

Unintended Consequences of a Segmentation Strategy: Exploring Constraint

Recognition Among Black Women Targeted in HIV/AIDS Campaigns¹

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By Tiphané P. Turpin²

Georgetown University

Abstract

Targeted health communication campaigns have attempted to educate and engage publics, yet scholars and practitioners continue to refine best practices for predicting the outcomes of these efforts. After more than 30 years of messaging aimed at HIV/AIDS education in America, contraction rates among Black women continue to climb. Practitioners are challenged to better understand factors impacting constraint recognition among Black women targeted by HIV/AIDS messaging. The situational theory of publics provided a framework for segmenting and analyzing constraint recognition among Black American women participating in this study. Findings indicate that constraint recognition, when linked to salient cultural identity in the minds of targeted publics, decreases message processing and increases fear of social stigma among targeted publics. The current study contributes to the expanding body of public relations literature on health and adds to the exploration of cultural identity as an antecedent variable in public relations' situational theory, which Sha (1999) had identified as an area for further study. Results from this study suggested a process for evaluating and avoiding the consequences of connecting constraints with identity in health campaigns that include targeting strategies and reinforced the importance of intersectionality when seeking to understand traditionally marginalized publics' identities.

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² Address correspondence to Tiphané P. Turpin, Division of Professional Communication, Georgetown University, 3101 Wilson Boulevard, Arlington, VA 22201; Email: tpc2@georgetown.edu.

Unintended consequences of a segmentation strategy: Exploring constraint recognition among Black women targeted in HIV/AIDS campaigns

Black American women are infected by HIV/AIDS at alarming rates, disproportionate to other groups (Kaiser Family Foundation, 2009). Data from the Centers for Disease Control and Prevention (CDC) (2011) indicate that 30% of new HIV infections occurred among Black women, making the rate of Black female infections 15 times higher than that of White women and three times higher than that of Latina women. Further, Black heterosexual females are at the highest risk for infection among American women (CDC, 2011).

Recommendations for continued HIV/AIDS communication targeting Black women have persisted for more than eight years (CDC, 2004). This targeted approach is validated by public relations research recognizing segmentation as a foundational component of the strategic management process (Grunig, 1992; Kim & Ni, 2010). Campaign developers may segment a population based on myriad characteristics ranging from publics' self-interests to organizational priorities (Wilson & Ogden, 2008). Despite Emmy-winning campaigns and targeted television broadcasts on Black HIV/AIDS awareness day, HIV/AIDS remains "a critical challenge" impacting Black women (Kaiser Family Foundation, HBO, GBC, & NBA, 2008; Kaiser Family Foundation & BET, 2008). Kaiser Family Foundation (2009) echoed this conclusion in a study that reports African Americans' awareness of HIV/AIDS has decreased by 29% since 2004. This indicates decreased information seeking concerning HIV/AIDS, which is problematic for improved prevention among Black women and enhanced public relations campaign effectiveness.

This study seeks to illuminate the diverse factors impacting Black women when seeking and processing information in the HIV/AIDS messages targeting them. This research also examines lack of effectiveness in public relations campaigns. The study contributes to public relations practice by adding to research on segmentation in the context of marginalized and under-researched publics.

This article supports Vardeman-Winter and Tindall's (2010a) proposition that the analysis of culture and identity can contribute to enhanced public relations campaign effectiveness. Although there are numerous segmentation strategies in the public relations field, Kim and Ni (2010) have written of the need for further research due to the importance of segmentation in strategic public relations management and the nuanced characteristics that tie and divide publics. This study addresses Kim and Ni's (2010) call for additional research by examining why HIV/AIDS health communication campaigns' use of segmentation has been ineffective in the context of Black women.

Literature Review

This study contributes to public relations literature by filling in gaps related to marginalized publics and their situated context in HIV/AIDS-prevention campaign messaging. The purpose of the following literature review is to first provide an overview of the concept of publics. Next, the literature review will include an explanation of the situational theory of publics. The review will include a description of research on HIV/AIDS campaigns targeting Black women. Finally, the review will conclude with the concept of intersectionality, which informs the conceptualization of each research participant's described identity in the study. The following survey of literature will summarize the aforementioned theories and concepts, their relationship to the current study, and identify gaps for the current study to fill.

Publics

Expertise in understanding publics and their power is required in public relations practice because publics impact organizational survival (Grunig & Hunt, 1984). Dewey (1927) is among the scholars who introduced the concept of publics to describe groups that jointly identify and act to solve issues in democratic societies. Grunig and Hunt (1984) defined publics as groups of people that share common attitudes and behaviors related to a specific issue. Scholars have recommended using segmentation strategies to identify and understand publics (Grunig, 1992; Wilson & Ogden, 2008; Smith, 2009; Kim, 2011; Khakimova, Briones, Madden & Campbell, 2011). A segmentation strategy

may maximize public relations effectiveness by targeting publics with messages that enhance dialogue or influence attitudes and behaviors (Wilson & Ogden, 2008). In contrast, the segmentation process may produce ineffective communication if there are fallacies or generalizations in the research used for segmentation (Vardeman-Winter & Tindall, 2011).

Categories describing publics vary. Public relations scholars have tested and described the following categories of publics: all-issue publics (active on all topics in a situation set), apathetic publics (neglects all issues), single-issue publics (active on few issues impacting a minority population), and hot-issue publics (active on issues affecting a majority population) (Grunig & Repper, 1992; Grunig, 1994; Aldoori & Sha, 2006). Alternatively, Chay-Nemeth (2001) found the following categories after analyzing HIV/AIDS communication in Thailand: circumscribed (unlikely participants in public discourse), co-opted (readily conversing on problems with authoritative structure), critical (dissatisfied with societal conventions), and circumventing (taking self-directed actions regardless of social norms) publics. By examining Black female publics targeted by HIV/AIDS messages, this study will extend findings regarding a marginalized public and their fit within existing categorizations of publics, as well as advance research on publics' resistant reactions to segmentation strategies.

Public relations researchers have discussed publics' power in the face of organizational decision-making. After describing the power dynamics in organizational-public relationships (see Broom, Casey, & Ritchy, 2000; Grunig & Repper, 1992; Vasquez & Taylor 2001), some scholars recommended that activists or publics recognize their own power to resist organizational influence and create change (see Dozier & Lauzen, 2000). Public relations scholars have proposed theories or approaches to publics' responses to organizations, one of which is the situational theory of publics (Ballinger, 1991; Botan & Taylor, 2004; Grunig & Hunt, 1984; Grunig, Grunig, & Dozier, 2002; Pratt, 2001).

