

Summer 2019

Adding Soul to the Message: Applying African American Jeremiad Rhetoric as Culturally Competent Health Communication Online

Wilbert Francisco LaVeist
Old Dominion University, WFLAVEIST@GMAIL.com

Follow this and additional works at: https://digitalcommons.odu.edu/english_etds



Part of the [Communication Technology and New Media Commons](#), [Health Communication Commons](#), [Journalism Studies Commons](#), and the [Speech and Rhetorical Studies Commons](#)

Recommended Citation

LaVeist, Wilbert F.. "Adding Soul to the Message: Applying African American Jeremiad Rhetoric as Culturally Competent Health Communication Online" (2019). Doctor of Philosophy (PhD), Dissertation, English, Old Dominion University, DOI: 10.25777/1h52-sr85
https://digitalcommons.odu.edu/english_etds/94

This Dissertation is brought to you for free and open access by the English at ODU Digital Commons. It has been accepted for inclusion in English Theses & Dissertations by an authorized administrator of ODU Digital Commons. For more information, please contact digitalcommons@odu.edu.

**ADDING SOUL TO THE MESSAGE:
APPLYING AFRICAN AMERICAN JEREMIAD RHETORIC
AS CULTURALLY COMPETENT HEALTH COMMUNICATION ONLINE**

by

Wilbert Francisco LaVeist
B.A. May 1988, The Lincoln University of Pennsylvania
M.A. December 1991, The University of Arizona

A Dissertation Submitted to the Faculty of
Old Dominion University in Partial Fulfillment of the
Requirements for the Degree of

DOCTOR OF PHILOSOPHY

TECHNOLOGY AND MEDIA STUDIES

OLD DOMINION UNIVERSITY
AUGUST 2019

Approved by:

Kevin A. Moberly

Avi Santo

Daniel P. Richards

Alison R. Reed

ABSTRACT

ADDING SOUL TO THE MESSAGE: APPLYING AFRICAN AMERICAN JEREMIAD RHETORIC AS CULTURALLY COMPETENT HEALTH COMMUNICATION ONLINE

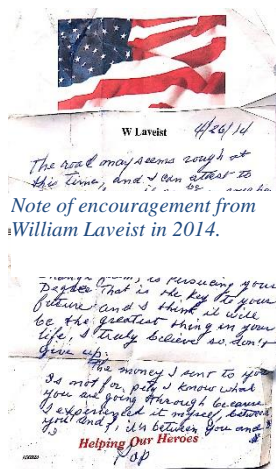
Wilbert Francisco LaVeist
Old Dominion University, 2019
Director: Dr. Kevin A. Moberly

This study examines whether online health communications targeting African Americans could be more effective by structuring the message in the format of African American jeremiad rhetoric, a culturally unique version of the American jeremiad literary form. Health disparities (also known as health inequality) persist among African Americans despite increased health knowledge, improved communication practices, and access to health facts online. The problem is systemic, and thus a predictable outcome that requires change in societal structures that produce and maintain inequality. Individual behavior changes to improve health is also necessary. Information alone does not change behavior. Altering environmental factors is also vital to achieving behavior change. Health communications researchers widely accept that culturally appropriate messaging is key to improving health literacy and therefore, positive behavior change leading to changes that improve health outcomes. Language and spirituality are key characteristics of African American culture, though “culture” is complex term, encompassing not only race and ethnicity, but such elements as one’s region, and generational affiliation. Faith can have a positive influence on health outcomes. Historically, African American jeremiad (also known as Afro American jeremiad) rhetoric has been successfully applied to communicate to African American mass audiences, inspiring positive behavior change to advocate for systemic and individual action to confront major national crisis plaguing the group. Applying Bolter and Grusin’s theory of remediation, Ortiz’s theory of neoculturation, and McGuire’s

communication/persuasion model, the study concludes by way of an A/B Test experiment that the African American jeremiad form, applied as a linguistic and sociocultural approach to culturally competent online health communications, could potentially inspire positive behavior change that could lead to action toward systemic and personal health changes. The study takes an initial step toward applying this hypothesis to a website of a documentary film project focused on informing and inspiring a movement among African American to overcome health disparities. Recommendations for future research are offered.

Copyright, 2019, by Wilbert F. LaVeist. All Rights Reserved.

I dedicate this work to my late parents, Eudora Laveist, and particularly my father, William Thomas Laveist. Pop died January 27, 2019 of congestive heart failure, while I was writing this dissertation. I wish he could have read the finished product and held *our* degree in his hand. His constant encouragement pushed me toward the finish line so *he* could “graduate again.” I kept a note from him in my wallet as a reminder. Nonetheless, I was blessed to be with



him and his second wife, Pat, and family and friends as we celebrated his 94th birthday on December 26, 2018.

Known as “Bill,” Pop overcame significant disadvantages to make a great professional career and civic life for himself. A former New York City bus operator, Pop was president of the New York City Transit Retirees Chapter 3 Melbourne/Palm Bay. He was a leader in the Lions Club International, earning the Melvin Jones Award, the organization’s highest recognition. He never knew his father, William Thomas Laveist, Sr., or brother, Wilbert, who both died of illnesses soon after my Nana, Juliette Laveist, gave birth to him. He named me in honor of the older brother he never knew. Pop kicked smoking cold turkey and beat prostate cancer. He tamed hypertension. He endured other medical problems, yet beat the life-expectancy odds, particularly for a Black man. While writing this dissertation, I too was struck by several family troubles. Pop helped me remain focused and persistent because that’s who he was.

Both of my parents instilled the value of education in each of their children. Pop, who had only an eight-grade education, often told me he regretted not being able to attend high school or college. Neither his mother nor family in Sint Maarten could afford tuition to educate him beyond the basics. So, when his children graduated college Pop would say, “I graduated too.”

Yes Pop, as you know, *we* graduated – again. Love you.

ACKNOWLEDGMENTS

Thank you to each member of my Dissertation Committee for providing invaluable critique, guidance and recommendations throughout this process. I especially thank Dr. Kevin Moberly, the committee chair, for his mentoring, encouragement, and persistent feedback that shaped this final product. Also, I offer special words of appreciation to non-committee members Dr. Joyce Neff and Dr. Janet Bing, who both retired before I finished my coursework. During my first semester, they were particularly encouraging. Individually, they told me of the difficulties I would likely encounter pursuing a doctorate later in life and several years removed from being a college student. They advised me to draw on my professional journalism career and life experiences to navigate the journey. They essentially said, “You can do it, so just do it,” which was the frank, matter-of-fact no excuses pep talk I needed to hear. I also must give thanks to Dr. Joanne V. Gabbin, my English professor during my freshman year at The Lincoln University of Pennsylvania. Her ability to see talent in me that I hadn’t yet recognized, sent me on my way toward a successful 20-plus year journalism career. Her influence during that lone year before she and her husband, Dr. Alex Gabbin, moved on to James Madison University, helped me understand the powerful positive influence professors can have on students. She inspired me to want to teach someday and pursue a doctorate to pay the blessing forward to the next generation of scholars. I am also grateful to my support system of many colleagues, friends and family. Particularly, special thanks to “my guardian Black butterfly” who drove 6 hours 17 minutes and 27 seconds to witness my dissertation defense. I maintained focus, in part, because each reminder or inquiry about the dissertation’s status helped rejuvenate my push to finish.

TABLE OF CONTENTS

	Page
LIST OF TABLES	IX
LIST OF FIGURES	X
 Chapter	
I. INTRODUCTION AND PURPOSE	1
THEORETICAL FORMULATIONS	1
PURPOSE	9
PROBLEM.....	17
II. BACKGROUND OF THE STUDY REVIEW OF THE LITERATURE.....	21
HEALTH INEQUALITY	21
HEALTH COMMUNICATIONS	29
HEALTH COMMUNICATION AND MASS MEDIA	32
PUBLIC UNDERSTANDING OF SCIENCE.....	41
PLAIN LANGUAGE	43
SCIENCE COMMUNICATION AND RHETORIC	47
THE RHETORIC OF SCIENCE MOVEMENT	53
THE RHETORIC OF HEALTH MEDICINE	54
HEALTH AND THE INTERNET	56
CULTURAL COMPETENCY	61
CONCLUSION	70
III. BLACK MEDIA AND HEALTH COMMUNICATIONS	72
MEDIA AND HEALTH ALLIANCE.....	72
REMEDIATION	78
COMPARISON OF WEBMD AND BLACKDOCTOR.ORG	83
WEBMD	87
BLACKDOCTOR.ORG	92
ANALYSIS	95
REMEDIATION	96
NEOCULTURATION.....	98
IV. AFRICAN AMERICAN JEREMIAD RHETORIC	105
AFRICAN ORALITY ROOTS.....	105
AFRICAN AMERICAN JEREMIAD DEFINED	109
CONCLUSION	117
V. METHODOLOGY	119
VI. DISCUSSION.....	144

Chapter	Page
STUDY RESULTS	144
LIMITATIONS	147
VII. CONCLUSION	151
THE SKIN YOU'RE IN	155
DESCRIPTION.....	158
REFERENCES	163
SUPPLEMENTAL SOURCES CONSULTED	188
VITA	193

LIST OF TABLES

Table	Page
1. Application of African American Jeremiad Elements	130
2. Group 1: Standard Language Responses: 26 Pre-Test	136
3. Group 1: Standard Language Responses: 26 Post-Test	136
4. Group 2: Jeremiad Responses: 20 Pre-Test	137
5. Group 2: Jeremiad Responses, 20 Post-Test	138
6. Participants' Comments	138
7. Comparison for Statement 1	140
8. Comparison for Statement 4	141
9. Statement 1 Responses	142
10. Statement 4 Responses	142

LIST OF FIGURES

Figure	Page
1. WebMD home page. August 19, 2018.....	89
2. BlackDoctor.org home page. August 19, 2018.....	93
3. PACE ad, print	121
4. PACE ad, Group 1.....	127
5. PACE ad, Group 2.....	129
6. African American jeremiad rhetoric health study invitation.	131
7. The Skin You're In website.	158

CHAPTER I

INTRODUCTION AND PURPOSE

Theoretical Formulations

This research applied an A/B Test experiment to determine whether the structuring an online health message according to the African American jeremiad rhetoric form could be more effective at influencing behavior change among African Americans. Though the percentage change difference between the control version and the treatment version was statistically insignificant, narrative responses from the participants indicate the African American jeremiad form could be more successful and influencing positive behavior change. The African American jeremiad form was then applied to a prototype for a documentary project website that aims to inform and generate a movement among African Americans to advocate for policy changes and individual behavior changes to close the health inequality gap plaguing African Americans.

Despite the vast amount of accurate health information that is widely available, particularly via the Internet, the American public's poor health indicates that a communication disconnect persists (Colen, Ramey, Cooksey, & Williams, 2018). Health literacy, defined by the Center for Disease Control as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" remains low (U.S. Department of Health, 2010). For example, according to the American Medical Association Foundation research, 90 million adults (nearly one out of three) lack the necessary literacy skills to understand medical information. About half of America's adult population lack the correct health information to properly care for themselves (U.S. Department of Health, 2010). The problem is no more profound than the continued, alarming health disparities plaguing African Americans. As indicated by the 2010 National Healthcare

Disparities Report, despite health improvements overall, African Americans continue to live sicker and die younger than any other American group (U.S. Department of Health, 2010). The problem is complex, multifaceted, and systemic, with roots in racism, classism, and socioeconomic factors such as poverty, poor housing, and low access to healthcare. Poverty lowers the quality of health for all racial groups. “Racism, specifically, is the state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death” (Gilmore, 2007 p. 28). Due to deeply entrenched forms of institutional racism, African Americans are disproportionately poor compared to Whites. Likewise, health disparities also persist among affluent African Americans compared to their White counterparts (Colen, Ramey, Cooksey, & Williams, 2018). This fact clearly reveals health inequality is systemic, as institutional structures throughout American society designed to maintain the racial order, sustain dispossession, displacement and discrimination to ensure African Americans suppression, which predictably leads to damaged health. The system is “rigged” in favor of Whites, yet they are encouraged to feel as though they are innocent and that their privileges have been earned, while African Americans and other peoples of color are painted as being deficient and thus the cause of their depressed state (Lipsitz, 2015). Systemic changes are necessary to end racial health disparities. African Americans have a dual role to play toward strongly advocating for systemic changes as well as actively engaging in individual/community positive changes toward closing the health inequality gap. Researchers have identified the link between ineffective health communications and low health literacy as prominent factors. Low health literacy correlates to poor health and poor use of medical services (Berkman, 2011). This indicates the communication process, along with the encoding, channel, and decoding of health messages is failing, depending on the rhetorical situation or context (McGuire, 1989).

Effective communication is vital to achieving positive health outcomes. According to the National Cancer Institute, health communication can increase the intended audience's knowledge and awareness of a health issue (National Cancer Institute, 2001). Quality health communications can influence perceptions, beliefs, and attitudes that may change social norms; prompt action; demonstrate or illustrate healthy skills; reinforce knowledge, attitudes, or behavior; show the benefit of behavior change; advocate a position on a health issue or policy; increase demand or support for health services; refute myths and misconceptions; and strengthen organizational relationships (National Cancer Institute, 2001). However, this objective is often easier to state than to accomplish. Simply put, changing health behavior is a difficult task. Behavioral change communication (BCC) theorists have identified the following factors of behavior change:

- intention: commitment to perform the behavior
- environmental constraints: restrictions on performing the behavior
- skills: ability to perform the behavior change
- positive attitudes: beliefs about the behavior
- social norms: perceived social pressures to perform the change
- self-image: performance of the behavior is more consistent than inconsistent with his or her standards
- emotion: emotional reaction to performing the change
- self-efficacy: perception of ability to perform the behavior (Fishbein et al., 2001).

The rhetor or communicator of the health message must carefully consider, study, and navigate these factors to achieve communication success, depending on the rhetorical situation. The more the health communicator knows about the specific audience and how it is influenced by these

factors, the better the communicator can construct the appropriate message to yield the desired results.

When customizing messages, health communicators typically use either targeting methods or tailoring methods. Targeting methods appeal to characteristics that are shared by a certain group, such as active retirees living in the suburbs (Schmid, Rivers, Latimer, & Salovey, 2008). However, African Americans, though sharing an ancestry from enslaved Africans, are neither monoethnic nor monocultural. There are age, generation, religious, gender, sexuality and social class differences. They hail from different regions of the United States and include multiple ethnicities such as including Hispanic and Caribbean cultures. Therefore, targeting has limitations. Message tailoring is an appeal to individual characteristics, such as personality factors (Schmid et al., 2008). Matthew Kreuter and Colette Skinner argued this direct and specific approach may be more effective in achieving behavior change because the process “fits the message to the individual, much like a tailor would a suit” (Schmid et al., 2008, p. 3). BCC theorists apply models to help achieve this. Gaining detailed information about a targeted audience segment of the public when engaging in mass communication health messaging is not always possible, though online technology has heightened the ability to capture personal user data, such as purchasing preferences and conversation, allowing for more targeted ad capabilities. Nor can the BCC models predict what element of the message will move the audience to act (Fishbein et al., 2001). Communication models must be relied upon.

The task of communicating health information to African Americans and gathering data from African American communities has specific challenges. Largely because of America’s historic racism, African American experiences when engaging health institutions has been largely negative and tragic. For example, the *Tuskegee Syphilis Study* is indicative of several

instances of abuse in government-sanctioned medical science experiments. These abuses increased African American distrust of health institutions, which has endured for generations. This distrust has contributed, in part, to the difficulty of obtaining data on African Americans that could be informative for health communications and medical treatment. For example, African Americans and other people of color have historically been underrepresented in clinical trials. Researches have cited distrust as well as poor access as key reasons (Fisher & Kalbaugh, 2011). Access includes health facilities, health care professionals, and also health information. Underrepresentation has in some ways led to a misperception that there is a lack of interest among African Americans. Physicians contribute to the lack of access by too often not referring eligible African Americans for such trials. Physicians and health care professionals are perceived by patients as the most credible sources of health information (Fisher & Kalbaugh, 2011). Obviously, this becomes a barrier if the potential patient is fearful of engaging with the health care system. When African Americans engage the health care system, they often come in contact with health professionals who do not share their racial or cultural context and therefore are ineffective in their communications. The Institute of Medicine's 2003 report, *Unequal Treatment*, determined that implicit or unconscious bias among predominantly White health professionals toward racial or ethnic minority groups leads to ineffective communications directed toward those groups (Smedley, Stith, & Nelson, 2003).

The media is a logical partner in disseminating health information to African Americans. However, the same issues of implicit bias exist as messages are developed by communicators who are predominantly White and transmitted via media that is predominantly White-owned and operated. Even well-meaning Whites have difficulty overcoming their exposure to racism. Furthermore, repeated widespread exposure to negative portrayals of African Americans in the

media is cited as one of the key contributors of implicit bias. Nonetheless, researchers have found that African Americans, Latinos, and Whites rely heavily on the media, particularly the major news media, for useful health information to help them make health decisions (Brodie, Kjellson, Hoff, & Parker, 1999). Black media, particularly newspapers, have had a long history of influence in the African American community, including the dissemination of health information (Caburnay et al., 2008). Despite the challenges, Black media holds a promising possibility as a conduit for effective health communications to African Americans.

Ineffective communication and low health literacy are factors in America's overall low understanding of science, technology, and medicine (STM). A 2015 Pew Research report found the public and the American Association for the Advancement of Science (AAAS) both view K–12 education in the sciences as average or below average compared to other industrialized countries (Funk, Rainie, & Page, 2015). The knowledge gap persists, despite national efforts to improve communication; therefore, the public's overall understanding of science, technology, and medicine (STM) is still lacking. The public understanding of science (PUS) and health literacy movements have focused on style and delivery, emphasizing the importance of appropriate language usage and modes of dissemination as keys to closing the STM gap. Each has emphasized the use of plain language (PL) as a vital rhetorical approach, hypothesizing that regardless of the medium applied, if the information is presented in simpler, clearer terms, significant increases in understanding would logically be achieved, thus leading to higher literacy and positive behavior changes.

The PL (also known as “plain English”) movement stresses communication should be easy to understand. According to the Plain Writing Act of 2010, PL “means writing that is clear, concise, well-organized, and follows other best practices appropriate to the subject or field and

intended audience” (Plain Writing Act, 2010, p. 1). However, as low health illiteracy persists and contributes to health disparities, PL has apparently not been a panacea. Why? Many researchers have argued that myths about PL have led to misunderstanding and, therefore, misapplication (Stableford & Mettger, 2007). For example, PL has been referred to as “dumbing down” or merely simplifying the language style (Stableford & Mettger, 2007). Mastery of language is perceived as a sign of a person’s intelligence and authority. Dumbing down can be offensive to medical professionals as their discourse community calls them to master terminology and jargon rooted in Latin, which is likely difficult for most patients to understand. Also, dumbing down can indicate be perceived as being patronizing. A recent Yale University study found that White liberals tend to downplay their language skills when talking to people of other racial groups, apparently assuming they are less competent (Dupree & Fiske, 2018).

Who the health communicator is and what his or her understanding of PL makes a difference. Since middle- to upper-class Whites have been the primary creators of health communications applying PL, and they have not been sensitive to audiences outside of their own cultural context, other racial/ethnic and socioeconomic groups are often alienated. Researchers have found that “individuals from diverse cultures, however, may not comprehend easy-to-read materials if Western constructs of health and health care are assumed” (Andrulis & Brach, 2007, p. 4). These conflicts and misunderstandings reveal an important point about PL—it has apparently been misunderstood by many health communicators.

PL is about communicating with the audience’s unique needs in mind. It is about using common language that can be understood the first time it is read or heard. A close reading of the Plain Writing Act reveals the inclusion of the phrase *intended audience* in the definition. Therefore, PL includes adapting to the audience, giving particular attention to racial/ethnic

and/or socioeconomic makeups. PL can allow for great latitude to achieve this end and should be interpreted as more than merely dumbing down the language. “Plain language materials development draws from the fields of reading, adult learning theory, adult education, health education and behavior, cognitive psychology, social marketing, cross-cultural communications and cultural competence, document design, and health communication” (Stableford & Mettger, 2007, p. 81). Therefore, the application of PL should not be limited to White, middle-class language standards but embrace the culturally competent language, such as applying rhetoric that is unique to a particular racial/ethnic group. Particularly in the case of African Americans, their unique rhetoric should be fully embraced to achieve effective health communications that achieve positive behavior changes.

Attitudes regarding power and prestige influence communications. In analyzing the shortcomings of the PUS movement, experts concluded the initial “deficit model” approach to science communication was a key impediment. The model assumed that the public audience could not understand complex concepts. Communicators of the sciences relied on the appeal of ethos, statistical evidence, and logic in presenting *just the facts* of a given topic to convince the public to accept and comply with the information. Communications researchers realized that to increase understanding that leads to positive behavior change, people must also connect with the information in a way that is relevant to their everyday lives. This connection is critical for African Americans who, when engaging the health care system, often find themselves interacting with health providers who are not of their race and or ethnicity and therefore, have difficulty relating to them. When this lack of connection is coupled with the fact that African Americans are often distrustful of medical institutions because of the abuses they have historically endured from Whites in power, there is little wonder why communications are too often ineffective.

Emotional engagement is a necessary factor to inspire behavior change. In exploring ways to inspire and connect with everyday life activities, communicators of science and health information recognize a rhetorical style is important, and cultural appropriateness is key. A definitive definition of culture is elusive. The term *culture* can refer to variables ranging from race and ethnicity to lifestyles and socioeconomic characteristics. Cultural expression is often found in food, music, and literature. It's also in values, ideas, identity and social cues. Influential cultural studies scholar Stuart Hall offered the following definition in a 1997 lecture:

“Culture is the way we make sense of, or give meaning to things of one sort or another... Culture consists of the maps of meaning, the frameworks of intelligibility, the things which allow us to make sense of a world which exists, but is ambiguous as to its meaning until we make sense of it... Meaning arises because of the shared conceptual maps, which groups or members of a society share together” (Hall, 1997).

For the purposes of this study, *culture* will refer primarily to groups of people who share a race and ethnic designation. African Americans, the descendants of enslaved Africans, created a culture that enabled them to survive life in the Americas. African American rhetoric or Black literature has certainly been vital toward evoking emotions and inspiring African Americans to endure.

Purpose

In the past decade, the awareness of cultural competency and targeted communications has risen as a key potential remedy toward closing the health gap, especially as health literacy pertains to racial/ethnic groups such as African Americans. Audience segmentation is a widely accepted practice in health communications when customizing messages for specific groups. Culturally appropriate health communications can improve patient outcomes (Kreuter & McClure, 2004). According to the 2002 Institute of Medicine (IOM) report, applying cultural characteristics to health messaging can improve audience receptivity and acceptance (Institute of

Medicine, 2002). A group's culture is reflected in its values beliefs, norms, practices, and communication patterns (Kreuter & McClure, 2004). "It is generally believed that by understanding the cultural characteristics of a given group, public health and health communication programs and services can be customized to better meet the needs of its members" (Kreuter & McClure, 2004, p. 440).

William McGuire's communication/persuasion model was a common framework for communication planning that achieves behavior change. The model identified the common broad input variables of source, message, channel, receiver, and target. McGuire's resulting output factors were presentation, attention, comprehension, yielding, retention, and behavior (McGuire, 2000). The 2002 IOM report recommended accounting for culture at every point of the McGuire communication/ persuasion model (Kreuter & McClure, 2004). For example, the perceived legitimacy and likeability of the source of the health message can be very important to the target audience group. "When a person perceives a source to be similar to him- or herself, ratings of the source are often more favorable" (Kreuter & McClure, 2004, p. 443). Kalichman and Coley (1995) studied 100 Black women who viewed three nearly identical videos on HIV testing. They preferred the video where the narrator was a Black woman, who also stressed how not getting tested impacts one's family members (Kreuter & McClure, 2004).

The message and language must be culturally relevant. In communications studies, one's culture affects one's understanding of language. Meanwhile, learning the language is important in understanding one's cultural context. (Schyve, 2007). The health message must be constructed with words that are culturally familiar and relevant. African American culture is the result of what cultural studies theorists refer to as neoculturation—the emergence of a new culture that can result from the complex mixing of other separate cultures (Ortiz, 1995). As an expression of

this culture, African Americans have distinct rhetoric that can be applied to communicate effectively to the group. The channel or medium of the health message should also be relevant to the receiver. Because of segregation, African Americans initially developed their own print media (newspapers) to disseminate information internally and externally about the Black community. Today, African Americans continue to have a higher level of trust for Black-owned media than White-owned media, largely because of the White-owned media's persistent negative portrayals of African Americans. Nonetheless, African Americans are high consumers of media generally, increasing the likelihood of media influence. A Pew study (2017) found that Black online consumers are more likely than their White counterparts to follow up on news stories and act (Lu, 2017). This affinity for media consumption, influence, and community engagement implies that an online website targeting African Americans could be ideal for reaching African Americans with effective health messaging. These findings are consistent with other findings that indicate Black cultures tend to be collectivist, valuing community interaction and contribution over individualism (Davis, 2011).

The importance African Americans place on engagement is also consistent with the PUS movement's evolution toward encouraging science experts to accept the value of public participation (PP) or public engagement (PE) to achieve the goal of increasing the public's understanding of science. Researchers recognized the importance of fostering audience input and a sense of community toward improving health outcomes (American Association for the Advancement of Science, 2018). Rather than a unidirectional paternalistic "deficit model" approach, where the experts are perceived as knowing what is best for the community overall, public engagement seeks the collective input from the community toward bidirectional communication where the community helps guide the science or health expert as well.

Improving the public's understanding of science has long been an agreed upon concern among experts in the science fields but encouraging collaborative knowledge-building with the public has not been the approach. Scientists working with or through the media was the primary approach to reaching the public. By the late nineteenth century and the early twentieth century, during the Industrial Revolution, science institutions enjoyed great authority and stature among the general public (Lewenstein, 1992). Organizations such as the American Medical Association, American Association for the Advancement of Science (AAAS) and the National Academy of Sciences (NAS) developed public relations campaigns and their own news services in partnering with the media to disseminate scientific information to the public. Journalists who had been writing about science eventually created the National Association of Science Writers in 1934. The writers were often members of the science organizations. As science evolved as a journalistic specialty, science writers grew in stature and prominence among their peers. After World War II soon after the Soviet Union launched Sputnik in 1957, a renewed concern to improve the public's understanding of science became more popularized. The science organizations promoted concerns that U.S. students weren't learning enough science. AAAS supplied the media, such as newspaper editors and television show producers, with information for public consumption. However, the information may have been more about promoting the public's appreciation for science, rather than an understanding of science and its intimate influence on their lives. Much of the information communicated was more public relations than journalism. It was about promoting the discoveries and benefits of science to society (Lewenstein, 1992). The deficit model, mentioned previously, prevailed.

The phrase *deficit model* is where scientists assume the public has a knowledge deficiency that can be fixed by simply providing them with information (Lewenstein, 2015). Its

origins are uncertain. According to science communication scholar Bruce Lewenstein, an early reference in the science communication literature appeared in scholar Brian Wynne's (1995) summary of research projects established in response to the Royal Society of London's (1985) report on science knowledge among the public. The report is credited with launching the public understanding of science movement in Britain. Wynne referred to "a simple 'cognitive deficit' model of the public understanding of science" (as cited in Lewenstein, 2015, p. 256). Lewenstein noted that the phrase reflected Latin American scholar Paolo Freire's (1970) "banking model," where he criticized the Eurocentric educational approach for disrespecting Latino students and not considering what the students knew. Instead, the students were perceived as needing to be filled with information by their Eurocentric professors. "The reference to Freire is key, for his conception of education was explicitly tied to Marxist ideals of overturning oppression of the masses, of seeking a better democratic society" (Lewenstein, 2015, p. 256). If America is to truly be "a more perfect union" exemplifying the best of democratic ideals, each of the groups that comprise and contribute to America's culture must be valued equally. Group disparities and inequalities persist because Eurocentric ways of understanding and acquiring knowledge continue to be privileged over those of other groups. Meanwhile, these groups possess ways of developing knowledge that, at minimum, are equal to Eurocentric ways and often more effective, particularly when involving communication targeting non-whites.

Health communication alternatives to the deficit model include "the contextual model," which considers that individuals process information according to social and psychological factors, previous experiences, cultural context, and their personal circumstances. The "layperson model" values the knowledge the members of the public have acquired based on their real-life experiences with a health situation or other science phenomena (Lewenstein, 1992). The PE

model encouraged science experts to engage with the general public in spaces—such as a town hall, the media, a doctor’s office, etc.—in ways that allow for more mutual exchange and respect without the science or health communicator giving up control or authority. The PE model emphasized valuing the public’s contribution and could incorporate elements of the other models stated above to empower the public. Patient empowerment led to increased efficacy so patients could better manage their health conditions. This shift led many to believe that online or digital communications via the Internet—because of its immediacy, interactive, and crowd-sourcing capabilities—could spawn a significant breakthrough toward closing the STM communication gap.

The proliferation of Internet use among the public has increased optimism for improving the public’s understanding of STM overall. Interactivity also occurs in older media channels. However, online media particularly thrives on immediate interactivity and collaboration possibilities between communicators and their audiences (Bolter & Grusin, 2000). Therefore, the Internet could be the channel (other than direct face-to-face, in-person communications, such as at a community meeting) by which public engagement and clear information exchange could occur often and efficiently. This communication channel could be significantly effective for African Americans, who despite issues of the digital divide, are high adopters of online technologies. According to Pew Research, African Americans have had the greatest Internet usage growth rate since 2000. By 2015, “78% of Blacks and 81% of Hispanics use the internet, compared with 85% of whites and 97% of English-speaking Asian Americans” (Perrin & Duggan, 2015, p. 3).

In the technology and media studies discipline, the concept of remediation suggested that new communication modes borrow and improve upon previous modes. The Internet or Web is a

unique communications channel that remediates the legacy media that preceded it by both replicating and refashioning older modes of communications (Bolter & Grusin, 2000). Key characteristics of online communication consist of “nonlinearity, differential access, instability, and dispersion,” which can be observed in “reception, source, message, time, and space” of the communications process (Warnick, 2007, p. 27). Many rhetorical techniques for successful STM communication that have been applied to old media (print and broadcast) are transferable to new media because online encompasses those preceding modalities. However, the persistence of the STM understanding gap indicated that merely republishing or reposting content that was originally composed for legacy media platforms has been insufficient. Rhetorical approaches designed for oral dissemination, such as in a town hall or political speech in a stadium, to an audience sharing the same physical space, differ from rhetorical approaches designed for print or broadcast modalities for readers and viewers or listeners respectively. These differences certainly make a case for communicating online.

Compared to print, online communication offers great advantages for content creators. For example, storage space is relatively limitless, theoretically allowing for more space to convey additional supportive information. Similar to footnotes in an academic document, a variety of content can be used as a supplement to expand on a particular point or concept. Online is multimodal, enabling the use of text, audio, graphics, and video to convey information. The communicator can use these modes to complement each other in ways that are effective for the audience. Hyperlinking, which enables readers to easily click to an entirely different document, encourages more reader interactivity and control of content choice. Users can easily transition from one content source to another within the same content viewing environment. Online is adaptable rather than fixed in time like print, allowing for the content to be updated easily,

including in real time. However, significant limitations still exist, which content producers must be aware of. For example, scrolling from page to page, which can be more cumbersome for readers than turning printed pages, is typically how content is viewed online. Therefore, shorter writing length is highly recommended and common to help maintain reader interest. Character length and typing speed limitations, such as in text messaging, led to the development of Short Message Service language (or SMS language) in the form of text abbreviations. SMS language and emoticons can enhance meaning, but also increase the possibility of miscommunication. Hyperlinking, though a valuable affordance, can also constrain word choice. Hyperlinking of relevant words and phrases is an important aspect of search engine optimization (SEO), a process involving the listing and ranking of websites in search results based on search terms inserted by users. Online readers often discover content because of a web search, making SEO an important factor to attend to so that the audience can find content being communicated. This contrasts to print, where the audience is relatively captive to the publication (or book) they have purchased in order to consume editorial content. Using labels and phrases that could also be common search terms is important for improving the likelihood of their content being discovered.

