare tactics, and deception shown in these ads either matched, or did not match, the demographic they thought was targeted.

In response to the 60 Plus ad, Patrick said,

Well, I'm 60 plus, and I didn't land at Normandy. It's the same dishonest stuff, with the American flag and the WWII G.I.s and the crosses in some cemetery. And obviously the dead people don't care about medical care, so we aren't doing a disservice to them. We're doing a disservice to their sacrifice by not doing medical care to someone who is over 60.

After viewing AARP's ad, Daryl said, "...So I thought there was a mismatch, at least for me, the way I interpreted the ad, between the action and what they're trying to say. They're really kind of pro-health care reform..., and it just felt that the action scene and what was going on, was contrary to what they were trying to say." Angie agreed, "Actually, at the very end, after they [the black cars] all got into position, it was almost [as] if they were trying to give them [the ambulance] an escort, a convoy." The group agreed that this visual could have been interpreted to show that if all of the special interest groups get together, maybe we'll "make some progress."

The second group shared their insight into how advertisements like these aim to sway people and how the ads are strategically placed in programming to do just that. Harry said, "And they'll buy into sports programs...They'll buy into game shows. They'll buy into the highest-rated TV shows, because [that's] where the target audience watches."

The third group thought that AARP missed the mark with their target audience. Bob said, "So their ideal target market wasn't us. Their target market was everybody that's voting...I just thought it was silly, the way they did that. Personally, it wasn't a very good tool."

Donna said, “I probably related more that it was my grandparents and parents, rather than myself, who’s kind of knocking on the door. But this one [60 Plus’s ad] was more touching.”

The rich details shared in these groups allowed the research to draw out dominant themes and sub-themes which could be weaved together across all the groups. Overall, the processing of emotions, the interpretations of facts and information, the interpretations of fear and scare tactics, the comments about trust and skepticism, and the perspectives shared across homogenous groups of people offer contributions to a stream of research about how “Baby Boomers” interpret fear appeals in subject matter they hold near to their heads, and their hearts.

Chapter Six

Discussion

Overall Interpretations of AARP's "Black SUVs" Advertisement

Several of the participants voiced their confusion of what AARP's angle with this advertisement was. Across all six of the groups, the participants expressed this advertisement contained no facts and did not help them understand health care reform. A question raised in all the groups was, "Who are these special interest groups?" AARP was talking about. Several of the participants communicated that AARP is a trustworthy source for seniors or themselves. However, other participants communicated a lack of trust in the organization due to its political side and sheer power.

The vagueness of the "Black SUVs" was another element several of the participants addressed as an issue because it was hard for them to interpret what AARP was trying to say, and it left the door open for multiple interpretations which blurred the message, and made it forgettable. Chris said, "It wasn't memorable. It's like, 'OK, it's another AARP ad. See ya.'"

Most of the participants called AARP's ad a mere "chaotic," "confusing" "scare tactic," and were confused whether it was pro-health care reform or anti-health care reform. The sixth group in unison called the tone of the ad, "Annoying." It was also

described as “adrenaline pumping,” but failed to deliver the message. A few participants even called into question why AARP would have spent the money for that advertisement, which is an interesting point to those practitioners who work in communication or advertising and know how expensive TV advertising is.

The insurance company group was the only group that commented on the deep, male, ominous voice used in the AARP ad. This voice automatically led to them feel skeptical. They mentioned using a different, more friendly voice would have completely changed the tone. The analysis by this group may have been because most of the group was professionals who work in marketing at an insurance company, and are used to breaking down messages in this fashion. The hospital group was also a group in which the majority of its members addressed the symbolisms used in AARP’s ad. Again, this may have also been because this group was comprised of individual with proximity to the health care environment.

The message behind the ad was seen as fairly reasonable, but with the addition of the chaotic visuals and loud sirens, many thought the ad’s message became lost and overall ineffective. One participant in the fifth group offered suggestions for what he thought could have made this ad more effective. These suggestions included using a straight-talking spokesperson without any flashy special effects, and point people to a Web site where they can go to get more information.