Situational Theory of Publics

Public relations scholars and practitioners can predict when people will decide to communicate about a problem using the situational theory of publics. Situational theory allows public relations practitioners to manage relationships with publics using measureable variables, which predict communication and thoughts on a given issue (Grunig & Hunt, 1984). Grunig and Hunt (1984) stated that this theory is based on the following principle: publics' attitudes about an organization depend on the current situation. Situational theory segments publics according to their relationship to issues caused by organizational decisions (Grunig, 1994).

Independent and dependent variables. Grunig and Hunt (1984) explained publics' attitudes and behaviors in relation to organizational issues according to three independent and two dependent variables (Kim & Ni, 2010). Independent variables include: (1) problem recognition (perception of a problem), (2) constraint recognition (perception of blockage from impacting the problem), and (3) level of involvement (personal relevance of the problem) (Grunig & Hunt, 1984). The dependent variables are active information seeking, and passive information processing (Grunig & Hunt, 1984; Kim & Grunig, 2011). Scholars such as Kim and Grunig (2007) and Aldoory, Kim, and Tindall (2010) have combined the dependent variables in the situational theory to explain information gaining.

The situational variables enabled scholars to categorize publics according to predicted activity: active publics (organized, high involvement, high problem recognition, and low constraints); aware publics (high constraints, high involvement, and high problem recognition); latent publics (low problem recognition, low involvement); and non-publics (issue is unconnected to them) (Signitzer & Wamser, 2006; Sriramesh, Moghan & Kwow Wei, 2007). Scholars have concluded that effective campaign implementation must be conducted and managed strategically in order to increase levels of involvement and problem recognition, while decreasing constraint recognition (e.g., Braithwaite et al. 1998; Cole, 2005). The current study will examine the role of constraint recognition in the

ineffectiveness of targeted HIV/AIDS messages, and the predicted communication activities of Black female participants.

Cultural identity as an antecedent variable. Scholars have also studied the antecedent variables in situational theory. These are variables that may affect the independent variables. For example, Sha (2006) identified a practitioner and scholarly need to develop understandings of cultural identity as an antecedent in situational theory because of its predictive and influential relationship with the independent variables. Defining cultural identity, Sha (2006) stated, “it is appropriate for a study on cultural groups in public relations to at least begin with groups defined by race and ethnicity” (Sha, 2006, p. 48). This sentiment is reinforced in research by Vardeman-Winter and Tindall (2010a), which found that participant responses to health campaign communication were not attributable to solely one single identity characteristic. Sha’s (2006) study found that publics’ demonstrable connections to their cultures correlate to level of involvement and problem recognition. The study also determined that Black Americans have the highest tendency toward a tangible connection with their culture, among the research sample (Sha, 2006).

Exploration of this tendency for cultural connectivity and its impact on constraint recognition requires further study in public relations literature (Curry, 2007). Sha (2006) described the negative potential for ineffective communication, when publics and organizations define cultural identities differently. Sha (2006) also criticized the situational variables, citing their potential to limit cultural understandings of issue because they do not gauge diverse conceptions of identity. Likewise, Kern-Foxworth (1991) recommended testing and evaluation of diversity to increase the broad application of situational theory in public relations practice and literature. The current study will continue to explore the cultural connections between identity and constraints in the context of HIV/AIDS information campaigns aimed at Black women, to advance research on the antecedent variable of cultural identity in public relations literature.

HIV/AIDS Campaigns Targeting Black Women

Historically, health communication has had limited success influencing HIV/AIDS contraction rates among Black females. Sherman, Gielen, and McDonnell (2000) and Vitellone (2002) attributed this persistent challenge to lack of insider research and poor strategic communication management. Public relations literature has improved insider research on and strategic management of health communication campaigns (Aldoory, 2001, 2005). Scholars such as Vardeman-Winter and Tindall (2010a, 2011) and Dutta (2007) suggested that gaps remain in the depth of cultural knowledge in health communication campaign development.

Constraints in message compliance. In addition to strategic management issues in prevention campaign success, studies on HIV/AIDS communication effectiveness have examined other constraining variables ranging from gender to social norms (Dilorio et. al., 2000; Troth & Peterson, 2000). Much of the research on HIV/AIDS campaigns and Black women concluded that perceived risk motivates behavior change (Weinstein, 1983; Dolinski, Gromski, & Zawisza, 1987; Smith & Morrison, 2005). Strategic management of HIV/AIDS communication targeting Black women is complicated by social distrust of health institutions and out-group health communication (Brown & Brown, 2003). Additionally, case studies on Black people and HIV/AIDS campaigns identified the role of constraints such as stigma in hindering communication (Lapinski & Nwulu, 2005). This social stigma is compounded by fear (Herek & Glunt, 1988; Capitanio & Herek, 1990; Herek, Capitanio & Widaman, 2002) and by stereotypes associated with HIV/AIDS (Falk, 2001; Herek, 1999; Fortenberry et. al., 2002). The CDC (2011) also concurred with these constraints and identified “lack of awareness of HIV status” and “stigma, fear, discrimination, homophobia, and negative perceptions about HIV testing” among barriers to prevention (p. 2).

Literature suggested that gender and race intersect to create high constraint recognition, low problem recognition, and low level of involvement of Black women and HIV/AIDS communication (Bowleg, Belgrave, & Reisen, 2000). Constraint recognition is characterized by barriers to

communicating on a problem, which in turn influences how an individual sees his or her ability to react to the problem (Grunig, 1992). Scholars have concluded that women who feel capable of seeking health prevention information will be empowered to take preventative measures (Chitando & Chitando, 2005; Jones-DeWeever, 2005). In their study of HIV/AIDS campaigns, Bowleg, Belgrave, and Reisen (2000) suggested that both women also recognize constraints based on power and gender dynamics, but social scorn, male relationship dominance, low knowledge of female condoms, and predictions of promiscuity lower women's use of preventative measures.

This study will replicate and extend research on constraints faced by Black women in the HIV/AIDS prevention message context. Further, it will explore the use of segmentation in the situation. Sherman, Gielen, and McDonnell's (2000) power and attitudes in relationships (PAIR) model supported increased segmentation and discussion of gender roles in HIV/AIDS campaigns, as a means for increasing involvement, and awareness of issues surrounding HIV/AIDS. The current study will examine the situational variables as related to HIV/AIDS communication campaigns targeting Black women to reveal issues of constraints or empowerment. Additionally, this study will examine the varied identities referenced in past HIV/AIDS research through the concept of intersectionality.

