

What do I think? It depends upon who you think I am:
Racial identity and the nature of third person effects

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Risk Perception

An important concern among health communications researchers is the extent to which individuals understand the nature of their health status and the risks that they face as a result of their actions, their genetic predispositions or threats and hazards in the environment. Communication campaigns are often designed to improve the accuracy of the public's understanding of the nature of risk, and the risk factors that may be particularly relevant to their own health status.

We believe that it is important to understand the extent to which individuals differ in terms of the accuracy of their estimation of the risks they face. Estimations of risk vary substantially by population and by category of hazard or threat. Research examining the nature and source of differences in risk perception among racial and ethnic groups suggests that African Americans are more concerned about threats to their health than Whites (Flynn, Slovic, and Mertz, 1994). Of course, national health statistics suggest that this concern may be well-placed because even though the extent of racial disparity in health status indicators has declined in some areas, overall, African Americans are at substantially greater risk of early death from health-related causes than are Caucasians (Keppel, Percy, and Wagener, 2002).

It is especially important to understand how individuals come to form their estimates of their risk status. The mass media are an important source of information about these risks. Recent interest in the study of risk communication (Singer and Endreny, 1993) reflects a concern about how well the media inform individuals about the nature of threats in their environment. A significant component of this research tradition has been focused on the media's communication of information about health-related risks.

It is not clear, however, that the ways in which the media present this information facilitates the kinds of risk assessments that different kinds of people will have to make in order to improve or maintain their health status (Hibbard and Peters, 2003; Leiss and Chociolko, 1994). There is some well-placed concern about the extent to which people actually understand information about risk as it is presented in the media. A number of factors may operate to limit public understanding of risk. It is clear that there is a high level of innumeracy among adults, especially with regard to notions of probability, which

is the primary framework for communication about risk. Large numbers of relatively well educated adults make logical errors in estimating risk. For example, it is not unusual for adults to give higher estimates of the probability of dying of breast cancer than they give for the probability of developing breast cancer in the first place (Weinstein, 2001, p. 83). Innumeracy is not the only source of unreliability in the estimation of health risks, however. Some of this unreliability can be blamed on the variations in the ways in which equivalent risks have been framed, or represented as distinct (Tversky and Kahneman, 1990).

There is a substantial literature that suggests that the way in which stories about risk are framed will affect the ways in which different segments of the population will attend to the stories and process the information (Heimer, 1988; Zillman and Brosius, 2000). As a result of a variety of framing effects media coverage of health-related stories may bias people's perceptions of the nature of the risks they face, as well as the nature of the resources that are available to help them reduce their vulnerability. In addition, the way media cover stories about social inequality, including health disparities, may also influence the extent to which segments of the public are likely to support public policies designed to reduce those disparities (Gandy and Baron, 1998).

Unfortunately, our understanding of differences in risk perception is also constrained by the considerable variance in the ways in which questions about risk are framed in the investigations meant to assess it. Quite frequently, surveys ask individuals about the risks faced by the average person, or people in general. On occasion, the question is more specific, or personal, as with reference to "people like you." Framed this way, the questions are still not explicitly about the personal risks faced by the respondent. Variation in estimates of vulnerability is to be expected as a function of the extent to which an individual sees herself as an exception to the norm within a particular population group (Schauer, 2003).

Still other problems in risk perception are based in the ways in which people tend to make social comparisons. Producing an accurate assessment of personal risk often requires overcoming a tendency toward optimistic bias, or an under-estimation of personal vulnerability in relation to the vulnerability of others (McKenna, 1993). This bias is revealed in social comparisons as a "self-positivity bias" in which individuals see

others as being more vulnerable or at greater risk than they are. The perceived similarity or dissimilarity of the members of comparison groups influences estimates of vulnerability, with those perceived as being more dissimilar also being assumed to be at greater risk (Raghubir and Menon, 1998).

Communications researchers have expressed considerable interest of late in this tendency, especially when pursued under the rubric of the so-called “third-person effect” (Davison, 1983). This paper explores the ways in which estimates of health risk, and evaluations of media performance vary with nature of the questions asked, including those which may invite the biasing influence of the third person comparisons.¹

The Third Person Effect

As articulated by Davison in 1983, the third-person effect (TPE) is fundamentally a statement about our impressions of the impact of mass mediated messages on ourselves in comparison with the impact we expect will be more likely for others. The underlying psychological mechanism is one of social comparison in which the self is assumed to be more capable of withstanding assault than others. As Davison developed the concept, he assigned the label “third-person effect” to observations that take into account the relationship between two relatively close persons, where ‘me’ and ‘you’ refer to the first and second persons, and the ‘third’ person is some relatively distant, and unspecified other, or “them” (1983, p. 3).