The medium affects the message in different ways. The capabilities or constraints of the channel the communicator uses can influence content invention and thus influence the audience's encoding process. As part of this consideration of the medium chosen for health communication, it follows that the rhetorical style must be customized to take full advantage of the medium's characteristics. The rhetoric itself should be replicated and refashioned for the medium of choice. In the case of online health communication for African Americans that leads to positive behavior change, cultural tailoring of the message is also a must. To close the health inequality gap, "There is a need to develop Web 2.0 resources that are also based on sound health

communication best practices and link to more comprehensive and evidenced-based content” (Gibbons et al., 2011, p. 86). Finally, to achieve culturally competent online health communications tailored for African Americans, an approach that “remediates” rhetoric that is native to the group’s culture could be effective.

Problem

Ineffective communication is contributing to low health literacy, which is also fueling racial health inequality that plagues African Americans. High health literacy includes understanding the role African Americans can play toward pressing for systemic institutional changes that solidify racial health disparities, as well as personal and community health changes they can engage in to help close the gap. Efforts such as the plain language movement have been largely ineffective (Gibbons et al., 2011). Effective communications for African Americans (or any other racial-ethnic group, particularly among people of color) are generally understood to require more than the application of the basic PL principles that would be applied to predominantly White audiences in the construction of texts, whether the communications are for oral, audio, print, or online media. The deficit model informational approach has been generally abandoned due to its ineffectiveness. A customized rhetorical style that is audience-centered and culturally competent is preferred to successfully engage, inspire, and promote behavior change. The promising results of culturally competent rhetoric, combined with the strong potential of digital health communications delivered via the online medium, raised the prospect of achieving effective health communications that lead to behavioral change and to closing the health disparities gap plaguing African Americans (Gibbons et al., 2011).

I hope to create a rhetoric for effective online health communication to African Americans by applying the structure of the African American jeremiad, a culturally unique

version of the American jeremiad literary form. Applying remediation theory, I propose that refashioning the structure of the African American jeremiad to construct health messaging customized for African Americans could be more effective toward inspiring behavioral change. African American jeremiad rhetoric has historically been communicated orally in the form of church sermons, public addresses, print articles, and essays. This culturally appropriate rhetoric has proven effective in inspiring grassroots movements concerning other major crises that have plagued the Black community, such as slavery, legal segregation, lynching, and civil rights inequality. The African American jeremiad is the foundation of Black Liberation Theology, which emerged in the 1970s from the writings of theology scholar the Rev. Dr. James H. Cone as the Black church's response to challenges raised by the Nation of Islam, which labeled Christianity as "the white man's religion," and followed by the Black Power movement, which grew impatient to address political and social issues plaguing the Black community in more direct and practical ways (Sanneh, 2008). The demand for urgent social change on moral grounds exposed by jeremiads such as Maria Stewart, Frederick Douglass and David Walker can be observed in Cone, who was influenced by the Black nationalist of Malcolm X, and direct social action Christianity of the Rev. Martin Luther King, Jr. (Reynolds, 1989). King was mentored by Samuel DeWitt Proctor, the clergyman, professor, an social activist who pastored Abyssinian Baptist Church in Harlem, and was president of Virginia Union University. President Barack Obama appropriated some of the African American jeremiad's elements of his political speeches. As a member of the Trinity United Church of Christ in Chicago prior to becoming president, Obama frequently heard the Black liberation theology sermons of the congregation's then-pastor, the Rev. Jeremiah Wright. Wright was mentored by Proctor and influenced by Cone.

African American jeremiad rhetoric is a resulting artifact of neoculturation, a complex phenomenon that can occur when two or more cultures encounter each other, and a new culture emerges. African American jeremiad rhetoric is an African interpretation of a European Christian rhetorical form that is rooted in Mideastern Hebrew rhetoric. Emphasizing liberation as a promise of God, African American jeremiad identifies the outside force of systemic racism as the root problem and moral failing. It inspires Black American nationalism and community pride, spiritual re-connectedness, and personal responsibility to address the crisis. Yet, it maintains optimistic hope in America fulfilling its destiny as a godly moral nation -- the ability of the United States to overcome its problems and achieve greatness. In each of the Black community crisis cases previously mentioned, the rhetors were respected members of the Black community who identified intimately with their audience. The African American jeremiad rhetors were subjected to the same oppression they urged the community to confront and solve. This situation was consistent with Chaïm Perelman's rhetoric theory concerning a particular audience, in which the rhetor developed a close affinity with the more focused audience segment. The rhetor identified objects of agreement with the audience to achieve "communion" with the audience (Gaonkar, 1997). In cases where the African American jeremiad form was successfully applied, the publication was not merely a disseminator or conduit of the message, but often also viewed as a trusted rhetor. The Black Press as an institution that advocated for the African American community was not just a medium for receiving information but was also constructor and promoter of the message. Sources that are trusted by the African American community, such as Black-owned or Black run health websites, would be ideal for applying African American jeremiad rhetoric to online health messaging.

Researchers have identified five main nonexclusive categories for achieving cultural appropriateness in health communications: (a) peripheral, where the message is packaged, such as with graphics and photos, to appeal to the targeted group; (b) constituent-involving, where testimonies or personal experiences of group members are featured; (c) evidential, where facts are presented to show how the health issue is specifically impacting the group; (d) linguistic, where the group's native language is incorporated in the message; and (e) sociocultural, where the message appeals to the group's cultural values, such as family unity or spirituality (Kreuter et al., 2003). I argue for applying African American jeremiad rhetoric as a linguistic and sociocultural approach. For African Americans, health and spirituality have historically been interconnected as vital to culture. Religion, medicine, and healthcare have long been interrelated in most populations. Only in some developed nations are the separation of religion, medicine, and healthcare more common (Koenig, 2012). Meanwhile, including in the United States, researchers agreed that the level of one's spirituality or religious involvement has a positive influence on health choices (Holt, Clark, Debnam, & Roth, 2014). Using the McGuire communication persuasion model matrix, application of African American jeremiad rhetoric could achieve effective communication that inspires individuals to effectively navigate the barriers to behavioral change, thus achieving success toward closing the health disparities gap. This linguistic approach of applying a characteristic of a group's cultural rhetoric in the health message could potentially be taught to health communicators, regardless of their cultural backgrounds.

CHAPTER II

BACKGROUND OF THE STUDY REVIEW OF THE LITERATURE

Health Inequality

The World Health Organization's (WHO; 2018) definition of health in 1946 remains widely used in the medical community today; health is the "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (Larson, 1996, p. 181). For African Americans as a group, this ideal state of health has been tragically elusive because of racism. African Americans have higher rates of virtually every malady, from injury to a disability, and of course a lower life expectancy. For example, according to the U.S. Department of Health and Human Services report in 2010, African American males had a life expectancy of 71.8 years compared to 76.5 years for non-Hispanic White counterparts. African American women lived 78 years compared to 81.3 years for White women. Black infant mortality rates were 11.46 deaths per 1,000 live births compared to 5.18 deaths per 1,000 live births of White infants (Lang & Bird, 2015). Overall life expectancy in the U.S. continued to decline from 78.7 years in 2016 to 78.6 in 2017, according to the Centers for Disease Control and Prevention (Murphy, 2018). The 10 leading causes of death remained heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, Alzheimer disease, diabetes, influenza and pneumonia, kidney disease, and suicide.

Currently, Black mothers are more than three times as likely to die during childbirth compared to White mothers. African Americans are at least 50% more likely to die of heart disease or stroke before the age of 75 compared to Whites. Black colorectal cancer rates are higher than Whites, Asians/Pacific Islanders, and American Indians/Alaska Natives. Racial disparities are profound in cardiovascular disease and HIV/AIDS (Lang & Bird, 2015).

Cardiovascular disease is the leading cause of death among Americans. Although death rates have dropped for other groups in recent years, African American cardiovascular disease death rates have remained the same since 1950. HIV/AIDS is a leading killer of Black men and women. African Americans comprise only 12% of the U.S. population but are 44% of all new HIV infections each year (Lang & Bird, 2015).

The documenting of racial health inequality (also known as health disparities) in the U.S. began with the 1983 U. S. Surgeon General's report on health, which was followed in 1985 by the "Report of the Surgeon General's Task Force on Black and Minority Health" (Agency for Healthcare Research and Quality, 2010). President Bill Clinton signed the "Minority Health and Health Disparities Research and Education Act" in 2000, providing support for research and establishing the National Center on Minority Health and Health Disparities (NCMHD) at the National Institutes of Health (NIH). The U.S. Congress prioritized health disparities by mandating the Agency for Healthcare Research and Quality (AHRQ) issue an annual report on healthcare disparities since 2003. However, despite the increase in health knowledge and dissemination of information, African Americans continue to live sicker and die younger than any other American group (U.S. Department of Health, 2010).

Racial health disparities exist because America's institutional structures have historically disadvantaged African Americans. Poor health is a natural and predictable response to unequal treatment and living conditions. The profound impact of systemic racism on African American health outcomes was first documented by W.E.B. Du Bois in his 1899 book the *Philadelphia Negro* (Williams & Sternthal, 2010). An African American scholar who was the first to earn a doctorate at Harvard University, Du Bois (who also co-founded the National Association for the Advancement of Colored People) indicated in his study that poor health was a key indicator of

inequality. He observed that post-slavery, which formally ended in 1865 with the passage of the 13th Amendment, Blacks continued to live under deplorable health conditions compared to Whites. For example, Du Bois linked tuberculosis to the poor environmental conditions in which Blacks were forced to live in ghettos. Du Bois cited poor ventilation, dampness and cold as key reasons for excessive mortality levels (Du Bois, 1899). Many of these conditions still exist today in America's inner city and rural low-income African American communities. Social determinants of health include factors such as environment, access to services, and structural and societal issues that impact health outcomes. Socioeconomic status has been identified as the primary cause that shapes health outcomes (Bruce, 1995). Race, residential location, population density, income, and homicide rates correspond with a lower life expectancy for Blacks compared to Whites (Murry, 2006). The National Academy of Medicine (NAM) report, "Accounting for Social Risk Factors in Medicare Payment: Identifying Social Risk Factors" reported that "socioeconomic position; race/ethnicity, and cultural context; gender; social relationships; and residential and community context" are significant factors (National Academies of Sciences, Engineering, and Medicine 2016, p. C1).

Wealth and education typically lead to greater access to quality health care and therefore, improved outcomes. However, this is not the case for upwardly mobile African Americans. The disparities gap remains among educated and affluent Blacks even when compared to lower educated and poorer White counterparts (Colen et al., 2018). Racial and ethnic minority groups experience increased marginalization and discrimination, which has negative health repercussions (Seng et al., 2012). Clear evidence of this harsh reality was revealed publicly via the news media in 2018 when African American champion tennis player Serena Williams, one of the world's most accomplished and wealthiest athletes, shared in a *Vogue Magazine* article that

she nearly died of complications after birthing her daughter (Haskell, 2018). Feeling unusually ill while recovering in the hospital, Williams alerted a nurse that she needed a CT scan because of her past troubles with pulmonary embolisms. Williams said the medical team initially dismissed her concerns and delayed her request, but Williams insisted. When the CT was finally administered, it confirmed Williams' fear that blood clots had formed (Haskell, 2018).

In the 2001 study, "Crossing the Quality Chasm: A New Health System for the 21st Century," the National Academy of Medicine (NAM) stated that equity is essential to healthcare quality. The study argued that reform efforts should create an equitable health system for the United States that provides safe, effective care that is "patient-centered, that is, humane and respectful of the needs and preferences of individuals" as well as efficient and timely (Institute of Medicine, 2001, p. 1). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* indicated racial and ethnic minorities often received lower quality care than their White counterparts (Institute of Medicine, 2003). Several public health researchers have described models showing different levels and types of racism on multiple levels, such as cultural, institutional, and interpersonal and how racism is communicated in a variety of ways (Harrell 2000; Krieger, 1999; Taylor et al., 1996). Researchers saw cultural communications, such as advertisements or movies, reinforcing negative racial stereotypes about Africans Americans and unequal healthcare negatively influencing how real-life engagement occurs.

Many remedies ranging from government policy interventions to changes within the health system facilities have been recommended and attempted to combat systemic racism with the goal of closing the health disparities gap. Most efforts targeting health inequality have focused on physical and mental health. However, social health and well-being have begun to receive greater focus. Researchers have found that when comparing the health outcomes of

Whites and Blacks living in the same community, racial disparities are minimized if environmental factors are equal (LaVeist et al., 2011). Coping strategies that integrate social–cognitive theories with skill building could help African Americans patients to not internalize racist attitudes when engaging the healthcare system (Oyserman, Fryberg, & Yoder, 2007; Steele, 1997). Constantly reminding African Americans of racism could trigger a discouraging stress response that leads to inaction. However, as with Serena Williams, being unaware of risks of racism could lead to inaction that has immediate tragic consequences. For doctors and health communicators, training in cultural competency for dealing with patients of different racial/ethnic groups has had positive effects (Klonoff, 2009).

Researchers have also brought more recent attention to the belief that racial health disparities plaguing African Americans persist because American culture has historically downplayed the profound impact of systemic racism and the legacy of slavery. Critics of America’s health policies that appear to ignore the impact of racism argued that solutions are futile without a deeper historical assessment of the legacy of systemic racism, from the Transatlantic slave trade to legal segregation to the economic inequality of current times. An example of this point of view is expounded by Joy DeGruy (2005) who, in her book *Post-Traumatic Slave Syndrome*, argued that African Americans are suffering from a type of post-traumatic stress disorder, resulting from the trauma of slavery and the systemic racism that has persisted. Rather than attempt to forget or “move on” from slavery, as African Americans are often told privately and collectively via mass media messaging, DeGruy argued that African Americans (and the nation) must confront the realities of slavery’s trauma. However, DeGruy and others who advance this theory have been challenged by fellow Afrocentric scholars, such as Ibram X. Kendi. Kendi, who argue that though DeGruy’s theory is well-intentioned, it too falls

into the racist trap of implying there is something wrong with Black people. The unintended consequence of such a theory is that it belittles Black people – a form of internalized racism. In his book, *Stamped from the Beginning: The Definitive History of Racist Ideas in America*, Kendi argues that evidence of several Black success stories among recently freed slaves indicates there was and is nothing wrong or damaged about Black people. African American behavior is equally as imperfect as other human groups and its reaction to trauma is equally as predictable. The only need African Americans have is to be allowed to pursue life, liberty and happiness uninhibited (Kendi, 2017). Dysfunctional behavior is the reaction to the persistence of institutionalized racism and policies to restrict Black advancement.

Systemic racism has shaped American health policy. For example, the 1896 book *Race Traits and Tendencies of the American Negro*, by Frederick Hoffman was a seminal text that impacted public health policy throughout the 20th century (Wolff, 2006). Hoffman's contributions to the public health field were significant. He helped establish the National Tuberculosis Association (now the American Lung Association) and the American Cancer Society. His work remains foundation to the field of statistics and actuarial science. Yet, he was also a White supremacist among the promoters of the eugenics movement, which caused significant public policy damage. A forerunner of human genetic engineering, eugenics is the belief that humanity could be improved by selective mating. Eugenics was marked by extreme racism that would eventually fuel the horror of Nazi Germany and the Holocaust to supposedly protect the Aryan gene pool. Eugenics promoters also believed disabilities and mental illnesses could be cured through breeding, which led to forced, mass sterilizations (Wolff, 2006). Eugenics has since been debunked as quack science (although many modern white supremacists still believe in it) but not before shaping public health policy, which damaged many lives

throughout much of the first half of the 20th century. A statistician for Prudential Life Insurance, Hoffman concluded that African Americans (then referred to as Negroes) were biologically inferior and therefore uninsurable. Hoffman's book is believed to have influenced *Plessy v. Ferguson*, the U.S. Supreme Court's landmark decision in 1896 that upheld racial segregation laws, reversing Reconstruction era gains.

African Americans have endured abusive treatment sanctioned by the American health system in the name of medical advancement. In the book, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*, Harriet A. Washington charted the several shocking examples of mistreatment of Blacks as medical subjects from slavery to recent times (Cohen, 2009). Unbeknown to them, enslaved and free Blacks were used for medical experiments often sanctioned by the U.S. government. The tragic *Tuskegee Syphilis Study* is often cited as a prime example. Between 1932 and 1972, the U.S. Public Health Service left 622 impoverished Black men, who were unaware they had syphilis, untreated. The revelation of the government's unethical study reinforced long-held Black suspicions and fears of the health system. During the early stages of the HIV/AIDS outbreak of the 1990s, the negative legacy of the Tuskegee study was a "trail of distrust and suspicion" that hampered HIV education efforts in Black communities (Thomas, 1991, p. 3). Journalist Rebecca Skloot (2011) in her book, *The Immortal Life of Henrietta Lacks*, chronicled how in 1951, Johns Hopkins University researchers used the cells of Lacks, a poor Black tobacco farmer, without her or her family's knowledge. Lacks was at Hopkins seeking treatment for cervical cancer, which eventually took her life. Her cells were kept alive and have since been vital to medical advancements, such as the development of vaccines and gene mapping. Meanwhile, the Lacks family was unaware that the cells, which contained their private genetic data, were being bought

and sold for billions of dollars and used by researchers around the globe. The family has received no compensation. Distrust tied to such tragic events is often cited as to why African Americans often avoid doctors or only visit hospitals as a last resort. This toxic relationship, coupled with poor health habits of which many are, for the most part, also rooted in culture has guaranteed poor health outcomes, leading to a persistent racial health disparities gap (Kennedy, Mathis, & Woods, 2007).

America's reevaluation of past ills is critical to adopting the correct public policies to close the racial health disparities gap. A reevaluation and deeper understanding of how the past continues to impact current and future health outcomes is also critical to African Americans reclaiming, embracing, and reshaping their present and future. These core themes are advanced by scholars who approach research from an Afrocentric perspective. The work of Amos N. Wilson has influenced much of this thinking. Wilson, in the (1993) in the *Falsification of Afrikan Consciousness* stated power imbalance was the root of racism, which led to the severe devaluation of African culture and ways of thinking. For a person of African descent to think like a European lead to unhealthy behaviors and outcomes. "If we don't know ourselves, not only are we a puzzle to ourselves; other people are also a puzzle to us as well. We assume the wrong identity and identify ourselves with our enemies. If we don't know who we are then we are whomever somebody tells us we are" (Wilson, 1993 p.38). Tillotson, Doswell, and Phillips (2015) are examples of scholars who argued for the adoption of an "allocentric worldview" (where people center their attention and actions on other people rather than themselves) toward improving African American behavioral health. Consistent with African cultural values, these researchers maintained that African Americans are naturally community-oriented and that adjusting to survive in a Western individualist culture is likely contributing to poor health. The

authors proposed that slavery caused the adoption of a worldview that has African descendants out of sync with their cultural norms (Tillotson et al., 2015). This possibly led to behavioral challenges that may be unique to African Americans. Applying an African way of being to their life in America could possibly improve African American health outcomes (Tillotson et al., 2015). A 2015 Institute of Medicine report, “Vital Signs: Core Metrics for Health and Health Care Progress” identified the “engaged people” category, which referred to the level of civic and community involvement of people in promoting good health (Institute of Medicine, 2015). Improving a group’s health is best achieved through a collective effort, in which individuals in the community feel supported and empower each other to make change.

Such approaches—confronting the past and building community capacity and engagement—would seem to be consistent with the growing understanding among health professions regarding the positive role of cultural appropriateness and tailoring in health messaging for specific racial/ethnic groups. However, identifying and applying the type of persuasive communication that brings about positive behavior change remains a challenge. As stated above, the themes of cultural pride, community empowerment, and engagement are central to African American jeremiad rhetoric; therefore, applying this rhetorical form to online health communications could yield promising results.

Health Communications

Whether traditional medicine combining herbalism and spirituality (practiced for generations among indigenous people such as Africans and their descendants throughout the diaspora) or Western medicine, medical practitioners have enjoyed a high level of trust and position of authority among their communities. People trust the advice of the medicine man/woman, community healer, or local physician. Western health communication moved

primarily from practitioners in one-way communication flow, taking on the responsibility to protect the public; historically, people relied upon and followed the doctor's authoritative opinion (Katz, 1984). Modern health communication is defined by the Centers for Disease Control and Prevention as "the study and use of communication strategies to inform and influence individual decisions that enhance health" (CDC, 2011). Health communication has been a multi-discipline enterprise, borrowing from social marketing and psychology. The discipline is typically situated as a subset of communications studies; however, health communication as a practice was likely initiated by the medical field itself (Hannawa et al., 2015). The modern academic discipline of health communications traces its beginnings to the formation of the Therapeutic Communication Interest Group in 1972, by the International Communications Association. This encouraged communication scholars to see health as a viable topic of study (Kreps, 1998). The National Communication Association formed the Commission for Health Communication in 1985. The journal, *Health Communication*, began in 1989 and *The Journal of Health Communication* began in 1996. The discipline's primary foci were (a) intrapersonal—internal mental states and psychological influences, (b) interpersonal—relational influences on health outcomes, (c) group—interdependent members in health teams and support groups, (d) organizational—coordinate groups and mobilize specialists, and (e) societal—production and dissemination of information through media for health education and promotion (Kreps, 1998).

Health communication "focuses on implications of communication processes for health care delivery, health promotion, and health-related quality of life. This applied character often generates a pressing need for the translation of health communication research into health care practice" (Hannawa et al., 2014). In this communication context, doctors developed a jargon

within their discourse community that further distanced them from the less-educated public. The greater the disconnect, the lower the public's health literacy, which increases their reliance on the very doctors they are having difficulty understanding.

This analysis is consistent with the theories of French philosopher Michel Foucault concerning the connection between language and the shaping of power dynamics (Foucault, 1982). Foucault saw the effect of power as being present everywhere, with potentially both positive and negative consequences depending on how it was applied. This disconnect applied to the discourse as well. Discourse can reinforce or undermine state power:

We must make allowances for the complex and unstable process whereby a discourse can be both an instrument and an effect of power, but also a hindrance, a stumbling point of resistance and a starting point for an opposing strategy. Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart" (Foucault, 1998, p. 100).

Ironically, during the Age of Enlightenment, Dr. John Gregory, the Scottish physician credited with establishing the ethics that are the foundation of today's Western medical practices, advocated for doctors to communicate with patients in a way that would convey sympathy and promote preventative care (Katz, 1984). Gregory helped to reform medicine from an occupation of doctors who often lacked morals regarding patient care into a profession with standard ethics guidelines. During the 1700s in Europe and America, doctors were competitive with each other and their engagement with patients was motivated more so by how much the doctor stood to benefit in terms of notoriety and stature in the community. Doctors did not universally feel a sense of moral responsibility to help heal sick patients. For example, doctors were known to abandon dying patients, if doing so would protect the doctor's reputation. Doctors, because of their knowledge and standing in the community, felt a strong sense of superiority over patients and exercised it. Gregory, who also taught medicine at what is now The University and King's

College of Aberdeen, grew concerned that power without moral guidance would diminish health care as an institution.

Gregory had two related concerns. First, physicians providing services to the wealthy sick were “interested” men with, therefore, no ethics to guide them. Second, physicians at the Royal Infirmary of Edinburgh, where Gregory practiced and taught, had gained power over the sick, but had no ethics to guide them in the exercise of this newfound power. As a result, those already made vulnerable by sickness and poverty, now experienced vulnerability to power motivated largely, perhaps even solely, by self-interest. Gregory saw this lack of ethics as unacceptable, indeed as the chief obstacle to medicine becoming a profession in a sense more meaningful than a mere conviction. (McCullough, 2006, p. 87)

Through his lectures and writings, such as *Lectures on the Duties and Qualifications of a Physician*, and *Elements of the Practice of Physic*, Gregory offered guidance to health providers concerning behaviors ranging from how doctors should dress properly so not to intimate patients, to the importance of expressing sympathy toward patients. Gregory is credited with emphasizing the use of the term *patient* instead of the more commonly used term for *sick* (McCullough, 2006). However, Gregory was said to be mainly focused on patients who were formally educated (Katz, 1984). Health communication for generations remained a one-way flow of information from the trusted, authoritative doctor (or religious leader) to the patient who, even if educated, was deemed to be relatively incapable of understanding complex medical concepts.

Health Communications and Mass Media

Other than the doctor’s office or in a formal education setting, the media is where the public typically gets news about health and the sciences in general. Mass media includes print publications, billboards, television, radio, and online websites, including social media. The news media has played and continues to play a critical role in aiding health professionals to communicate with the public. One of the most prominent examples of using the mass media was when the Nixon administration, in partnership with the Advertising Council, launched an anti-

drug abuse campaign via the media from 1970 to 1973. The campaign was discontinued because of concerns it wasn't working but was actually stimulating drug use (Siff, 2018). In the 1980s, the news media was vital in bringing awareness to the public and policymakers of the first cases of the HIV/AIDS epidemic (Institute of Medicine, 2002). However, the differing objectives of journalists compared to health communicators can make this alliance problematic as well. For example, though both disciplines aimed to fulfill civic goals to inform the public with the best available information, members of the scientific community see themselves as educators who desire the public to understand the information being delivered to them (Schwitzer et al., 2005). By understanding the information, scientists believed the public would make the best logical decisions. Journalists, on the other hand, are less concerned with the decisions the public makes than with ensuring the information is available. Journalists often saw themselves as objective conduits of the information who were not responsible for what the public chose to do with the information (Schwitzer et al., 2005).

A natural tension existed between these public communication allies. The scientific method was based on trial and error and research findings being validated. Health research often required contradictory findings before reaching a broadly accepted conclusion. One researcher may find a link concerning a disease, but another researcher may find a different result. This very normal reality of the scientific process often clashed with characteristics journalists used to determine what is news. In journalism, the characteristics that determine what is newsworthy can vary. Galtung and Ruge's (1965) classic study established 12 news factors that continue to be referenced today in some form, as they have been updated or expanded by subsequent research (Garrison, 1990; Gibbs & Warhover, 2002; Harcup & O'Neill, 2001; Schaudt & Carpenter, 2009). The standard characteristics that determine whether a story is newsworthy were

prominence/human interest, proximity/localness, impact/consequence, timeliness/immediacy, oddity/unexpectedness or singularity, and conflict/controversy (Zoch & Supa, 2014). Taking these characteristics into account, one could see why, for a journalist, a disagreement concerning a health finding would be ripe for a news story because it met the “controversy” characteristic. However, health news stories that involved conflicts required a great deal of context to properly inform the public. The context was one of the key values for a health reporter who thoroughly understood the nuances of the subject (Schwitzer et al., 2005). For scientists, conflicts were normal and expected as part of the process of achieving scientific agreement. For journalists, promoting conflicts sparked reader interest, and turned news pages, which generated ratings and ads. However, medical misinterpretations could lead to life and death decisions and the sounding of an alarm for the public before all the information was fully known or understood.

There are also tensions between religion and science, as evidenced by the 1721 Boston Smallpox debate, which will be discussed later. The tensions have endured to the present and, more recently, been exacerbated online via social media. This was evident in 2019 when in the first two months of the year, 200 cases of measles, (declared eliminated in 2000 due effective immunizations policies), were confirmed across 11 states. The culprit? Health officials and lawmakers determined misinformation spread across social media about a false link between immunizations and autism had caused several parents to not immunize their children. The parents often cited state religious exemptions (Boghani, 2019). Rather than trusting information from websites such as the U.S. Center for Disease Control and Prevention (CDC), parents instead sought information from Facebook posts disseminated by “anti-vaxxers” who claimed to be blowing the whistle on health agencies, such as the CDC. For example, press reports noted that in 2014 anti-vaxxer groups began claiming the CDC was hiding information that proved a

link between the MMR vaccine and autism in African American children (Boghani, 2019). The alleged link was tied to a study, which was published in *The Lancet*, a medical journal. However, the study was withdrawn in 2010 and debunked. The documentary film *Vaxxed: From Cover-Up to Catastrophe*, by Andrew Wakeham, one of the 12 authors of the study, extends the claims made by the study. The film has developed a strong following among anti-vaxxers. In New York City, more than 200 measles cases occurred by April 2019 particularly in the Orthodox Jewish community of Williamsburg Brooklyn. Many parents cited the documentary and their religious beliefs supported by their rabbis as the reason for not vaccinating their children (Belluz, 2019). In the state of Washington, the governor declared a state of emergency because of outbreaks there. A MIT study published in 2018 found that false news spreads faster via Twitter than real news and that humans, not bots, are the primary culprits (Vosoughi, Roy, Aral, 2018). Clearly, online is an excellent source for reliable health information, but also a powerful disseminator of unreliable health information that can put lives at great risk.

Medical Journals

Initially, Western health communications via the media were directed toward medical practitioners and the highly educated. Since literacy was low, early publications were expensive to print so they were geared toward the wealthy who could afford and read them. In the West, medical journals originated in 1665 with the publishing of the *Journal des Scavans* and the *Philosophical Transaction of the Royal Society* in London. Medical journalism began with peer-reviewed articles published by the Royal Society of Edinburgh in 1731 (McCutcheon, 1924).

America's first medical publication was a pamphlet by the Rev. Thomas Thatcher, *A Brief Rule to Guide the Common People of New England How to Order Themselves and Theirs in the Small Pocks or Measels* in 1678. *The Medical Repository* (1797) was America's first

medical journal. In 1871, The National Medical Library (now National Library of Medicine) was established to house medical books and publications. Today, it is the world's largest medical library. During legal segregation in 1895, the National Medical Association was established by 12 Black doctors to represent Black physicians serving their communities. Its *Journal of the National Medical Association* began publication in 1909 and continues today.

1721 Boston Smallpox Epidemic

In the United States, perhaps the first documented example of the complex alliance between medical professionals and the news media was the coverage of the smallpox epidemic from 1721–22 in Boston. The *New England Courant*, one of the first newspapers in colonial America, was launched, in part, to capitalize on the debate over whether inoculations would solve the crisis. The newspaper disseminated newsworthy information, but it also played up the debate, which as a result, likely delayed health decisions that could have saved lives. The smallpox epidemic is often cited as America's first documented public health crisis that launched health communications to a mass general audience as well as launching a significant step toward formalized journalism (Blake, 1952). The smallpox debate also, ironically, mirrored current arguments between science and religion in the news on issues such as vaccinating children and whether climate change is a hoax. The debate also revealed the ever-present undercurrent of racism, which fuels health disparities plaguing African Americans today. The same conflicts have hampered effective health communications for generations: (a) science versus religion and (b) reliance on facts versus suspicions about rhetoric. These debates, which can be observed today, confused and clouded the public's overall understanding of science and medicine.

Smallpox broke out on a ship sailing to Boston from the West Indies with Africans aboard. The disease spread through Boston. The Rev. Cotton Mather, a prominent minister,

learned from his African slave Onesimus that Onesimus had been inoculated in Africa.

Inoculation had long been practiced in Africa, China, and India, but not among the European countries and colonies (Blake, 1952). The issue of inoculation set off a debate between Mather and Dr. William Douglass, Boston's only degreed medical practitioner, which played out in *The Courant*, the main news source of the day. The conflict was between Puritan interpretations of illness, represented by Mather's belief that natural phenomena possessed spiritual significance, versus Enlightenment philosophies represented by Douglass's insistence that smallpox had a natural, not a spiritual significance; only repeated tests could authorize new medical practices (Wisecup, 2011). The debate was a pivotal moment in both medical and literary histories in the Americas.