Intersectionality

Crenshaw (1991) defined the concept of intersectionality in a social critique of the oppressive structures that converge to shape the experiences of women of color. According to Vardeman-Winter and Tindall (2010b), intersectionality is a term that describes the overlap of identities in one individual. These identities can include gender, race, class, and other demographic variables (Vardeman-Winter & Tindall, 2010a, 2010b). No single identity such as race conveys the layered identities in each person (Sison, 2009). Furthermore, Collins (2000) found that the combined influence of these identities reinforces oppression of marginalized groups such as Black women. Intersectionality is important in the public relations field because it allows practitioners and scholars

to understand the limitations of segmentation, the need to understand cultural meanings in nuanced ways, and publics' perspectives that influence effective communication (Vardeman-Winter & Tindall, 2010b). The current study will fill gaps in the public relations literature on marginalized publics such as Black women and explore issues of intersectionality in segmentation.

Nielsen's (2011) review of the use of intersectionality in mass communication research identified public relations as a field with growing research on this topic due to the importance of publics and understanding publics' values, attitudes, and behaviors. The current study responds to Nielsen's (2011) recommendation of "more inclusive and deeper research" (p. 11) by exploring intersectionality in the public relations field. Intersectionality is an underlying consideration in the literature of publics, the situational theory of publics, and HIV/AIDS-prevention campaigns targeting Black women.

The current study will build on existing public relations research that has proposed that intersectionality is a valuable concept for research in the public relations field (see Vardeman-Winter & Tindall, 2010b). This study will explore issues of information seeking constraints among Black women, while acknowledging the multitude of identities imbedded within this marginalized public. To this point, Houston (2002) wrote, "researchers may choose to emphasize one aspect of African Americans' complex, intersecting identities in a particular study, no single aspect should be conceived as universally 'more important' than the others" (p. 37).

Research Questions

This study expands public relations scholarship on diversity by exploring cultural identity as an antecedent variable in situational theory and the independent variable of constraint recognition. If a public's information-seeking or processing is decreased due to contextual constraints reinforced in health communication campaigns, practitioner success may be impacted by low message reception among target audiences and in turn limit behavior change. Given the low rates of effectiveness of HIV/AIDS-prevention campaigns targeted at Black women, this research sought to identify the

network of constraints perceived by a segment of Black women targeted in HIV/AIDS communication campaigns. Based on the theoretical framework of publics, situational theory of publics, HIV/AIDS-prevention campaigns targeting Black women, and intersectionality, the current study sought to answer the following research questions:

RQ1: How do constraints influence Black women's information seeking and processing of HIV/AIDS-prevention campaign messages?

RQ2: How do Black women make meaning of their constraints when responding to HIV/AIDS-prevention campaigns?

Method

This section describes the qualitative approach used in this study. Following a review of Black feminist epistemology, a rationale for application of the method to this research, and an overview of the procedure, research participants, procedures, and data analysis are described.

Black Feminist Epistemology

The epistemology, or scholarly lens in approaching these research questions, is Black feminist, thus impacting the method for this study (see Lindlof & Taylor, 2002). Black feminist epistemology is a framework for understanding and conducting qualitative research about the collective struggle and experiences of Black women (Collins, 2000). The epistemology situates subjective, lived participant knowledge on equal footing with the scholarly knowledge of a researcher (Collins, 2000). This is particularly valuable in the context of intersectionality and segmentation, because the research seeks to unearth the layered intersections of Black female identities and overturn power structures in traditional scholarly research on marginalized groups (see Dillard & Okpalaoka, 2011).

In this approach, the participants guide the research and may choose to actively combat the historical marginalization of Black female identities throughout the research process (Collins, 2000). Black feminist epistemology improved reflexivity in this qualitative study, because the epistemology allows Black female researchers (such as the author of the current study) to examine the lived

experiences of participants who are also Black women, while maintaining rigorous, trustworthy, and credible research practices (Collins, 2000). Although not frequently articulated in public relations research, many scholars have layered this approach in their methodologies to collect and analyze qualitative data provided by Black female participants (e.g., Crenshaw, 1993; Few, Stephens, & Rouse-Arnett, 2003).

This study employed three concepts recommended in Black feminist research procedures. First, the qualitative method of interviews was used to have a dialogic exchange with participants, while increasing participant trust in discussions of sensitive health issues by equalizing perceived power differences between the researcher (myself) and study participants (see Dillard & Okpalaoka, 2011; Guy-Sheftall, 1995; Collins, 2000). Second, Collins' (2000) recommended ethics of caring, which permit researchers to indicate appropriate empathy for participants' life experiences during data collection, was used. The ethics of caring require researchers to recognize individuals as unique, collaborate with participants during the research process, and show and speak with emotion when appropriate (Collins, 2000). This approach echoed the strategic research design in Few, Stephens, and Rouse-Arnett's (2003) study, which empowered participants' voices during data collection. Finally, the method adhered to Collins' (2000) recommendation that the researcher select a purposive sample of women who self-identify as Black.

Sample

Participants were recruited using a combination of snowball and purposive methods in order to gather rich data on the segment of Black female publics targeted by HIV/AIDS-prevention messages. Initial participants were provided by recommendations from the researcher's colleagues. Each additional participant was selected from voluntary participant referrals. Participants were chosen for this study based on their self-reported racial identity (Black) and gender (female). Each woman resided in the Washington D.C. metropolitan area, and had earned a high school diploma at minimum. Nineteen study participants ranging 18 to 35 in age participated in the study. The sample

size was attained based on the depth and breadth of understanding required for reaching a saturation point in qualitative research (see Lindlof & Taylor, 2002; Mason, 2010; Wolcott, 1994).

Procedure

Nineteen women participated in in-depth, semi-structured interviews conducted via telephone. Rubin and Rubin's (1995) method for semi-structured interviews provided the model for the interview guide (see appendix). Studies by Aldoory (2001) and Vardeman (2005) also clarified the structure for in-depth interviews in the context of women's health issues. Prior to each interview, the participants' role as experts informing the research was explained, so as to increase participant comfort in discussing personal views on health and communication campaigns (Rubin & Rubin, 1995). Each interview required approximately 45 minutes. After conducting pre-tests to refine the interview guide, interviews were digitally recorded to capture research data and generate written transcripts, which included verbal and nonverbal cues from participants (Lindlof & Taylor, 2002; Miles & Huberman, 1994). Participant recruitment concluded when the researcher noted common, complex themes reinforcing existing participant interview themes, which Glaser and Strauss (1967) define as the saturation point.