The effect on that “third person” was generally assumed to be negative, although as some contemporary scholars have demonstrated, when the impact of messages is assumed to be positive, “they” are less likely to derive the benefits than “we” are (Duck and Mullin, 1995; Duck, Terry and Hoff, 1995). Our expectations regarding the nature of the effect may thus be seen to vary with the “social desirability” of the messages, or the behaviors that they are expected to evoke (Eveland and McLeod, 1999).

Responses to both positive and negative outcomes are consistent with what theorists assume is the underlying motivation that accounts for these differential estimates of influence: the enhancement of one’s ego or self-esteem through social comparison. The assumption is that “we,” in comparison with others are more able to maximize gains, and minimize the risks associated with the processing of media messages.

The nature of the presumed impact will vary with the nature of the behavior that messages are presumed to influence. When TPE is explored in relation to product advertising, researchers suggest that it is important to distinguish between positively, negatively, or neutrally valued products. The marketing of products that have come to be seen as harmful, especially when they are being marketed to population groups seen to be especially vulnerable (Petty, Harris, Broaddus and Boyd, 2003) is likely to be associated with a strong TPE (Banning, 2001).

Not all social comparisons are straightforward, however. While the underlying process may be governed by a concern with individual ego enhancement, we have to consider the fact that social status is also linked to group membership. Indeed, we have been invited to consider that relations between members of different racial and ethnic groups are constrained by the efforts of strongly identified group members to elevate the status of their own groups, often at the expense of an out group (Hewstone, Rubin and Willis, 2002). “Me” and “You” becomes “US” and “Them,” and it becomes important to take note of the ways in which social identify may threaten the easy identification of TPE (Duck, Hogg, and Terry, 1999). It becomes clear, for example, that the nature of the relative status positions of the personal and comparison groups will modify the strength, and perhaps the direction of the TPE (Scharrer, 2002).

The extent to which an individual is identified with a particular reference group is likely to influence the nature of their response to questions that may suggest evaluations of their reference group (Cornell and Hartmann, 1998). In addition, because the salience of a person’s group identity varies with context (Jaret and Reitzes, 1999), the influence of group membership on social comparisons may also vary across issues and behaviors (Monroe, Hankin and Van Vechten, 2000).

The salience of group identity may also interact with an individual’s assessment of the media’s content. Strong identifiers are likely to evaluate media content as being more extreme, more hostile, or more dangerous if the content is related to their referent group and their collective status (Giner-Sorolla and Chaiken, 1994).

Social comparisons

The sorts of comparisons made in traditional TPE research may be subject to the influence of the ways in which comparisons are framed. For example, when people were

asked to compare themselves with others in terms of luck, 59 percent said they were luckier when they were the targets, and only 29 percent said they were luckier when other people were framed as the target of comparison (Wanke, Schwarz and Noelle-Neumann, 1995, p 363-50).

Arguably, when two groups are compared, attributes of the target groups will be selected as the basis for the comparison. The group which is the target of the comparison seems most likely to provide the relevant stereotype. While context may suggest which group attributes are especially relevant for comparison, racial and ethnic group stereotypes may be especially powerful if they are readily brought to mind (Wanke, Schwarz and Noelle-Neumann, 1995).

Depending upon the social identity of the target group, different features of a group stereotype may be used in assessing the relative vulnerability of group members. It is also commonly observed that explanations or attributions for the behavior of others vary as a function of the group's status. Of course, the identification of comparison groups by race or ethnicity is quite likely to activate stereotypic constructions along these lines.

Social group membership seems likely to complicate the evaluation of certain comparisons because of the availability of stereotypes about one's own group and other groups (Hewstone, Rubin and Willis, 2002). This in-group/out-group distinction should also be reflected in the selection of causal models that might be used to evaluate the ability of group members to defend themselves against some threat, such as those represented by media content (Grier and McGill, 2000).

Racial groups are just one of the many social categories that may help to form the basis of a person's identity and sense of self. Racial identity is generally held to be more important to African Americans than it is to members of other racial groups (Tatum, 1997). However, it is also important to recognize that racial identity among African Americans varies in intensity and type as a function of the context in which decisions have to be made (Jaret and Reitzes, 1999). Differences across contexts can be understood in terms of the degree to which African Americans see themselves as distinct and relatively powerless in particular contexts and relationships.

One of the ways in which racial identity varies among African Americans is with regard to the ideological frameworks, or world views that best describe an individual's political views. Different political ideologies influence how African Americans are likely to identify and distinguish between enemies and friends, how they characterize the nature of American society, and rather fundamentally, how they view White people and their role in society (Dawson, 2001). This ideological perspective may be reflected in the ways in which African Americans evaluate what is often referred to as the "White-owned media" (Davis and Gandy, 1999; Giner-Sorolla and Chaiken, 1994).