Overall Interpretations of the 60 Plus Association's "The Greatest Generation"

Advertisement

Many of the participants agreed "The Greatest Generation" ad hurt people's understanding of health care reform and attempted to push people to make quick decisions. However, some of the participants believed this ad had more facts people could relate to. However, some participants felt it left them with doubts and a feeling that no one is looking out for them.

This ad aroused more intense emotions across all the groups. People got mad, disappointed with the government, disgusted, and "riled up." Two participants, a female from the second group and a male from the sixth group, both used a version of the same explanation for how this ad make them or others feel - it makes people want to "march on Washington." The participants perceived this ad more personally. The phrase from the ad, "The government, not doctors, will decide if older patients are worth the cost," seemed to drive the most reaction across all the groups and many viewed this as a threat. Many of the participants felt compelled to share their personal stories after viewing this ad, which included personal reflections of caring for their parents, who some mentioned had passed away or were sick and being cared for now. Other participants also shared personal fears related to their own current health challenges. The main "take-away" from these personal stories is the participants expressed they are living the fears exposed in this ad everyday.

The participants in the fifth group agreed that the newspaper quotes presented in this ad were taken completely out of context. They were the dominant group to discuss that while these two ads were aimed at seniors and "Boomers," they ignored the issue of

bringing health care coverage to people who are not covered at all, or do not have access to care. This is an interesting finding because this group may have been more inclined to notice this detail because the majority of the participants work in marketing. This group also seemed to be familiar with some of the major tenets of the health care reform plan, discussed in the Background chapter, and identified the benefits of some of these reforms are left out of the debate in these two ads.

Participants' "Ideal" Health Care Reform Advertisements

Near the end of each focus group the researcher asked the participants to imagine they worked in advertising or for a company tied to health care reform, and to take constraints and reality out of their minds for a moment. The researcher then asked for them to explain how they would create their ideal, imaginative version of a health care reform advertisement to serve whatever they wanted their purpose to be.

The majority of the participants said they would focus on the facts and actual data, and give people the resources to deep deeper and make their own, informed decisions, like a Web site were they could read the "Cliff's notes" version of the bill. They want to empower themselves and others to determine what they want to believe as true, versus what they do not want to believe. Explanations of the reform policies as short "bullet points" was another common suggestion. Participants suggested in order to create the desired, balanced discussion, the communication would have to touch on the positives and the negatives of the reform details.

The participants in the second focus group hit a nerve that appeared again in some of the following groups. They agreed that the advertisements should focus on how the

health care reform policies are going to effect everybody, not just older people. The participants in the fifth group agreed with the significance of widening the target audience. One participant suggested creating an ad which answers the question, “What does health care reform mean to me at those different stages of my life?” Another participant explained it as, “Growing up with health care.” The ad would explain what to expect when you have children, when you’re a teenager, and as you become older.

The participants seemed more interested and motivated by communication which produced more information-sharing and less fear. Some of the participants realized that until the forum for political communication changes from solely focusing on mobilizing the vote, the kinds of ad they imagined are merely a pipe dream.

The goal of this research was to learn how “Baby Boomers” process and interpret fear messages used in health care reform advertising. The researcher aimed not to generalize, but to begin to understand, through conversations with groups of “Baby Boomers,” how they interpreted the meanings of the messages.

What the researcher found was the participants expressed anger, especially concerning the “fact” that Congress’s health plan will not fall under the same reforms they are pushing onto the general public. Participants also expressed sadness after looking at the images of the people in the 60 Plus ad, but commented on the lack of the human element in the AARP ad. The majority of the participants expressed that advertisements containing a human element, such as showing images of real people facing real situations, are more effective than ads that do not contain humans.