Data Analysis

To increase internal validity, which Wolcott (2005) described as measuring the original intention in the research study, data was analyzed using multiple layers (Kvale, 1995). First, the researcher noted observer comments in each interview transcription and conducted follow-up conversations with participants to clarify understanding of their views through member checks (Lindlof & Taylor, 2002). Next, the researcher analyzed the interviews for common and exceptional themes (van Zoonen, 1994) and their context (McCracken, 1988). The researcher used Miles and Huberman's (1994) coding system to generate and categorize themes. Then, themes identified in the coding system to distinct comments in the transcript and analyzed for theme frequency and context. The researcher revisited journal descriptions of her biases as a reminder of the research process to

avoid coloring the participant voices with incorrect interpretations. Finally, the researcher analyzed the truthfulness of the data by asking participants and another Black female public relations researcher to review and comment on the data analysis (Lindlof & Taylor, 2002).

Results

Participants recognized a number of constraints barring their personal engagement with HIV/AIDS messaging. Themes including diverse identities, skepticism, and practical activation were commonly hindering these participants from information seeking and processing in the HIV/AIDS context. Themes described below answer the RQs: How do constraints influence Black women's information seeking and processing of HIV/AIDS-prevention campaign messages? And, how do Black women make meaning of their constraints when responding to HIV/AIDS-prevention campaigns?

Diverse Identities

All participants discussed their combined racial, gendered, individual, and stereotypical identities in relationship to HIV/AIDS messages when asked about messages they had seen in the past and the shared characteristics that made up their segmented population (see appendix). The women generally desired variety among individuals in campaigns targeting them. They stated that when messages clearly target a cultural group identifiable by race and gender, they prefer representations of multiple types of people within that group. One participant dismissed targeted messages as ineffective, citing her lack of connectivity with campaign representatives depicted in targeted communication campaigns from numerous industries. Another participant described message fatigue when she said, "Everything is targeted at people of color."

Participants wanted visual representations of diverse age ranges as well. One participant in her early 20s described consciously avoiding campaigns targeting her because she felt they were highly overt; thus, she could easily identify their targeted purpose and did not care to process the information because she could guess the message without the campaign prompt. Conversely, a woman in her 30s dismissed campaign messages when they were using language that included words

she identified as youthful slang. Participants also critiqued messages targeting Black women and described personal and perceived perceptions about Black female identities.

Critique. Women expressed their concern regarding cultural stereotypes based on race and stigma associated with their Black female identity. For example, when asked about the relevance of HIV/AIDS messages to women, one participant stated that messages make her feel “labeled” and decrease her self-esteem. Women described feelings of frustration and negative stigma related to Black health. One participant suggested being pigeonholed by media professionals and that campaigns appear to use a superficial approach to representation by including a broad range of people in campaign material. The participant described this as campaign developers “venturing out” rather than as a strategic approach to effective communication. Despite these criticisms from the majority of participants, a few women also empathized with the challenge facing campaign developers charged with HIV/AIDS programming. One woman said, “It’s not affecting mainstream society so it’s on the backburner, because it’s prevalent in black communities.”

Shared identity perceptions. Participants were afraid of peer judgment if they brought up the topic of HIV/AIDS. They felt constrained from stating concerns about the issue among peers because they said HIV/AIDS is associated with promiscuity, limited income, or (as stated by a subset of participants) drug use. The participants consistently described personal choices in lifestyle of each individual increasing potential contraction of the disease.

Skepticism

When asked about their response to HIV/AIDS messaging and campaign influence, participants described their skepticism toward information provided and the effectiveness of segmentation and targeting in campaigns. Participants described feelings of invincibility when faced with HIV/AIDS messages.

Informative depth and impact of campaign content. Participants complained of campaign messages that failed to either offer complex information or connect to their regional

concerns. Study participants wanted further discussion of preventative measures for avoiding HIV/AIDS in order to make informed decisions. One study participant rationalized campaign content by stating that complex information may not be applicable to a broader audience. In an example of regional information, participants recommended the inclusion of local testing locations and resource hubs.

Women also noted interest in campaigns with a clear storytelling structures that include testimonials from women who have contracted or avoided HIV/AIDS. The participants described how campaigns with real stories persist in their minds because they are “realistic and personal.” They also suggested difficulty regarding HIV/AIDS as a top-of-mind issue because they felt campaigns were situated in contexts they do not regularly experience. To this point, one woman noted that the “campaigns only talk about sex.”

Finally, participants were curious about the effectiveness of HIV/AIDS campaigns. One participant said, “I know they [have] been campaigning about HIV/AIDS for as long as I can remember, 10 years, 20 years, and still it’s that disease nobody wants to talk about. People shy away from it.” The majority of participants asked me if I thought targeted campaigns are an appropriate strategy for communication and questioned if messages had effectively lowered HIV/AIDS rates. In line with Collins’ (2000) recommendation that power structures remain equal in the research process, I responded that I’d like to hear their opinion and responded with my personal views in plain language using probes to invite their reaction and/or critique of my opinion. Participants confirmed that they are uncertain as to why campaigns remain ineffective, but that they find the trend to be unusual given the time targeted campaigns have existed. A single participant reported having taking personal action for risk avoidance in response to an HIV/AIDS campaign message. Her action was to have a social conversation with a friend on the topic.

Personal invincibility and social invisibility. Few study participants expressed personal concern about HIV/AIDS. In fact, women described their personal history as a key element raising

HIV/AIDS to a level of concern requiring action. For example, women described partner choices in their sexual history that helped them protect themselves, or interpersonal conversations that led to avoiding feelings of personal invincibility. For example, three participants knew someone living with HIV/AIDS, while rest of the women stated that they felt uninvolved with the issue socially, beyond taking general precautions to mitigate risk. Participants did describe other Black women in their social networks (nonparticipants in this study) who they described as “feeling invincible” because they thought HIV/AIDS was an unlikely occurrence or because they viewed campaign messages as hyperbole. A woman said, “Now it’s universal but people think it won’t happen to them.” Almost all participants avoided criticizing their peers who feel invincible despite targeted messaging – the women noted the potential ambiguity of HIV/AIDS impact due to a lack of visible markers.

Activation

Participants described being activated to respond to messages they had seen by becoming either more or less communicative related to HIV/AIDS. The three major themes to this feeling of activation prompted by messages were fear, social discussion, and barriers.

Fear and infection rates among peers. Participants associated infection rates of HIV/AIDS with their own identities. For example, the majority of study participants suggested that HIV/AIDS kills women of color more frequently than women of other races. Women said they feel “scared,” “awful,” and concerned about death when conversing about HIV/AIDS. For example, one participant referred to stress caused by wondering about the health history of past sexual partners. Another participant described unexpected fear tactics used in a campaign that led her to avoid HIV/AIDS messages altogether because the tactic tied her identity to a message related to mortality. (In the advertisement, a Black woman held a mirror to indicate her connection to an implied audience of Black women.) Another woman described HIV/AIDS as a “horrible epidemic that plagues people, particularly African-Americans.” This fearful language that evoked the image of an unstoppable plague was consistent in the interviews.