Recognition of the multiple dimensions of racial identity that exist among African Americans is reflected in the large number of empirical measures of identity that have been developed (Burlaw and Smith, 1991). A relatively popular measure of political identity among African Americans is one that assesses the extent to which people believe that their own well-being is linked to the well-being of other African Americans (Dawson, 1994).

Other scholars emphasize the more cultural aspects of African American identity (Hecht, Jackson and Ribeau, 2003), although there is no uniform cultural identity that captures the diversity among African Americans. Researchers have noted that among Whites, or European Americans, identity appears to be one-dimensional, while among African Americans, there appears to be empirical support for making distinctions between political and social or cultural identity (Hecht, Jackson, and Ribeau, 2003, p. 82).

Group membership complicates the prediction of TPE because of the ways in which stereotypic constructions of racial and ethnic groups include causal models that are used to explain the average group response. For example, in the case of problematic behaviors, we tend to use situational factors to explain, and forgive in-group members, while we use presumably more stable features of culture and personality to explain the behavior of out-group members (Dovidio, 2001). The nature of comparisons is complicated further by the culturally shaped perceptions of the 'typicality' of particular groups in different contexts. Consider the association of jobs with groups defined by race and gender: it is clear that despite recent changes, some jobs are considered to be typically performed by women (nurses) rather than men, and by African Americans

(janitors), rather than Whites. Thus, the comparison of jobs, for example in terms of the nature of the demands on workers will be influenced by widely shared notions about the kinds of persons who typically perform them.

If it is the case that “people are more likely to provide explanations based on group membership when across-group comparisons are made” (Grier and McGill, 2000, p. 562), then the influence of group membership and identification will vary with the respondent’s estimate of the composition of the comparison group. That is, comparisons between groups defined as “people like you” and “Average Americans” will differ as a function of the degree to which the respondent identifies as a typical member of the group Average Americans. There may also be important differences in the degree to which a respondent perceives herself, and her group to be similar to, or distinct from the “average person” in the comparison group. This distinction is often thought of in terms of “social distance.” It has generally been observed that the size of the TPE increases as the social distance between the self and comparable others increases (David, et al., 2002; Perloff, 1999).

There is also some concern regarding the extent to which respondents’ perceptions of the attitudes, opinions and behaviors of various others are systematically biased. What we identify as ‘pluralistic ignorance’ or misperceptions of what generalized others believe (Fields and Schuman, 1976), is likely to be seen to vary as a function of those ‘others’ being assigned to particular social groups.

It is not always the case that the relations between the respondent and the comparison group is hostile; it is also possible that respondents may hold “paternalistic” attitudes toward a comparison group that may shape their estimates of media effects on them (McLeod, Detenber, and Eveland, 2001).

These estimates may also reflect assumptions about media tastes and preferences which would be reflected in group-linked differences in exposure to the messages of interest and concern (Eveland, et al., 1999). Of course, these expressions of concern need not be content specific; television viewing itself is often assumed to be harmful if it is characterized as excessive (Peiser and Peter, 2000, 2001). The magnitude of the TPE also appears to vary with the extent and nature (informational versus entertainment) of a respondent’s own television viewing.

The expected response of comparative “others” seems likely to vary as a function of the degree to which media content includes, excludes, or emphasizes them in its coverage of some issue or event (Neuwirth and Frederick, 2002). Thus, for example, estimates of the impact of media coverage of police misconduct on African Americans’ orientations toward the criminal justice system is likely to vary as a function of the degree to which coverage includes specific information about the mistreatment of African Americans; for example, as in the case of stories about “Driving While Black” (Harris, 1999). Experimental investigations that varied the race of story subjects and neighborhood residents observed consistent differentials in estimates of TPE when the “others” were identified by race (Neuwirth and Frederick, 2002).

TPE and responder options

Much of the interest in TPE among communication scholars has been focused on what people are likely to do, or would support being done to mitigate the harms they believe will follow in the wake of some change in the communication environment.

This concern is often reflected in an assessment of the relationship between an expectation of differential media effects and a willingness to restrict access to harmful media through censorship or other sorts of intervention (Neuwirth and Frederick, 2002; Paul, Salwen and Dupagne, 2000).

Underlying this relationship between presumed impact and justified intervention is an unstated, but broadly shared set of assumptions about the nature of media influence (Price, Huang and Tewksbury, 1997), including beliefs about media accuracy, completeness and bias, and the ways media exposure is likely to affect the knowledge, attitudes, and behavior of segments of the population.