The debate, with its racial undercurrent, also involved the importance of rhetorical style in communications. The Puritans shared the African value of seeing the interconnectedness of natural health and spirituality. However, in their racism, they devalued African slaves as unintelligent as well as heathens for not being Christians. As a result, many Puritans vehemently disagreed with Mather's urging to adopt non-Christian practices such as inoculation. To persuade his fellow colonists that Onesimus was, in fact, intelligent and correct, based on what Mather had himself observed, Mather turned to rhetoric. Understanding his audience, Mather's rhetorical approach was to turn a perceived deficit into an advantage. Mather argued that Onesimus's plain talk and was actually a strength. He called it a sign of Onesimus's unfiltered wisdom from God. Mather argued for the virtues of communicating in plain style "as a clear reflection of both medical and spiritual truths" (as cited by Wisecup, 2011). In contrast, Douglass, standing on his ethos as the colony's only degreed physician, argued that inoculation was folklore and dangerously unscientific. Via articles in *The Courant*, Douglass used satire to attack African

medical knowledge (Wisecup, 2011). He said Onesimus's "blundering speech" and that of other Africans was an indication of their intellect (Wisecup, 2011). *The Courant* served as the medium for observing the debate, but also an information source regarding the smallpox epidemic. James Franklin supported Douglass with commentary that denounced Mather's and Onesimus's pro-inoculation account as foolish and untrustworthy. Eventually, Mather's research and successful experiments proved inoculations were valuable and worked. Many lives were saved as inoculation was applied and smallpox decreased, but not before many lives were lost. Nonetheless, the debate showed that by using the mass media to increase awareness and understanding of a health crisis, individuals could positively change public policy and influence positive behavior change among individuals and the community overall.

With the increase in literacy, interest in reading health information also increased. In the 1800s, publications became more specialized to meet specific reader interests. *The American Journal of Science* (1818) responded to the emergence of science journalism as a specialty, which led to the establishment of many health magazines; *the Journal of Health* (1829) was the nation's first. It presented "plain precepts in easy style and language, for the regulation of all the physical agents necessary to health" (Mott, 1966, p. 440). During the 20th century to modern times, radio, TV, billboards, and the Internet have been part of the mass media mix for spreading health information. Public service announcements (PSAs) became common for health messaging on radio and television after the Federal Communications Commission (FCC) required stations to donate airtime in exchange for use of the public airways based on the Federal Radio Act of 1927 (Institute of Medicine, 2002). On television, which is the dominant mass medium, shows and movies have been used to disseminate health messages to change behaviors. In 1988, the Harvard Alcohol Project partnered with ABC, CBS, and NBC television networks to have

writers insert anti-drunk driving messages into the scripts of top-rated programs (Institute of Medicine, 2002). As the commercial Web began to grow in content and access in the late 1990s and early 2000s, optimism increased regarding the Internet's potential as a medium for expanding health knowledge. Websites such as WebMD and BlackDoctor.org (which are discussed in depth later) were among those developed to meet the consumer demand for health information. A study by a Science Panel on Interactive Communication and Health identified six key advantages of health communications via the Internet:

1. Improved opportunity to find information tailored to the specific needs or characteristics of individuals or groups of users.
2. Improved capabilities of various media to be combined with text, audio, and visuals and of matching specific media to the particular purposes of the intervention or the learning styles of users.
3. Increased possibility for users to remain anonymous by providing access to sensitive information that people may be uncomfortable acquiring in a public forum or during a face-to-face discussion.
4. Increased access to information and support on demand.
5. Increased opportunity for users to interact with health professionals or to find support from others similarly situated through the use of networking technologies.
6. Enhanced ability for widespread dissemination and for expanding an audience at a limited incremental cost once the necessary hardware infrastructure is in place (Robinson, Patrick, Eng, & Gustafson, 1998).

The news media's influence in the communication of health information has continued to be enormous, despite the tensions between the two disciplines. Hartz and Chappell (1997) found

that scientists felt many journalists misunderstand scientific methods and often misinterpreted statistics and risks. Meanwhile, journalists were often frustrated with scientists who used jargon and failed to explain their work simply. Scientists said the news media oversimplified issues while journalists said scientists failed to understand news must be timely to be made relevant to the public (Hartz & Chappell, 1997). Scientific journals also contributed to the misinterpretation of science news. The press releases (or news release) was the most common way organizations informed the media of potential stories. Woloshin and Schwartz (2002) found that medical journal press releases, written for the news media, often failed to highlight the limitations and potential flaws in the research, potential conflicts of the industry sources that funded the studies, and even exaggerated the importance of the findings (Woloshin & Schwartz, 2002). Nonetheless, the alliance has been key toward the goal of increasing the public's understanding of science, technology and medicine (STM), a goal that is particularly key for improving African American literacy toward closing the disparities gap.

Mass media advertising campaigns have been key to increasing health awareness among African Americans. For example, black radio had long been a successful medium for reaching the African American community with relevant information on various topics. Hall et. al (2012) analyzed a CDC health campaign on black radio that aimed to combat high cancer mortality rates among low-income African American women in Savannah and Macon, Georgia. The study determined that the African American Women and Mass Media (AAMM) pilot campaign had successfully reached the targeted audience and increased women's awareness of breast cancer screening services, as calls to the Breast and Cervical Cancer Program increased significantly (Hall et al., 2012). Wallington, Oppong, Iddirisu, & Adams-Campbell (2017) found that a multimedia campaign that incorporated several modes, including online, successfully reached

African American women in Washington, DC, with a total combined reach from all media of 9,479,386 impressions (Wallington et al, 2017). The study concluded a key element to the success was the significant efforts applied to ensure that messaging was culturally appropriate, relevant, and pliable to the African American public.

Public Understanding of Science

Modern health communication is rooted in a long tradition of attempts to translate STM advances to public audiences. STM communication to mass audiences came to the forefront of Western culture in Europe in the 19th century. Known as the Age of Science, this ushered in the Industrial Revolution. Several inventions and technological advancements in medicine, engineering, and other disciplines emerged. John Theodore Merz's *A History of European Thought in the Nineteenth Century* is a classic text of this period, in which science information was communicated to the literate public (Gregory, 2003). The first two volumes of the book were about science and the thoughts of philosophers, astronomers, and chemists of the times. Scientific expertise was the purview of learned men and societal elites. They communicated publicly through oral lectures, sermons, and writing. In the mid-19th century, The Lyceum and Chautauqua movements went from town to town offering public entertainment and courses and lectures on a variety of topics including science issues of the day (Lewenstein, 1992).

The Lyceum and Chautauqua movements (they eventually merged after being disrupted by conflicts caused by the Civil War) were vital, foundational efforts to improve the public's understanding of STM and a variety of topics. These adult education efforts in the 1800s enabled people across the United States to hear lectures and debates on various important life topics (Hayes, 1932). Josiah Holbrook, a Yale College graduate who was also an inventor as well as an educator, established the Lyceums to "diffuse rational and useful information through the

community generally and apply the sciences and the various branches of education to the domestic and practical arts” (Khrapak, 2014, p. 50). At the time, public education didn’t exist. Education was primarily the domain of elites who could afford it, and education was not required by law. Yet, being self-taught and self-sufficient was highly valued. As American industry grew, the demand for relevant education increased among lower class Americans such as farmers and artisans. Holbrook was among those who recognized this need, and he “empowered men and women to take education into their own hands and to build community centers for the distribution of useful knowledge” (Khrapak, 2014, p. 51). Lectures and demonstrations of scientific advancements such as electricity were among the highlights. Lyceum societies emerged in local communities and brought together Americans of all classes, genders, and racial backgrounds. Other than via newspapers, these gatherings became the primary means by which the public received information from the nation’s top thought leaders in science, philosophy, and eventually politics, discussing the pressing issues of the day. Lecturers such as Frederick Douglass, Henry David Thoreau, and Susan B. Anthony became nationally known as they were brought in to speak to local communities. Over time, the movement led to the establishment of public libraries, schools, and colleges (Hayes, 1932).

In the U.S., the idea of a formal, organized effort to promote the sciences can be noted as early as 1743 when Benjamin Franklin founded the American Philosophical Society (APS) for the purpose of fostering the “spread of useful knowledge” (Rowland, 2008). As mentioned above, Ben Franklin was initially inspired by his older brother James Franklin, who began publishing the *New England Courant* in 1721 during the smallpox epidemic (Blake, 1952). The younger Franklin worked at the newspaper. Eventually moving from Boston to Philadelphia, Ben Franklin, one of America’s Founding Fathers and great Enlightenment thinkers, became a

scientist, inventor, printer, and newspaper publisher. He apparently used his newspapers and pamphlets more so to express his views on morality and virtue. In 1780, the American Academy of Arts and Sciences was formed (Ben Franklin was among the earliest inductees) and the National Institute for the Promotion of Science, the Smithsonian Institute, and American Association for the Advancement of Science (AAAS) would also be formed (American Association for the Advancement of Science, 2018).

As was the case with preceding advanced ancient cultures such as the indigenous Americas, Asia, and Africa, in the United States great men of science became known also for their skillful ability to present to public audiences. According to the AAAS website, Alexander Dallas Bache, president of the AAAS, gave a passionate speech calling for a national science institute that would advise the federal government and “guide public action in reference to science matters” (American Association for the Advancement of Science, 2018). This movement led to Congress passing a bill that was signed by President Lincoln in 1863 to form the National Academy of Sciences, particularly to address scientific problems tied to the Civil War.

Plain Language

One of the hallmarks of effective STM communication with the public is its emphasis on using plain language (also known as Plain English). The PL movement referred to the federal government's promotion of clear language in documents so that people could understand them on their first reading. In the 20th century, the distrust created among the American citizenry as a result of the Great Depression led to policies to further simplify language. Many citizens lost their assets when the stock market crashed in 1929. As part of the New Deal's response to improve the nation's fate, Congress passed the Securities Act of 1933 and the Securities Exchange Act of 1934 under President Franklin D. Roosevelt's administration, which installed

tighter financial regulations. One of the key reasons cited for the stock market crash was the consumer's "poor state" of economic intelligence and understanding of the stock market (Colesanti, 2010). PL requirements became one of the government's solutions. In 1944, as chairman of the Smaller War Plants Corporation, former U.S. Representative Maury Maverick apparently coined the word *gobbledygook* when he wrote a memo requesting that "lengthy memoranda and gobbledygook" be replaced by short and clear language (Greer, 2012). In 1953, Stuart Chase wrote the influential book, *The Power of Words*, which among other topics, included details about Maverick's campaign. In 1972, President Richard Nixon mandated the Federal Register be written in "layman's terms." Congress passed the Magnuson-Moss Warranty-Federal Trade Commission Act (1973), the Consumer Leasing Act (1976), and the Electronic Fund Transfer Act (1978), to improve the clarity of documents for consumers. President Carter in 1978 and 1979 issued executive orders to government agencies to make documents clearer and shorter to save costs (Greer, 2012).

In 1994, some federal employees organized the Plain English Network, which is now the Plain Language Action and Information Network (PLAIN), to promote PL in government writing. Their efforts were formalized in 1998 by President Clinton, who issued a PL memorandum for government to be more responsive and accessible. The same year, the Security Exchange Commission (SEC) issued the *SEC Plain English Handbook*, which offered guidelines for securities filings to be written in PL. Emphasizing government transparency, President Barack Obama signed The Plain Writing Act of 2010, which required agencies to appoint an official to oversee the use of PL, explain and train employees, oversee compliance, create a PL website, and respond to public input on PL. Also passing the same year, the Affordable Care Act included a PL clause. Various industries—such as finance, law, and healthcare—that frequently

intersect with the federal government have been affected by this emphasis on PL, creating a growing need for competent PL communicators. The use of PL is also considered a critical element to improving health literacy.

Health literacy is defined by the U.S. Department of Health and Human Services as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (U.S. Department of Health, 2010). Health literacy includes three components: “communication skills of the person expressing a message; learning needs of each person receiving the message; complexity of the message itself” (Osborne, 2013, p. xv). Interest in health literacy began to take shape in the late 1970s as an outgrowth of the overall public understanding of the science movement. The 2008 book *Health Literacy: A Prescription to End Confusion* sought to analyze and understand the problem of health professionals not fully understanding the crisis of the public’s health illiteracy. The authors documented that those whose health literacy is low tended to have low education levels or high poverty rates, which when combined, led to poor health outcomes regardless of race. Low health literacy tended to be among those from rural areas who had fewer medical resources such as hospitals, which were often far from potential patients’ homes. Considering African Americans being both disproportionately poor and uneducated compared to Whites as a result of systemic racism, African Americans’ health outcomes were poorer, which also increased their health care costs. In the 2010 National Action Plan, Howard K. Koh, the assistant secretary for health, wrote:

Quite simply, the responsibility is ours as health professionals to communicate in plain language. Without clear communication, we cannot expect people to adopt the healthy behaviors and recommendations that we champion. . . . When people receive accurate, easy-to-use information about a health issue, they are better able to take action to protect and promote their health and wellness. That is why health literacy is so critical to our

efforts in the U.S. Department of Health and Human Services. It is the currency for everything we do. (U.S. Department of Health, 2010)

The National Action Plan further identified that improving the ability of health professionals, including doctors, to engage directly and effectively with the public was key to increasing health literacy. Though the idea of simplifying language to communicate more effectively made sense, the PL movement was not without its critics. However, as previously stated, I view the criticism as in part, a misinterpretation of PL. Critics have said that initially, PL still advanced an anti-rhetoric notion that the facts merely needed to be communicated in a simplified way to be understood by public audiences. Also, sociolinguists asserted that standard language ideology of any kind promoted the notion that correct and incorrect ways of communicating existed (Turfler, 2015). Dialects that do not conform to the standard were therefore incorrect. The standard was determined by members of the group that was in power.

Plain style is a beautiful style; there is nothing wrong with it in and of itself. The problems occur, however, when advocates of the Plain Language movement begin to promote the style as the only correct or even the best way of using language. (Turfler, 2015, p. 198)

PL urged communicators in the STM fields to be audience-centered—which included understanding the audiences they were attempting to reach in order to construct rhetoric that communicated effectively for that specific audience. As stated previously, according to the Plain Writing Act of 2010, PL means applying “best practices appropriate to the subject or field and intended audience” (Plain Writing Act, 2010). Communicating in a manner that is *appropriate to the subject or field and the intended audience* does not have to be interpreted as meeting a White middle-class language standard only. In fact, this author’s opinion that the emphasis is on the communicator being centered on the needs of the audience first; therefore, techniques toward

effective communication includes incorporating cultural dialects and various other language forms that are *deemed appropriate* by the particular intended audience.

Training health professionals (particularly those from White middle-class backgrounds) to adapt from medical jargon of their discourse community or their White middle-class upbringing to communicate effectively in a patient-centered manner has been challenging. The growth of the commercial use of the Internet by consumers and patients has generated optimism among researchers in all the various STM disciplines. Particularly, digital health research has shown that the Internet has the potential to close the communication gap by improving patient engagement with health providers, improving providers' abilities to deliver services more efficiently and conveniently and to improve decision-making by patients. How to bridge the communication gap provides opportunities to explore approaches from the discipline of rhetoric.

Science Communication and Rhetoric

Rhetoric, as generally accepted even among the science disciplines and as understood among academicians in the humanities, has long been involved in the communication of science. Many higher education institutions have devoted programs to disciplines such as technical communications and health communications. The programs teach rhetorical methods toward producing journalists or science communicators who can effectively engage with colleagues and the public. Literary devices and techniques such as narrative and rhetoric are studied and applied to convey information about pressing science topics in ways that inform and convince audiences to act. Particularly as long-settled debates over practices such as inoculation have reemerged in the public political sphere, the science community has come to embrace the need to put careful thought and focus on how to effectively communicate to the public and particularly policymakers whose decisions affect science funding (Jones & Crow, 2017). If research findings

are not believed or taken seriously and are not applied to improve society, what is the point of engaging in scientific pursuits? This agreement between the sciences and humanities, however, has not always been the case. The idea that anything other than the facts verified by evidence would be necessary to convince anyone of truth, has historically been considered an affront to STM disciplines perpetrated by academicians in the humanities (Jones & Crow, 2017). That science itself is rhetorical, as some proponents of the “rhetoric of science” movement have theorized, is debatable; however, as other rhetoric of science adherents argue, rhetorical techniques have long been used by scientists to argue and convince colleagues of the validity of their inventions, discoveries, and or findings. Rhetoricians study how arguments are constructed. The scientific process involves the use of argument to eventually prove a theory or hypothesis to be true. As stated previously, *rhetoric* is often defined in popular culture as “the use of flowery language to manipulate the audience.” Since communication is key to health literacy, this misunderstanding of the role and motives of rhetoric has likely helped to fuel distrust and thus the public’s low understanding of science, which is certainly contributing to sustaining the racial health disparities plaguing African Americans.

Ironically, as is the case with rhetoric, the definition of *science* is often misunderstood and not universally agreed upon. *Oxford Dictionaries* defines science as “the intellectual and practical activity encompassing the systematic study of the structure and behavior of the physical and natural world through observation and experiment” (Science, 2018). In 2009, Great Britain’s Science Council developed a definition that emphasizes the pursuit of knowledge, rather than knowledge acquired: “Science is the pursuit and application of knowledge and understanding of the natural and social world following a systematic methodology based on evidence” (The Science Council, 2018). Similarly, different definitions for *rhetoric* abound, which is generally

viewed as the art of persuasion. *Oxford Dictionaries* defined rhetoric as “the art of effective or persuasive speaking or writing, especially the exploitation of figures of speech and other compositional techniques” (Rhetoric, 2018). Critics of rhetoric have associated it with the deceptive and seductive language used to manipulate the audience to adhere to the speaker’s point of view. Proponents, typically academicians in communication studies disciplines, declared rhetoric as the study of how people argue a debatable claim. Perelman, mentioned previously, and one of the most influential rhetoricians of the 20th century whose definitions are fundamental to what would become the “rhetoric of science” movement, broadened rhetoric’s scope in this way: “As soon as a communication tries to influence one or more persons, to orient their thinking, to excite or calm their emotions, to guide their actions, it belongs to the realm of rhetoric” (Perelman, 1982, pp.161-162).

The connections between rhetoric and the sciences are longstanding. For example, rhetoric and medicine were evident from Mesopotamian fragments dating as far back as 1400 BCE (Lipson, 2004). Modern Western rhetoric traces its roots to classical Greece and Rome, where rhetoric was considered an essential skill but tied mainly to politics and law courts. The Sophists, Plato, Aristotle, Cicero, and Quintilian were among the founding Western scholars who discussed and debated the merits of rhetoric. In the West, rhetoric was practiced by White males only, thus limiting the influence of cultural and gender nuances of the communications process. Though obviously important in its contributions, the West, however, remains only one of many rhetorical traditions across the globe. In particular, the African tradition, which predates Greece and Rome, was relevant to this study concerning African American jeremiad rhetoric. For example, the African oral concept of *nommo*, “the creative power of the word, which brings about harmony and balance,” is considered central and unique to the African American language

tradition (Cummings & Roy, 2002). How a word is delivered was as important to the communication process as the definition of the word used. I discuss this in greater detail in Chapter 3 regarding the African American jeremiad.

As a result of neoculturation, African American rhetoric is rooted in African and European and Middle Eastern influences. African American rhetoricians have focused more on reconnecting African American rhetoric to African roots, establishing its value as equal among all cultures, and defining and documenting the unique ways in which African Americans use persuasive language. Molefi Kete Asante, in *The Afrocentric Idea* (1998), promoted the study of African American rhetoric (and the rhetorics of all peoples of African descent) from the standpoint of African cultural standards and norms being at the center, rather than from a Eurocentric perspective. Deborah Atwater defined African American rhetoric as “the art of persuasion fused with African-American ways of knowing in attempts to achieve in public realms personhood, dignity, and respect” (Atwater, 2009, p. 1). Because of their experience as enslaved Africans, the call for liberation was a core theme of African American rhetoric. “A major strand of African American appeal has aimed to persuade American society to live up to its expressed ideals about equality and rights” (Gilyard & Banks, 2018). The unique play on the words employed by African Americans in various forms ranging from slave narratives to essays, poetry, and memes are what many scholars have explored. This contrasts with many Western rhetoricians concerned with defining and debating the value and legitimacy of rhetoric.

Historically the Sophists viewed rhetoric more broadly, as a means by which any subject could be persuasively discussed. They felt that they could make a weaker argument stronger, despite the facts. Plato criticized rhetoric as lacking a foundation in justice and truth, but rather perpetuating opinion, as compared to the philosophy that sought the truth. In Gorgias, he is

recorded as saying that the Sophists employed rhetoric as lofty speech for “degrading men’s souls while pretending to make them better” (Booth, 2004, p. 4). Once considered common disciplines, philosophy, science, medicine, literature, and art diverged in the West as separate disciplines beginning in the sixth and through the fourteenth centuries as writing expanded. Guides such as *The Art of Tisias* and *Rhetoric for Alexander* emerged for the teaching of rhetoric, which was important to the overall learning experience.

During the Enlightenment period, rhetoric was devalued, and the scientific method grew in influence. Francis Bacon criticized rhetoric, saying that it was “not solid reasoning of the kind science exhibits” (as cited in Booth, 2004, p. 6). George Campbell called rhetoric “that art of talent by which discourse is adapted to its end” (as cited in Booth, 2004, p. 6). John Locke said rhetoric’s goal was to “insulate wrong ideas, move the passions and thereby mislead the judgement” (as cited in Booth, 2004, p. 7). Locke, as a philosopher and physician, was particularly influential regarding theories on the relationship between rhetoric and science. His belief that the human mind was born devoid of knowledge and ideas also greatly influenced the field of psychology. Locke among those who espoused empiricism, the philosophical theory that the human mind develops knowledge by way of experiences via the five senses and reflecting on those experiences (Corbett, 1981). Empiricism led to the development of the scientific method as a means of determining truth. As a medical doctor, Locke viewed language as a tool to convey knowledge to audiences, not to persuade them. The knowledge obtained should be enough to persuade a person to take appropriate action. Locke desired to separate rhetoric from true language and is thus often credited with elevating the idea of plain language.

Twentieth-century scholars began to redefine and further broaden rhetoric’s definition. Kenneth Burke viewed rhetoric as “rooted in an essential function of language itself, a function

that is wholly realistic and continually born anew: the use of language as a symbolic means of inducing cooperation in beings that by nature respond to symbols” (as cited in Booth, 2004, p. 8).

I. A. Richards defined rhetoric as “the study of misunderstandings and their remedies” (as cited in Booth, 2004, p. 7). Jacques Derrida urged that “rhetoric is something decisive in society ... There are no politics, there is no society without rhetoric, without the force of rhetoric” (as cited in Booth, 2004, p. 8). Andrea Lunsford defined rhetoric simply as “the art, practice, and study of all human communication” (as cited in Booth, 2004, p. 8). Responding to the scientific revolution, Stephen Toulmin’s *The Uses of Argument* (1959) revealed his concern that science was not fully based on certainty and rationality. Rules for presenting arguments differed from one scientific field to the other, so persuasion occurred based on the rhetorical situation. Toulmin proposed six interrelated components—(a) claim, (b) evidence, (c) warrant, (d) backing, (e) counterargument/rebuttal, and (f) qualifier—for analyzing arguments. In *The New Rhetoric: A Theory of Practical Reasoning*, researchers Perelman and Olbrechts-Tyteca argued rhetoric had lost its clear definition that Aristotle, Cicero, and Quintilian (Marcus Fabius Quintilianus) understood rhetoric to be—“the theory of persuasive discourse that included *inventio*, *dispositio*, *elocutio*, *memoria*, and *actio*” (as cited in Booth, 2004, p. 4). Perelman’s (1969) “new rhetoric” broadened the scope of classical rhetoric as “non-formal reasoning that aims at obtaining or reinforcing the adherence of an audience” (Perelman, 1969, p. 12). Perelman viewed rhetoric as anything that involved human thought. Since scientific thought consists of human ideas to be supported by evidence-based arguments, then rhetoric is involved because rhetoric is the theory of argumentation. Perelman’s work, along with the work of Bruno Latour, Steve Woolgar, Michael Foucault, Kenneth Burke, and Thomas Kuhn, is foundational to the rhetoric of science movement.

The Rhetoric of Science Movement

The Rhetoric of the Science movement represented a specific approach that emerged based on the historical factors described above. The suggestion that rhetoric was involved in the scientific process has been considered an affront to many within the science disciplines. As stated previously, rhetoric has been associated with manipulative language deployed by the likes of sales marketers or politicians to achieve suspect motives. Following the work of Perelman and other researchers, rhetoricians began advancing theories that rhetoric had long been practiced with science disciplines as part of the process of discovery. The Rhetoric of Science, Technology, and Medicine (RSTM) began to take shape as a discipline in the late 1960s and 1970s. Scholars began analyzing the persuasiveness of philosophers and scientists such as Newton, Galileo, Bacon, and Descartes. RSTM suggested that these disciplines were not just solely based on facts of the natural world that can be verified. The disciplines themselves were either rhetorical or involved rhetorical activity (Montuschi, 1994). Scientists should not view rhetoric skeptically as a mere technique to convince audiences of untruths. Rhetoric “might also be looked at as a way of securing assent to what one ‘somehow’ trusts as correct beliefs” (Montuschi, 1994).

Thomas Kuhn’s (1962) book, *The Structure of Scientific Revolutions* advanced the notion that the sciences have never and could never solely rely on objective truth. Subjectivity must be accounted for as well, as competing paradigms are discussed and eventually agreed upon within the scientific community. Kuhn popularized the term *paradigm shift* which referred to a major change in approach that led to the opening of new discoveries. John Angus Campbell’s (1987) book, *Charles Darwin: Rhetorician of Science* argued that Darwin was a rhetorician in order to advance his theories. Alan Gross (1990) argued in his groundbreaking book, *The Rhetoric of*

Science, that scientists such as Darwin have long been engaged in rhetorical practices to tell the story of and persuade colleagues and others of research findings. Scientists are typically concerned with specific narrow questions and phenomena and the implications for their discipline (just the facts), rather than focusing on the wider societal implications of their research. Lawrence Prelli defined rhetoric as the general theory and practice of effective expression by scientists in explaining what they do when and how they engage in science. Prelli focused on five dimensions of scientific discourse: (a) symbolic inducement, where scientists share and evaluate to make sense of situated phenomena and their relationships; (b) situatedness, where advancement results from “efforts at persuasion and adjudication by audiences in actual and specific, temporal and physical situations;” (c) transactional, oriented toward gaining acceptance for one’s ideas or findings; (d) reasonable, claims that are made according to criteria of reasonableness specific to science; and (e) invented, scientists engage in coherent arguments and “presentational performance” (as cited in Ornatowski, 2007, p. 6). Jeanne Fahnestock (1999), in *Rhetorical Figures in Science*, argued that “verbal structures” have been vital in the process of how major scientific theories have been formed (Harris, 2001). Charles Bazerman (1999) in his book, *The Languages of Edison’s Light* argued that Thomas Edison skillfully used language to advance his technological inventions among those in power with business interests, as well as the public.

The Rhetoric of Health Medicine

An outgrowth of the Rhetoric of Science discipline is the Rhetoric of Health and Medicine (RHM). This subfield studies the structure, delivery, and goal of health messages in various contexts—how medical practitioners communicate with each other outside their discourse community, including with the public. “Like other rhetorical projects, RHM

scholarship demonstrates that knowledge construction in medicine is an active and sometimes contested process” (Reed, 2018, p. 185). Research topic areas include pharmaceutical and science advertising, medical and environmental risks, mental health, health literacy patient narrative, and patient-physician communication. In the *Rhetoric of Healthcare: Essays toward a New Disciplinary Inquiry*, editors Barbara Heiffron and Stuart C. Brown brought together writings of rhetorical analysis that are applicable to understanding medical discourse:

Inevitably, nearly everyone encounters health care rhetoric in contemporary culture. . . . Whether aiding an aging parent in navigating the Medicare bureaucracy, helping to formulate a disaster response plan to pandemic flu, or determining legitimate sites of healthcare information on the Internet, we encounter health care rhetoric daily. (Heiffron & Brown, 2008, p. 6)

One of the pivotal studies of this field involved the Tuskegee Syphilis Study previously mentioned. Martha Solomon examined the rhetoric of the syphilis study’s medical journal reports. Thirteen reports were published in major medical journals, yet there was virtually no criticism of the study by the medical community. Racism was a likely contributor; however, many of the physicians who read the report were also African Americans. Solomon wrote:

I argue that the reports of the study functioned rhetorically to diminish and obscure the moral issues involved. As a case study of scientific reporting, my analysis suggests that scientific writing employs rhetorical conventions which by their very nature tend to obscure or de-emphasize any ethical, “non-scientific” perspective (2000, p. 1).

Solomon (2000) provided examples such as syphilis being described in the reports as “bad blood.” The study’s participants, many of whom were unaware they were injected with syphilis, were described as having volunteered. Solomon argued the language used dehumanized the study’s victims, influencing doctors to be even further disconnected from the victims, and made it easier for the doctors to not question the study.

Other notable research that is representative of RHM includes Lee Brasseur demonstrating how Florence Nightingale used her Rose Diagram to show that epidemic disease could be controlled during wars. Diseases, rather than enemy fire, had killed numerous British soldiers. The graphic explained complex ideas clearly, which led to major changes, thus showing the persuasive power of visual rhetoric (Brasseur, 2005). Eric Leake studied how authors of 2004 *The Lancet*'s Iraq military casualty report failed in their attempt to adapt the scientific report for public audience consumption. The authors thought they would spur policy changes by merely reporting that an estimated 100,000 more Iraqis died after the invasion than would have died prior to the invasion (Leake, 2012). Rhetoricians such as Celeste Condit helped medical scientists (particularly geneticists) to better understand and communicate with their audiences. Exploring the intersection of race, genetics, and racism, Condit found that repeated exposure to stories about the Human Genome Project and genetics “may increase the extent to which lay people attribute perceived differences among groups to genetics (i.e., the genetic basis for their racism)” (as cited in Lynch, Bevan, Achter, Harris, & Condit, 2008, p. 44).

Understanding the connections between the sciences and rhetoric has contributed to various efforts to improve the public's understanding of science in their lives. In the past, this connection has been clearly evident in the field of medicine as communicators aimed to inform and persuade patients to adopt healthier choices. Considering the multimodal characteristics and audience reach of the Internet, there is a reason for optimism for a greater effect in the future.

Health and the Internet

Digital Health, also referred to as e-health, is “the use of health services and information disseminated through the Internet and related technologies” (Chisolm & Sarkar, 2015, p. 163). The Internet is the major medium of choice by which people proactively search for information,

particularly health information. According to PEW Research, 87% of U.S. adults use the Internet and 72% reported searching online for health information within the past year (Fox & Duggan, 2013). Nearly 66% of Americans own smartphones, which are widely used for health education searches (Fox & Duggan, 2013). As a result, most websites are now “mobile-enabled” in that they automatically detect whether the user is accessing the site via a smartphone, computer, laptop, or tablet. According to Pew Research, African Americans had the greatest Internet usage growth rate since 2000. By 2015, “78% of Blacks and 81% of Hispanics use the Internet, compared with 85% of Whites and 97% of English-speaking Asian Americans” (Perrin & Duggan, 2015, p. 2). Mobile devices provide a lower-cost option for accessing the Internet. Many low-income individuals (of which African Americans are disproportionately represented according to their percentage of the U.S. population) who are Medicaid eligible access the Web via their phones. Clearly, health communication (often referred to as eHealth), presents an excellent way to improve health literacy and patient engagement that could lead to behavioral changes that improve overall health outcomes.

The popularity of Internet usage, particularly by users seeking health information, has heightened optimism that the public’s health literacy knowledge will dramatically improve. As Internet usage increased around the late 1990s and early 2000s, so did the number of consumers in search of health information. An estimated 5.5 million Americans searched online for medical information and more than 50% of online users went online as their first resource of health information (Hesse et al., 2005). This phenomenon led to a dramatic increase in consumer health websites such as WebMD (founded in 1996 originally as Healthscape), Drkoop.com (co-founded in 1998 by former Surgeon General Dr. C. Everett Koop), and PatientsLikeMe.com (established in 2004), as well as the launch of government and institutional websites such as NIH.gov

(National Institutes of Health) and mayoclinic.org (Mayo Clinic). Initial research of health information online focused on the legitimacy of the information and potential harm to the public (Charbonneau, 2015).