Social discussion and interpersonal relationships. The majority of participants want to become more involved in discussing HIV/AIDS. They described a personal duty to protect their health, but wanted to serve their social networks of peers, family members, and local community by discussing the condition with friends, continuing to participate in walkathons, and speaking to younger peers. One participant described the ease with which she participates in breast cancer awareness activities, but mentioned hesitation in speaking about HIV/AIDS in a broad social context. She attributed this to HIV/AIDS lacking the same level of social support as other health issues and described the topic as “too private” for public discussion. Another said, “You can’t tell everybody your business.” Discussions in which participants wanted to avoid discussing HIV/AIDS included: conversations with family members (except younger relatives), with doctors, with individuals at religious events, or in front of young children. When asked about their comfort in discussing the issue with a researcher, participants stated their comfort due to the anonymity in data reported from the research.

Barriers. Participants also articulated constraints in discussing HIV/AIDS with sexual partners or friends. Women noted conflicts between expressing relational trust and implying dishonesty when requesting documentation from partners who conveyed previous testing results. A few participants mentioned having higher self-esteem when in a romantic relationship and how they avoid discussion to “keep the peace” with their partners. Participants discussed willingness to discuss HIV/AIDS with friends, but suggested that many peers become “defensive” when discussing this topic. One participant described the following experience: “Black women get defensive. They know their behavior is risky but don’t want to think about consequences. It’s difficult to talk about it.” Women also expressed a need for campaign materials addressing their constraint in discussing HIV/AIDS when asked about potential improvements to targeted materials.

Conclusion

Results from this study show that segments of Black American women experienced multiple constraints in seeking and processing information in HIV/AIDS prevention campaigns. Additionally, the participants noted their cultural identity as defined by race and a number of other characteristics as a primary constraint defining their experience hearing or seeing HIV/AIDS-prevention messages. Although the majority of participants fit the situational criteria for aware or active publics due to their high problem recognition and moderate level of involvement in the HIV/AIDS issue (see Kim & Ni, 2010), their constraints remained high. This contrasts findings from Bowleg, Belgrave and Reisen (2000), which suggested that Black women fit the latent public classification in the HIV/AIDS context. Women mentioned powerless feelings, pigeonholing, and social judgment based on targeted HIV/AIDS communication. They also identified the role of their gender and socially constructed power differentials in wanting to preserve romantic relationships. Women required privacy for fear of critique. Women complained that campaigns offered little help for overcoming barriers and felt alienated from groups other than Black women because of perceived stigma concerning HIV/AIDS. This alienation echoed Lapinski and Nwulu's (2005) research, which found that stigma permeated targeted HIV/AIDS communication aimed at Black audiences.

Themes including diverse identities, skepticism, and activation were described as constraints to message effectiveness and decreased information seeking and processing in the HIV/AIDS context. Each constraint recognition theme connected to the women's identities as Black and female in this study. As Sha (2006) suggested, cultural identity influenced constraint recognition.

Participants noted the reinforcement of these constraining themes in campaign content, which they critiqued as limiting diversity in depicting identity and ineffective at meeting the information needs of the segment. Although participants' experiences and cognitions do not occur in a vacuum (they may stem from social, historical, and environmental factors noted in the literature), nor are they caused by campaign content, participant critiques of campaign content provided an opportunity to

ensure that campaigns do not reinforce pre-existing negative perceived constraints associated with HIV/AIDS communication to Black women. For example, themes in the literature related to negative outcomes from segmentation that lacks intersectionality (Vardeman-Winter & Tindall, 2010a, 2011), social distrust of health institutions (Brown & Brown, 2003), and fear (Herek & Glunt, 1988; Capitanio & Herek, 1990; Herek, Capitanio & Widaman, 2002) were reinforced in the participants' description of campaign messages. These themes are important for practitioners to avoid because, although scholars have concluded that perceived risk is a motivator for behavior change (Weinstein, 1983; Dolinski, Gromski & Zawisza, 1987; Smith & Morrison, 2005), participants in this study perceived their risk but remained constrained from behavior change. The segmented identities of Black women were connected to constraint recognition and heightened perceived constraints. This led to apathy or non-compliance with messaging among publics. This research reinforced studies on gender politics among Black community members, which call for the encouragement of women to improve seeking and use of health prevention tools (Chitando & Chitando, 2005; Jones-DeWeever, 2005).

The Black female population participating in this study and the health topic of HIV/AIDS was particularly important to understand the theoretical concepts of publics, segmentation strategies, the situational theory of publics, targeted HIV/AIDS campaigns, and intersectionality. This research contributes to the inclusion of marginalized groups in public relations scholarship. Additionally, the study was conducted to provide practical means for understanding the intersectionality of publics' identities so that practitioners and scholars might better segment and understand publics (see Vardeman-Winter & Tindall, 2010b). This study suggested that Black feminist epistemology is a useful framework for inquiry that complements the layers of identity in intersectionality. This study also has practical implications for public relations professionals who are considering segmentation of publics as a campaign-design strategy.

Implications for Communicators

Developing targeted HIV/AIDS campaigns. The connection between identity and constraint recognition as suggested by the data implied the need for sophisticated strategies to consider the representation of identity in targeted HIV/AIDS campaigns during campaign development. Scholarship on intersectionality provided a theoretical framework for understanding the identities present among the participant segment. This range of identities was desired by participants in the campaign messages and could be infused into campaign-development processes. Understanding the heightened barriers created by segmentation and current cultural identity depictions in HIV/AIDS messages provides justification for practitioners to challenge traditional segmentation strategies to address the needs of targeted publics. Avoiding constraint reinforcement in targeted campaigns in may allow practitioners to develop targeted HIV/AIDS campaigns that empower publics by connecting cultural identity with tools for overturning perceived constraints. This would enhance the likelihood of improved campaign effectiveness because, as noted in studies by Chitando and Chitando (2005) and Jones-DeWeever (2005), women who feel capable of seeking health prevention information will be empowered to take preventive measures.