Davison (1983) raised the possibility that our estimates of the impact of media on ourselves and others may vary as a function of the degree to which we perceive the media to be biased against our position. He notes, as do others (Giner-Sorrolla and Chaiken, 1994) that people on both sides of an issue are likely to see the media as being biased against their perspectives.

This bias might also be understood in terms of assessments of media performance in terms of the familiar charge that the media fail to provide sufficient information to serve the public interest (McChesney, 2004) or meet the needs of some segment of the

population (McQuail, 1992). This charge is particularly common with regard to the informational needs of African Americans and other minority group members (Gandy, 2003).

Scholarly interest in TPE is not limited to estimates of the harm that media are assumed to visit on defenseless “others”, however. Observers may also be concerned if they perceive that the media fail to do what is expected of them. Perceptions regarding the extent to which media may not supply the amount and variety of information to meet the needs of segments of the population may interact with the ways in which respondents believe the media will affect members of underserved groups. Rather than indicating willingness to censor or limit dangerous communication, third person perceptions may lead to expressions of support for placing affirmative demands on media organizations.

The expected influence of media should also vary as a function of the extent to which different groups are seen as more or less likely to be exposed to the content in question. Somewhat ironically, an underserved population will have less exposure to content they perceive as relevant, and as a result, they will be less likely to have been affected, either positively or negatively by that content. Respondents may or may not have formed estimates of differences in group preferences or exposure to particular media content, and the magnitude of the TPE may reflect those different estimates (McLeod, Detenber, and Eveland, 2001).

Although the focus of much of the contemporary literature on TPE is concerned with the ways in which people’s estimates of media influence serves as a basis for their orientations toward media policies that include censorship, we note that more recent studies have explored the ways in which estimations of the media’s impact on others can influence an individual’s own behavior.

There is a kind of anticipatory response that seems likely to flow from third person perceptions; people rush to the store when they hear a news report about a coming snow storm in part because they believe that their neighbors will have purchased all the shovels and de-icer if they wait too long (Davison, 1983). Hoarding as an anticipatory response was explored recently with regard to people’s concerns about the public response to media attention to Y2K and the so-called ‘millennium bug’ (Tewksbury, Moy and Weis, 2004).

In a study of TPE defined as ‘perceived stigmatization’ Tsfati and Cohen (2003) demonstrated that without regard to their own beliefs about their community, residents of peripheral towns in Israel were more likely to express intentions to leave their homes if they felt that other people would come to view their settlements as dangerous as a result of increased negative press coverage.

People in development towns who believed that people in Tel Aviv thought negatively about their settlements were more likely to be considering relocation. What people believe others believed or felt about them (meta-stereotypes) can thus be seen to shape their behavioral intentions. The authors conclude that “even when it comes to issues of self-identity, issues about which we have the most direct knowledge, our perceptions of what others think about us are influential” (Tsfati and Cohen, 2003, p. 720). The impact of media amplified stigma has also been assessed in terms of anticipated economic harms such as a decline in property values, but rarely in terms of the mechanisms through which such declines might take place (Kasperson, Jhaveri and Kasperson, 2001).

The concept of stereotype threat has been introduced as an explanation for the performance of African Americans and women on standardized tests when they have been reminded that members of their reference groups tend not to perform well on these exams (Spencer, Steele, & Quinn, 1999; Steele, 1997). Although these studies did not rely on media activation of this threat, we might assume that the appearance of stories about health disparities may activate concern among group members about how others perceive their health status, and the behaviors that may be responsible. This may be especially critical if individuals assume that the response of health care providers may be shaped by their stereotypic beliefs about African American health related behavior (Landrine and Klonoff, 2001).

Methodological issues

There are a number of methodological concerns that have been raised as researchers have attempted to understand the nature and impact of TPE. Although a meta-analysis of TPE research has been published, the primary methodological distinction has been a comparison between surveys and experiments; there has been only

limited assessment of the impact of differential question framing, order, or temporal separation on effect size (Paul, Salwen and Dupagne, 2000).

We note, for example in Davison's discussion (1983, p. 7) of his early experiments testing the TPE that he felt it was important to separate questions about the impact of communications on the self, and its presumed impact on some other group. In one experiment, his check on the manipulation was to assess the extent to which any of the respondents had determined what hypotheses were being tested. In none of the experiments that he reported were people being asked to make a direct comparison of the impact of communications on themselves versus the impact they would make on others. In Davison's view, these assessments were supposed to be independent of each other.