The participants' interpretations of their emotions in response to the fear appeals was consistent with research on the role of negative emotions (Lee et al., 2008). Some participants communicated that they would go out and research the facts and information on their own and make their own decisions, instead of listening and being swayed by the opinions and claims in the advertisements. However, other participants felt that the fear may cause them or others to "tune out," feel terrified, or to make rash decisions.

As explained in the extended parallel process model (EPPM), when people believe they are able to perform the recommended response against the threat, they become motivated to control the threat and think of solutions to remove or lessen the threat (Witte & Allen, 2000). In contrast, when people do not believe the recommended response works, and/or whether they are able to perform this response, they become motivated to control their fear and focus on removing the feelings of fear through denial, defensive avoidance, or reactance (Witte & Allen, 2000).

Some of the participants in these focus groups expressed beliefs of high self-efficacy and response efficacy in that they were able to look at the advertisements as a form of persuasive, fear-evoking communication which motivated them to either review the ads with a healthy skepticism, or to go and research the facts independently. Some of the other participants, who either expressed their distrust and disgust with the messages, or who expressed doubts in themselves, or others, to understand or research the merits behind the ads, demonstrated more feelings related to controlling the fear. These feelings included denying the significance of their demographic to the future of health care,

ignoring or “clicking off or tuning out” the ads, or showing reluctance towards the belief that a solution does exist for the challenge of health care reform.

The participants associated the myths, threats, and the “smoke in the mirror” techniques shown with the polarizing between the groups, and as an expected part of political discourse.

The notion of death, or dying, was another manifestation that was prevalent across many of the groups, and was communicated by some of the participants through their storytelling of their personal situations, concerns, and health issues that cause them to feel afraid of what might happen.

The ‘us in comparison to them’ mentality was an interesting finding in that it was defined by the focusing on the specific “Baby Boomer” demographic. The participants also shared their thoughts through storytelling here, and showed a compassion and concern for their parents, their children, and their grandchildren. The findings did not demonstrate any significant gender differences across the men and women participants in this study.

People who view themselves as well-informed about a threat may find fear appeal messages annoying or manipulative (Nabi et al., 2008). The findings from these focus groups provide descriptive evidence of this claim. The adjectives, “annoying” and “manipulative,” were voiced by the participants across the groups. Those participants with a background or career in communication or marketing, which was the case for some of the participants in the fifth and sixth groups, shared they are aware of the

techniques used for these advertisements and understand their purpose, but still found them annoying or manipulative.

The participants shared they felt not strongly affected by the fear messages because of how many they are faced with on a daily basis and as part of today's media landscape. Some participants related the fear ads to reality TV, felt that nothing in them really crossed any lines regarding decency, or said it would take some gruesome images to really shock them (Lewis et al., 2007).

Study Limitations

It should be noted this research is bound by limitations and constraints. First, the advertisements used in this study related to health care reform in the U.S. Thus, this study has an American orientation when it comes to the health care system and health communication. Second, the researcher's brief explanation of the purpose of the study, when recruiting potential participants through the informed consent process, may have predisposed participants to say specific comments related to the use of fear in advertising.

Third, the interpretations that are discussed by the "Baby Boomer" participants of this study are not meant to be generalized across this demographic or other people throughout the U.S. or other countries, but instead, offer preliminary insight into how some members from the "Baby Boom" population interpreted these fear-evoking advertisements as not effective, mere scare tactics, and lacking rational information encouraging them to investigate independently.

Organizing the focus groups in a homogeneous way allowed the researcher to cross-compare the findings discovered across the groups based on the shared

demographic characteristics (Morgan, 1988). The groups were homogeneous based on the age and race characteristics of the participants.

Fourth, the age was due to the target audience studied for this research, however, five of the participants were older than 65, as the researcher did not want to discriminate or turn anyone away who was willing to participate simply because they were older than the definition used to classify “Boomers.” One of the lessons learned from the recruitment and screening of participants for this study was, it was challenging to recruit based on a specific age range as some participants were sensitive or private about their age, and when using snowball sampling some of the people who reached out to their friends, were unaware they were older than 65 years old.