Digital media technology developments have influenced and changed the way we communicate. Traditionalists who adhere to the technological determinists' theoretical view that technology drives change see the Internet as more than a mere tool for transmitting information. For example, Marshall McLuhan argued that innovations in communication technologies often trigger unanticipated changes in nature and society. While we focus on the content as the message being transmitted, the actual message is "the change of scale or pace or pattern" that an invention or innovation 'introduces into human affairs' (McLuhan, 1964, p. 8). The characteristics of the media may have more influence on people and therefore society than the content people create and transmit through it. McLuhan argued media cause individuals to emphasize the use of a particular sense over others (e.g., sight instead of hearing) and therefore, the media can significantly influence the way people know and perceive the world (Fishman, 2006). Perhaps the Internet, as with the media that preceded it, influences how information is perceived and processed.

Modern theorists are more inclined to embrace the idea of a more symbiotic relationship between technology and social construction—where human will, through the use of language, is more of the driving force in creating change. Nonetheless, many believe the Internet could make significant strides, if not finally solve, STM communication gaps with the public. Kathleen Blake Yancey (2009) pointed out that the Internet has actually encouraged lay people to do more writing. The Internet has dramatically increased the amount of writing being done outside of academia. Comparing the current times to the Industrial Age brought on by the expansion of

literacy triggered by the invention of the Gutenberg press and other movable type machines, “the writing public” is creating its own circles of readers on the Web. E-mail, instant messaging, and blogs are examples of new writing genres that have been created. In *Lingua Fracta*, Collin Gifford Brooke (2009) called for a redefinition and application of the rhetorical canons for new media in light of their capabilities that go beyond print. Marshall Van Alstyne and Erik Brynjolfsson (2005) suggested that the Internet can connect people who are geographically separated, thus creating a global community or village and increasing opportunities for collaboration.

Digital media research has primarily focused on defining what the affordances the Internet provides and how it relates to legacy media. As mentioned previously, David Jay Bolter and Richard Grusin (2000) in their book *Remediation: Understanding New Media*, argued that the “new media” of the day is always remediating the old media that preceded it. From orality, to print, to broadcast, and now digital (or online) media, new media remediates old media by first building upon its predecessor’s characteristics and then improving it (Bolter & Grusin, 2000). Interchange occurs as the old media adjusts and improves as well. Lev Manovich (2001) identified numerical representation, modularity, automation, variability, and transcoding as key characteristics of digital media. Research has focused on how digital media is potentially changing how people communicate. Richard Grusin (2010) explored how digital media technologies changed the way information about 9/11 was broadcasted. Ilana Gershon (2010) argued that individuals figure out together how to use digital media technologies, and this discernment contributes to how they form online communities.

In *Technology and Literacy in the Twenty-First Century: The Importance of Paying Attention*, Cynthia Selfe and Hugh Burns (1999) cautioned that close attention should be paid to

the influence technology has on literacy. Selfe and Burns observed that those who embrace new technologies and look forward to advancements and those who resist technology and long for simpler days are both failing to critically analyze how technology is used in composing text. Nonetheless, words, images, sounds, and interactive hypertexts can complement each other. Deeper meanings emerge from the interplay, encouraging richer relationships among individuals and communities and even deeper understandings within individuals as a result of interactions that are not limited by space or time. As writing initially emerged and posed what many deemed to be a threat to orality, among them was Socrates who warned that the solitude involved in writing could isolate individuals and harm community cohesion. New media could reverse the isolation from the community that Socrates feared by expanding collaboration and reviving orality through forms such as podcasting.

Much debate has been made within the disciplines of English, communications, technology, and media studies as to the benefits of the Internet. Opinions ranged from it being a great social equalizer and democratizer of information access, to drawbacks in terms of how it may further disempower poor people who cannot afford the high cost of Internet access. The technology itself can be a barrier to communicating with the public. For example, viewing web-based text obviously requires Internet access. Costs are associated with obtaining such access, which in part, has caused the digital divide to persist. The cost of Internet access remains an issue for many African Americans, who are disproportionately poor relative their percentage of the population.

Digital health research indicated that a significant health literacy gap persists among lower-income individuals who can't afford Internet access, as more and more health information is primarily or solely available online. The gap declined among those who have Internet access

regardless of their race; those individuals tend to be of higher incomes. Research indicated that the majority of African American Internet users seek health information online (Chisolm & Sarkar, 2015). Despite digital divide issues, African Americans are high adopters of the Internet; therefore, health information disseminated via the web could have a positive effect toward closing the racial disparities gap (Perrin & Duggan, 2015). As a result, blogs and websites have emerged with health editorial content designed to appeal to African American audiences. Later, I will compare WebMD.com, a leading general market consumer health website, and BlackDoctor.org, a leading health website targeting African Americans online.

Cultural Competency

In recent decades, health communicators have placed a greater emphasis on cultural competency as a major key to improving health literacy and thus closing the racial health disparities gap. *Cultural competence* is defined in several similar ways. The U.S. Department of Health and Human Services Office of Minority Health defines cultural competence among individuals or organizations as having the capacity to function effectively within the cultural contexts of consumers and their communities (U.S. Department of Health and Human Services, 2001). Cultural competence (also referred to as cultural respect) is the ability to understand, appreciate, and interact with persons from cultures and/or belief systems other than one's own, based on various factors (Betancourt, Green, & Carrillo, 2002). According to the National Institute of Health website, cultural competency “involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups” (Cultural respect (n.d.)).

Cultural competency is vital to cultural health, which is the study of how healthy a society is nationwide as well as how healthy specific ethnic groups are within the nation. “Healthy People 2020,” the 10-year national health agenda, identified cultural competence and health literacy as being vital to positive health communications toward achieving health equity nationally (Lie, Carter-Pokras, Braun, & Coleman, 2012). *Culture* can be difficult to define since it involves many different elements. For example, African Americans, the descendants of enslaved Africans and primarily born in the United States, are not culturally monolithic. Culture is difficult to define, for it involves varied elements, such as, but not limited to, generation, gender, nationality and region. African Americans hail from different regions of the U.S., which each have cultural distinctives. They include mixed-race individuals who identify as Black as well as Afro-American, a term that continues to be embraced by descendants of Africans throughout the diaspora. They also can include other ethnicities, such as immigrants who were born in Africa, the West Indies, South America, and who are also of Latino heritage. However, all cultures share certain common characteristics. Harris, Moran, and Moran (2004) identified 10 cultural characteristics that can describe any group of people: (1) a sense of self or space; (2) communication and language; (3) dress and appearance; (4) food and feeding habits; (5) time and time consciousness, whether by time or age or status; (6) relationships; (7) values and norms defined by cultural needs; (8) beliefs and attitudes; (9) mental processing and learning defined by how people organize and process information; and (10) work habits and practices. Because of such complexities, most cultural competency models conclude that an organization or person cannot definitively become culturally competent, as in the way a hospital achieves accreditation or a medical student becomes a doctor. Models such as The Process of Cultural Competence in the Delivery of Healthcare Services proposed that cultural competence was an ongoing process

of negotiating cultural differences successfully (Campinha-Bacote, 2009). Health professionals should view themselves continuously becoming culturally competent, rather than arriving at a point of achievement. Tervalon and Murray-Garcia (1998) proposed achieving “cultural humility,” which urged health professional to apply self-reflection, flexibility, and a willingness to not just accept cultural differences but learn from them as a higher ideal compared to cultural competence.

Cultural competency is measured by assessment tools, of which there are several that are applied to various disciplines. The Multicultural Counseling Inventory (MCI) developed in 1994 is most widely used in the medical field (Kumas-Tan, Beagan, Loppie, MacLeod, & Frank, 2007). This assessment tool addresses nine competency areas covering 31 specific characteristics. The broad areas of cultural competency that assessment tools shared in common were (a) skills, (b) awareness, (c) knowledge, and (d) attitude (Carpenter-Song, Nordquest, & Longhofer, 2007). *Skills* referred to the ability to manage differences. *Awareness* is the ability to self-evaluate one’s beliefs and attitudes that could impede cultural understanding. *Knowledge* refers to the ability to distinguish cultural nuances, while *attitude* is one’s openness to differing viewpoints (Carpenter-Song et al., 2007). Cultural competence must be prevalent throughout a health system or organization to be effective. Valuing diversity, cultural self-assessments, cultural interaction, knowledge, and the willingness to adapt to diversity must be taken seriously in order for cultural competency to be effective (Cross, Bazron, Dennis, & Isaacs, 1989). Individuals and organizations such as hospitals strive for cultural competency in a number of ways that can include diversifying staff and providing training, installing inclusive policies and procedures, providing language translators, and providing signage and literature in different languages.

Health communications was a key area to apply cultural competencies to improve healthcare delivery (Perloff, Bonder, Ray, Ray, & Siminoff, 2016). Several cultural issues have been identified as hampering health delivery. For example, language is often an obvious barrier if the health professional or communicator and patient do not speak the same language or dialect. Terms that describe health conditions often do not translate from one language to another. Language interpreters are often not available (Pollozhani et al., 2013). As stated previously, African Americans have a distinct and unique cultural rhetoric. Disrespect for African American language and dialects (also referred to as Black English and Ebonics) has remained common among health providers and communicators. For example, some African Americans may say *de* meaning *the*. They might say *dese* instead of the word *these* (McNeil, 2003). The development of Black English or dialects was, in part, the result of neoculturation, the legacy of enslaved African Americans, who when forced to use English, refashioned the language based on their African roots to make it their own. Another African American dialect is Gullah, derived from Creole and several West African languages, and spoken primarily among Blacks from Hilton Head Island, South Carolina and the Sea Islands of Georgia. “Health care professionals may perceive the patient who speaks Black English or Gullah as uneducated or illiterate. However, health care professionals must refrain from assuming an African-American patient is poorly educated or lacks intelligence if he or she uses these dialects” (McNeil, 2003, p. 57). To help health professionals, the New Mexico AIDS Education and Training Center (NMAETC) produced “BE SAFE: A Cultural Competency Model for African Americans” (2002). Though prompted by the need to increase HIV/AIDS awareness, the model applies to any major health condition by addressing the following six elements:

1. barriers to care: real or perceived gaps to providing quality care such as African-American distrust of the medical community, access to care issues, stigmas, support systems, and bias in medical decision-making.
2. ethics: the morality of beliefs, values, and behavior. Acknowledge and learn about the patient's culture.
3. sensitivity: identification of biases and to determine where one is along a continuum that ranges from unconscious to conscious competence.
4. assessment: the ability of the health care professional to collect relevant data regarding the patient's health history and present problems in the context of the patient's cultural background
5. facts: understanding the patient's physiology, behavior, and perception of his or her illness
6. encounters: consistent quality interactions with African Americans in order to be effective

The BE SAFE model stated:

With the BE SAFE model, the NMAETC offers health care professionals caring for African Americans with HIV/AIDS a practice model that enhances their level of cultural competency. This model asserts that health care professionals begin their journey toward becoming culturally competent by: 1. Addressing overt and covert barriers to care; 2. Assessing their level of awareness and sensitivity toward African-American patients with HIV/AIDS; 3. Conducting a cultural assessment; 4. Obtaining knowledge about this cultural group; and 5. Maintaining effective clinical encounters. We must remember that cultural competence is a journey—not a destination; a process—not an event; and a process of becoming competent, not being culturally competent. (McNeil, 2003, p. 7)

Cultural disconnect is often the “noise” that distorts communications. Though doctors or other health communicators who are committed to applying PL may use simplified language instead of medical jargon, disconnects can still occur even when the doctor and patient are of the

same racial/ethnic group. The simplified English is usually still created with a White middle-class language standard. This practice is often a sign of a cultural competency disconnect as well as the persistence of the deficit model at work. Issues of status and privilege, relying on stereotypes, and differences in values and beliefs can supersede racial/ethnic commonality (Rosenthal, 2002).

It is this author's opinion that in terms of the composition disciplines, intercultural literacy and or cultural rhetorics are most aligned with the stated goals of cultural competence in health communications. A definition of intercultural literacy offered by Han Yu that also recognizes international and domestic communication is "the ability to communicate appropriately and effectively in international and cross-cultural technical communication situations based on one's sensitivity, awareness, and skills" (2012, p. 171). Steven Mailloux defined cultural rhetoric studies as "the critical, pedagogical, historical, and theoretical consideration of the effects of trope, argument, and narrative in different cultures" (Mailloux, 2006, p. 129). A communicator must have a keen understanding of the audience and cultural, rhetorical nuances of language variants, depending on the culture of the audience member. In these disciplines, scholars analyzed the rhetorics of different cultures not based on nor in opposition to dominant Western rhetoric standards. Rather, scholars strived to analyze the rhetorics based on the unique systems and contexts of the cultures themselves. The analysis was more than just applying or comparing the frames of another culture but striving to thoroughly understand the uniqueness of a particular culture—analyzing the culture based on its own unique terms. Nonetheless, because of the dominant influence of Western culture on the communication disciplines, "decolonization, relations, constellation, and story" are the four practices that were considered central to cultural rhetoric scholars (Bratta, & Powell, 2016, p. 6). "By 'decolonial,'

we mean stories from the perspective of colonized cultures and communities that are working to delink from the mechanisms of colonialism” (Powell, 2014, p. 7). This understanding is central to African American rhetoric. Because of the experience of slavery, liberation is central to its cultural rhetoric. The African American jeremiad literary form is clearly grounded and representative of liberation rhetoric.

Along with liberation being central to the African American cultural experience, spiritual beliefs and views concerning the connection between religion and science are key cultural competency issues for health communicators to overcome to avoid disconnects. Spiritual beliefs are influential among many African Americans, many of whom view God as the healer and the doctor as God’s instrument (Campinha-Bacote, 2009). McNeil wrote:

Spirituality is one world view that affects a patient’s actions and interpretations. For African-American patients, spirituality and religion play integral parts in their world view. For many African Americans, their inner strength comes from trusting in God, and African-American churches have played a major role in African Americans’ development and survival. Some African Americans believe that whatever happens is “God’s will” (2003, p. 43).

Previous denial of access to America’s healthcare system because of systemic racism emboldened African Americans to rely upon home remedies, particularly those tied to spirituality and African culture. The cultural legacy of holistic health approaches remains highly valued in many Black communities. Meanwhile, religious traditions, which can include not only Christianity and Islam but also other faiths and folk beliefs, vary in African American communities. These beliefs influence views on the relationship between religion and science in ways that can differ significantly from Western cultural views.

Health communicators should approach African American views concerning religion and science with respect rather than judgment. For example, Eisner and Ellis identified effective health outcomes occur when empathy and respect were shown to those who desired to use home

health remedies as part of their care. “Turning to an herbalist for remedies is a part of the African American cultural history dating back to the time of slavery, and in Africa before slavery” (Eisner & Ellis, 2007, p. 178). As stated previously, showing empathy and respect in the best interest of the patient is consistent with Dr. John Gregory’s teachings that helped establish the practice of medicine as a profession. Concerning African Americans, embracing the compatibility of spiritual faith and modern medical treatments is an indication of the respect that can go a long way toward achieving communication success.

Health care professionals who are aware of the patient’s spiritual views must understand and respect their priority in the patient’s life and health status. The health care professional may include the patient’s spirituality in the dialogue to gain a better understanding of the patient’s world view and culture. (McNeil, 2003, p. 43)

Religious leaders, such as pastors and imams, often play a major role in the personal and communal lives of African Americans. Including these leaders as part of the messaging and delivery of care can achieve success with African American patients (Eisner & Ellis, 2007). Applying the jeremiad preaching format to messaging targeting African Americans online is an approach that is consistent with these findings. The African American jeremiad form embodies the unique cultural rhetoric, its liberation core, and spiritual grounding that is central to African American culture.

Limitations of Existing Studies

Studies regarding the communication of health messaging to African American audiences have been strong in assessing and understanding the problem. However, more research is needed regarding viable solutions, particularly as they pertain to applying rhetorical practices and maximizing the capabilities of online media. Research has focused on establishing the connection between low health literacy, poor health outcomes, and effective strategies for communicating with African American patients (Davis et al., 2006; Drainoni et al., 2008;

Friedman, Corwin, Dominic, & Rose, 2009; Miller Jr., Brownlee, McCoy, & Pigone, 2007; Persell, Osborn, Richard, Skripkauskas, & Wolf, 2007; Sarkar, Fisher, & Schillinger, 2006). The Teach Back method, where the patient confirms they understand the health message by "teaching it back" the health communicator has achieved success (Kripalani, Bengtzen, Henderson, & Jacobson, 2008). However, the method is best applied in doctor/patient face-to-face communications rather than mass media messaging online.

Positive religious coping is associated with better health outcomes (Ano & Vasconcelles, 2005; Koenig, 2012). Studies have also focused on the potential of leveraging the African American church to target health messages to African Americans, such as delivering messages inside the church setting and or having church leaders encourage their members to engage the health care system. Studies have looked at barriers to African American participation in health promotions (Airhihembuwa, Kumanyika, Agurs, & Lowe, 1995). Researchers have assessed the attitudes and beliefs of African Americans toward health behaviors (Airhihembuwa et al., 1995; Lewis & Green, 2000).

Research indicated that Web 2.0 technologies and social media offer promise in regard to increasing health literacy overall and potential advances toward closing health care disparities (Gibbons et al., 2011). Researchers have focused primarily on overcoming access barriers such as the digital divide and cultural competence. Recommended health messaging strategies are often executed by Whites who continue to have difficulty reaching at-risk communities (Myrick, 1996). Research has explored differences in e-health information-seeking among African Americans based on education level and whether individuals know of someone who has been helped by health information online (Chisolm & Sarkar, 2015, 2015).

Research has explored the efficacy of narrative or entertainment-education compared to non-narrative health messaging (Kreuter, 2007; Moyer-Gusé, 2008; Murphy et al., 2015). However, researchers have confirmed the success of mass media campaigns and refinement of messages to incorporate religious faith and family connectedness (Leeks, Hall, Johnson-Turbes, Kamalu, & Zavahir, 2012; Hall et al., 2012). This analysis explores incorporating a rhetorical form that is culturally unique to African Americans as part of the message toward a strategy to communicate more effectively. My research expands on this by directly testing the rhetoric with the targeted audience. There is potential for more research in how to weave elements of African American rhetoric, in this case, African American jeremiad rhetoric, or other cultural artifacts into the fabric of the health message so that the audience might connect with its cultural familiarity in ways that are comforting, inspiring, and empowering toward positive behavior change.

Conclusion

Racial health disparities plaguing African Americans have continued to persist. Systemic racism contributes to poverty, poor health access, and low health literacy, which are all key factors that lead to poor health outcomes. Improved health communications are critical to improving health literacy, which can lead to better understanding and decision-making that in turn could lead to improved health outcomes. Applying cultural competency has been championed as being key to positively influencing African American behavior with appropriately tailored health messaging. Applying culturally competent messaging is very much a part of applying PL principles, which call for the use of rhetoric that is deemed appropriate by the targeted audience. Rhetoric, as it is understood by academicians in communications disciplines, has been misunderstood and even rejected by the sciences, including the medical

discipline. Though this misunderstanding has remained among many in popular culture, science communicators, particularly health communicators, recognize the disciplines are complementary. The application of African American jeremiad rhetoric, which embodies the group's value of spirituality and liberation, could be an effective tool of persuasion for health communicators.

CHAPTER III

BLACK MEDIA AND HEALTH COMMUNICATIONS

Media and Health Alliance

Health researchers agreed that quality communication can improve health literacy and lead to changes in attitudes and behavior that yield better health outcomes (National Cancer Institute, 2001). Mass media—from medical journals and general newspapers to broadcast television, radio, billboards, and websites—have been natural allies of health communicators to reach the public. Research indicated that mass media campaigns have directly and indirectly produced positive changes depending on the health issue (National Cancer Institute, 2008). Mass media has been used to educate the public about health issues. Mass media has helped to place certain health issues on the national public agenda and inspired action among policymakers and the general public. However, broad dissemination of health information via mass media has also distorted public perception and behavior regarding certain issues. As illustrated in Chapter 2 where the 1721 Boston smallpox epidemic was discussed, from the beginnings of American journalism competing agendas have continued to distort communications. Scientists and news media professionals have had differing approaches concerning the information that was shared with the public (Institute of Medicine, 2002). For example, while doctors may want to emphasize certain information to influence the public's behavior toward a direction believed to be in the public's best interest, journalists are theoretically more committed to giving equal weight to all information so that the public can decide for itself. While scientists emphasized the scientific method of peer testing to duplicate findings and urged caution before announcing final conclusions, journalists emphasized the public's right to know, and they preferred stories that had a protagonist who brought a final solution to solve a problem. Such differences made for an

alliance that was necessary but also had mixed results. Mass media, in all its evolving forms, has been and will likely continue to play a major role in disseminating health information to the general public. The news media's vital role as a respected, reliable source of health information has been particularly evident concerning how to reach the African American community.

The Black Press

In the United States, Black media, particularly Black newspapers, has been more than just conduits for disseminating information. Black media has served as a trusted institution in the African American community, perhaps on par with the Black church. For this reason, health communicators often turn to Black media outlets to communicate directly with African American audiences, even though African Americans are also huge consumers of general market media. Black newspapers were specifically founded to enhance the lives of African Americans and served as a counterpoint to negative portrayals of Blacks in the White-owned press (Wolseley, 1972). The Black Press emerged to fill a cultural void as White media, for the most part, intentionally ignored and or distorted Black issues and concerns. As a result, Black media has been instrumental in successfully inspiring the Black community to engage major national crisis issues such as the abolition of slavery, ending legal segregation and lynching, the fight to secure and maintain voting rights—all critical to their survival as a people. However, the application of this Christian rhetorical form fell out of favor during the emergence of the Black Power movement, as disenchantment with religious-based approaches increased amid the realization that changes in the segregation laws had failed to bring about immediate socio-economic improvements that were sought as well. Central to each of these crises is the theme of Black liberation, the core message of the Black Press, and African American rhetoric overall (Wolseley, 1972).

The earliest Black newspapers focused mainly on political public policy issues. Current events in the community, which included health issues, were also covered. The newspapers followed a similar formula; they were, in terms of design and content format, primarily modeled after existing White newspapers, and they used the African American jeremiad rhetoric form to appeal to Black audiences. America's first Black newspaper, *Freedom's Journal* (1827–1829), published by the Rev. Samuel Cornish and John Russwurm, was, in terms of appearance, modeled after other White-owned abolitionist newspapers of the day. However, its rhetorical approach was distinctly different. *Freedom's Journal* aimed to first empower and inspire African American audiences to fight for freedom, while secondly appealing to the moral character of White abolitionist allies. The front-page introduction of its first issue read:

The peculiarities of this Journal renders it important that we should advertise to the world our motives by which we are actuated, and the objects which we contemplate. We wish to plead our own cause. Too long have others spoken for us. Too long has the public[sic] been deceived by misrepresentations, in things which concern us dearly, though in the estimation of some mere trifles; for though there are many in society who exercise towards us benevolent feelings; still (with sorrow we confess it) there are others who make it their business to enlarge upon the least trifle, which tends to the discredit of any person of colour[sic]; and pronounce anathemas and denounce our whole body for the misconduct of this guilty one. We are aware that there are many instances of vice among us, but we avow that it is because no one has taught its subjects to be virtuous; many instances of poverty, because no sufficient accomodated [sic] to minds contracted by slavery, and deprived of early education have been made, to teach them how to husband their hard earnings, and to secure to themselves comfort. (Cornish & Russwurm, p. 1)

Freedom's Journal applied African American jeremiad rhetoric. That enduring famous refrain, “We wish to plead our own cause” embodied the key element that made the jeremiad uniquely African American. David Howard-Pitney described the refrain as addressing “two American chosen peoples—black and white—whose millennial destinies, while distinct, are inextricably entwined” (Howard-Pitney, 2009, p. 13). Howard-Pitney (2009) identified the elements of the American jeremiad as (a) affirmation of society's sacred promise (that Americans

are people destined by God for greatness), (b) criticism of current declination or retrogression from the promise (chastisement of the people for being disobedient to God), and (c) a closing prophecy that society will soon repent, redeem the promise, and complete its mission (optimism that Americans will turn back to the right path and achieve their destiny as a great, godly nation). The African American jeremiad form placed African Americans as joint-heirs of the sacred promise, while identifying White oppression as the main declination/retrogression:

- 1) citing the promise (Black Americans a chosen people within a chosen people)
- 2) criticism of present declension or retrogression from the promise (White American racism and hypocrisy, as well as Black complacency)
- 3) resolving prophecy that society will shortly complete its mission and redeem the promise (Call for Blacks to fight for liberation and God will respond)

Freedom's Journal boldly appealed to African Americans to become personally responsible to fight for equal rights and citizenship (Bacon, 2007). Its articles focused on equality and Black success and featured African American writers who wrote with persuasive intent. The publication helped to foster a sense of community and national identity at a time when Blacks were particularly vulnerable and estranged from their homeland. The publication inspired and galvanized free and enslaved Blacks, whether literate or illiterate. *Freedom's Journal* was not only a unifier of African Americans but a unifier of Black people throughout the diaspora, as it was also distributed abroad (Bacon, 2007). Though it was published for only two years, *Freedom's Journal* laid the foundation for what would eventually become the institution known as the Black Press, as generations of subsequent newspapers and magazines modeled its liberation theme and inspired community pride. For example, generations later *The Chicago Defender*, founded in 1905 by Robert Sengstacke Abbott, campaigned against legal segregation and inspired the Great Migration, urging African Americans to abandon the Jim Crow south for better economic opportunities and overall life improvement in the north. In 1940, Abbott's

nephew and then-publisher John H. Sengstacke helped found the National Negro Publishers Association, which is now the National Newspaper Publishers Association (NNPA), representing more than 200 Black newspapers in the United States and the Virgin Islands (Edney, 2001).

The Black Press clearly saw its role as advocating for the African American community. For example, in a 1949 radio broadcast, Thomas W. Young, then-NNPA president,

explained three functions of the black newspaper: report the news, whether good or bad, about blacks because the white press distorted and/or ignored such news; marshal public opinion against all wrongs and injustices, especially wrongs adversely affecting the aspirations of the Negro; and inspire the black community to pursue higher goals by heralding the accomplishments of Negro individuals, groups and institutions. (Morris, 2017, p. 31)

In his 2017 book, *Carter G. Woodson: History, The Black Press, and Public Relations*, mass communications scholar Burnis R. Morris documented how Woodson skillfully aligned with the Black Press to raise the awareness of the importance of Black history. Woodson (the first American born of former slaves to earn a doctorate and second African American to receive a Ph.D. from Harvard University), is often called the “Father of Black History” for leading the movement to establish Negro History Week, which has since become Black History Month. Woodson was an inspirational historian, educator, speaker, and writer who often used the African American jeremiad rhetoric form to communicate. His pioneering scholarship documented vital topics such as the influence of African culture on African American culture and the study of Black religious history. His *Journal of Negro History* was the main platform for his research, and for other Black historians and White scholars. Throughout the United States, February is broadly recognized among various institutions as the month set aside to specifically acknowledge Black contributions to American history. This movement likely would not have been successful without the influential communications power of the Black Press.

The Black Press emphasized liberation and equality, and health has also been an important part of the current news and events coverage mix. For example, *Ebony* magazine introduced a page titled “House Call” in 1988 where health and fitness experts answered readers’ questions. Each July, *Ebony* showcased an annual “Special Health and Fitness Section” that featured health and fitness tips. In the July 1, 1992, issue, *Ebony* introduced a special section on health and fitness in partnership with the National Medical Association (Murdock, 1998). In 1993, *Heart & Soul* became perhaps the first health magazine focused specifically for an African American audience. A joint venture between founder Reginald Ware and Rodale Press, *Heart & Soul* was the first healthy lifestyle magazine for African American women. After selling the publication, Ware eventually launched BlackDoctor.org, which was modeled, after WebMD, but inspired by *Heart & Soul*. According to a *Diverse Issues in Higher Education* article about the launch, Ware said,

When I created *Heart & Soul*, I did it because it was the right thing to do for millions of people who I cared about. . . . Now we have taken BlackDoctor.org and transitioned over to the interactive platform of the Internet, with the same mission: To improve the quality of life for African-Americans. (“Publisher Launches Black Health Portal,” 2005, para. 5.)

The advocacy and passion for the community expressed by Black media owners like Ware fostered the close bond the Black Press had historically created with its Black readers. Media dependency theory indicated that if a media product helped a person to achieve an important goal, a dependency relationship can develop. Since the information was customized for Black audiences, Black publications likely did a better job of helping Black readers achieve goals (Len-Ríos, Cohen, & Caburnay, 2010). Caburnay et al. (2008) found Black readers used Black newspapers for health information and to augment information they received from mainstream media. Health information in Black publications often promoted positive health behaviors and included more prevention and community resource information than White media

counterparts (Caburnay et al., 2008). Health messaging via mass media influenced the general public. Black media, because of its advocacy tradition, was and is an ideal media for reaching African American audiences.

Remediation

Media play a major influential role in informing Americans of what is happening in society, reflecting their values, and potentially influencing behavior. Media are also artifacts of American culture, so studying their evolution can prove insightful. As in the case of the development of Black newspapers, new creations are typically inspired by and emerge from something similar that already exists. The goal is to create a more relevant experience when engaging the media. Bolter and Grusin's (2000) concept of remediation (pronounced *REmediation*) suggested that new communication modes borrow and improve upon previous modes. Remediation is the interplay of imitation and adaptation. For example, the desktop computer improved upon the typewriter that it was initially modeled after. The reverse also occurs, when for example, a small screen was added to the typewriter keyboard allowing words to be reviewed before printing them to paper. The results of this interplay can also be observed in the rhetorical content that is produced, displayed, and disseminated.

The development of American online news publications in the 1990s illustrates remediation. As stated previously, print publishing was America's initial mass medium in the 1700s. The earliest online publications, such as *Chicago Tribune* (1992), distributed on America Online, and San Jose's *The Mercury News* (1993) were digital versions of print publications (Scott, 2005). Accessed via the first commercial Web browsers, Netscape and Internet Explorer, the editorial content was referred to as *shovelware* because it was merely repurposed from the print publication for which it was originally intended (Scott, 2005). The content, initially copied

from print, was adapted for and shaped by the digital platform. As the hypertext, graphics, and video capabilities of the Web continued to develop and browser capabilities evolved, web page designs, presentation, and content also evolved and were distinguished from the print medium. For example, letters to the editor morphed into message board posts. Still, photos were enhanced as animated gifs. Pages initially modeled after print publications began to spawn different content presentation styles shaped by the Web's multimedia capabilities. Eventually, increased access led to audiences being convinced of the Web's viability as a commercial communications medium. Online publishing took off and now dominates the publishing world. According to a 2016 Pew Research Center report, *The Modern News Consumer*, twice as many adults now get their news online compared to print (Mitchell, Gottfried, Barthel, & Shearer, 2016).

Black media presence migrated to the Internet as well. Early websites include Melanet (1994); Netnoir, originally on America Online in 1995 and then the web in 1997; Blackvoices, originally on America Online in 1995 and then the web in 1997; The Black World Today (1998); and Blackplanet (1999). Each modeled their print media forefathers. For example, Melanet was a search directory that remediated print directories. Netnoir and Blackvoices provided articles like print newspapers did. However, adapting to the web platform, the websites emphasized the web's enhanced interactive capabilities such as search and online chatting. Thus, Netnoir and Blackvoices were considered new media products call community websites. Some Black newspapers migrated to the web individually. However, the National Newspapers Association launched its website in 2000 as a news service that supports all its member publications. The website featured a history of the Black Press. It's now standard practice that most, if not all, print newspapers, magazines, and broadcast TV and radio stations have companion websites.