It appears to be far more common, however that contemporary investigations into TPE make the nature of the comparisons between self and other more explicit. Indeed, researchers interested in the ways in which effect sizes vary as a function of comparison group characteristics, including size (Tewksbury, 2002) and social distance (Eveland, et al., 1999), have not made any attempt to disguise the fact that group comparisons were the focus of the investigation. In one set of experiments, where the investigators randomly varied the order of questions about presumed impact of communications on self and others, no significant order effect was observed (Price, Huang and Tewksbury, 1997). In an earlier study, Price and Tewksbury (1996) explored the possibility that it was the influence of the comparison itself, rather than a biased estimate of the media's impact on others that explained TPE. By use of a creative design that compared independent estimates as well as explicit comparisons of presumed media impact, they observed significant TPE among segments of the population that had only been asked to estimate the effects on themselves, or the effects on others. They reported that "a third-person effect differential was obtained even when the comparisons were based on estimates of media impact rendered by subjects who made only single judgments, pertaining either to themselves or to other people, independently" (p. 137).

Exploring TPE and African American Health

Our review of the literature on the Third Person Effect has helped to raise a number of questions and concerns regarding the implications of group comparisons for the ways in which African Americans produce meaningful estimates of a broad array of

risks to their health. The following appear to be the most important, as well as the most relevant to the emerging TPE literature:

- 1) The influence of group membership is unlikely to be captured entirely by categorical measures because for some groups, African Americans in particular, the salience of racial group identity varies considerably within the group, as well as across social contexts.
- 2) Assumptions about media impacts vary with the identity media organizations, the characteristics of relevant content, and the extent to which audience segments may be assumed to attend to, trust, and rely upon those organizations as information sources.
- 3) Estimates of media impact can be expected to vary with the ways in which the questions are framed, including the identification of the target and comparison groups, the media content, the knowledge, attitude, or behavioral outcome, and the general context of the assessment.

Three nationally representative sample surveys administered on behalf of the Kaiser Family Foundation provided the basis for our evaluation of a series of research questions related to racial identity and third person perceptions. The first survey of adults in the United States (N=3,884) with substantial over-samples of Blacks (N=1,189) and Latinos (N=983) was designed to assess “American’s perceptions of racial disparities in health care” (Roper Center, 1999). The second survey also funded by the Kaiser Family Foundation was developed in cooperation with the National Association of Black Journalists. This national survey of 804 African Americans was focused on an evaluation of media performance in the area of health (Princeton Research Associates, 1998a). A companion group survey interviewed 875 adults (Princeton Research Associates, 1998b). In order to reduce complications in our analyses that might be associated with ethnic identification, only the responses of non-Hispanic Whites and African Americans were used.

Group comparisons of health status and disparity

Before examining the extent to which respondents perceived differences in the quality and character of media coverage of health and health care, we thought that it

would be important to examine public perceptions of the absolute and relative health status of Americans.

Affordability

A series of questions asked respondents to indicate how serious a problem they thought different health concerns were (Roper, 1999). First we examined the responses of African Americans to questions regarding the affordability of health care. Respondents had been asked to indicate how serious a problem was the affordability of health insurance and medical care for “people like yourself.” A sub-sample of African Americans was asked how serious a problem this was for the average African American. A significant degree of optimistic bias was observed in that a substantially larger proportion of these respondents felt that it was a major problem for African Americans than felt it was a problem for people like themselves (Chi-square=64.99, $p<.001$).

Table One

Assessments of affordability of health care by African Americans

<i>African Americans</i>	People like you	Average AA
Major prob.	704 [59.4%]	437 [75.3%]
N	1186	580
Chi-square	64.99	$P<.001$

When we examined the responses of non-Hispanic Whites, there was no significant difference in their responses to these questions, suggesting that Whites saw the risks faced by African Americans as being no worse than the risks faced by people like themselves. However, Whites did reveal optimistic bias when we compared their responses to the risks faced by “people like themselves” and those faced by “people in the country today” (Chi-square = 44.59, $p<.01$). These differences would suggest that White Americans saw themselves to be closer to the average African American than they were to members of a larger and less well defined population group.

Table Two

Assessments of the affordability of health care by Whites

<i>Non-Hispanic Whites</i>	People like you	People in country
Major prob.	1094 [52.6%]	518 [75.1%]
N	2079	690
Chi-square	44.59	P<.01

The literature on race and public policy suggests that African Americans tend to see African Americans as being relatively worse off than Whites do (Gandy and Baron, 1998). But this assessment of status is rarely made in personally comparative terms. In order to test this comparison more directly we computed a new variable as the difference between responses to the affordability question for “people like yourself” and responses to the same question with regard to the “average African American.”