The five older participants added additional depth to the findings because they shared their insights as members of the “Traditionalists” generation, which is comprised of people born before 1946 (Frankel, 2007). Their specific responses and experiences could be compared/contrasted to those of the “Baby Boomers” in a future study that would broaden the participant demographic sample and expand upon this preliminary research. Additionally, future research could expand upon the generations even further by studying how the younger generations, including Generation X and Generation Y, interpret fear appeals used in health care reform messages. One of the sub-themes of this study was the participants expressed that health care reform affects everyone, and this could be built upon in future studies to see what members of the other generations express and feel about this controversial topic and accompanying advertisements.

Last, three of the six focus groups contained six or fewer participants. The typical group size for focus groups is between six and ten individual (Morgan, 1998). The fourth group was the smallest because it only had four individuals, which does not meet the standard. However, because the participants had a high level of involvement with the topic, were emotionally vested in the topic, the topic was both controversial and complex, and the purpose was to hear detailed accounts, the use of smaller groups was an acceptable research decision (Morgan, 1998). The typical number of groups for focus group research is three to five groups (Morgan, 1998). This study conducted six groups, and with the addition of each group identified common themes until a point of saturation was reached.

Further Research

The preliminary discussions that emerged from this research are appropriate for further investigation into the ever-changing dynamic of fear-driven advertising situated in the context of health care reform.

First, as explained in the literature, the EPPM is often criticized because fear in the model is dependent on cognitive appraisal, and some scholars argue that emotional reactions to threats may produce different reactions than cognitive assessments of those threats (Lee, Hwang, Hawkins, & Pingree, 2008). The participants perceived the ads as having rational messages that were presented emotionally to try and get a particular reaction from the target audience. However, some of them were able to explain how they could separate how they would react if only focusing on their emotional response to the ads, compared to how they would respond using their intellect and doing their own fact-

finding. This limitation of the EPPM should be further investigated using other topics, advertisements, and audience demographics.

A second area for further research is the relationship between fear and the third-person effect. Older adults have been found in past studies to share perceptions of third-person advertising effects (DeLorme et al., 2007). Many of the participants said while they were not moved or scared by the ad, they could imagine others being so. Some of the participants even expanded this notion by explaining who they thought the “others” may be. People from lower incomes, those on government assistance programs, and older adults (more in the 70-80 age range) were some of the “others” discussed among the participants. These findings are consistent with research on the third-person effect because the participants voiced concern about how the general public, or those with impressionable or vulnerable mindsets, would interpret the advertisements (Davison, 1983). A future study could focus on how people without access to health care insurance interpret fear used in health care reform advertising. A future study could also examine if persuasive health care reform advertising is a specific category that leads people to exaggerate the effects of communication on others more frequently than other topics (Davison, 1983). This study’s findings could also be built upon by research which could expand upon established research on the third-person effect and its relationship to the ages of the people investigated.

Another area of opportunity for further research is to attempt to recruit and focus on a more diverse group of individuals, as the majority of the participants in these focus groups were White, middle to upper class, highly educated, and identified themselves as

Republican. Future studies should investigate and attempt to build upon the themes which emerged from this research, by sampling a more culturally and demographically diverse group of individuals that may have a different angle to the health care reform debate.

Future research could also investigate groups of only men, or only women, to discover if these gender-homogeneous groups interpret fear appeals used in health care reform advertising differently.

Chapter Seven

Conclusion

The purpose of this study was to begin to understand how “Baby Boomers” process and interpret fear appeals in health communication by examining their interpretations of two opposing fear appeals used in 2009 health care reform advertisements. What the researcher found was that these “Baby Boomers” expressed feelings of anger and sadness in response to these advertisements due to the subject matter and the visuals presented. They demanded more facts and information they could interpret rationally instead of emotionally. They expressed a lack of trust and skepticism when it comes to the government and special interest groups. They viewed these ads as manipulative, confusing, and annoying. The “Baby Boomers” felt fear related to being frightened about the unknown and changes that might occur, but also demonstrated support for the third-person effect when viewing advertising and propagandistic, political communication (Davison, 1983). The “Baby Boomers” shared a ‘us in comparison to them’ interpretation when discussing these ads as they talked about entitlements, vulnerability, and compared their perceptions across what they thought about different generations.