Remediation theory is complex and not without critics. Some have argued the theory reduced media to simply being about function and process, when media also functions rhetorically (Blakesley, 2001). Some say the authors assume that technology always makes media better in the long run (Baetens, 2000). Others charge the concept is too vague (Baetens, 2006) and is subject to being used in multiple ways (Vandenbussche, 2003). For this study, I find solidarity with Vandenbussche and take liberties in using remediation to fit the scope of this project. Doing so does not diminish theory's value but is rather consistent with a key valued characteristic of African American culture – adaptability. A product of neoculturation, African American culture is about adopting, refashioning and even remixing tools, giving them new creative uses to serve related purposes. For example, the turntable, originally intended as a technological tool for playing a vinyl record that contains fully composed songs, became an percussion instrument of the hip hop music genre. DJ pioneers Kool Herc and Grandmaster Flash, first known for mixing music from one turntable to the next, began using the scratching sound of the turntable needles against the vinyl to produce sounds that became a distinct characteristic of the genre. The turntable became a musical instrument and “turntablism” emerged as an artform (Endelman, 2003). Applying a theory in a different, yet relevant way is consistent with an Afrocentric academic approach.

In the context of this study, I apply remediation as primarily related to the changes in the display, form and dissemination of the message, depending on the channel—print or broadcast compared to online. As the information container or medium changes, the editorial content could also undergo alterations based on the media platform. If the information initially produced for one media platform is merely ported onto another platform that has different capabilities, the message could be less meaningful or even misinterpreted because the medium can also influence

the message. For example, an advertisement produced for radio that used vivid language would likely not convey its message as well to television viewers if images do not accompany the audio. Or consider the effect that character limitations involved in sending a tweet has on the ability to convey the same message versus writing it in a magazine article. However, language meaning, if customized appropriately, can remain constant across all media platforms, thus assuring the likelihood that a targeted audience would receive the identical communication in the same message crafted for different platforms.

Adaptation and innovation have been central to driving America's development as a society and culture, as evidenced by technological advances such as the Internet. For African Americans, adapting and innovating by applying neoculturation has produced cultural artifacts that have enabled African Americans to survive and thrive against great odds. The Black Press is an example of not only a channel for communications but a trusted source and cultural artifact that has galvanized the African American community to positive action. African American jeremiad rhetoric has been successfully used to construct messaging that has inspired advocacy to push for systemic change and personal responsibility for positive individual behavioral changes. Perhaps regarding culturally competent health communications targeting African Americans online, this linguistic approach of utilizing rhetoric that is unique to African American culture has not been fully embraced. This omission could be contributing to ineffective health communications and challenges of closing the Black health disparities gap.

Neoculturation

The Black Press is among the earliest uniquely African American artifacts created through neoculturation—the emergence of a new culture that can result from transculturation, the complex mixing of separate cultures—such as when an existing culture blends with a recently

arrived culture and both are transformed (Ortiz, 1995). Acculturation, which is the acquisition of a distinct culture, and deculturation, the loss of a previous culture, can also occur when two or more cultures encounter each other. One could argue that Europeans in the Americas experienced acculturation, while many indigenous groups that encountered European settlers experienced deculturation. In studying Afro-Cuban culture, cultural studies theorist Fernando Ortiz observed enslaved Africans across the Americas produced a new culture that enabled them to survive oppressive conditions. By way of adoption and innovation over generations, enslaved Africans and their freed descendants mixed their African cultures with indigenous and European cultures and created distinct “norms practices, patterns of communication, familial roles, and other social regularities” evident by such expressions as food, music, religion, and literature (Kreuter & McClure, 2004, p. 440). Stuart Hall described this process of uprooting and creation of culture as, “the colonized refashions the colonizer to some degree, even as the former is forced to take the imprint of the latter’s cultural hegemony” (Hall, 2003, p. 31). Black publications are artifacts that emerged from this process. Modeling the rhetorical styles and formats of White pamphlets and newspapers, Black leaders created their own pamphlets and newspapers with a distinct rhetorical style that advocated for Black liberation.

The Black Press is a prime example of how newspapers have served as a unifying force for communities. In the book *Imagined Communities*, Benedict Anderson touted the role of newspapers in forming a sense of nationhood, particularly in the United States. Anderson argued that during the 1700s, newspapers played a key role in developing national identity among the British colonies, as well as the other North and South American colonies that broke away from their European empires. Reading a newspaper that contained the same editorial content became a communal experience that made community members aware of themselves and what they

shared. The physical newspaper reflected and represented the people. Print capitalism “made it possible for rapidly growing numbers of people to think about themselves, and relate themselves to others, in profoundly new ways” (Anderson, 2006, p. 36). Reading the same newspaper targeted to one’s group provided a sense of common experience and outlook. The printed paper or pamphlet was more than a mere channel for delivering a message between a source and receiver but a tangible representation that helped to define a group of people. Key to this sense of community is the common topics of interest and style in which the information is presented. This was true for African Americans who were particularly relegated to a position of seeking equal citizenship in the land of their birth.

African American rhetoric has great value in communicating with African Americans. Early Black print publications applied African American jeremiad rhetoric to inspire, persuade, and foster a sense of community. Now in the Internet era, the way in which media is fostering community has changed and is forever evolving. The application of African American jeremiad rhetoric has been successful when communicating with Black audiences via media platforms that preceded the Web. The same could be applied to health websites targeting African Americans to inspire behavior change in the manner that Black newspapers did.

Comparison of WebMD and BlackDoctor.org

America is comprised of people of varying racial/ethnic backgrounds. However, rather than being a transcultural melting pot of these various cultures, White Western beliefs and approaches have dominated. The intent of colonization, as outlined by the Doctrine of Discovery, was domination and control of indigenous peoples of non-Christian lands, not mutual cultural exchange. In 1792, U.S. Secretary of State Thomas Jefferson declared the Doctrine of Discovery included the U.S. government, as well. Racism was branded into the American psyche through

writings by Founders, such as Jefferson who exemplified the hypocrisy of American liberty that is the core theme of the African American jeremiad. In *Notes on the State of Virginia* (1787) Jefferson justified White supremacy. For example, regarding the supposed inferiority of Black intellect and character, Jefferson wrote:

Among the blacks is misery enough, God knows, but no poetry. Love is the peculiar oestrum [sic] of the poet. Their love is ardent, but it kindles the senses only, not the imagination. Religion indeed has produced a Phyllis Wheatly; but it could not produce a poet. The compositions published under her name are below the dignity of criticism (Jefferson, 1787, p. 150).

Whites represent more than half of America's population. Most media companies are owned and operated by Whites, leading to editorial content that typically reflects a White middle- to the upper-middle-class cultural lens. White faces typically dominate visual images (photos and videos) of people. Minorities are depicted in limited and stereotypical roles such as entertainers and athletes. Whether implicit or intentional, editorial topics covered tend to overlook and dismiss issues that are of particular concern to African Americans or other racial minorities. In response, leaders of communities underserved by White-owned media have historically created media products to serve their communities, as evidenced by the founding of *Freedom's Journal* and other Black-owned newspapers, magazines, and radio and TV stations established to serve Black audiences. The same pattern has continued with online media, including in health communications.

According to Pew Research, searching for health and medical information is the third most popular online search activity, behind using e-mail and search engines (Smith, 2011). The National Library of Medicine made its information available online in 1993, establishing perhaps the earliest consumer health website (Cline, 2001). Health care professionals have historically been the gatekeepers of medical knowledge. In his book *The Birth of the Clinic* (1963/1973),

Michel Foucault argued that doctors are taught to perform the “medical gaze,” where doctors judge patients’ health statuses based on terms decided by the doctors. This practice is a potentially dehumanizing and abusive power dynamic in which the doctor is perceived as all-knowing (Misselbrook, 2013). This practice is also reminiscent of what Brazilian educator and philosopher Paulo Freire referred to as the “banking model,” where students are not respected for what they know but rather seen as needing to be filled with information by their professors. Freire, who was influenced by Frantz Fanon, argued for a mutual approach in which knowledge is co-created by teacher and students and can be applied to health communications (Dearfield, 2016). Making health information widely available online helped to empower patients with the ability to significantly increase their health literacy and ability to dialogue with health providers to determine the best care. This literacy created opportunities for a more balanced dynamic between doctors and patients who engaged together to improve patient outcomes (Dearfield, 2016).

Initially, most Internet users were White males, so the editorial content reflected their values and concerns. As more White women and people of color gained Internet access and developed an interest in health issues, Internet usage and health searches increased dramatically. By 1998, health searches increased to 120 million from seven million in 1997 (Cline, 2001). Additional health websites such as DrKoop.com (1997) and WebMD (1996), according to Internet traffic auditor, Alexa, are the most visited commercial consumer health websites, second only to the National Institutes of Health, a government research information website. However, editorially, these health websites continued to reflect White views and concerns. As with the media that preceded digital media, the racial void created an opportunity to create a cultural artifact to fulfill the African American community’s need.

Increased access to health information via the Web has enabled the public to become more knowledgeable. Consumer health websites increased the possibility of two-way communication in overcoming the disconnect of the deficit model. This eventually led to the Health 2.0 movement, promoting the use of Internet tools such as apps, mobile technologies, and social media to empower patients to manage their health. When patients are more informed advocates about their health, doctors can engage more intimately, in keeping with the Public Engagement (PE) movement model. The accuracy of health information presented on commercial health websites is a concern. The Health on the Net Foundation (2011) certifies health websites it considers legitimate with a “HONcode.” Health websites are judged based on the following criteria: authority, complementarity, confidentiality, attribution, justifiability, transparency of authorship, financial disclosure, and advertising honesty.

The following rhetorical analysis is a comparison of the consumer health websites WebMD.com and BlackDoctor.org conducted on August 19, 2018. The analysis was limited to the home pages due to the vastness of the editorial content of both websites. Like the front page of a print newspaper, the website home page provides an adequate, comprehensive introduction to the editorial content of the entire website in terms of tone, style, and substance. Visuals are also often used to persuade. Since the focus of this study is the possible application of the African American jeremiad rhetoric in written form to health messaging, the analysis focused on written rhetoric rather than visual rhetoric. However, visual elements such as photos, graphics, and video are mentioned to aid the description of the websites. As stated previously, though they target diverse mass audiences, White-owned media by default typically approach editorial content from a White lens. This approach manifests in the over-representation of White imagery compared to other racial/ethnic groups. If displayed at all, Blacks and other people of color are

typically depicted in stereotypical roles (athletes, entertainers, etc.). This reality is typically why racial/ethnic media such as BlackDoctor.org have been created to fill the void. A key assumption was that images of Black people and culture dominate BlackDoctor.org since the website specifically targets African Americans. The home page of each website was analyzed to discern whether they communicated in the deficit or engagement (Health 2.0) models and how much their approaches exhibited cultural competency. The websites were also reviewed in terms of remediation and neoculturation.

WebMD

WebMD was founded in 1998 by Jeff Arnold to provide medical information to health institutions, physicians, and consumers. Arnold is currently chairman and CEO of Sharecare, a health platform he co-founded in 2010 with Dr. Mehmet Oz. According to the website, WebMD is “a source for original and timely health information as well as material from well-known content providers. ... We pride ourselves in knowing our audience's needs and delivering the most appropriate experience” (“About WebMD,” n.d.). The navigation ribbon at the top center of the home page listed the five editorial content categories of the website: health A–Z, drugs & supplements, living health, family & pregnancy, news & experts (see Figure 1). Each category revealed a dropdown menu that enabled deeper drilling into the website’s content. Beneath the navigation was a two-column cell section displaying the main editorial content being showcased. On August 19, 2018, the headline read, “Essential Oils Can be Beneficial, but Use with Caution.” To the right of the headline and stretching to the edge of the page was a series of three photos of White male faces accompanying the story. The photos indicated the potential negative impact of essential oils on the skin. Beneath this section was a four-column section labeled Trending Videos. A still image of the video was displayed in each caption. The headlines read,

“What Bipolar Disorder Really Feels Like,” “Can Collagen-Boosting Foods Erase Wrinkles?” and “7 Mistakes That Can Raise Your Blood Pressure.” The last column contained advertisements that changed when the page was refreshed. The Top Stories section was underneath Trending Videos section, where current health news headlines were listed.

WebMD

CHECK YOUR SYMPTOMS FIND A DOCTOR FIND LOWEST DRUG PRICES

HEALTH A-Z DRUGS & SUPPLEMENTS LIVING HEALTHY FAMILY & PREGNANCY NEWS & EXPERTS SEARCH

ADVERTISING

Women's Workout Spiral... \$10.00

Women's Yoga All St \$115.00

Essential Oils Can Be Beneficial, but Use With Caution

More: Dos and Don'ts of Essential Oils

March 17, 2018 March 18, 2018 March 19, 2018

Trending Videos

360° Video: See What Bipolar Disorder Really Feels Like

Can Collagen-Boosting Foods Erase Wrinkles?

7 Mistakes That Can Raise Your Blood Pressure

Get trusted information on symptoms, early detection, treatments, and common risk factors.

WebMD CANCER NEWSLETTER

Sign Up Today

ADVERTISEMENT

Top Stories

Aretha Franklin Dies of Pancreatic Cancer

Roundup Chemical in Your Cereal: What to Know

'Consumer Reports' Finds Heavy Metals in Baby Foods

New Low-Dose 3-in-1 Combo Pill for Blood Pressure

Heart Drug Recall Expands

FDA Approves 1st Generic EpiPen

'Snapchat Dysmorphia': Seeking Selfie Perfection

Exercise Good for Mental Health, but Don't Overdo It

Hot, Spicy Chips Send Many to the ER

Frequent Skin Cancers May Be a Sign of Other Cancers

[View more Top Stories >](#)

Trending Topics

Hand-Foot-and-Mouth Disease Alzheimer's Signs Salmonella 'Dry Drowning' Rocky Mountain Spotted Fever

West Nile Virus Tennis Elbow Blood Clot POTS Pancreatic Cancer Heat Stroke Skin Cancer

Conversations

Second Opinion | WebMD Expert Perspectives

Don't take eye health for granted. Get informed about eye conditions and vision care.

WebMD EYE HEALTH NEWSLETTER

Sign Up Today

Figure 1. WebMD home page. August 19, 2018. Screenshot.

An image of Aretha Franklin, the recently deceased legendary African American soul singer who died of pancreatic cancer, is in the left position. The accompanying headline read,

“Aretha Franklin Dies of Cancer,” which links to her obituary. Examples of other headlines include “Roundup Chemical in Your Cereal: What to Know,” “Consumer Reports Finds Heavy Metals in Baby Foods,” and “New Low-Dose 3-in-1 Combo Pill for Blood Pressure.”

Underneath Top Stories was the Trending Topics section. Each label identifying a topic was hyperlinked to an article. Examples included but were not limited to “Hand-Foot-And-Mouth Disease,” “Tennis Elbow,” “Alzheimer’s Signs,” “Blood Clot,” and “POTS (Postural Orthostatic, Tachycardia Syndrome).” The labels were hyperlinked to stories or passages that explained the topics. Underneath Trending Topics was Conversations: Second Opinion WebMD Expert Perspectives, positioned to the left. This section displayed commentary from regular WebMD columnists/contributors who are health care professionals. Two columns to the right of this area displayed advertising content.

The column genre provided an opportunity to stray from the typical deficit model informational approach toward one that aimed to engage, inspire, and persuade. However, observation of the columns revealed the unidirectional deficit model approach that is informational rather than inspirational. For example, in the commentary, “When You Are Grieving the Loss of Your Beloved Pet,” Susan J. O’Grady wrote:

Grief can take different courses for each person. People who live alone, or who have limited social support, may have more difficulty adjusting to their loss. For older adults who live alone, the bond with a pet can be the most significant relationship they have and form a big part of their day, making them especially vulnerable to grief. For parents whose children have not been exposed to death before, losing a pet may prompt inevitable questions about what happened, where the pet went, and whether the pet is coming back. (2018, para. 4).

Underneath the Conversations section was the Special Reports section where pressing topics of broad interest were displayed. The headline of the featured topic read, “America’s Pain: The Opioid Epidemic.” Accompanying the Special Reports feature was an interactive quiz

positioned at the right. The quiz asked the question, “What is the primary reason opioids are prescribed?” Answering the quiz revealed the correct answer. To the right of the quiz was a Physicians Directory Search, another interactive tool. Underneath Special Reports was the Featured Health Topics section. Topics of common health interests were listed such as headaches, diabetes, and sexual health. Examples of headlines listed under the topic labels were “Migraine Management Tips” and “10 Muscle-Building Exercises.” To the right was an advertisement offering a subscription to the free WebMD newsletter. Underneath Featured Health Topics was the Living Healthy section, a collection of how-to videos and photo slideshows. Examples of topic labels were men’s health, women’s health, health & balance, digestive health, oral health, and sexual health. Examples of headlines were “Facts to Help You Get Pregnant,” “Protect Your Pearly Whites,” “Superfoods for Women,” and “Flat Ab Moves for Men.”

Underneath Living Healthy was the Popular Tools section, with a list of interactive tools such as BMI calculator, fitness calorie counter, and an ovulation counter. In the column to the right was the WebMD symptom checker, which offered users an opportunity to learn what is possibly causing their symptoms and possible next steps toward treatment. Underneath Popular Tools was the Health A–Z section, a directory of various health conditions. Examples of ailments listed were Alzheimer’s, anxiety disorders, oral care, psoriasis, and rheumatoid arthritis. Underneath Health A–Z the Health Solutions section was found. The entire section appears to be provided by WebMD’s various sponsors—advertorials pitching products designed for certain ailments. Underneath Health Solutions was the More from WebMD section, listing additional articles and medical tips. The website’s directory section that enabled users to navigate the entire website anchored the bottom of the page.

BlackDoctor.org

Following in the pattern that led to the launch of the Black Press, Black health websites have been launched to fill the void of health information targeted to African Americans and to meet the growing demand of Blacks seeking health information online. Among the leading Black health websites is BlackDoctor.org, launched in 2005. The website was founded by Reginald Ware, who previously published *Heart & Soul*, a Black health print magazine Ware had launched in 1993 in partnership with majority White-owned Rodale Press Inc., which published other health magazines. Journalistic websites have naturally remediated their print predecessors, so *Heart & Soul* certainly influenced Ware's thinking. However, Ware acknowledged modeling BlackDoctor.org after WebMD, similarly to how *Ebony* was modeled after *Time*. In a 2005 *Diverse Issues in Higher Education* article, Ware was quoted as saying of BlackDoctor.org that "an accurate analogy would be a WebMD for African Americans" (as cited in "Publisher Launches Black Health Portal," 2005, para. 3).

According to its website's "about us" page description on August 19, 2018, BlackDoctor.org (BDO) is a powerful health resource for African Americans. Guided by leading health experts, the site is devoted to providing the most effective strategies, tactics, and health advice to help Blacks live healthier, happier lives. BlackDoctor.org included a social media presence on Facebook, Reddit, Twitter, and Instagram. It also had offline events such as its annual Top Blacks in Health Gala, which celebrates African American achievers in the healthcare industry. Like WebMD, BlackDoctor.org had a navigation bar across the top that defined the website's content categories (see Figure 2).

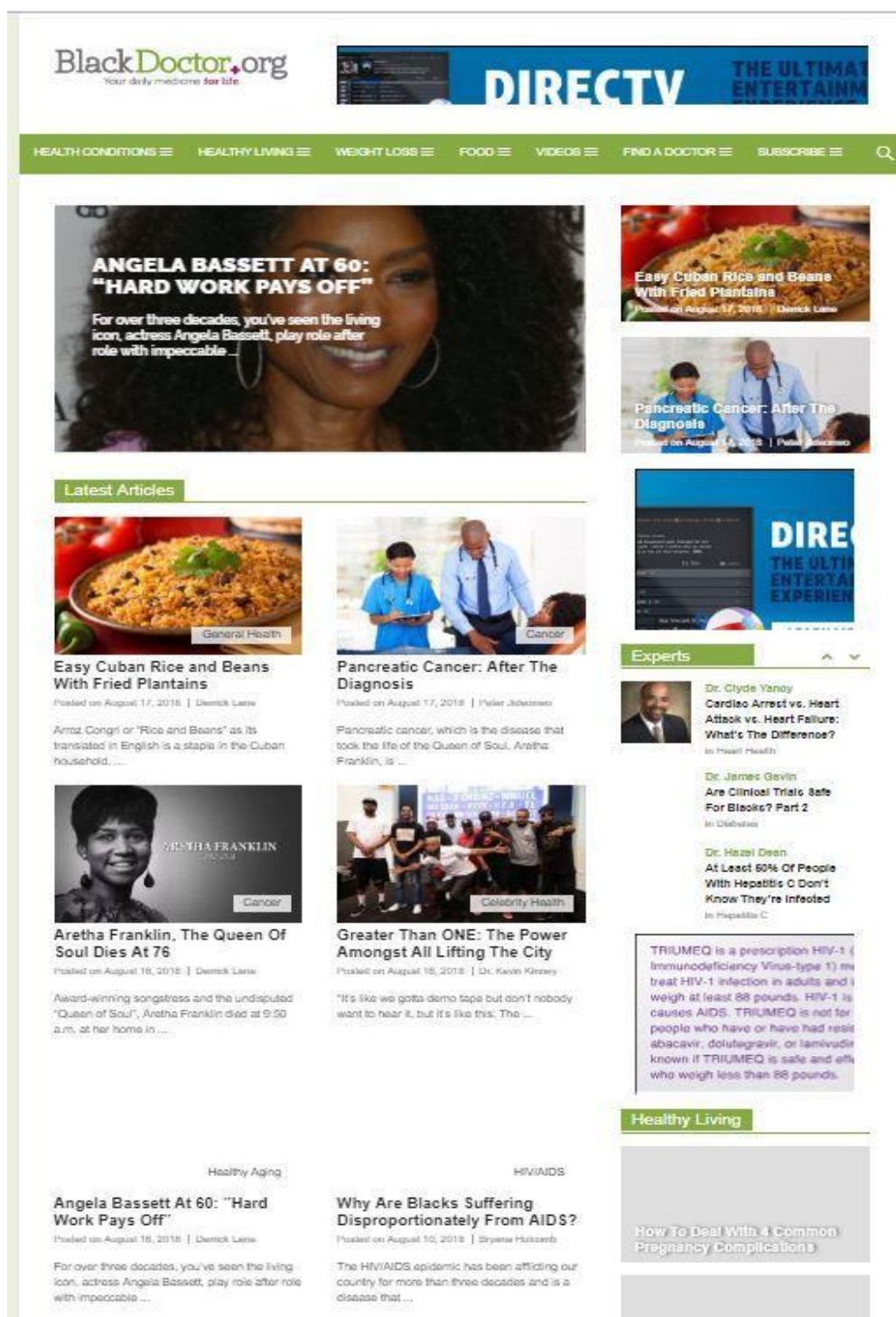


Figure 2. BlackDoctor.org home page. August 19, 2018. Screenshot.

The seven categories are health conditions, healthy living, weight loss, food, videos, find a doctor, and subscribe. Clicking on each item loaded a landing page that displayed content

specific to the section. Clicking Subscribe led to a separate BlackDoctor.org website named BDONext.com. According to the description, BDONext is a subscription service where African Americans who fear being “unheard, unseen, and rushed by their doctors” (“Transforming Black Health into Wellness,” n.d.). can receive culturally relevant health and wellness information online. Members can access “board certified Black doctors, fitness trainers and even nutritionists for better health and happiness” (“Transforming Black Health into Wellness,” n.d.).

Underneath the top navigation bar was the main editorial content display area stretching across two columns. Five editorial features rotated in this space. Headlines written across the images read, “Greater Than One: The Power Amongst All Lifting the City,” “Angela Bassett at 60: ‘Hard Work Pays Off,’” “My Weight Loss Story: Your Body Is Capable of Almost Anything,” “BlackDoctor.org’s 2018 Top Hospitals for Diversity List,” and “Dr. Jackie Walters: Savvy and Sexy at 60.” Underneath this main editorial content display area was the Latest Articles section. The two-column section was divided into 14 cells stretching down to the bottom of the home page. One image with an accompanying headline and two-sentence description was contained in each of the cells. Some of the same articles were rotating in the top main editorial content display area. To the left was an image of Aretha Franklin, with an article acknowledging her death from pancreatic cancer and honoring her career. Additional articles displayed headlines such as “Why Are Blacks Suffering Disproportionately From AIDS,” “Changing Your Mindset to Change Your Life!” and “Why We Went to Therapy: Black Men Speak Out.”

Positioned in the far-right column down the side of the home page were sections for advertisements and editorial content. The Experts section showcased columns by African American doctors. Thumbnail photos with the doctors’ names accompanied the articles with headlines, “Cardiac Arrest vs. Heart Attack vs. Heart Failure: What’s the Difference?” “Are

Clinical Trials Safe for Blacks? Part 2,” and “At Least 50% of People with Hepatitis C Don’t Know They’re Infected.” Like WebMD, these articles are written in the common deficit model medical gaze approach, relying more on the author’s ethos and PL presentation of facts and data.

For example, Dr. Hazel Dean wrote:

Let me explain first what hepatitis C is. It is a serious liver disease that results from infection with the hepatitis C virus. The virus is usually spread when blood from a person infected with hepatitis C enters the body of someone who is not infected. Persons infected with this virus often have no symptoms while the virus silently attacks the liver causing inflammation and scarring. The liver injury worsens over time causing serious health problems, including liver cirrhosis and liver cancer. Approximately 50 percent of liver cancer cases are related to hepatitis C. According to the “Annual Report to the Nation on the Status of Cancer, 1975–2012,” during 2008 through 2012, non-Hispanic blacks ages 50 to 64 years (born 1955–1965) had higher rates of liver cancer than other ethnic groups. And, more non-Hispanic black men die from liver cancer at an earlier age (60 to 61 years) compared to other racial and ethnic groups. Overall, data continued to show higher rates of hepatitis C and increased liver cancer rates among individuals born from 1945–1965. (2016, para. 2 & 3)

Beneath the Experts section was an advertisement for the HIV drug Triumeq. Beneath this ad was the Healthy Living section. Two editorial content items about pregnancy were displayed. Headlines read, “How to Deal With 4 Common Pregnancy Complications” and “6 Perks to Being Pregnant in the Summer.” Beneath the Health Living section was the Physician Directory search tool. Beneath the directory search was another advertisement. Finally, anchoring the bottom of the home page was the Popular section for access to topics such as skin and beauty, fitness, celebrity health, and weightless.

Analysis

BlackDoctor.org is both modeled after and response to WebMD, in an attempt to fill a void for African Americans seeking health information online. Both websites are primarily a collection of news articles and commentaries offering general advice accompanied by photos, graphic images, and videos organized based on health topics. The content adhered to PL

principles recommended for effective health communication. For example, medical jargon was typically absent and if jargon was used, it was typically explained. However, PL also recommends applying culturally competent rhetoric that relevant to the target audience. Original content written by the editorial staff, which included health care professionals and experts as writers, was mixed with sponsored content provided by advertisers or created by the websites' editorial teams on behalf of sponsors. However, both websites were missing major opportunities to move beyond the deficit model, toward increasing the engagement between health providers and communicators and consumers. Because of increased web usage and the potential greater engagement, this Health 2.0 shift has raised optimism that online communications could significantly influence the public's medical knowledge and positive decision-making toward closing the health disparities gap.

Remediation

Remediation was observed in that both home pages were laid out similarly to the front pages of newspapers. The navigation bar that remained visible throughout the website at the top of every page is an enhancement on the newspaper's table of contents section, which is typically on the inside second page opposite the front page. The main story section at the top of the web page drew the reader to the most important editorial content on the website. This placement was reminiscent of the newspaper's front-page lead story. However, HTML programming enabled multiple stories to rotate in this section and prompted the reader to click or "turn the page" to view each story. Photos captions contained hyperlinks that allowed readers to connect back and forth to other content within the website or to other websites. Embedded videos with sound and moving images were displayed on the page, similarly to static images in print. Photo slideshows, reminiscent of a two-page print spread, enabled interactive storytelling as users clicked from

photo to photo. Message boards, where users can immediately post comments about editorial content on the website, were an enhancement of the letters to the editor section in a newspaper. Similar to crossword puzzles in newsprint, various apps such as calculators and quizzes encouraged users to personalize their experiences with the website.

In terms of enhancing the typical rhetorical approach from print to web, replication rather than remediation was observed. WebMD's editorial content followed the deficit model medical gaze approach. The prose, as evidenced by the commentary "When You Are Grieving the Loss of Your Pet" (O'Grady, 2016) explained issues surrounding grief. However, the article was written in a detached, unemotional manner of a doctor performing the medical gaze upon a patient. The author could have encouraged patient engagement by telling a story that illustrated a conversation between doctor and patient about grief.

Just as the abolition of slavery was an issue of national concern because it impacted all of America's residents regardless of race, racial health disparities are also a national crisis of the nation's health care system. Therefore, racial health disparities should be a prominent topic on a health website that targets America's diverse consumer audience. However, no clear indication was found on either of the websites' home pages acknowledging that such a crisis existed and plagued a significant portion of the nation's population. In contrast, the opioid crisis was featured, likely because it was plaguing a significant number of Whites. This featured attention was given to the opioid crisis, but not racial health disparities was further evidence of the typical dismissive approach of White editors toward issues of high interest to Black consumers. The crack cocaine epidemic that gripped inner-city communities with high concentrations of African Americans was treated not as a public health crisis, but a war on drugs. It led to mass incarceration of African Americans, rather than mass medical treatment. As evidenced by the

coverage of the opioid crisis in the Special Reports section, this area could be the location where racial health disparities might (or perhaps in the past did) receive coverage. A search of the WebMD website revealed only two articles on racial health disparities: “Racial, Ethnic Health Disparities Persist: Report,” dated April 27, 2016, and “Health Gaps Continue to Plague Blacks,” dated March 9, 2005. This void reflected the editorial choices typically made by White editors of White-owned publications, which have historically led to the formation of Black publications to address issues of heightened concern to African Americans.

Neoculturation

Since Black media have historically modeled their formats after White media in filling a void to create a product that serves African American audiences, neoculturation is useful to for analyzing the adaption and interplay between Black and White media. In a sense, neoculturation is a type remediation. Neoculturation occurs when the desire is not to merely replicate or model a cultural form, but to create something distinct to serve one’s own cultural needs. In terms of visual rhetoric, BlackDoctor.org displayed many photos and images of Black people, clearly identifying the website as relevant to the community. However, minimal evidence of applying uniquely Black rhetoric to communicate to its Black audience was found. Unlike the emergence of Black newspapers as distinct artifacts by way of inspirational language usage and advocacy dedicated to specific Black causes, BlackDoctor.org’s written rhetoric, in terms of style or editorial content, was not uniquely African American. The website showed little evidence of some of the unique elements of African American rhetoric, such as signifying, call-and-response, or the core theme of fighting oppression. Unlike the “We aim to plead our own cause” empowering tone set on the front page of *Freedom’s Journal*, BlackDoctor.org did not contain a powerful advocacy tone rooted in the Black liberation tradition, particularly considering the

Black health disparities crisis plaguing African Americans. Rather, the website exhibited an assimilationist tone, in which the rhetorical approach, particularly evident by the articles written by the Black doctors, mirrored their White counterparts; their communication style followed the deficit model approach White doctors typically applied to communicate to Black patients. In other words, the doctors apparently viewed themselves and the Black community as though they are under a “White gaze,” a reference to viewing the world through a White lens.