Strategic consequences of segmentation. This study may also help public relations practitioners and health communicators avoid unintended, negative connections between publics' identity and constraints in health messages beyond the context of HIV/AIDS. The concept of segmentation includes nuances that must be addressed to avoid rifts between campaign developers and audiences described by Vardeman-Winter and Tindall (2011). Practitioners may also be able to overturn existing perceptions of constraints by linking identity to decreased constraints in campaign messages. This will also increase the relational trust between Black women and health professionals because the women's dissatisfaction with limited representations and stigma would be addressed, while practitioners empower women. Presenting communication that includes a continuum of

identities will also address the topical and personal diversity desired by study participants and reinforced by existing public relations research on intersectionality in the field.

Limitations and Future Research

Although participants referred to themselves as members of a Black American community, they frequently reminded me that they “can’t speak for others” and preferred not to speak in generalizable terms that encompass other Black people or other women. They cited the continuum of opinions among Black women in their personal social networks, and a few participants wondered if their explanations conveyed stereotypical representations of other Black women targeted in HIV/AIDS campaigns. This finding reinforces Vardeman-Winter and Tindall’s (2010a) result wherein participant responses were not narrowly attributable to a cultural identity characteristic. The current research provides a deeper understanding of the situational variable of constraints in the context of Black women and HIV/AIDS campaigns. This qualitative research adds to the existing catalogue of diverse publics’ experiences that inform public relations practice and scholarship.

Although specific to Black women, Black feminist epistemology facilitated candid interviews conducted with participants on a sensitive topic. Collins’ (2000) description of Black feminist epistemology does not include recommendations for other cultures; however, the procedure provides a model for understanding segmented publics in order to design campaigns that increase trust, build effective relationships, and avoid or decrease constraints barring message impact. Future researchers and practitioners may choose to apply Black feminist epistemology to similar research studies and identify alternative methods for exploring topics related to non-Black female identities.

Future studies that evaluate health campaigns and constraint recognition in varied populations are recommended. Dutta’s (2007) research concluded that culturally sensitive information does not address the power structures needed to engage marginalized publics in health communication campaigns. Thus, the themes of power and oppression in Crenshaw’s (1991) social critique of intersectionality provide fodder for additional study of publics within and outside of health

communication contexts. This study focused on a single variable of the situational theory of publics, but further research should broaden the scope of examination to include additional situational variables. Scholars should also study broader theoretical advancements in situational theory research including intersectionality, which Nielsen (2011) noted is a growing topic of study in the public relations field.

Future researchers studying varied populations may want to group participants in segments, but only when a purposive sample is needed. This research supported Vardeman-Winter and Tindall's (2010a) recommendation that purposive samples are used in relevant contexts. The authors wrote:

not using purposive samples of marginalised groups when studying topics that disproportionately impact non-White groups, our discipline reifies the dominant values of what public relations research does, rather than realising the potential of what public relations research can do to ease the tension campaign messages bring to marginalised groups.

(Vardeman-Winter & Tindall, 2010a, p. 3)

Without a purposive sample, the current study findings and the interrogation of intersectionality would not have been possible, nor would the study have enhanced the diversity of publics researched in the field by focusing on a marginalized group that is asymmetrically faced with an ongoing health crisis. This research contributed to the existing body of literature concerning segmentation, situational theory of publics, health communication, and intersectionality. Each of the concepts in the theoretical framework enhanced the potential for the current study to contribute to diversity literature in the public relations field.

References

- Aldoory, L. (2001). Making health communications meaningful for women: Factors that influence involvement. *Journal of Public Relations Research*, 13, 163–185.
- Aldoory, L. (2005). A (re)conceived feminist paradigm for public relations: A case for substantial improvement. *Journal of Communication*, 5, 668–684.

- Aldoory, L., Kim, J. -N., Tindall, N. (2009). The influence of perceived shared risk in crisis communication: Elaborating the situational theory of publics. *Public Relations Review*, 36, 134–140. doi:10.1016/j.pubrev.2009.12.2002
- Aldoory, L., & Sha, B. L. (2006). The situational theory of publics: Practical applications, methodological challenges and theoretical horizons, (pp. 339–356). In E. L. Toth (Ed.), *The future of public excellence in public relations and communication management: Challenges for the next generation*. Mahwah, NJ: Lawrence Earlbaum.
- Ballinger, J. D. (1991). *Relational dimensions of public-organizational relationships*. Unpublished master's thesis, San Diego State University, San Diego, CA.
- Botan, C. H., & Taylor, M. (2004). Public relations: State of the field. *Journal of Communication*, 54, 645–661.
- Bowleg, L., Belgrave, F.Z., & Reisen, C. A. (2000). Gender roles, power strategies, and precautionary sexual self-efficacy: Implications for Black and Latina women's HIV/AIDS protective behaviors. *Sex Roles*, 42, 613–635.
- Braithwaite, R., Stephens, T., Sumpter-Gaddist, B. W., Murdaugh, H., Taylor, S., & Braithwaite, K. (1998). Sex-related HIV/AIDS prevention among African American college students: Issues for preventive counseling. *Journal of Multicultural Counseling and Development*, 26, 177–193.
- Broom, Casey, & Ritchy. (2000). Concept and theory of organization-public relationships. In J. A. Ledingham & S. D. Brunig (Eds.) *Public Relations as Relationship Management*. (pp. 95–116). Mahwah, NJ. Lawrence Erlbaum.
- Brown, E. J., & Brown, J. S. (2003). HIV prevention outreach in Black communities of three rural north Florida counties. *Public Health Nursing*, 20, 204–210.
- Captiano, J.P., & Herek, G.M. (1999). AIDS-related stigma and attitudes toward injecting drug users among Black and White Americans. *American Behavioral Scientist*, 42, 1148–1161.

Centers for Disease Control and Prevention. (2011, November). *HIV among African Americans*.

Retrieved from <http://www.cdc.gov/hiv>.

Centers for Disease Control and Prevention. (2004). Diagnoses of HIV/AIDS – 32 states, 2000-2003.

MMWR: Morbidity & Mortality Weekly Report, 53, 1106–1110.

Chay-Nemeth, C. (2001). Revisiting publics: A critical archaeology of publics in the

Thai HIV/AIDS issue. *Journal of Public Relations Research*, 13, 127–161.

Chitando, A., & Chitando, E. (2005). Weaving sisterhood: Women African theologians and creative

writers. *Exchange*, 34(1), 22–38.

Cole, L. (2005). The politics of HIV prevention and Black women. *Harvard Journal of African*

American Public Policy, 11, 51–62.

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of*

empowerment (2nd ed.). New York: Routledge.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against

women of color. *Stanford Law Review*, 43, 1241-1299.

Crenshaw, K. (1993). Demarginalizing the interaction of race and sex: A Black feminist critique of

antidiscrimination doctrine, feminist theory, and anti-racist politics. In D. Weisberg (Ed.),

Feminist legal theory: Foundations (pp. 383–411). Philadelphia: Temple University Press.