The original measure had three options that were treated as interval for the purposes of this analysis (1 = major problem, 2 = minor problem, 3 = not a problem at all). The score on the more “personal” estimate (“people like you”) was subtracted from the score on the “African American” estimate. An expectation of optimistic bias means that values were likely to be negative for most respondents. The mean difference for Whites was -.098; the mean difference for African Americans was -.277. An analysis of variance indicated that the difference between these means was highly significant ($F = 11.397$, $p = .001$). This means that African Americans see the conditions of African Americans in general as being worse than that of the people in their own reference group, whatever its characteristics.

We note, however, that African Americans were also more likely than Whites to say that affordability was a major problem for people like themselves ($F = 20.943$, $p < .001$). Thus, the differences between Whites and African Americans appears not to be based solely on a heightened concern about the status of others, but reflects an already elevated sense of personal vulnerability or risk.

When asked to make a direct racial comparison, African Americans also differed significantly from Whites in terms of their assessment of whether African Americans were better off, worse off, or just as well off as Whites in terms of “getting needed health care” (Chi-square = 119.464, $p < .001$). Fifty-seven percent of African Americans, versus 36 percent of Whites agreed that African Americans were worse off than Whites.

Disease-specific risks

Respondents in the Kaiser/NABJ General survey were asked about their impressions of the severity of problems related to specific diseases or health risks.² In all cases, African Americans are at greater risk from these medical challenges than Whites. In some cases, the disparity is slight (Asthma³), and in other cases the disparity is substantial ranging from more than twice the rate per 1,000 (Alcohol related mortality⁴, Lupus⁵, Teen pregnancy⁶), to more than five times the rate (AIDS⁷). Even greater disparity has been noted with regard to other sexually transmitted diseases,⁸ and sickle cell disease⁹.

When the responses of non-Hispanic Whites and non-Hispanic African Americans were compared in terms of their perceptions of the extent to which specific diseases represented ‘a problem for people in this country,’ African Americans were more likely than Whites to say that problems with seven of nine health risks were ‘major’ (See Table Three).

Table Three

White and Black estimates of the severity of health risks
(Proportion saying ‘major’)

<i>Health risks</i>	Whites	Blacks	Chi square	p
Alcoholism	560 [86.2 %]	89 [94.7 %]	7.537	<.05
Asthma	324 [52.2 %]	64 [67.4 %]	7.760	<.05
Sickle Cell Anemia	158 [32.4 %]	56 [62.9 %]	30.102	<.001
Lupus	112 [23.6 %]	34 [50.7 %]	22.201	<.001
AIDS or HIV	542 [82.5 %]	87 [92.6 %]	6.179	<.05
STDs	379 [60.2 %]	76 [81.7 %]	16.486	<.001
Teen pregnancy	519 [79.8 %]	86 [90.5 %]	8.924	<.05

Social Distance

In order to assess the nature of the third person effect, or to assess the extent to which the optimistic bias reflected in these answers varies with social distance, we compared the responses of African Americans to questions about these risks when posed in terms of people in the country and when they were posed in terms of African

Americans. We assumed that African American respondents would perceive African Americans as being closer to them than “people in this country.” Optimistic bias, or TPE would be inferred if African Americans were less likely to identify health risks as major problems for African Americans than they were to identify them as major problems for people in the country.

Health risks

When defined in this way, optimistic bias was observed among African Americans for only three of the nine health risks: Cancer, HIV/AIDS and Lupus. When estimating the risks for African Americans, Black respondents were less likely to say that these were major problems than they were when assessing the problem for people in the country. This optimistic bias was in evidence despite the fact that African Americans are 30% more likely to die from cancer than Whites.¹⁰ The optimistic bias with regard to AIDS was not as large as it was with regard to cancer; this may reflect the fact that in 1999, the rate of new AIDS cases was ten times higher among African Americans than among non-Hispanic Whites.¹¹ A similar argument may be offered for the relatively small difference between Whites and African Americans regarding Lupus.

Of course, a more important question relates to the absence of perceived differences for six of the nine health risks. The most likely explanation is the fact that social comparisons lead to an assumption of greater risks for others, even when those others are members of your own social group. That African Americans and “people in the country” are the “others” in an implied comparison with their personal well being may have served to reduce the apparent disparities in risk.

Media Performance

The Kaiser/NABJ survey of African Americans provided an opportunity for an indirect assessment of TPE with regard to media. When asked whether there was enough coverage of minority health and health care problems, 55.3% of Whites said that there was not enough coverage, while 76.8% of African Americans felt that the coverage was lacking (Chi-square = 16.90, $p < .001$). This evaluative disparity may reflect differences in respondent's personal preference for health-related content, rather than serving as an assessment of well how minority audiences were being served by the media.

In addition, respondents may not only differ with regard to their preference for health-related content, but they may also differ with regard to their preference for particular sources and representations. We would expect this to be reflected in preferences for racially-targeted media.