As stated previously, in his seminal work *Black Skin, White Masks* (1967), philosopher Frantz Fanon explored how Blacks and all colonized peoples navigated a predominantly White world in which Blacks were perceived as “less than” (Gordon, 2015). Fanon was certainly a proponent of culturally competent health communications in the model this dissertation argues. Fanon studied medicine and psychiatry; he also became a playwright and newspaper editor. From 1953 to 1956, Fanon led the psychiatry department of Algeria’s Bida-Joinville Hospital. He treated Algerian and French soldiers during the Algerian War of Independence. Fanon believed colonial violence impacted the oppressed in ways that influenced them to imitate their oppressor. This phenomenon manifested itself in the use of language. For Black doctors to succeed in the medical profession, they must engage in the language of the medical discourse community on par with their White counterparts. However, Black doctors should also strive to code switch to achieve culturally competent and relevant communications within their racial/ethnic communities.

One could argue the ability to code-switch is also a key element of African American culture. Black survival, depending on the situation, has often hinged on the ability to apply the skill. Code-switch often involves the use of double entendre, a primary motif of Black spirituals

and poetry. Paul Lawrence Dunbar's classic poem *We Wear the Mask* (1895) eloquently articulates African American code-switching:

We Wear the Mask

WE wear the mask that grins and lies,
It hides our cheeks and shades our eyes,—
This debt we pay to human guile;
With torn and bleeding hearts we smile,
And mouth with myriad subtleties.

Why should the world be over-wise,
In counting all our tears and sighs?
Nay, let them only see us, while
We wear the mask.

We smile, but, O great Christ, our cries
To thee from tortured souls arise.
We sing, but oh the clay is vile
Beneath our feet, and long the mile;
But let the world dream otherwise,
We wear the mask! (Harrell, 2010)

As mentioned previously, only one health disparities-related article titled “Why Are Blacks Suffering Disproportionately from AIDS,” was available on the BlackDoctor.org home page on the date the page was observed. This story was not prominently displayed but was rather positioned *below the fold* (a term borrowed from print newspapers referring to stories that are below the middle of the page). Users must scroll down to see this story on their screens. Overall, the tone of the home page connoted entertainment and lifestyle. The tagline beneath the BlackDoctor.org logo at the top left corner of the page read, “Your daily medicine for life.” This sentiment was not exactly inspirational, nor did it signal provocative advocacy on behalf of African Americans facing a health crisis.

A search of BlackDoctor.org revealed editorial content that was an excellent example of using rhetoric that was native to the culture in delivering a health message that could inspire

behavior change. Unfortunately, this editorial was not readily visible from the home page and was therefore minimized. The #WeSeeYou feature showcased ordinary individuals who had overcome major health challenges. An explanation of the feature stated, “#WeSeeYou is BlackDoctor.org’s new weekly series highlighting those unsung heroes of health who are doing something incredible that needs to be shown to the world. We acknowledge them, celebrate them and honor them. . . . We see you!” (#WeSeeYou, n.d.). A feature titled “#WeSeeYou: Having Cancer Was a Blessing” (n.d.) was an engaging story about a woman named Tianna who was surprisingly diagnosed with cancer and how she miraculously overcame it.

The #WeSeeYou feature serves as an excellent example of culturally competent rhetoric because the phrase is rooted in African orality and the content exemplified the meaning of the phrase. The phrase “We see you” or “I see you” is common to many African cultures but is most strongly associated with the Zulu greeting *sawubona* (Caldwell, 2018). In the African context, “We see you” or “I see you” is much deeper than the Western greeting *hello*. *Sawubona* speaks to a person’s dignity and respect being seen and affirmed by one’s community. The response *ngikhona* means, “I have been seen and understood.” The greetings illustrate the Zulu philosophy of *ubuntu*, which means “humanity toward all.” *Ubuntu* emphasizes helping one another to recognize each other’s true value and identity (Caldwell, 2018). All African diasporic rhetorics, such as African American rhetoric, are rooted in African orality (Atkinson, 2000). The enslaved people used songs, sayings, poems, and storytelling to encourage themselves and each other to survive. “We see you” or “I see you” is a common phrase of endearment and encouragement that is used often today in African American communities across the nation. The survival of this phrase is a testament to how the African cultural DNA remains vibrant and relevant in African American and other diasporic Black cultures.

Lifting an ordinary person as an expert concerning a health condition resists the medical gaze and supports Paulo Freire's argument for the co-creation of knowledge. Though Tianna (“#WeSeeYou, n.d.) was not a medical expert, she was equally as knowledgeable as her physician (perhaps even more knowledgeable) concerning how to overcome cancer because of her personal experience. Her personal account showed the importance of empowering patient efficacy as part of improving health outcomes. As an ordinary person, Tianna was relatable and accessible to the typical lay reader, thus empowering and inspiring community members to realize they too can take responsibility for their health. #WeSeeYou promoted mutual community engagement as it acknowledged Tianna's humanity by publishing her story, and as Tianna shared herself with the online community by inviting them into a very intimate aspect of her life. The editorial content rejected the White gaze but instead embraced Black language usage as Fanon urged to instill pride in self. Tianna's words read as though she was conversing with family and friends. In her PL, yet authentic voice, Tianna wrote:

I want to be an inspiration to people around the world . . . I want someone who is not entirely too happy to look at me, and see a smile filled with nothing but happiness, and make them feel just a little more content with their placement in life. Life, that word, so short, yet so meaningful. Although my life experience was not “death,” my mindset, my appearance and everything else around me was dead. Seeing the world before cancer I swore looked so clear and appeared to be so simple. Get up, go to school, do your homework, and every now and then, let go of all the stress and worries and just have fun. (“#WeSeeYou” n.d., para. 2)

The #WeSeeYou feature was a prime example of the type of culturally relevant and inspiring rhetorical approach that should be applied to health messaging targeting African Americans. Nonetheless, this editorial content was not immediately visible from the BlackDoctor.org home page. Perhaps this content was once promoted regularly from the home page and a legitimate reason existed as to why this was not the case on the date the home page

was observed. Nonetheless, BlackDoctor.org's rhetorical approach was admittedly similar to WebMD in terms of being more informational and emphasizing entertainment and lifestyles. It lacks a provocative, inspirational, advocacy tone in the tradition of the Black Press.

Despite their popularity, based on their home pages, both WebMD and BlackDoctor.org were missing significant opportunities to take advantage of the full potential of online dissemination of health information. The editorial content of both primarily followed a deficit model approach, despite the urgings of the Health 2.0 movement, which called for greater engagement between health providers and patients. In this unidirectional relationship, readers received information from doctors but were not encouraged to engage with the doctors to co-create knowledge. The websites appeared to not offer readers a way to e-mail or instant message doctors who have written commentaries offering advice. Though BlackDoctor.org was created to fill a void for Black audiences, the writing did not utilize unique African American rhetoric. Other than photos of African Americans, BlackDoctor.org essentially parroted WebMD.

Both WebMD and BlackDoctor.org offered some opportunities for users to interact among themselves and with web applications. Interactive tools such as quizzes, message boards, and icon images that were hyperlinked allow readers to share articles via social media or e-mail. BlackDoctor.org's BDONext subscription service offered provider/patient engagement. However, consumers were not encouraged to interact with health experts as co-creators of knowledge. The overall rhetorical approaches of WebMD and BlackDoctor.org have similar shortcomings. Though written in compliance with PL principles, they both follow the deficit model approach. The editorial content was more informational than inspirational. In the case of Black audiences, the #WeSeeYou feature was at least one example of editorial content that could inspire and encourage audience engagement and co-creation of medical knowledge. The

#WeSeeYou feature is an example of the type of inspirational messaging the websites should employ more often. As the African oral traditional greeting *sawubona* was applied to an entire editorial feature, African American jeremiad rhetoric could also be applied to the website's rhetorical approach, and possibly yield more persuasive results from the audience, like successful results achieved when applied in the past.

CHAPTER IV

AFRICAN AMERICAN JEREMIAD RHETORIC

African Orality Roots

African Americans have a unique rhetorical tradition that is rooted in African orality. The African oral concept of *nommo* is identified by Afrocentric scholars such as Molefi Kete Asante and Geneva Smitherman as the supernatural power of the spoken word (Stephens, 1991, p. 25). The Afrocentric communicator “brings about harmony and balance” (Cummings & Roy, 2002, p. 62). Central and unique to African American rhetoric, *nommo* is about speaking to and the building up of a community. Speaking and listening are part of the communal process, wherein knowledge and meaning are shared and co-created. Since mutually beneficial engagement between health providers and patients has been identified as crucial to improving health outcomes, African American rhetoric rooted in *nommo* is ideal for effective health communications.

In *African American Rhetoric(s): Interdisciplinary Perspectives*, Ronald L. Jackson II and Elaine B. Richardson defined the discipline of African American rhetoric as “the study of culturally and discursively developed knowledge-forms, communicative practices and persuasive strategies rooted in freedom struggles by people of African ancestry in America” (2004, p. xiii). Victoria Cliett (2000) indicated that because African American culture is at its core, rooted in the struggle against White oppression, Black language is not in agreement with the ideologies of standard English. This observation supports a criticism of PL when it is applied by those who limit its inclusion of culturally competent rhetoric to their own narrow scope. If PL standards are defined by the dominant culture’s standards only, it can be limited in its effectiveness in communicating to marginalized groups.

How a word is delivered was important to African American rhetoric as the definition of the word used (Cummings & Roy, 2002). The four categories of African American rhetoric are (a) call-and-response, (b) tonal semantics, (c) narrative sequencing, and (d) signification (Smitherman, 1977). Call-and-response is an interplay between the speaker and the audience in which, during the speech, the audience interjects punctuation in response to the speaker's statements. The audience does this by co-signing or repeating what the speaker says, offering encouragement, or completing the speaker's sentence. Call-and-response is common in the Black church worship experience as well as in hip-hop music, in which the emcee interacts with the crowd (Brummett, 2006). In African-American tonal semantics, words have multiple meanings depending on the context in which they're being used. For example, the word *bad* also can have the same meaning as the word *good*, depending on the context. Tonal semantics are also why the word *nigger* is, in part, a polysemy. With multiple meanings and spellings, it can be both a racial slur and a term of endearment. *Nigger* or *Nigga* is considered unacceptable for nearly all Whites (rare exceptions for those who have been authentically immersed in Black culture) to use in either context, while acceptable as an endearment term among a significant number (though certainly not all) African Americans.

Narrative sequencing is the structuring of a story. The African American Jeremiad rhetoric form is an example. Narrative sequencing in the form of storytelling is highly regarded in African American rhetoric. In West Africa, the griot is a storyteller who maintains the community's oral history. Wisdom, knowledge, and a cultural tradition are passed down through generations by way of stories (Smitherman, 1977). Signifyin' is a form of word-play, an insult used to display affection. In his groundbreaking work, *The Signifying Monkey*, Henry Louis Gates Jr. (1988) showed the relationship between African and African American oral and literary

traditions. He argued that signifyin' is an African American vernacular oral tradition, rooted in pan-Africanist tropes. Signifyin', as evidenced by loud-talking, testifying, calling out (of one's name), sounding, rapping, and playing the dozens, is present in African American literary production from the printed word to music. "Signification is the process in how to employ tropes that have been memorized in an act of communication and its interpretation" (Gates, p. 84).

Embracing Black Rhetoric

As a result of the work by scholars such as Asante, Gates, and others, today, it's more common for African Americans to embrace the use of their own unique rhetoric in mass media. However, historically African Americans (as well as other descendants of Africans throughout the diaspora) have not always embraced their own rhetoric, though it has been crucial to their survival. Fanon argued that colonial violence drove the oppressed to imitate their oppressors. In *Black Skin, White Masks* (1967), Fanon argued that though enslaved Africans and their descendants created unique language forms spoken among themselves, they were also submitted to oppression by adopting the languages of the colonizers (French, Portuguese, English, etc.) in order to navigate White society successfully. Fanon recalled being chastised for using Creole French instead of "real French." The oppressed peoples adopted White culture as the desirable standard at the expense of their own cultural values and characteristics, including language norms, which deepened the stronghold of oppression (Gordon, 2017). Mastering the dominant culture's language usage can lead to success, but at the expense of Black people viewing their own rhetoric as inferior. When this occurs, African Americans and other people of African descent across the diaspora are robbed of the highly positive benefits of their own cultural rhetoric, such as the foundational African concept of *nommo*, "the creative power of the word, which brings about harmony and balance" (Cummings & Roy, 2002).

Striking the balance of White acceptability and Black authenticity has historically been challenging for generations of Black professionals seeking acceptance among Whites in their professions' discourse communities. Black writers in America from the antebellum period through the Black Arts movement of the 1960s and 1970s and beyond have articulated and exemplified this struggle. For example, Paul Laurence Dunbar, one of Black America's most successful writers during late 1800s to early 1900s, was known as the father of "Negro dialect poetry" (Robinson & Robinson, 2007). Yet, Dunbar struggled internally with this label. He knew Whites embraced him as a poet primarily out of their desire to exploit Black dialect and negative lifestyle stereotypes. Among the first generation of Blacks born after the end of slavery, Dunbar used Black dialect to depict African Americans with dignity. Nonetheless, Dunbar, both during his life and after his death, was also criticized by generations of Black writers after him who felt he fed White desires to degrade Black people.

Following Dunbar's death in 1906, the Harlem Renaissance (1918 to 1930s) emerged to mark a significant rebirth and pride in African American arts. Showcased in the *Crisis Magazine*, the official publication of the National Association for the Advancement of Colored People, many of these Black literary works captured the intelligence, beauty, and uniqueness of African American life. In contrast to Dunbar, James Weldon Johnson was also known for using Black dialect but was among Dunbar's staunchest critics. The composer of "Lift Every Voice and Sing" (the Black National Anthem, also originally known as Negro National Anthem), Johnson used Black dialect out of creative choice and with more freedom than Dunbar. Creative use of Black dialect was also skillfully applied by Langston Hughes, who credited Dunbar as one of his main literary influences. However, similarly to Dunbar, Hughes was both praised and criticized by fellow writers such as by James Baldwin (Jones, 2002). Today, as a result of the foundation

set by earlier Black rhetoricians, the changing of times through various Black literary movements that spawned groundbreaking work by scholars such as Asante and Gates, and artists such as Maya Angelou, Sonia Sanchez, August Wilson and Nikki Giovanni, there is a greater understanding and acceptance among African Americans of the richness and value of their unique and powerfully beautiful rhetoric.

African American rhetoric contains a great life-sustaining value for African Americans. Through neoculturation, enslaved Africans blended their African oral traditions with indigenous and European cultures through songs, poems, and storytelling to create distinct cultures in the Americas. Through their unique rhetoric, African Americans encouraged and inspired themselves to survive the cruelty of their enslavement in the spirit of *nommo* to achieve liberation and thus, community harmony. Perhaps the best example of this is the African American version of the American jeremiad form.

African American Jeremiad Defined

The adaptation of the jeremiad form is, in a sense, an example of remediating a rhetorical advice, as well as an example of neoculturation. Jeremiad is a rhetoric of indignation that urgently challenges a community of people or a nation to reform or face doom. The word *jeremiad* is taken from the name of the biblical Jeremiah, a major prophet of the Old Testament who, around 626 BC, predicted the destruction of Judah and Jerusalem if God's chosen people did not turn from their idolatrous ways (Spanos, 2010). The American jeremiad is credited to the Puritans who adopted the Hebraic literary device of reenacting the biblical Exodus story, seeing themselves as God's chosen people in what would become America (Spanos, 2010). The "chosen people" belief is fundamental to the ideology and mythology that has shaped the ideal of whom Americans (primarily Whites of Western European ancestry) believe themselves to be.

This belief is at the root of the Doctrine of Discovery, a concept European colonial powers used to lay claim to lands previously occupied by indigenous or aboriginal peoples in other continents. The phrase “a city upon a hill” (spoken by Jesus and recorded in Matthew 5:14), which has been used often in modern political rhetoric, is believed to have first been adopted by Puritan John Winthrop to describe America in a sermon to the future Massachusetts colonists. Winthrop, who became governor of the Massachusetts colony, identified the Christian colonists as a chosen people destined and ordained by God, a great Christian community that would be the new example for other Christians and the world (Noll, 2012). These colonists fled Europe, believing the continent had turned from God and that the new land across the Atlantic had been promised to them as a place to restore humanity to a right relationship with God (Noll, 2012). This mythology is fundamental to the American psyche and thoroughly permeates the dominant White culture, including secular America. “Manifest Destiny” (the idea that the expansion of the United States was necessary, inevitable, and ordained) and “American exceptionalism” (the idea that America is a unique nation with a mission to transform the world politically, socially, and economically) are ideals touted by politicians over the centuries (Noll, 2012). Perhaps because this rhetoric speaks so deeply to the core of who Americans believe they are, it has been an extremely effective device of inspiration and persuasion.

The American jeremiad differed from the prophet Jeremiah’s message of doom in that it emphasized optimism that the chosen people will rise to the challenge and return successfully to their ordained position. In *African-American Jeremiad*, scholar David Howard-Pitney identified the elements of the American jeremiad as (a) affirmation of society’s sacred promise (that Americans are people destined by God for greatness), (b) criticism of current declination or retrogression from the promise (chastisement of the people for being disobedient to God), and (c)

a closing prophecy that society will soon repent, redeem the promise, and complete its mission (optimism that Americans will turn back to the right path and achieve their destiny as a great, godly nation (Howard-Pitney, 2009).

However, the systematic genocide of Indigenous people and the enslavement of Africans that was openly sanctioned and practiced clearly left a void concerning the inclusion of people of color in this “godly” nation. African Americans responded to this void by first modeling the American jeremiad and adapting it to address Black liberation. This early neoculturation process of modeling, adapting, creating, and influencing would continue throughout the development of African American rhetoric in all its art forms and artifacts, such as Black media.

The African American jeremiad retained this same basic structure and optimism but added the additional emphases on antiracism, Black liberation, and nationalism. Howard-Pitney identified the African American jeremiad as addressing “two American chosen peoples—black and white—whose millennial destinies, while distinct, are inextricably entwined” (Howard-Pitney, 2009, p. 13). By mistreating African Americans, White Americans undermined their destiny and identity as God’s chosen people living in the city on the hill (Howard-Pitney, 2009). Scholar Wilson Moses (1993) defined the roots of the African American jeremiad as Blacks warning Whites of the judgment to come because of slavery. Patrick Rael defined the African American Jeremiad as connecting religious discourse with political discourse to unite African Americans to seek moral elevation (Harrell, 2006). Willie J. Harrell, Jr described it as “the foundation for Black empowerment and was clearly a leading force in the Black community” (Harrell, 2006 p. 151). In health messaging that targets behavior changes for African Americans in light of the racial health disparities crisis, I see the African American jeremiad’s elements being applied as follows: (a) affirmation of a person’s and/or community’s

spirituality/connectedness to God or a Higher Power, (b) identification of unjust outside forces, such as systemic racism afflicting the individual and/or community as the root cause of the health problem, (c) acknowledgement of a person's and community's responsibility in the health crisis, and (d) optimism urging individuals to take personal responsibility for family and Black community changes in behavior to overcome the health problems.

Some scholars traced the African American jeremiad's beginnings to 1788 when the "Essay on Negro Slavery" was published by a writer using the pen name Othello. The writer was said to be a free Black man from Maryland. He warned of God's coming punishment: "Beware Americans! Pause—and consider the difference between the mild effulgence of approving Providence and the angry countenance of incensed divinity" (as cited by Moses, 1993, p. 33). Some scholars include less apocalyptic writers, such as poet Phillis Wheatley, among the early jeremiads of the "black prophetic tradition" who employed religious language to articulate the pain and hope of enslaved Africans to inspire change. Perhaps the most enduring of the earliest literary artifacts that applied African American jeremiad rhetoric is *David Walker's Appeal: To the Coloured Citizens of the World*, first published in 1829 (Howard-Pitney, 2009). The *Appeal* was a self-published, 78-page pamphlet that was widely circulated and read. Walker, a free Black man living in Massachusetts (where slavery had been abolished since 1783), owned a clothing business in Boston. A passionate activist, his appeal not only chastised Whites but also challenged Blacks to stand up for themselves and demand their freedom. Walker's *Appeal* called for the immediate end of slavery, exposed the hypocrisy of White Christians for supporting slavery, challenged Blacks to free themselves, and spoke against the colonization movement that advocated sending freed Blacks to Africa. Walker argued that because of the suffering Blacks had endured, their enslaved African descendants had perhaps even more rights to claim

American citizenship than Whites. By today's digital standards, the print pamphlet *went viral*. The *Appeal* was sent through the mail service, smuggled on ships, and carried by traveling preachers, sailors, and laborers throughout the South. They read the pamphlet aloud to Blacks who were illiterate. Walker sewed the pamphlet inside the clothes that he sold (Howard-Pitney, 2009). The pamphlet's editorial content was not only galvanizing but the physical pamphlet itself, as suggested by Anderson in *Imagined Communities* (2006) concerning the early role of newspapers in fostering national identity, served as a cultural artifact that fostered Black community unity.

Walker's *Appeal* was divided into four articles. The African American jeremiad's emphasis on racism and injustice was evident in the article titles: "Our Wretchedness in Consequence of Slavery," "Our Wretchedness in Consequence of Ignorance," "Our Wretchedness in Consequence of the Preachers of the Religion of Jesus Christ," and "Our Wretchedness in Consequence of the Colonizing Plan." The following passage from the *Appeal* is an example of how the African American jeremiad differed from its White counterpart—the "chosen people within a chosen people" theme. Racism was identified and called out as the root evil and cause of the problem, yet hope and optimism in the American ideal remained:

It is my solemn belief, that if ever the world becomes Christianized, (which must certainly take place before long) it will be through the means, under God of the *Blacks*, who are now held in wretchedness, and degradation, by the white *Christians* of the world, who before they learn to do justice to us before our Maker—and be reconciled to us, and reconcile us to them, and by that means have clear consciencies [sic] before God and man. Send out Missionaries to convert the Heathens, many of whom after they cease to worship gods, which neither see nor hear, become ten times more the children of Hell, then ever they were, why what is the reason? Why the reason is obvious, they must learn to do justice at home, before they go into distant lands, to display their charity, Christianity, and benevolence; when they learn to do justice, God will accept their offering, (no man may think that I am against Missionaries for I am not, my object is to see justice done at home, before we go to convert the Heathens). (Walker, 1995, p. 21)

A key emphasis of African American jeremiad rhetoric is that despite being provocative and harsh in its critique of White American racism and religious hypocrisy, it is not pessimistic or fatalistic toward America. Rather than calling for the destruction of America because of its sins of inhumane racism, African American jeremiad rhetoric expresses optimism and hope in America repenting in order to become great. This sense of optimism and hope amid an enormous crisis that should otherwise breed despair is also why the African American jeremiad is ideal for health communications. Health research overwhelmingly indicated the link between patient optimism and a positive health outcome (Conversano, 2010). Spirituality is also positively linked to successful health outcomes (Holt, 2014). The *Appeal* influenced the abolitionist movement to become more radical. It helped shift the national debate around legal slavery that eventually ended with the Civil War and the ratification of the 13th Amendment in 1865. The *Appeal* inspired generations of Black leaders after Walker and continues to inspire readers today. Slavery was a national crisis that plagued African Americans then. Racial health disparities, resulting in tragically poor health outcomes, is a national crisis that plagues African Americans and the entire nation now. African American jeremiad rhetoric has proven successful when applied to communications to influence behavioral change toward a major crisis.

Confronting America about its claim to be a nation of liberty and justice for all has long been central to the Black literary tradition since the colonists declared independence from Great Britain in 1776 (Howard-Pitney, 2009). Black leaders, often through the source and channel of the Black Press, were at the forefront of the empowering message lamenting against slavery, which was preventing African Americans from achieving their ordained destiny and America from fulfilling its divine purpose as a special nation (Howard-Pitney, 2009). In addition to Walker, other well-known African American jeremiads who published or delivered oral

addresses for Black liberation were Frederick Douglass, Maria Stewart, Sojourner Truth, Benjamin Banneker (pre-Civil War, slavery); W. E. B. Du Bois, Ida B. Wells (post-Civil War, lynching), and the Rev. Martin Luther King Jr. (Jim Crow laws/legal segregation, Southern Freedom Movement). For example, Wells, a newspaper journalist, launched an anti-lynching crusade in 1892 during the height of the lynching of African Americans. Wells' efforts, in part, led to the introduction of the Dyer Anti-Lynching Bill in 1918. Though the bill did not pass, mob lynching significantly declined. King's "I have a Dream Speech" during the 1963 March on Washington for Jobs and Freedom remains one of the most celebrated public addresses in history. King's inspiring influence, along with the tremendous sacrifices of several lesser known freedom fighters, led to the passage of the Civil Rights Acts of 1957, 1960, and 1964, the Voting Rights Act of 1965, and the Fair Housing Act of 1968.

King was perhaps the most shining example of the African American jeremiads and the overall argument of this study—the power of using the cultural language of a people to inspire them toward positive behavioral change. The late Vincent Harding, a peace activist and one of the pioneers of the Black Studies movement, was a close friend of King. Harding, who wrote the initial draft of King's 1967 "Beyond Vietnam: A Time to Break the Silence" speech, called King an artist in describing his masterful rhetorical approach that exemplifies the hypothesis of this study. Harding said:

Martin King was an artist in a whole variety of ways. One of the ways is his use of the language of the people — taking the language of the people, returning it to them as they had given it to him, and creating in many cases a higher form that they could know was actually theirs, and therefore they could feel very right about participating in the creative action with him, the action of transformation. It was in that language, in that sensing that change was possible, in that envisioning of new possibilities, in that dreaming that we saw the artist in him coming through (cited in Lawton, 2003, para. 4).

Harding's eloquent assessment is spot on. Through oral addresses and writings rooted in biblical prophecy and Christian theology, these African American jeremiad rhetoricians were the sources of targeted liberation messages for Black and audiences and their White allies. These rhetoricians applied this unique cultural rhetoric in constructing text for use initially for print, speeches at face-to-face gatherings in churches and town squares, and eventually broadcast. They inspired behavioral change; people embraced individual and community responsibility. The people were moved to engage in direct action by taking up arms, or marching in the streets, or boycotting, and pressuring lawmakers to enact policy changes. This led to policy changes designed to end the monumental crises of their times.

In his best-selling book, *Start with Why: How Great Leaders Inspire Everyone to Take Action*, author and motivational speaker Simon Sinek cited perhaps King's most famous speech "I Have a Dream" as one of the most powerful examples of inspirational communication. Sinek's Golden Circle concept stated that inspiration is best achieved when the communicator starts with "why" they do what they do and believe in it, then "how" they do it, followed by finally "what" they want the listener to do (Sinek, 2009b). In contrast, most communication, particularly by the news media, is delivered in the order of who, what, where, why and how. It's main purpose is to inform, not necessarily inspire. In his popular Ted Talk video, Sinek said that King's convincing communication style was consistent with this inspirational approach: "People don't buy what you do, they buy why you do it. What you do serves as the proof of what you believe" (2009a, n.p.). Sinek is essentially describing the *nommo* – the creative spiritual power of the word – embodied in African American jeremiad rhetoric.

Conclusion

Information alone does not change behavior. Altering environmental factors is also vital to achieving behavior change. Culturally competent communication is key to achieving success in targeting an African American audience to inspire positive action. The application of African American jeremiad rhetoric would be primarily a linguistic approach (a literary form that is native to the culture) and sociocultural approach (appeal to the group's cultural values) to the targeted audience. PL is more than just dumbing down the language, but also includes applying relevant language forms to science communication (including health) that are appropriate for the targeted audience. Not fully embracing the cultural rhetoric of specific racial/ethnic groups to produce targeted messaging is likely a key reason why health messaging that incorporates PL continues to miss the mark in terms of effective communication that can lead to positive behavioral change among African Americans. Historically, the jeremiad form has Hebraic roots, but is not unique to a specific group. However, through neoculturation, the African American jeremiad rhetoric emerged and has been used by communicators to inspire behavioral change in times of national crisis. For African Americans, a people who have a strong literary tradition that has been critical to their survival, the application of the community's rhetoric is likely key to inspiring desired behavior change in terms of better health choices as well as advocating to dismantle institutional racism.

At its core, the African American jeremiad embodies *nommo*, “the creative power of the word, which brings about harmony and balance” (Cummings & Roy, 2002, p. 62). From the abolition of slavery to the Southern Freedom Movement (also known as the civil rights movement), African American jeremiads spoke out powerfully, eloquently, galvanizing African Americans and provoking behavioral change. However, since the civil rights gains of the 1960s,

the use of African American jeremiad rhetoric form has decreased as distrust of religious institutions has increased. Primarily delivered orally through preaching and public addresses, via the process of remediation, the literary form was repurposed in print as poems, essays and the Black Press as a cultural artifact and institution. Their words led to changes in attitudes and practices, which led to public policy changes. A wide distribution of these communications was accomplished prior to the current Internet era, which has significantly expanded communications and information access to the general public. African Americans are among the highest Internet users in proportion to their population. Like many Americans who seek health information online, African Americans are likely doing so because they are at least considering some type of medical decision or change. With this understanding of the audience, a reasonable hypothesis is that the elements of African American jeremiad rhetoric could also be successfully applied to health communications, particularly online, to address the national crisis of health inequality.

CHAPTER V

METHODOLOGY

The original Riverside Program of All-Inclusive Care for the Elderly (PACE) print advertisement, adapted for this study by permission, was produced by the Riverside PACE marketing department to target African American consumers. PACE center managers, who worked directly with participants and their caregivers, reviewed and provided feedback on the messaging to determine potential effectiveness. I worked as a consultant with the Riverside PACE marketing team to produce the ad after the marketing team had done some initial preparation work.

Based on the initial process described to me by the marketing team and what I later observed, the Persuasion Health Message (PHM) framework was applied to create the original ad. The PHM framework is based on (a) Fishbein and Ajzen's (1975) theory of reasoned action (TRA), (b) Petty and Cacioppo's (1986) elaboration likelihood model (ELM), and (c) Rogers's (1983) protection and motivation theory (PMT). The TRA states that information and beliefs that people have about performing behavior results in a particular outcome. ELM says attitude formation is driven by the individual's motivation and ability to process a message. PMT says individuals decide how to cope based on the perceived severity and vulnerability of the threat (Morton & Kim, 2015, p.150).

The PHM framework specifies the following steps:

1. Determine threat(s) and efficacy.
2. Develop a profile of the target audience.
3. Construct persuasive messages based on information gathered.

PACE is a national program that offers a community-based alternative to institutional long-term care. It empowers participants to remain in their homes by providing comprehensive medical and social services and thus enhances the quality of life for family members and caregivers too. Riverside Health System, based in Newport News, Virginia, is a partner of PACE, offering the program to residents in its local area as well as the Richmond, Virginia, area. The print ad introduced PACE and invited African American consumers to participate in the program. The print ad was adapted and refashioned for this online study (see Figure 3).

Applying Bolter and Grusin's (1999) theory of remediation involves more than repeating an old content format in a new format. For example, remediation involves more than merely capturing the image of a print ad from a magazine and placing it online. Instead, in applying remediation, considerations should be made for how the user will experience the content in the new medium based on that medium's different characteristics. Online, the print ad has the potential to also include hypertext, video, audio, and interactive elements. However, because this study's focus was on the effectiveness of the written text only, the changes were limited to language only and not, for example, visual rhetoric. The study did not involve investigating the different influences the medium may have on the message, such as comparing the print version to the online version. In this study, remediation is used for the purpose of applying the best practices of adopting a print ad to be used online.

The sentences were made shorter in length than those from the print materials. A hypertext link was added where users could click to find out more information about PACE. The link was not actionable so that users would not be tempted to click prematurely and take off the page before completing the study. However, the inclination to click the link upon completion would potentially indicate the ad's effectiveness as viewers took action to engage the PACE

All-Inclusive physical and social care to keep older adults independent

Your mom, dad or other loved one may be unwilling or feel unready to go to a nursing facility. But you understand that they need the support. That's why we've brought Riverside PACE Richmond — an innovative and supportive new program for older adults and their families — to the Richmond area.