Curry, T. P. (2007). *Black women's meaning-making of HIV/AIDS campaigns: A black*

feminist approach to the impact of race on the reception of targeted health

communication. Unpublished master's thesis, University of Maryland, College

Park.

Dewey, J. (1927). *The public and its problems*. Athens, OH: Swallow Press.

Dillard, C., & Okpalaoka, C. (2011). The sacred and spiritual nature of endarkened

transnational feminist praxis in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.),

Handbook of qualitative research (4th ed.) (pp. 147–162). London, UK: Sage.

- Dilorio, C., Dudley, W. N., Soet, J., Watkins, J., & Maibach, E. (2000). A social cognitive-based model for condom use among college students. *Nursing Research*, 49, 208–214.
- Dolinski, D., Gromski, W., & Zawisza, E. (1987). Unrealistic pessimism. *Journal of Social Psychology*, 127, 511-516.
- Dozier, D. M. & Lauzen, M. M. (2000). Liberating the intellectual domain from the practice: Public relations, activism and the role of the scholar. *Journal of Public Relations Research*, 2, 3-22.
- Dutta, M. J. (2007). Communicating about culture and health: Theorizing culture-centered and cultural sensitivity approaches. *Communication Theory*, 17(3), 304-328.
doi:10.1111/j.1468-2885.2007.00297.x
- Falk, G. (2001). *Stigma: How we treat outsiders*. Amherst, NY: Prometheus Books.
- Few, A. L., Stephens, D. P., & Rouse-Arnett, M. (2003). Sister-to-sister talk: Transcending boundaries and challenges in qualitative research with black women. *Family Relations*, 52, 205-215.
- Fortenberry, J.D., McFarlane, M., Bleakley, A., Bull, S., Fishbein, M., Grimley, D.M., Malotte, C.K., Stoner, B.P. (2002). Relationships of stigma and shame to gonorrhea and HIV screening. *American Journal of Public Health*, 92, 378-381.
- Grunig, J. E. (Ed.). (1992). *Excellence in public relations and communication management*. Hillsdale, NJ: Lawrence Erlbaum.
- Grunig, J. E. (1994, July). *A situational theory of publics: Conceptual history, recent challenges and new research*. Paper presented to the International Public Relations Research Symposium, Bled, Slovenia.
- Grunig, L. A., Grunig, J. E. & Dozier, D. M. (2002). *Excellent public relations and effective organizations: A study of communication management in three countries* (pp. 442-479, 538–562). Mahwah, NJ: Lawrence Erlbaum.
- Grunig, J. E., & Hunt, T. (1984). *Managing public relations*. New York: Holt, Rinehart & Winston.

- Grunig, J. E., & Repper, F. C. (1992). Strategic management, publics, and issues. In J. E. Grunig (Ed.), *Excellence in public relations and communication management* (pp. 117-157). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Guy-Sheftall, B. (1995). *Words of fire: An anthology of African-American feminist thought*. New York: The New Press.
- Herek, G.M. (1999). AIDS and stigma. *American Behavioral Scientist*, 42, 1106-1116.
- Herek, Capitanio, & Widaman (2002). HIV-related stigma and knowledge in the United States: Prevalence and trends, 1991 – 1999. *American Journal of Public Health*, 92, 371-377.
- Herek, G. M., & Glunt, E. K. (1988). The social construction of Black feminist thought. *Signs: Journal of Women in Culture and Society*, 14, 745-773.
- Houston, M. (2002). Seeking difference: African Americans in interpersonal communication research, 1975 – 2000. *Howard Journal of Communications*, 13, 24-41.
doi:10.1080/106461702754555021
- Jones-DeWeever, A. A. (2005). Saving ourselves: African American women and the HIV/AIDS crisis. *Harvard Journal of African American Public Policy*, 11, 79-83.
- Kaiser Family Foundation. (2011). HIV/AIDS policy fact sheet: Women and HIV/AIDS in the United States (Publication #6092-09). Retrieved from <http://www.kff.org>.
- Kaiser Family Foundation. (2009, June). Views and experiences with HIV testing among African Americans in the U.S. (survey brief). Retrieved from <http://www.kff.org>.
- Kaiser Family Foundation. (2009, April). *America has gone quiet on HIV/AIDS*. Retrieved from <http://www.kff.org>.
- Kaiser Family Foundation and BET Networks. (2008, January). Compelling BET news special, stigma: the silent killer premieres on Thursday, February 7 at 8:00 p.m. et/pt to honor Black HIV/AIDS awareness day (news release). Retrieved from <http://www.kff.org>.

- Kaiser Family Foundation, HBO, GBC, & NBA. (2008, November). "Get tested" wins Emmy (news release). Retrieved from <http://www.kff.org>.
- Kern-Foxworth, M. (1991). Historical chronicle of people of color in public relations. *Public Relations Quarterly*, 36(1), 28-30.
- Khakimova, L., Briones, R. L., Madden, S., & Campbell, T. (2011). The letting girls Glow! communication campaign: Methodological and conceptual lessons for segmenting teen publics. *PRism*, 8(2), 1-13. Retrieved from <http://www.prismjournal.org/homepage.html>
- Kim, J. -N. (2011). Public segmentation using situational theory of problem solving: Illustrating summation method and testing segmented public profiles. *PRism*, 8(2), 1-12. Retrieved from <http://www.prismjournal.org/homepage.html>
- Kim, J. -N., & Grunig, J. E. (2011). Problem solving and communicative action: A situational theory of problem solving. *Journal of Communication*, 61, 120-149. doi:10.1111/j.1460-2466.2010.01529.x
- Kim, J. -N., & Ni, L. (2010). Seeing the forest through the trees: The behavioral, strategic management paradigm in public relations and its future. In R. L. Heath (Ed.), *The SAGE handbook of public relations* (2nd ed., pp. 35-57). Thousand Oaks, CA: Sage.
- Kvale, S. (1995). The social construction of validity. *Qualitative Inquiry*, 1, 19-40.
- Lapinski, M.K. & Nwulu, P. (2005, May). *Can viewing an entertainment-education film change HIV-related risk and stigma perceptions? Results from an experiment in Abuja, Nigeria*. Paper presented in the Health Communication Division at the annual meeting of the International Communication Association, New York, NY.
- Lindlof, T. R., & Taylor, B. C. (2002). *Qualitative communication research methods* (2nd ed.). Thousand Oaks, CA: Sage.
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative

interviews. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 11(3),

Art. 8. Retrieved February 20, 2013 from <http://nbn-resolving.de/urn:nbn:de:0114-fqs100387>

McCracken, G. (1988). *The long interview*. London: Sage.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Nielson, C. (2011). Moving mass communication scholarship beyond binaries: A call for intersectionality as theory and method. *Media Report to Women*, 39, 6-22.