The participants’ interpretations of these fear-evoking advertisements led some to say they would research the policies independently and make their own, informed

decisions on their own time, while others said the ads caused them (or the third-person “others”) to tune out, feel scared, or make impulsive decisions. These findings may help other scholars develop future survey questionnaires or interview guides. Future studies could expand on the sample size and use multiple methods, including quantitative methods, to test messages and attempt to generalize results. Further research is needed to map out how members from a specific demographic process fear used in advertisements on this subject matter. Although these findings suggest that “Baby Boomers” interpret fear in advertising with certain emotions, with rational and skeptical lenses, with a concern for others, and with a third-person effect, we know little about how they make decisions, modify their attitudes, or change their behaviors in relation to the fear used in health care reform advertising.

From a practitioner standpoint, one question to consider is whether political, health, and other organizations are using appropriate and effective communication strategies to engage “Baby Boomers” in the issues of health care reform. The implications for future advertisements suggested from the perspectives of the “Baby Boomers” in this study include, the use of a “straight-talking” spokesperson without the use of any flashy, special background effects, and focusing on the facts, actual data, and quotes from key stakeholders. They suggested the creation of a non-political Web site an advertisement could direct people to for reviewing more information, and empower the “Boomers” to research on their own and make their own decisions. In order to create what they called a balanced discussion, the “Boomers” suggested this Web site should address both the positives and the negatives, the pros and cons, of the health care reform

details. For advertisers to widen the audience, the participants said the communications need to address how health care reform will effect everybody, not just “Boomers” and older adults.

Practitioners and scholars should find the findings from this study significant and insightful when developing communications or when conducting future research, because the health care environment continues to change and is salient in American society. The value of this research is it further supports the significance of pre-testing and planning advertising campaigns before putting cost and implementation resources together to make sure the intent of the advertiser is fulfilled by the actual target audiences’ perceptions and responses, instead of further confusing and mudding the waters in an already overwhelming and confusing media environment.

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Appendices

Appendix A

AARPs' "Black SUVs" Television Advertisement

Opens with the sounds of ambulance siren and skidding tires, and these sounds continue throughout the advertisement.

Male Narrator:

“Special interest groups are trying to block progress on health care reform, derailing a debate with myths and scare tactics. Desperately trying to stop you from discovering that reform won't force you to give up your current coverage; you'll still be able to choose your doctor and insurance plan. Tell Congress not to let myths get in the way of fixing what's broken with health care. Learn the facts at HealthActionNow.org.”

From http://www.time.com/time/specials/packages/article/0,28804,1917490_1917489_1917466,00.html

Appendix B

The 60 Plus Association's "The Greatest Generation" Television Advertisement

Opens with the image of an American flag and shows images from historical moments and of the older population.

Male Narrator:

“Seniors have sacrificed – surviving the Great Depression, landing at Normandy on D-Day, raising strong families, and protecting our freedom in a dangerous world.

Now in their most vulnerable periods, seniors are being asked to sacrifice again.

Congress plans to pay for health care reform by cutting \$500 billion from Medicare.

For seniors this will mean long waits for care, cuts to MRIs, CAT scans, and other vital tests. Seniors may lose their own doctors. The government, not doctors, will

decide if older patients are worth the cost. And the cruel joke here is that many of

our politicians are designing a health care plan for the country that they don't want to apply to themselves. So Congress could get better health care than the rest of us. Tell

Congress don't pay for health care reform on the backs of our seniors. They've sacrificed enough.”

From http://www.time.com/time/specials/packages/article/0,28804,1917490_1917489_1917470,00.html

Appendix C Thematic Map