All-inclusive medical care, warm and friendly social activities, professional therapies, and regular medications by professionally trained staff at our beautifully designed Riverside PACE Richmond center are all part of the program. So is respectful, trustworthy in-home assistance. To learn more about keeping someone special at home with the help of Riverside PACE Richmond, call **804-977-5900**.

Participants may be fully liable for the cost of services obtained without the authorization of the team (except for emergency services.)






**RIVERSIDE
PACE**

A Program of All-Inclusive Care for the Elderly
Richmond

1300 MacTavish Ave., Richmond, VA
804-977-5900

*PACE is a program of the Commonwealth
of Virginia and the Federal Government*

riversideonline.com/pace

Figure 3. PACE ad, print. Screenshot.

program. This would be like a print or radio ad viewer sending an e-mail or calling PACE after reading or hearing the ad. Because the radio ad equally involved the use of persuasive language, it too could have been remediated to include jeremiad rhetoric. However, using the radio spot

would have introduced factors involved with audio such as voice inflection or gender that could also influence the level of persuasion. These factors would have to be measured or canceled out in some way to determine how participants were reacting specifically to the written text in jeremiad format alone.

The health topic of elder care was chosen rather than a more well-known topic, such as diabetes, cancer, or HIV/AIDS. The assumption was that since these topics received much wider publicity in the general public and the African American community, it was likely that study participants would have preconceived opinions on the topics. Preconceived or even fixed opinions could have increased the difficulty of determining the ad's influence on efficacy. More study questions would have been necessary to address these concerns. Likewise, study participants would be less likely to have fixed opinions on this elder care topic and therefore, potentially be more reliant upon the two different rhetorical approaches in processing the message.

Elder care is a major concern among African Americans. Culturally, it is a tradition in the African American community that family members take care of their elder loved ones (Rimer, 1998). In 2011, the National Center for Health Statistics reported African Americans are less likely than their White counterparts to plan for elder care, including having an advanced directive (Ramnarace, 2011). Heather Coats documented these statistics:

In 2010, there were 38.9 million AA [African American] elders, and by the year 2050, AA older adults are projected to account for more than 21.5% of the U.S. population, an increase from 10% in the 1990s. Yet, according to the Agency for Healthcare Research and Quality Health Disparities Report, AA elders are less likely than Whites to receive the right amount of support during the time of serious illness. (2017, p. 253)

Per the PHM framework, the first step was to determine the threat(s) and the efficacy of the target audience to address it. For the initial ad campaign, interviews with 30 current

Riverside PACE participants and their caregivers (unpaid individuals who assist others in their daily living activities) were conducted. Caregivers are often family members. The interviews were video-recorded. Since the development of the ad was not intended for a research study at the outset, the answers to interview questions were not tabulated in detail. The marketing team observed trends among the answers, the emotions of the interviewees toward certain questions, and applied their marketing expertise as to what themes they believed would be most appealing to members of the target audiences.

The interviewees were asked to explain why they decided to engage PACE and what they liked about the program. Throughout the interviews, common themes developed as to their perceived threats and efficacy—what inspired the participants and caregivers to apply to PACE. Participants expressed concerns about loneliness at home while their caregivers were away at work. Many expressed concerns about their safety. However, the key threat raised by all participants was the loss of independence. The PACE participants said they were concerned about being forced to leave their homes and move into an assisted living facility. The PACE participants said they enjoyed the social interaction with people their age while also receiving the physical and mental health benefits the program provided. The PACE participants were also concerned about the program's affordability.

The caregivers also expressed some of the same concerns as the participants. Caregivers were concerned their loved ones might injure themselves while home alone. Some caregivers expressed concerns that using in-home health care workers was not a viable option because strangers in the home posed risks. However, the key threat for each caregiver was twofold: the safety of their loved ones and the guilt they would feel having not been there to render assistance. Related to this, the caregivers also expressed concerns about the stress related to

caring for their loved ones at the risk of not spending enough time tending to their own personal needs. The caregivers appreciated the sense of safety and the feeling of family-like support provided by the PACE center staff. While away at work, knowing their loved one would be in a safe environment outside of the home reassured the caregivers and could relieve feelings of guilt. As a result of these interviews, the original ads were constructed to focus on these themes.

Audience personas were created based on the PACE participants and caregivers that were interviewed. The target audience was identified as seniors who were potentially eligible for assisted living and nursing home care but still physically and mentally able to remain in their homes. According to the Family Caregiver Alliance of the National Center on Caregiving, the age of the average age of a senior in need of care was 69 years old, while the average age of a caregiver was 49.2 years old (Ramnarace, 2011). The caregivers were identified predominantly as women ages 40 years and older, working outside of their homes, and whose parents were alive but in declining health.

As previously stated, health is a topic that ranks high among African Americans searching for information online. Using a respected community institution is one of the recommended strategies for engaging African Americans in health campaigns. BlackDoctor.org was chosen because it is a popular and trusted health website that targets African Americans. BlackDoctor.org is a part of the Black Press tradition, an institution that has served and advocated for the African American community for generations. Therefore, the website would seem to be an ideal partner for such an online study.

Online studies have the potential to generate higher numbers of African American participants but also present drawbacks. Initially, in the 1990s when they were new, online surveys were viewed with great optimism for improving research. However, optimism has

tempered a bit in more recent years (Saleh & Bista, 2017). Online surveys possess a variety of strengths such as the ability to reach people at low costs, speed and timeliness, and knowledge of the respondents, particularly if a database is used and the demographics of the users is known. Knowledge of the respondents' demographics was the key reason for using BlackDoctor.org as a partner. A reaction between interviewer and respondent was not necessary. In this case, the desire was for the respondents to strictly react to the language in the health advertisement only, while in the medium environment and context (online) that African American consumers would see was the ad—on their computers or mobile phones, likely alone and with decreased potential influence or distraction by others. Therefore, though a different survey model (such as an in-person focus group, which is highly recommended particularly for African Americans regarding health research) could have been applied, conducting an online survey to test the application of the jeremiad rhetoric for online health messaging made obvious sense; the intended future environment for this type of health communications with African Americans was a website or other online application such as an app. Also, as previously stated, research indicated that despite their drawbacks, online surveys offer encouraging promise toward increasing African American participation in health research (Watson, Robinson, Harker, & Arriola, 2016).

Online surveys also contain various weaknesses. Online survey invitation e-mails can often be mistaken as junk mail, which can be missed by the intended user. Follow-up questions to probe individual users for clarity or details in their answers cannot be used. If questions are unclear, users may be more likely to not answer questions or to not finish the survey. Privacy remains a concern, as users may be uncertain how their responses may be used in other ways or if their exposure to the survey will lead to them being hacked. Also, low response rates are an increasing problem with online surveys (Evans & Mathur, 2005). Response rates are estimated to

be 11% lower than other survey modes (Saleh & Bista, 2017). This important issue will be addressed later in the Discussion section, as it was a significant limitation concerning the results. Nonetheless, testing the application of the jeremiad rhetoric format in the intended communications medium targeting the intended African American audience was necessary for this study.

Study Design

The online study was conducted from February 28, 2018, to March 28, 2018. The online survey consisted of two distinct versions of an advertisement that contained the same message regarding PACE. Both versions were refashioned from the original print ad for use online and adhered to PL principles. Version 1 (Standard Language) of the advertisement read as follows:

Your senior mom, dad, or other loved one may be unwilling or feel unready to go to a nursing facility. But you understand that they need the support. That's where Riverside PACE—an innovative and support new program for older adults and their families—can stand with you. All-inclusive medical care, warm and friendly social activities, professional therapies, and regular medications by professionally trained staff at our beautifully designed Riverside PACE center are all part of the program. So is respectful, trustworthy in-home assistance. To learn more about keeping someone special at home with the help of Riverside PACE, click here now. (see Figure 5)

Ad Group 1

All-Inclusive physical and social care to keep older adults independent

Your senior mom, dad or other loved one may be unwilling or feel unready to go to a nursing facility. But you understand that they need the support. That's where Riverside PACE — an innovative and supportive new program for older adults and their families — can stand with you.

All-Inclusive medical care, warm and friendly social activities, professional therapies, and regular medications by professionally trained staff at our beautifully designed Riverside PACE center are all part of the program. So is respectful, trustworthy in-home assistance. To learn more about keeping someone special at home with the help of Riverside PACE, **click here now.**




Figure 4. PACE ad, Group 1. Screenshot.

Readability Formulas, a free, online readability tool, was used because it provides results from a variety of tools, including the SMOG Index, which is widely used for healthcare communications. The SMOG grade level for the Version 1 text was 10.8 or 11th grade. This grade level was obviously higher than the PL target of 8th grade but acceptable for an online audience, which skews toward a college-educated level. Per PL recommendations, the sentences were shortened and to include only one idea per sentence. However, a concern was to not stray too far from content and cadence of the original language of the approved print ad. Doing so could introduce language that might minimize the distinction from the jeremiad version. Nonetheless, the fourth sentence of the passage could have been divided into two shorter sentences. Rather than three paragraphs, the text was also presented in two blocks, which were easier to process.

In Version 2 (Jeremiad format) of the ad, the language was adjusted to include the four refashioned elements of African American jeremiad rhetoric: (a) affirmation of a person's and or a community's spirituality/connectedness to God or a Higher Power, (b) identification of unjust outside forces (such as racism) afflicting the individual and/or community as the root cause of the health problem, (c) acknowledgment of person's and community's responsibility in the health crisis, and (d) optimism urging individuals to take personal responsibility toward family/Black community to change behavior and overcome the health problem. Version 2 read (the italics/red indicate the language changes):

Your senior mom, dad, or other loved one *is not as healthy home alone as they used to be, but their life still has a higher calling. You want to provide support and safety but outside demands steal your time.* That's where Riverside PACE—an innovative and supportive new program for older adults and their families—can stand with you.

All-inclusive medical care, warm and friendly social activities, professional therapies, and regular medications by professionally trained staff at our beautifully designed Riverside PACE center are all part of the program. So is respectful, trustworthy in-home assistance. *Do PACE for your loved one.* To learn more about keeping someone special at home with the help of Riverside PACE, click here now (see Figure 5).

Ad Group 2

All-Inclusive physical and social care to keep older adults independent

Your senior mom, dad or other loved one is not as healthy home alone as they used to be, but their life still has a higher calling. You want to provide support and safety, but outside demands steal your time. That's where Riverside PACE — an innovative and supportive new program for older adults and their families — can stand with you.

All-Inclusive medical care, warm and friendly social activities, professional therapies, and regular medications by professionally trained staff at our beautifully designed Riverside PACE center are all part of the program. So is respectful, trustworthy in-home assistance. Do PACE for your loved one. To learn more about keeping someone special at home with the help of Riverside PACE, **click here now.**




Figure 5. PACE ad, Group 2. Screenshot.

Per Readability Formulas, the SMOG grade level registered at 9.8 or 10th grade. The phrase, “but their life still has a higher calling” reflects the element “affirmation of a person’s and/or community’s spirituality/connectedness to God or a Higher Power.” The clause “You want to provide support and safety” reflects the element of community responsibility. The phrase “outside demands steal your time” acknowledges the element of an unjust outside force that is responsible for the health problem and beyond one’s immediate control to solve. Again, this is the key distinction of the African American jeremiad from the American jeremiad. It identifies the additional burden Black Americans must bear to strive to overcome an intentionally oppressive racist system, a burden that is too often unacknowledged. Finally, the sentence, “Do PACE for your loved one” reflects the element of optimism and taking “personal responsibility” to address the problem. The changes were strategically done at the beginning of the passage to immediately make an intimate personal connection with the audience. The goal was to draw the audience in by identifying their problem but in a way that resonates culturally. The middle or

body of the passage is reserved for introducing relevant authoritative and reassuring information about PACE to convince the audience that PACE could empower them to solve their problem.

The final call to action statement is presented at the end to inspire the audience to act. A summary of the ad refashioned with African American jeremiad elements is found in Table 1.

Table 1

Application of African American Jeremiad Elements

Element	Example
Connection to a destiny, God/Higher Power	but their life still has a higher calling
Responsibility to family and or community	You want to provide support and safety
Identification of racism and/or other outside forces as the root causes of the problem	but outside demands steal your time
Optimism to take personal responsibility/action to solve the problem	Do PACE for your loved one.

Two different sets of BlackDoctor.org users were e-mailed an invitation to take part in the volunteer study that included a link to the corresponding page for a version of the online ad (see Figure 6). The two groups were randomly assigned. They were Black, and age 21 and older queried from the BlackDoctor.org membership database. Users were asked to identify their race. Persons who identified as Black were allowed to continue to the study. Those who did not identify as Black were not allowed to continue and were thanked for sharing their time. Each member had a numerical unique identifier attached to her or his record. A number generator randomly selected 20,000 ID numbers, of which 10,000 users were randomly assigned to Ad Group 1 and 10,000 users were randomly assigned to Ad Group 2. Upon clicking the link, the users were taken to another website. The users were anonymous (no identifiable information was collected). The data was stored in a password-protected system.

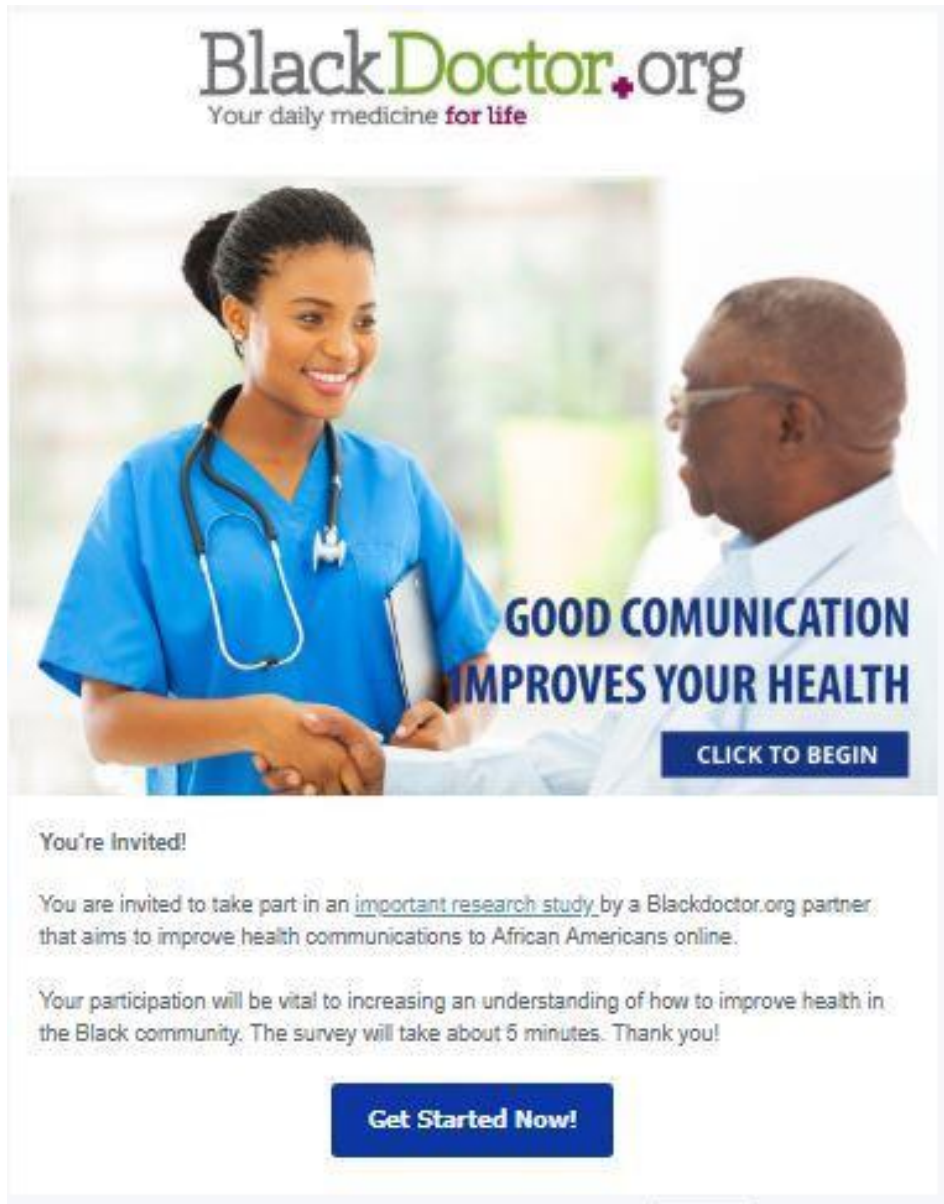


Figure 6. African American jeremiad rhetoric health study invitation. Screenshot.

A 10% response rate was assumed. However, as previously indicated, online surveys have been trending toward lower response rates (Saleh & Bista, 2017). The sample size was 46 respondents who completed both the pre-test and post-test. The response rate was .23%. In part, 20,000 users were invited to participate in the study to overcome the anticipated low response rates of online research studies.

The two versions of the ads were displayed on separate web pages. Both retained the same messaging theme. Both ads also had identical photo images. The response period was four weeks in length. Two e-mail reminders were sent in weeks 2 and 4.

A/B Testing was used to determine whether the application of the African American jeremiad rhetorical form would be more effective. A/B Testing allows two version of a single variable to be randomly compared. This method was chosen because of the benefit of measuring user behavior under the real-world online conditions that the African American jeremiad would be applied. Also, considering limited financial resources to conduct the research, the approach is relatively inexpensive to execute. The evaluation session included pre- and post-evaluation forms and time to review the PACE ad page on the website. The pre-evaluation survey assessed participants' knowledge of the PACE program and the likelihood of using the program. The post-evaluation assessed change in their knowledge level of PACE, and the likelihood of engaging the program. The survey took about 10 minutes for participants to complete.

Upon responding to the invitation, users were asked to participate in a pre-test and a post-test to determine potential changes in knowledge that could lead to behavior change. McGuire's communication persuasion model identifies presentation, attention, comprehension, yielding, retention, and behavior as the factors that message receivers navigate toward taking (or not taking) action indicating behavior change (McGuire, 2000). The pre-test questions were designed to assess the participants' knowledge and familiarity with PACE to determine a baseline for how, after being presented with the ad, the participants might navigate the remaining elements toward potentially being persuaded to take positive action. If the participants already had a high familiarity with PACE, it would be more difficult to differentiate whether the messaging influenced their efficacy. The questions were also written to determine whether the participants

fit the target audience as potential PACE participants or caregivers. If the participants did not fit the target audience and perhaps lacked interest, these factors could also affect the influence of the message upon the audience or even whether participants might complete the survey. The post-test questions were designed to, in comparison with some of the pre-test questions, ascertain whether the change in the written text of the ad influenced the survey participants' comprehension, retention, and possible yielding to the message. A post-test question also asked participants whether, as a result of viewing the ad, they were inclined to click the hypertext link to learn more about PACE. The improved knowledge and attitude toward PACE could be an indicator of the likelihood of participants acting to engage the program, either for themselves or someone else.

The following statements were used for the pre-test evaluation:

1. You are familiar with PACE and can describe it to others.
 - a. Not at all likely b. Unlikely c. Likely d. Highly likely e. Unsure
2. You know what health services are available for participants of PACE.
 - a. Not at all likely b. Unlikely c. Likely d. Highly likely e. Unsure
3. You are a caregiver of someone who might be eligible for PACE.
 - a. Not at all likely b. Unlikely c. Likely d. Highly likely e. Unsure
4. You are potentially eligible to participate in PACE.
 - a. Not at all likely b. Unlikely c. Likely d. Highly likely e. Unsure
5. If you could, you would be interested in participating in a program like PACE.
 - a. Not at all likely b. Unlikely c. Likely d. Highly likely e. Unsure

These statements were used for the post-test evaluation:

1. You can describe the benefits for participants of PACE.

a. Not at all likely b. Unlikely c. Likely d. Highly likely e. Unsure

2. If you were a caregiver of someone who might be eligible or if you were a senior who might benefit, you would try PACE.

a. Not at all likely b. Unlikely c. Likely d. Highly likely e. Unsure

3. If a friend was looking for placement of a parent or another loved one, you would recommend PACE.

a. Not at all likely b. Unlikely c. Likely d. Highly likely e. Unsure

4. After reading the ad, you were inclined to click the link inviting you to find out more about PACE.

a. Not at all likely b. Unlikely c. Likely d. Highly likely e. Unsure

5. In the space below, share your thoughts regarding why the ad did or did not appeal to you.

Each pre-test statement was chosen to solicit certain data to help determine how effective the language conveyed information about PACE and which ad may have been more effective toward inspiring audience engagement with PACE. Statement #1, “You are familiar with PACE and can describe it to others” aimed to establish how generally informed the participant already was about PACE and to what degree their efficacy may have changed. Statement #2, “You know what health services are available for participants of PACE” aimed to determine the level of knowledge regarding how PACE might meet a personal need or solve personal problems. Statement #3, “You are a caregiver of someone who might be eligible for PACE,” and statement #4, “You are potentially eligible to participate in PACE” aimed to establish more intimately what personal stake the survey participant could have in PACE and what sector of the target audience they represented. Statement #5, “If you could, you would be interested in participating in a

program like PACE” was included to establish more narrowly whether the survey participant was immediately inclined to engage PACE and which ad might be most influential in inspiring behavior change toward immediate action.

The post-test statements were designed to measure shifts among the participants in terms of knowledge of PACE and likelihood of engaging the program as either a caregiver or participant. Statement #1, “You are familiar with PACE and can describe it to others” aimed to measure how informative each ad had been and whether one was more successful than the other. Statement #2, “If you were a caregiver of someone who might be eligible or if you were a senior who might benefit, you would try PACE” and statement #3, “If a friend was looking for placement of a parent or another loved one, you would recommend PACE” aimed to determine if the participant was still inspired by the ad message and whether the survey respondent fit the caregiver or participant profile. Statement #4, “After reading the ad, you were inclined to click the link inviting you to find out more about PACE” aimed to measure of the likelihood of the respondent taking immediate action as a result of reading either ad. Finally, statement #5, “In the space below, share your thoughts regarding why the ad did or did not appeal to you” was designed to measure the emotional engagement the ads may have inspired.

Over four weeks, 20,000 users were e-mailed: 10,000 to Group 1 and the other 10,000 to Group 2. The sample size was 46—the combined number of respondents in both groups who completed both the pre-test and post-test. Group 1 had 26 respondents; Group 2 had 20 respondents. Table 2 represents the responses of Group 1 to the Standard Language ad pre-test. Table 3 represents the responses of Group 1 to the Standard Language ad post-test. Table 4 represents the responses to the Group 2 African American jeremiad rhetoric ad pre-test, and Table 5 represents the responses to the Group 2 post-test.

Table 2

Group 1: Standard Language Responses: 26 Pre-Test

Group 1 Pre-test statements	Highly Likely	Likely	Unlikely	Not at all	Unsure
S 1: You are familiar with the Program of All-Inclusive Care for the Elderly (PACE) and can describe it to others.	3 (12%)	2 (8%)	6 (23%)	15 (58%)	0
S 2: You know what health services are available for participants of PACE.	3 (6%)	3 (6%)	3 (11%)	17 (65%)	0
S 3: You are a caregiver of someone who might be eligible for PACE.	2 (4%)	5 (19%)	2 (8%)	14 (54%)	2 (8%)
S 4: You are potentially eligible to participate in PACE.	1 (2%)	3 (12%)	4 (15%)	8 (31%)	7 (27%)
S 5: If you could, you would be interested in participating in a program like PACE.	3 (12%)	10 (38%)	1 (4%)	0	12 (46%)

Table 3

Group 1: Standard Language Responses: 26 Post-Test

Group 1 Post-test Statements	Highly Likely	Likely	Unlikely	Not at all	Unsure
S 1: You can describe the benefits for participants of the PACE program.	4 (13%)	13 (50%)	1 (3%)	6 (20%)	2 (8%)
S 2: If you were a caregiver of someone who might be eligible, or if you were a senior who might benefit, you would try PACE.	6 (20%)	12 (46%)	0	0	7 (27%)

Group 1 Post-test Statements	Highly Likely	Likely	Unlikely	Not at all	Unsure
---	----------------------	---------------	-----------------	-------------------	---------------

S 3: If a friend was looking for placement of a parent or another loved one, you would recommend PACE.	5 (17%)	11 (37%)	1 (3%)	0	7 (27%)
S 4: After reading the ad, you were inclined to click the link inviting you to find out more about PACE.	11 (37%)	8 (31%)	0	0	6 (23%)

Table 4

Group 2: Jeremiad Responses: 20 Pre-Test

Group 2 Pre-test Statements	Highly Likely	Likely	Unlikely	Not at all	Unsure
S 1: You are familiar with the Program of All-Inclusive Care for the Elderly (PACE) and can describe it to others.	0	4 (20%)	2 (10%)	11 (55%)	1 (5%)
S 2: You know what health services are available for participants of PACE.	0	4 (20%)	3 (15%)	10 (50%)	1 (5%)
S 3: You are a caregiver of someone who might be eligible for PACE.	2 (10%)	2 (10%)	2 (10%)	9 (45%)	2 (10%)
S 4: You are potentially eligible to participate in PACE.	2 (10%)	0	3 (15%)	5 (25%)	7 (35%)
S 5: If you could, you would be interested in participating in a program like PACE.	2 (10%)	6 (30%)	2 (10%)	0	7 (35%)

Table 5

Group 2: Jeremiad Responses, 20 Post-Test

Group 2 Post-test Statements	Highly Likely	Likely	Unlikely	Not at all	Unsure
S 1: You can describe the benefits for participants of the PACE program.	3 (15%)	10 (50%)	2 (10%)	2 (10%)	1 (5%)
S 2: If you were a caregiver of someone who might be eligible, or if you were a senior who might benefit, you would try PACE.	6 (30%)	9 (45%)	0	2 (10%)	2 (10%)
S 3: If a friend was looking for placement of a parent or another loved one, you would recommend PACE.	3 (15%)	9 (45%)	0	3 (15%)	4 (20%)
S 4: After reading the ad, you were inclined to click the link inviting you to find out more about PACE.	5 (25%)	9 (45%)	2 (10%)	2 (10%)	1 (5%)

Table 6 reflects participants' responses to the final post-test statement No. 5, "In the space below, share your thoughts regarding why the ad did or did not appeal to you."

Table 6

Participants' Comments

Group 1 Standard Language	Group 2 African American Jeremiad Rhetoric
--------------------------------------	---

“The ad was quite informative. It appears to be a great facility.”	“I like a program promoting health independence such as what PACE suggests.”
“The ad appealed to me because it addressed an important concern. Seniors do not want to go to nursing homes.”	“The ad was appealing to me because I have a loved one I know could benefit from PACE.”
“It looks inviting and helpful for seniors that get available help to appointments, therapist, and assistance with takings meds, Along with invites to social activities.”	“I just took out a supplemental two weeks ago on my insurance policy to help defray the costs of in-home care when I am no longer able to help myself, so I was happy to know there is a program of that caliber in existence. I moved to California last year (following my dream), have a home in OKC, and directed my kids in California that I wanted to go "home" when the need would come up. Imagine my happiness when I was asked by my daughter what I would have there (OKC) that I wouldn't have here in CA. It seems as though they want to take care of me, because 'that's what we do in our family.'”
“I found the ad to be informative and useful. I think there needs to be additional programs that support the elderly.”	“The ad appealed to me because it is something new that could benefit me, my family members, or community.”
“It appeared that the elderly were being kept active and not just a humdrum nursing facility. They appeared pleasant or happy in participating. The script was informative and encouraging.”	“Pictures, the word <i>all-inclusive</i> care, helping to keep loved one in their home, acknowledging they still have a purpose and importance to me.”
“Most seniors who own a home desire to remain autonomous and stay in their home environment. I support my parents’ right to choose.”	“Want to know more details regarding the service.”
“The ad was positive and appealing.”	“It appeals because it is trying to support seniors. There is not a lot of that for senior citizens in the U.S.”
“Appealed, looked clean and safe.”	“The ad definitely appealed to me. However, when the price isn't mentioned in the ad, that means it's expensive.”

Group 1 Standard Language	Group 2 African American Jeremiad Rhetoric
--	---

“I found it interesting because it’s widely known that people do better when they stay active and can stay in their home.”	“I was impressed with the ad because it gives seniors their independence.”
“Ad speaks to physical and social needs. I like the intro with the statement that a loved one may be willing or unwilling.”	
“I have a parent who could use this service.”	

There were 26 Group 1 respondents and Group 2 had 20 respondents. Post-tests for both groups indicated that after viewing the ads, there was an improvement in efficacy regarding the ability to explain the PACE program. There was also improvement in potential interest in possibly learning more and or engaging with the program. This was evident by changes to respondents’ answers to pre-test statement #1, “You are familiar with the Program of All-Inclusive Care for the Elderly (PACE) and can describe it to others” and the corresponding post-statement #1, “You can describe the benefits for participants of the PACE program.” However, a comparison of the differences was statistically insignificant. Table 7 and Table 8 compare the post-test results from Group 1 and Group 2.

Table 7

Comparison for Statement 1

S 1: You can describe the benefits for participants of the PACE program.	Highly Likely	Likely	Unlikely	Not at all	Unsure
Group 1 Post-test Responses	4 (13%) [previously 12%] (8.33 percentage change)	13 (50%) [previously 8%] (525 percentage change)	1 (3%) [previously 23%] (-87 percentage change)	6 (20%) [previously 58%] (-66 percentage change)	2 (8%) (previous number = 0)
Group 2 Post-test Responses	3 (15%) (previous number = 0)	10 (50%) [previously 20%]	2 (10%) (0 percentage change)	2 (10%) [previously 55%]	1 (5%) (0 percentage change)

		(150 percentage change)		(-82 percentage change)	
--	--	-------------------------------	--	-------------------------------	--

Table 7

Comparison for Statement 4

S 4: After reading the ad, you were inclined to click the link inviting you to find out more about PACE.	Highly Likely	Likely	Unlikely	Not at all	Unsure
Group 1 Post-test Responses	11 (37%) [previously 12%] (208 percentage change)	8 (31%) [previously 38%] (-18 percentage change)	0 [previously 4%] (-100 percentage change)	0 (zero percentage change)	6 (23%) [previously 46%] (-50 percentage change)
Group 2 Post-test Responses	5 (25%) [previously 10%] (149 percentage change)	9 (45%) [previously 30%] (50 percentage change)	2 (10%) [previously 10%] (0 percentage change)	2 (10%) [previously 0]	1 (5%) [previously 35%] (-43 percentage change)

Though the percentage changes were not statistically significant, some noticeable differences were observed in the comparison of Group 1 and Group 2 responses. To the statement, “You can describe the benefits for participants of the PACE program,” 20% of Group 1 respondents chose “Not at All Likely” after reading the ad. This compared to only 2% of the Group 2 respondents (see Table 9). Also, to the statement, “After reading the ad, you were inclined to click the link inviting you to find out more about PACE,” 23% of Group 1 respondents remained unsure. This compared to only 1% of the Group 2 respondents (see Table 10). This indicated that the jeremiad rhetoric version may have been more persuasive in moving some respondents from being uncertain to deciding.

Table 8

Statement 1 Responses

S 1: You can describe the benefits for participants of the PACE program.		
RESPONSES	Group 1	Group 2
Highly Likely	13%	15%
Likely	50%	50%
Unlikely	3%	2%
Not at All Likely	20%	2%
Unsure	8%	1%

Table 9

Statement 4 Responses

S 4: After reading the ad, you were inclined to click the link inviting you to find out more about PACE.		
RESPONSES	Group 1	Group 2
Highly Likely	37%	25%
Likely	31%	45%

Unlikely	0	10%
Not at All Likely	0	10%
Unsure	23%	1%

Nonetheless, none of the differences in conversion rates were significant enough to determine whether there was a clear difference in the performance of Group 2 (African American jeremiad rhetoric version) when compared with Group 1 (Standard Language). However, the narrative responses indicated the African American jeremiad ad may have been superior toward inspiring a more personal form of engagement, which is the major objective of the PE movement—to encourage collaboration between doctors and patients toward developing health knowledge improvement outcomes.