Pratt, C. (2001). Issues management: The paradox of the 40-year tobacco wars. In R. L. Heath (Ed.), *Handbook of Public Relations*, (pp. 335-346). Thousand Oaks, CA: Sage.

Price, M. M. (2002). Health promotion with African American women. In C. C. Clark (Ed.), *Health promotion in communities: Holistic and wellness approaches*, (pp. 355-382). New York: Springer.

Rubin, H. J., & Rubin, I. S. (1995). *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA: Sage.

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Thousand Oaks, CA: Sage.

Sha, B.-L. (1999). *Intercultural public relations: Exploring cultural identity as a means of segmenting publics*. Unpublished master's thesis, University of Maryland, College Park.

Sha, B.-L. (2006). Cultural identity in the segmentation of publics: An emerging theory of intercultural public relations. *Journal of Public Relations Research*, 18, 45-65.

Sherman, S. G., Gielen, A. C., & McDonnell, K. A. (2000). Power and attitudes in relationships (PAIR) among a sample of low-income, African-American women: Implications for HIV/AIDS prevention. *Sex Roles*, 42, 283-294.

- Signitzer, B., & Wamser, C. (2006). Public diplomacy: A specific governmental public relations function. In C. H. Botan & V. Hazelton (Eds.), *Public relations theory II* (pp. 435-464). Mahwah, NJ: Lawrence Erlbaum Associates.
- Sison, M. D. (2009). Whose cultural values? Exploring public relations' approaches to understanding audiences. *PRism*, 6(2), 1-13. Retrieved from <http://www.prismjournal.org/homepage.html>
- Smith, R. D. (2009). *Strategic planning for public relations* (3rd ed). New York: Routledge.
- Smith, R., & Morrison, D. (2005, May). *Shhhh, don't tell anyone: The impact of stigma on optimistic bias in health risk assessment*. Paper presented at the annual meeting of the International Communication Association, New York, NY.
- Sriramesh, K., Moghan, S., & Kwok Wei, D. (2007). The situational theory of publics in a different cultural setting: Consumer publics in Singapore. *Journal of Public Relations Research*, 19(4),307-332. doi:10.1080/10627260701402424
- Troth, A., & Peterson, C. C. (2000) Factors predicting safe-sex talk and condom use in early sexual relationships. *Journal of Health Communication*, 12, 195-218.
- van Zoonen, L. (1994). *Feminist media studies*. Thousand Oaks, CA: Sage.
- Vardeman, J. E. (2005). *Women's meaning making of cervical cancer campaigns: Using a cultural approach to redefine women's involvement with their health*. Unpublished master's thesis, University of Maryland, College Park, MD.
- Vardeman-Winter, J., & Tindall, N. T. J. (2010a). "If it's a woman's issue, I pay attention to it: Gendered and intersectional complications in *The Heart Truth* media campaign. *PRism*, 7(4). Retrieved from <http://www.prismjournal.org/homepage.html>
- Vardeman-Winter, J., & Tindall, N. T. J. (2010b). Toward an intersectionality theory of public relations. In R. L. Heath (Ed.), *The SAGE handbook of public relations* (2nd ed., p. 223-235). Thousand Oaks, CA: Sage.

- Vardeman-Winter, J., & Tindall, N. T. J. (2011). Editorial: The current climate on publics segmentation research: Publics at a nexus of multiple identities and digitisation. *PRism*, 8(2), 1-7. Retrieved from <http://www.prismjournal.org/homepage.html>
- Vasquez, G. & Taylor, M. (2001). Research perspectives on “the public.” In R. L. Heath (Ed.), *Handbook of public relations* (pp. 139-154). Sage: Thousand Oaks, CA.
- Vitellone, N. (2002). "I think it more of a white persons sort of awareness": Condoms and the making of a White nation in media representations of safer (hetero)sex. *Feminist Media Studies*, 2, 19-36.
- Weinstein, N. D. (1983). Reducing unrealistic optimism about illness susceptibility. *Health Psychology*, 2, 11-20.
- Wilson, L. J., & Ogden, J. D. (2008). *Strategic communications planning for effective public relations and marketing* (5th ed.). Dubuque, Iowa: Kendall Hunt Publishing Company.
- Wolcott, H. F. (1994). *Transforming qualitative data: Description, analysis and interpretation*. Thousand Oaks, CA: Sage.
- Wolcott, H. F. (2005). *The art of fieldwork* (2nd ed.). Walnut Creek, CA: AltaMire Press.

Appendix: Interview Guide

The following interview guide was used for semi-structured, in-depth interviews; thus, the researcher included additional attention probes, conversational management probes, and credibility probes (see Rubin and Rubin, 2012) as needed during each interview. All questions below were adapted from Vardeman's (2005) master's thesis, which references Price's (2002) book chapter, and Curry's (2007) master's theses.

*What does the word health mean to you?

Probe: What are your top health priorities? Do you think your concerns differ from other groups of people? Which? What are their health concerns? How do you know? Why do you think there is a difference between their concerns and yours?

*When someone mentions HIV/AIDS, what comes to mind?

Probe: Why? How does talking about the topic make you feel? When we're discussing it now? When you discuss it with friends, family, doctors, and peers?

*How do you think other Black women feel about it?

Probe: What about your friends and family?

*Is HIV/AIDS a topic that causes you to be concerned?

Probe: What do you know about it? Where would you look if you wanted more information about it? Can you tell me about a time you looked for information? What did you do when you found it?

*In what situations would you feel comfortable discussing HIV/AIDS?

Probe: Can you tell me about a time you discussed it? When do you feel uncomfortable discussing it?

*Have you seen or heard any messages about HIV/AIDS?

Probe: When was the last time? How often do you see or hear them? Can you tell me about one

you remember? What made it stand out? How do the messages make you feel? How useful are the messages to you personally? Why or why not?

*To what extent do you think the messages you've seen are targeted at you?

Probe: How do you know? How do those messages make you feel? What do others who would be targeted by that same message have in common with you? How do you determine if a message is aimed at someone other than you?

*Tell me about a time you were influenced by a message about HIV/AIDS.

Probe: Why was it influential or why not? How do you feel about the influence of the messages?

*What would you like to add to our discussion about HIV/AIDS messages, targeted health communication to Black women, or your reactions to the campaigns?