We constructed an indirect measure of African American media reliance on the basis of averaged responses to four questions about the use of racially-targeted media for health related information (TV news or talk, radio news or talk, newspapers, magazines; reliability, $\alpha = .733$). People were asked to indicate how much information about health and health care they received from black media in the past 12 months: a lot; some, only a little, or none. We computed an average score which ranged from 1-4 with a mean of 2.33, where lower numbers indicated greater reliance. We note, however, that when asked specifically about the media that they usually prefer to use to get information about important health care issues, only 26.3% of the respondents identified Black targeted media.

We compared the levels of reliance on racially targeted media among those who thought the general media were doing a good job, and those who thought the media were doing a bad job. The same comparison was made for black targeted media (See Table Four). In all comparisons those who thought that the media were doing a bad job covering health actually relied less on Black targeted media. However, the relationship between media evaluation and reliance was stronger with regard to Black-targeted media. The respondents who felt that the Black-targeted media were doing a bad job covering health reported getting the least amount of health related information from those media in the past year (Mean = 2.765) whereas those who felt that the racially-targeted media were doing a good job, reported getting the most (Mean = 2.099).

Table Four

Reliance on Black targeted media and media evaluation (Means)

<i>Evaluation</i>		General media		Black-targeted
	Blacks	You and yours	Blacks	You and yours
Good	2.133	2.223	2.099	2.099

Bad	2.367	2.523	2.649	2.765
<i>Anovar</i>	P<.01	P<.05	P<.001	P<.001

When we compare the responses of independent samples of African Americans, a significant TPE is observed with regard to assessments of media performance. When asked whether there was “enough coverage of how black people, in particular are affected by specific health and health care problems” 71.5% of the respondents said no. When asked whether there was enough coverage of how “people like you, in particular,” are affected, only 54.7% of the African American respondents said no (Chi-square = 6.478, $p < .05$). Thus, respondents suggest that the media perform better with regard to people like themselves than for other people, even when those others are likely to be similar on what we might assume to be a salient dimension.

The assumption we are making here is that for most of these respondents, “people like you” would be seen as being socially closer to the respondents than “black people in particular.” This distinction is likely to have been weakened, however by the fact that the question about Black people was asked in the context of a racially-targeted survey in which most of the questions were about African Americans, media, and health. We are assuming, therefore, that the salience of racial identity for the respondents to this targeted survey would be higher on the average than among African American respondents to the general population survey.

In the same targeted survey, respondents in two sub-samples were asked closely-related questions about the ways in which the media cover health and health care. One group was asked whether the media were doing a good job or a bad job of “telling blacks in this country” what they need to know about health and health care. The other group was asked whether the media were doing a good or bad job “telling you and your family” what they need to know. The differences in the responses to these questions were consistent with the third person hypothesis. Respondents indicated that the media do a better job for themselves and their families than for Black people in general (Chi-square = 49.64, $p < .001$). Respondents were asked similar questions regarding the performance of the Black press with regard to health coverage. The significant differences between expected impacts for self and others disappeared. A low level of expectation regarding

the performance of Black-targeted media may explain the absence of a difference between self and others. This would suggest that estimates of TPE may be media specific, depending upon a set of expectations regarding media performance, and the media orientations of target populations.

Table Five

TPE and media performance

		General Media		Black Media
<i>African Americans</i>	Blacks	You/yours	Blacks	You/yours
Good	115 (32%)	218 (56%)	207 (55.5%)	232 (59.5%)
Bad	174	102	91	71
Chi-square	49.64	P<.001	4.81	N.S.

Discussion

We are able to make the following observations about the relationships between race, racial identity, and assessments of comparative risk, including those related to media performance.

As observed in other studies, not all comparisons evoke the same tendency toward optimistic bias. African Americans are more likely to characterize Black people as a group at risk than they are to characterize a socially closer group of “people like themselves” as being at risk. A similar pattern is observed among Whites when the comparison is between “people like you” and “people in the country.” Whites do not, however, see African Americans as being at greater risk than people like themselves, or as facing the same level of risk as people in the country. This observation reinforces the conclusion that Whites tend to reject the claim that there is substantial racial inequality in the United States; at least when African Americans are the comparison group (Gandy and Baron, 1998).

Our analysis suggests that racial identification tends to be incorporated in public assessments of the nature and extent of disparities in health status (U.S. Department, 2003). Whites and African Americans differed significantly in their estimates of the

seriousness of 7 out of 9 health risks. In all cases, African Americans were more likely than Whites to say that these health risks were “major” problems for people in the country. The larger differences tended to be associated with diseases for which African Americans faced the most elevated risk. This tendency suggests that African Americans tend to use African American exemplars as a basis for their estimation of prevalence and severity of hazards even at the national level. Their use of these particular baselines leads to overestimation of average risks. What we are unable to determine, however, is the source of the baseline estimates that African American respondents may be using in producing their estimates of personal, own group, and average population risks.

The tendency toward optimistic bias among African Americans is not particularly strong with regard to the health risks that African Americans appear most vulnerable to. In only three out of nine comparisons were independent assessments of severity greater for the more distant category [people in the country] than for what we assume to be the socially closer group of African Americans. However, if African Americans are actually more susceptible to TPE with regard to health risks, then the narrowing of estimates of relative risk for African Americans and people more generally may reflect the tendency for African Americans to overestimate the risks faced by African Americans in general (Gandy and Baron, 1998), thereby narrowing the gap between African Americans and others. This question can not be answered directly by these data in that there are no truly equivalent comparisons between self, own group, and the general population.

As traditionally measured, the tendency toward optimistic bias appears to be relatively strong where specific assessments of media performance are concerned. African Americans believe that the media in general do a better job of meeting their personal needs than meeting the needs of Black people in general. However, this optimistic bias disappears with regard to Black targeted media.

These differences between media may be seen as the product of several influences: African Americans may have different standards or expectations regarding the performance of general and Black-targeted media; and African Americans may have different assumptions about the extent to which other African Americans rely upon Black-targeted media for health related information.

Our analysis suggests that African Americans are rational consumers of media, tending to avoid Black targeted media to the extent that they feel that these media are not providing needed health-related information. This is also reflects a tendency among African Americans to report limited reliance on Black targeted media sources for what they regard as vital health information.

We note, for example that less than 20% of African Americans reported that they got “a lot” of information about health and health care from Black-targeted newspapers, and only 26.3 % say they usually prefer to use the Black media for health-related information. This low level of reliance on targeted media is observed despite the fact that only 32 % reported feeling that the general media were doing a good job informing Black people about health-related matters.

Because these assessments are based on secondary analysis of data gathered for other reasons, it has not been possible for us to assess more directly the influence of racial identity on these evaluative responses (David, et al., 2002). There was no direct measure of the salience or centrality of a Black racial identity. We have assumed that the African American respondents to the targeted survey would exhibit a higher level of racial identification than African Americans in either of the general population surveys because of the demand characteristics of the survey. Although only three of nine comparisons regarding the seriousness of particular disease threats were significantly different, the general tendency for African Americans who had been primed to think about the attributes of members of their own group, were less likely to characterize them as being at risk. That is, it seems likely that the heightened racial salience that we assume characterized respondents in the targeted survey acted to reduce the effective social distance between the respondents and the group of African Americans to which they were being compared.

However, if we place the estimation of risk within the same analytical framework that has been developed with regard the accuracy of stereotypes (Lee, Jussim & McCauley, 1995), we are left with no firm basis for explaining the observed tendency of African Americans toward “greater stereotype exaggeration and overgeneralization” (Ryan, 1995, p. 202) when compared with White respondents. For African Americans, especially in the context of cues to racial identity, being critical of mainstream

institutions, including the media should be understood as a “socially desirable” response. Racially-targeted media may have been given “the benefit of the doubt” with regard to their failure to provide health related information (Hecht, Jackson and Ribeau, 2003).

We believe that the estimation of personal and group risk is important to the kinds of decisions that African Americans and others make with regard to their engagement with the health care system. We believe that the mass media have an important role to play in informing the public about the risks they face, and the options that are available to manage those risks.

If African Americans believe that they are especially vulnerable to an array of health risks, and yet they do not take advantage of routine screening exams for a variety of specific diseases, then we need to explore the reasons for this apparent failure to act. Rather than pursuing a traditional “blame the victim” path, efforts to address health care disparities have been exploring barriers to access, including perceptions of the quality of care consumers might expect.

We believe that the mass media have an important role to play in shaping both the supply and the consumption of health care services. Observers suggest that public education campaigns about cardiac risk factors may have led African Americans to pursue blood pressure monitoring more actively, resulting in a reduced disparity in blood pressure management (U.S. Department, 2003, P. 219). What is not clear is whether these campaigns were more effective when distributed through general or targeted media. Our analysis suggests that we may need to assign greater responsibility to racially-targeted media for informing their audiences about the availability and value of diagnostic and treatment options.

This preliminary investigation suggests that research initiatives designed to reduce health disparities should explore the relationships between media use and reliance, racial identity, and media distributed estimates of personal and group health risks. Such research may facilitate the delivery of the right message to the right audience through the right medium of communication.

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