CHAPTER VI

DISCUSSION

Study Results

This research indicated a strong potential for successfully applying the African American jeremiad form as a linguistic and sociocultural approach to culturally competent health messaging targeting African Americans online. Doing so could inspire positive behavioral change toward closing the health disparities gap. Positive percentages in both the Group 1 and Group 2 versions indicated both ads may have been influential and effective. Both the Standard Language Group 1 and the African American jeremiad Group 2 indicated an increased understanding of PACE after viewing their respective ads and increased the likelihood of taking the next step to learn more and to engage the program. However, due to the need for more data, the A/B test yielded inconclusive results.

The differences in conversion rates of the two key statements measured were not significant enough to determine if there was a clear difference in the performance of Group 2 (African American jeremiad rhetoric form) compared to Group 1 (Standard Language). For example, comparing Group 1 and Group 2 responses to the statement, “You can describe the benefits for participants of the PACE program,” the response choice “Likely” yielded the highest percentage change in both groups. After taking the pre-test, viewing their respective ads, and completing the post-test, the results were Group 1 (525) and Group 2 (150). However, the difference in conversion rate was 0. Assuming a 95% confidence level, the Group 1 conversion rate was 50% and the Group 2 conversion rate was 50%. Power was 7.46%, p-value was .5000 with the Z-score of 0. The standard error for Group 1 was 0.098058 and the standard error for Group 2 was 0.111803.

The language used in both ad versions was effective in communicating the issue of elder care and its relevance to the target audience. The language was also effective in communicating the benefits of PACE and how it could potentially address the problem. This is likely because both versions conformed to PL principles, making them relatively easy to read and comprehend.

Narrative responses from online survey participants can also be very useful in providing deeper insights to understand survey results. In this case, the narrative revealed that the identical images of smiling PACE participants use in both ads also informed the respondents. For example, a Group 1 respondent commented, “It appeared that the elderly were being kept active and not just a humdrum nursing facility. They appeared pleasant or happy in participating. The script was informative and encouraging.” Another respondent wrote, “Appealed, looked clean and safe.” Meanwhile, a Group 2 respondent wrote, “Pictures, the word *all-inclusive* care, helping to keep loved one in their home, acknowledging they still have a purpose and importance to me.”

However, further analysis of the narrative responses indicated the Group 2 African American jeremiad version may have been superior toward inspiring more intimate engagement by the respondents. Participant comments from Group 1 expressed more impersonal concerns. The Group 1 comments emphasized a focus on learning the information regarding PACE, such as the program’s offerings and potential quality of the facility. For example, a Group 1 respondent commented, “The ad was quite informative. It appears to be a great facility.” Another responded, “I found the ad to be informative and useful. I think there needs to be additional programs that support the elderly.” Such responses are consistent with the PL deficit model approach, which emphasizes the importance of facts to inform and persuade the audience.

Meanwhile, the African American jeremiad Group 2 respondent comments trended toward more intimate concerns, such as the quality of life of their loved ones and families. For example, a Group 2 respondent commented, “The ad was appealing to me because I have a loved one I know could benefit from PACE.” Another respondent wrote, “The ad appealed to me because it is something new that could benefit me, my family members, or community.” Group 2 generated by far the longest and most personal response. A respondent wrote the following:

“I just took out a supplemental two weeks ago on my insurance policy to help defray the costs of in-home care when I am no longer able to help myself, so I was happy to know there is a program of that caliber in existence. I moved to California last year (following my dream), have a home in OKC, and directed my kids in California that I wanted to go "home" when the need would come up. Imagine my happiness when I was asked by my daughter what I would have there (OKC) that I wouldn't have here in CA. It seems as though they want to take care of me, because “that's what we do in our family.”

Such responses reflected the Health 2.0 approach toward more interpersonal audience engagement. Once presented with a message, receivers of the message navigate the factors, attention, comprehension, yielding, and retention toward taking (or not taking) action indicating behavior change (McGuire, 2000). The percentage changes when comparing the pre-test and post-test results of both groups indicated the language in both versions was effective for informing the audience and improving efficacy. The narrative responses potentially indicated the audience exposed to the PACE message constructed in the African American jeremiad was potentially inspired to move past each of the factors toward positive behavior change or even immediate action to engage the PACE program.

Stirring emotion is a key component in inspiring audience engagement toward behavior change (Fishbein et al., 2001). As previously stated, STM communication has traditionally emphasized a “deficit model” approach that though it calls for the use of PL, still too often fails to inspire the type of intimate reaction and public engagement that leads to behavior change.

When PL is fully understood by the communicator, one realizes its application could also apply culturally competent rhetoric deemed relevant and appropriate by the target audience. Perhaps this outcome is a byproduct of the Group 1 Standard Language version being remediated from an original ad that did not emphasize culturally competent language. The original ad was more in line with the traditional “deficit model” health communication approach. However, despite these findings that could appear to reinforce the hypothesis, the research is not without limitations.

Limitations

Significant limitations were realized in this research. Low response rates are a concern for online studies in general. On average, online response rates are estimated to be 11% lower than other survey modes (Saleh & Bista, 2017). The .23% response rate of this study was low. A 10% response rate was assumed. In anticipation of a low response rate, invitations were e-mailed to 20,000 users (10,000 per Group 1 and 10,000 per Group 2). Still, the low response rate was disappointing, as there were 26 Group 1 respondents and 20 Group 2 respondents who completed the pre-tests and post-tests.

For much of the same reasons health disparities persist, such as distrust of the health system because of racism, a misperception persists regarding the difficulty of getting African Americans to participate in any type of research studies. Some research indicated a difficulty getting African Americans to participate in clinical trials (Watson et al., 2016). This perception, which remains debatable, has often been misapplied to research studies as well. Wendler et al. (2006) found minimal differences among African Americans in terms of their desires to participate in research studies when compared to Whites. Nonetheless, the misperception, if known among potential participants in a study, could influence their decision to take part. A key recommendation for increasing African American participation was applied to attempt to avert a

low response rate—the use of a trusted institution in the Black community to engage the audience in the research study. BlackDoctor.org is a respected health website that is highly visited by the target audience. However, it also takes an approach toward health issues that might not be conducive to online academic health research. As stated previously, the website takes an entertainment/lifestyle approach toward health. Users visit the website to learn about health and lifestyle tips, such as from their favorite entertainers. Though health is a popular topic for web searches by African Americans, users are likely engaging BlackDoctor.org as part of relaxing at their computers or with mobile phones. They are likely interested in less weighty health topics than elder care. Desiring entertainment, they are not as likely to engagement BlackDoctor.org for the purpose of participating in an academic study.

The invitation e-mail was sent to a random sampling who had agreed to receive e-mails and solicitations from BlackDoctor.org. According to BlackDoctor.org, subscribers in the BlackDoctor.org database were accustomed to receiving promotional e-mails from the media company. According to BlackDoctor.org, users have authorized the website to invite their participation in research studies, but such invitations are uncommon. Therefore, the study was an out-of-the-ordinary communication for many, such as those who do not subscribe to the website's weekly e-newsletter. For others, e-mail overload could have been a factor. Research indicated a connection between low response rates and the high volume of e-mails people receive daily (Dabbish & Kraut, 2006). Many people simply ignore e-mail (Siu, Iverson, & Tang, 2006). For those among the randomly selected who were not regular newsletter subscribers, the survey invitation could have ended up in their spam folder.

The subject line of an e-mail is a vital element that affects whether users receive e-mails in their inbox and whether they open them. The subject line chosen was, “Does communication

make you healthier?” Questions typically engage and entice users to open e-mails. This subject line may not have been provocative enough for many users. “Marketing e-mails are less likely to be tossed in the virtual trash or reported as spam when the recipient finds them useful and personally relevant” (McAdara-Berkowitz, 2013, p. 1). However, a critical consideration regarding the subject line was that it would not cause respondents to prejudge the survey (Sappleton & Lourenço, 2016). For example, if users felt they were being marketed to, it was very possible that they would have approached the survey with more skepticism, thus impacting their answers.

Once the e-mail was opened, the descriptive text might not have been enticing enough to inspire participation. The text read:

You are invited to take part in an important research study by a Blackdoctor.org partner that aims to improve health communications to African Americans online. Your participation will be vital to increasing an understanding of how to improve health in the Black community. The survey will take about 5 minutes. Thank you!

Because of a technical malfunction after the survey, a reliable e-mail open rate report was unavailable. Knowing the open rate could have indicated whether the subject line was successful and if there was a glitch once the e-mail was opened. It is uncertain whether the text impacted the open rate; this effect would have been difficult to measure without following up with users who received the e-mail and opened it. It was important for the study that respondents view the ad objectively and react naturally to the written text. In hindsight, an invitation that included an official endorsement note from the BlackDoctor.org management team could have been helpful. Research indicated that rather than using a generic request seeking participation in a survey, requests from an authoritative figure increased response rates (Kaplowitz, Lupi, Couper, & Thorp, 2012). BlackDoctor.org founder Reginald Ware typically does not position himself as the face of the website. He prefers to remain in the background. However, a special endorsement

from Ware or his team could also have increased the trust level among respondents. This kind of appeal could have had a similar, positive effect as when a respected community leader (such as an imam or pastor, etc.) recommends improved health communications to African Americans. The combination of an appropriate and reasonable incentive from a trusted community institution and the invitation including a personal endorsement from the website's CEO could have increased the response rate.

Offering an incentive such as financial reward is another recommendation for increasing response rates. However, financial resources were limited and offering a financial incentive would have been cost prohibitive. Concern over the need for respondents to be objective was also considered as a reason to not offer an incentive. Research indicated appropriate incentives, monetary or otherwise, can influence participant responses but are not necessarily coercive (Faden & Beauchamp, 1986). With more financial resources, keyword search ads on Google could have been purchased to generate targeted prospects who were searching for information on serious health topics. Perhaps these online users would have been more inclined to engage in an academic health study.

Another limitation was related to the visual rhetoric that was present in the ad. The different ad versions contained identical images of African Americans in the PACE setting. Based on some narrative responses, the image likely influenced respondents. Visual rhetoric communicates powerfully. Audiences tended to embrace messages when the visuals positively reflected their social and cultural world (Schiffman, 1995). Had the study not included visuals, this would have likely had a negative impact on the visual appeal of the ad, potentially decreasing the response rate and the overall participation level.

Chapter VII

Conclusion

Despite the vast amount of accurate health information that is widely available, particularly via the Internet, the American public's poor health indicates that a communication disconnect persists (Colen, Ramey, Cooksey, & Williams, 2018). The problem is no more profound than the continued, alarming health disparities plaguing African Americans. As indicated by the 2010 National Healthcare Disparities Report, despite health improvements overall, African Americans continue to live sicker and die younger than any other American group (U.S. Department of Health, 2010). The problem is complex, multifaceted, and systemic, with roots in racism, classism, and socioeconomic factors such as poverty, poor housing, and low access to healthcare. Due to deeply entrenched forms of institutional racism, African Americans are disproportionately poor compared to Whites. Likewise, health disparities also persist among affluent African Americans compared to their White counterparts (Colen, Ramey, Cooksey, & Williams, 2018). This fact clearly reveals health inequality is systemic, as institutional structures throughout American society designed to maintain the racial order, sustain dispossession, displacement and discrimination to ensure African Americans suppression, which predictably leads to damaged health. Systemic changes are necessary to end racial health disparities. African Americans have a dual role to play toward strongly advocating for systemic changes as well as actively engaging in individual/community positive changes toward closing the health inequality gap.

Researchers have identified the link between ineffective health communications and low health literacy as prominent factors. PL is about communicating with the audience's unique needs in mind and using common language that information can be understood the first time it is

read or heard. A close reading of the Plain Writing Act reveals the inclusion of the phrase *intended audience* in the definition. Therefore, the application of PL should not be limited to White, middle-class language standards but embrace the culturally competent language, such as applying rhetoric that is unique to a particular racial/ethnic group. Particularly in the case of African Americans, their unique rhetoric should be fully embraced to achieve effective health communications that achieve positive behavior changes.

Applying Bolter and Grusin's theory of remediation, Ortiz's theory of neoculturation, and McGuire's communication/persuasion model, the study concludes by way of an A/B Test experiment that the African American jeremiad form, applied as a linguistic and sociocultural approach to culturally competent online health communications, could potentially inspire positive behavior change that could lead to action toward systemic and personal health changes. Though qualitative results of the A/B Test were inconclusive regarding whether the African American jeremiad form was more persuasive, results indicate participants knowledge of the PACE program increased after viewing the African American jeremiad version of the health message. Most strikingly, the participants' narrative responses to the African American jeremiad version were more personally revealing and intimate. This indicates a level of engagement by participants, which is a key goal toward achieving positive behavior change. Previous research indicated that health information was highly sought after by African Americans online (Chisolm & Sarkar, 2015). Therefore, African Americans who engage health information online are likely predisposed toward positive behavioral change. Health communicators should use unique cultural forms and dialects that are embraced and used by the audience they are attempting to reach.

Photos and images of African Americans are important toward being culturally competent. Images are powerful and can also inspire public engagement, which is crucial to increasing efficacy and positive behavior change. The jeremiad visual rhetoric mode depicts faulty human behavior as the cause of crisis (Cox, 2013; Rosteck & Frenzt, 2009). It can evoke personal connection that raises awareness that leads to action. Images in the press and on television showing the injustice and suffering of peaceful Black protestors influenced how the Southern Freedom movement was perceived. For example, the 1955 *Jet* Magazine photo of a disfigured murdered Emmett Till lying in his casket sparked outrage across the nation and galvanized action to end the brutality. Till's murder was a catalyst for the Montgomery bus boycott later that year. Similarly, beginning in 2013 photos helped define and spread the Black Lives Matter movement, which aims to end violence and systemic racism against Black people. Across TV screens, and computer screens images of protestors facing down police or counter-protestors illustrate the magnitude of crisis. "Each time a name becomes a hashtag, dramatic pictures by photojournalists, artists, and activists themselves document the historical moment for all the world to see—and share" (Speltz, 2016). Pictures that are closely linked to the text can improve recall of health information, however details that could distract the audience should be minimized (Houts, 2006). Documentation of real people taking action can influence and inspire audiences to do the same. Health inequality plaguing African Americans is as much of a national crisis as legal segregation or police brutality, for they all stem from institutional systemic racism. If African Americans are targeted with the right inspiring health rhetoric in language and visual rhetoric forms, they could be moved to advocate for systemic change and or personal individual change toward closing the racial health inequality gap.

This research study included a comparison of the rhetorical approaches of health websites, WebMD and BlackDoctor.org. The emphasis was on written text, but also considered visual texts. Since BlackDoctor.org specifically targets African Americans, the assumption was that the website's written text would employ significant expressions of African American rhetoric. The analysis concluded BlackDoctor.org's cultural appeal was achieved mainly through visual text only. The written text was similar to the PL deficit model discourse of WebMD, the White counterpart upon which it was partially modeled. For White-owned and run WebMD, which appeals to a general market and has a predominantly White audience, this rhetorical approach was expected and appropriate. However, for BlackDoctor.org, which could specifically draw from the rich rhetorical heritage of its targeted community, this was a missed opportunity. However, this too was expected. Desiring to operate on par with other health websites, in part to generate revenues from similar advertisers, a Black or any other ethnic website would logically adopt the rhetorical standards of the medical community. However, for an African American health website, doing so could also come at a cultural cost that undermines its advocacy mission and potential effectiveness.

Through neoculturation, African Americans have unique rhetoric from which to draw. Originating with Black newspapers, historically, Black media's role has been to advocate for Black community concerns. Black writers drew on African American jeremiad rhetoric, particularly pertaining to the crisis of major concern plaguing African Americans. BlackDoctor.org, by its own expressed purpose to disseminate health information to African Americans is, by default, part of this Black Press legacy. However, though visually BlackDoctor.org is clearly appealing and relevant to African Americans, the written text is not nearly as rooted in African American rhetoric. Some instances of African American rhetoric are

present, but the website's overall rhetorical approach does not fully reflect the advocacy tradition. Rather, the approach that Fanon observed of Blacks adopting White language to navigate a predominantly White world is more evident (Gordon, 2015). Adopting a language as the preferred standard is not inherently wrong since adopting the language of any discourse community, such as the medical field, is often key to acceptance and legitimacy within that community. However, this approach is likely to hamper the website's full potential to affect behavior change. Nonetheless, the validations of both African American rhetoric and the importance of culturally competent communications presents an opportunity for other online communications channels, such as a website or app, to complement and potentially partner with BlackDoctor.org. The following proposal outlines a web-based project that would intentionally incorporate the African American jeremiad rhetorical form in both written and visual texts.

The Skin You're In

The Skin You're In is a documentary film project about the African American health disparities crisis and what can and is being done about it. The executive producer is Thomas LaVeist, PhD., dean of Tulane University School of Public Health and Tropical Medicine. I served as a producer on the project. The film has a promotional website. However, the website will also be a repository for health disparities information presented in a way that inspires positive behavior change toward closing the gap by applying the African American jeremiad rhetoric form.

African American jeremiad rhetoric is obviously culturally relevant. Its spiritual roots make it an ideal communication device for African Americans, who have a higher affinity to faith and religion compared to other groups. Researchers have affirmed that religion and spirituality added positive value when they were included as part of patients' treatment and care.

The website's rhetorical approach would apply the following refashioned movements of the African American jeremiad form:

- connection to God or Higher Power,
- responsibility to family and community,
- identification of racism and or outside forces as root causes of health disparities, and
- optimism to take personal responsibility/action to solve the health problem.

The main categories for achieving cultural appropriateness in health communications are (a) peripheral, where the message is packaged, such as with graphics and photos, to appeal to the targeted group; (b) constituent-involving, where testimonies or personal experiences of group members are featured; (c) evidential, where facts are presented to show how the health issue is specifically impacting the group; (d) linguistic, where the group's native language is incorporated in the message; and (e) sociocultural, where the message appeals to the group's cultural values, such as family unity or spirituality (Kreuter, Lukwago, Bucholtz, Clark, & Sanders-Thompson, 2003). The editorial tone of the website would reflect the African American jeremiad elements by way of multimedia editorial content and interactive features. The website would include stories, such as one featured in the film of a family who goes into the Black community together (with a mannequin in hand) to teach CPR on the spot. Articles would be supported by research studies using real-life testimonies. An example would be a feature on Black women who have been too often denied important preventative pain treatments because of false beliefs among health providers that Black women have a higher pain tolerance than other women. Another story lead could be about a married couple who survived the husband's prostate cancer. Inspired by their religious faith, they have dedicated their lives to helping others who

face similar challenges. The website would encourage community engagement by incorporating social media and other interactive elements by providing connections to other online health groups, organizations, and websites such as BlackDoctor.org and WebMD. Unlike the informational approaches of WebMD and BlackDoctor.org, *The Skin You're In* website would have a clear advocacy tone in the tradition of the Black Press.

The Skin You're In website would contain footage from its documentary film of inspiring interviews and features of individuals and groups from various aspects of the Black community. Community advocates who are showing people how to make healthier eating choices would be interviewed, as well as religious leaders who have successfully implemented health improvement programs among their congregants. The visual elements would support the culturally relevant themes presented in written text toward increasing audience efficacy. The following is a mock home page for *The Skin You're In* website that applies the African American jeremiad rhetoric form (see Figure 7).

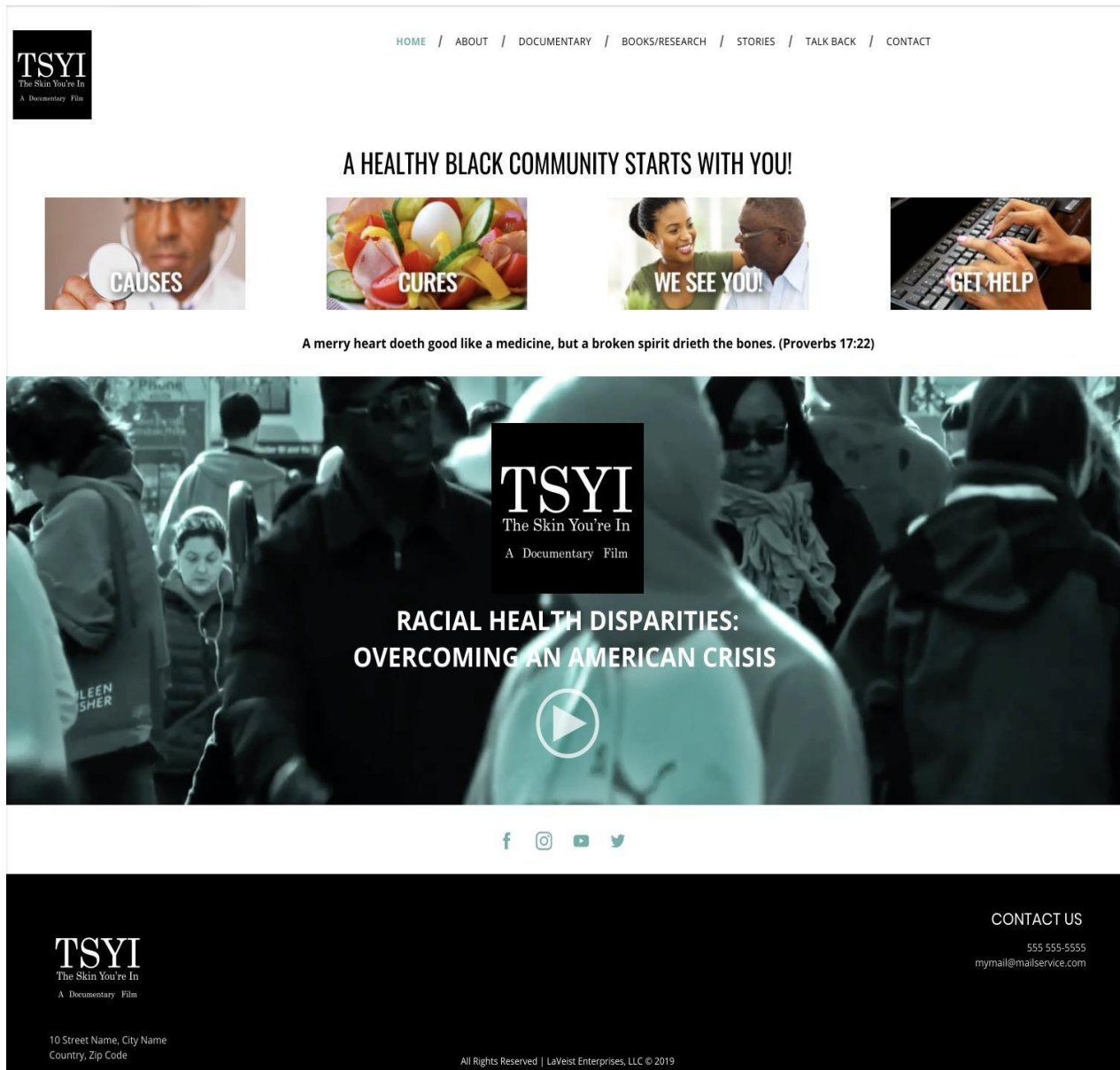


Figure 7. *The Skin You're In* website. Screenshot.

Description

Beginning at the top of the home page, the user is immediately greeted with the strong tagline statement, “A Health Black Community Starts with You!” The tagline is deliberately reminiscent of the “we wish to plead our own cause” statement from *Freedom’s Journal*. The tagline immediately introduces the African American jeremiad rhetoric elements of community responsibility/pride and personal responsibility. By identifying the goal, “healthy black

community,” the tagline also reveals the problem to be solved. Beneath this statement, each of the four tiles serves as editorial content sections for users to click to receive more information. Under “Causes,” users will access research-based articles and news reports defining racial health disparities and documented causes. Systemic racism would be clearly identified as one of the causes. Under “Cures,” users would learn of research-based solutions to illnesses that particularly plague African Americans, as well as alternative cultural practices for improving health outcomes. The “We See You!” section will feature inspiring stories of ordinary and extraordinary individuals who have overcome health problems and are making a difference in their communities and among their families. As discussed previously in the analysis of BlackDoctor.org, the greeting, “We See You!” is distinctly African/ African American. This selective use of Black colloquial language serves the purpose of inviting the target audience to see the website as a place for public engagement and knowledge building. Users could also connect with and engage with African American-oriented health groups online. “Get Involved” would provide users with a list of useful sources for reliable health information. However, emphasis would be on health organizations, including other online health groups where users can get involved in making a difference to close the health gap, as well as join forces with other African Americans. This section could also include links to other relevant websites such as WebMD and BlackDoctor.org. Immediately beneath the tiles appear various inspiring spiritual quotes from the Bible as well as from African and African American cultures. This language usage identifies the remaining jeremiad element of “connection to God or a higher power.” Below the rotating quotes, the remaining image could be clicked to view the documentary’s trailer. The headline, “Racial Health Disparities: Overcoming an American Crisis” clearly

identifies the documentary's topic and its advocacy approach to inspire behavior change toward closing the racial health gap.

Future Research

The rapid growth of e-health services for the public has raised optimism that online engagement can improve health literacy and patient health outcomes. Future research could explore the effect of visual rhetoric compared to written text regarding health message to African Americans online. Studies of campaign effectiveness typically look at the effect of all the campaign elements working together as one unit. Though this study sought to measure the influence of the written text only, it is highly likely that the respondents were also influenced by the visuals. At least two narrative responses reflected reactions to the photos. As mentioned previously, a respondent of the Group 1 (Standard Language) who was influenced by the ad image, wrote, "Appealed, looked clean and safe." A respondent in Group 2 (African American jeremiad rhetoric form) wrote, "Pictures, the word *all-inclusive* care, helping to keep loved one in their home, acknowledging they still have a purpose and importance to me." Images depicting African Americans engaging positively in health scenarios helps to create a positive impression on the audience.

Public engagement (PE) has been identified as the key to moving from the deficit model toward inspiring patient efficacy. Future research could also study the application of other African American rhetoric characteristics such as signifying and call-and-response to health messaging, which specifically require interaction and interplay between the communicator and audience. The application of different rhetorical traditions of various Afrocentric groups in the Americas, both English-speaking and of other languages such as Haitians, Afro Dominicans, Afro Cubans, Afro Brazilians, Garifuna, and so forth, could be explored to determine the

effectiveness with their corresponding audiences. Through neoculturation, these fellow descendants of enslaved Africans developed rhetorics as unique as that of African Americans. Rhetorical approaches to fostering audience engagement via mobile technologies, which has become the technology of choice among many African Americans for accessing the Internet, could be explored.

On the day of the analyzing WebMD and BlackDoctor.org, an irony was observed—the presence of a story about an African American cultural icon on the home pages of both websites. The late Aretha Franklin, one of America’s most celebrated music artists, was being remembered after her recent death from pancreatic cancer. Franklin, known as the “queen of soul,” was one of the best examples of the type of culturally competent and relevant communication that is central to the argument of this paper. Franklin epitomized African American neoculturation. She was not only a musical artist but an activist for Black liberation and women’s rights who inspired change in many people. Her signature 1967 version of the song, “Respect,” by Otis Redding (another African American music icon) energized activists during the Southern Freedom and women’s rights movements.

In honoring Franklin, writers praised her amazing ability to mix and blend a variety of American cultural influences to construct her own unique sound. Yet, when Americans (and people worldwide) of different racial/ethnic backgrounds heard Franklin sing, they instinctively also heard their own cultural influences in her music. A commentary in *The Atlantic* said of Franklin:

Franklin sang with a power and conviction that healed. She transformed pain—both others’ and her own—into jubilation . . . To hear Aretha Franklin sing was to bear witness as she constructed a one-woman orchestra from the discords of her own agony . . . Franklin’s voice hypnotized. It transmuted. Any song she encountered became something new (Giorgis, 2018, para. 2).

In Chapter 4 of this dissertation, I quoted the late Vincent Harding, who offered a superb description of the rhetorical approach of his close friend, and perhaps best known African

American jeremiad, the Rev. Dr. Martin Luther King Jr. Harding described King as:

taking the language of the people, returning it to them as they had given it to him, and creating in many cases a higher form that they could know was actually theirs, and therefore they could feel very right about participating in the creative action with him, the action of transformation. It was in that language, in that sensing that change was possible, in that envisioning of new possibilities, in that dreaming that we saw the artist in him coming through. (as cited in Lawton, 2003, para. 4)

Through her advocacy and Black church roots, Franklin was an African American jeremiad in her own way too.

Franklin first began singing in her father's Detroit church. Her career, which began in the 1960s, spanned six decades of analog to digital changes and such music genres as blues, jazz, country, rock, rhythm and blues, and classical. She adjusted and remediated with each genre while maintaining her own unique voice. In other words, the queen of soul tapped into her African *nommo*—“the supernatural power of the spoken word” (Stephens, 1991, p. 25).

Culturally competent health messaging should not only inform but also inspire positive action, as King did. Health communicators are not expected to sing—particularly not like the one-of-a-kind “Queen Franklin.” However, when it comes to targeting African Americans to achieve positive behavioral change, health communicators could be more effective by applying the community's soul to the message.

REFERENCES

- About WebMD. (n.d.). Retrieved from <https://www.webmd.com/about-webmd-policies/default.htm>
- Anderson, B. (2006). *Imagined Communities: Reflections on the origin and spread of nationalism*. New York, NY: Verso.
- Andrulis, D. P., & Brach, C. (2007). Integrating literacy, culture, and language to improve health care quality for diverse populations. *American Journal of Health Behavior*, 31(Suppl 1), S122–S133. <http://doi.org/10.5555/ajhb.2007.31.supp.S122>
- Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61(4), 461–480.
- Asante, M. K. (1998). *The Afrocentric Idea* (Rev. ed.). Philadelphia, PA: Temple University Press.
- Atkins-Loria, S., Macdonald, H., & Mitterling, C. (2015). Young African American men and the diagnosis of conduct disorder: The neo-colonization of suffering. *Clinical Social Work Journal*, 43(4), 431–441. doi:10.1007/s10615-015-0531-8
- Atkinson, Y. (2000). Language that bears witness: The Black English oral tradition in the works of Toni Morrison. In M. C. Conner (Ed.), *The Aesthetics of Toni Morrison: Speaking the Unspeakable* (pp. 12–30). Jackson, MS: University Press of Mississippi.
- Atwater, D. F. (2009). *African American women's rhetoric: The search for dignity, personhood, and honor*. Lanham, MD: Rowman & Littlefield.
- Auer, M. R. (2011). The policy sciences of social media. *Policy Studies Journal*, 39(4), 709–736.
- Bacon, J. (2007). *Freedom's Journal: The First African American newspaper*. Plymouth, United Kingdom: Lexington Books.
- Baetens, J., Lamber, José. (2000). *The Future of Cultural Studies*, Louvain University Press
- Baetens, J. (2006). Jan Baetens asks Remediation or Premediation. Retrieved from: <http://www.altx.com/ebr/riposte/rip9/rip9bae.htm>
- Bassard, K. C. (2015). The significance of signifying. *Early American Literature*, 50(3), 849–854.
- Bastron, R. D., & McCullough, L. B. (2007). What goes around, comes around: John Gregory, MD, and the profession of medicine. *Proceedings*, 20(1), 18-21.

- Bauer, M., Allum, N., & Miller, S. (2007). What can we learn from 25 years of PUS survey and research? Liberating and expanding the agenda. *Public Understanding of Science*, 16, 79–95.
- Bauer, M., & Jensen, P. (2011). The mobilization of scientists for public engagement. *Public Understanding of Science*, 20(1), 3–11.
- Brasseur, L. (2005). Florence Nightingale's visual rhetoric in the rose diagrams. *Technical Communication Quarterly*, 14(2):161–182. doi:10.1207/s15427625tcq1402_3
- Bazerman, C. (1988). *Shaping written knowledge: The genre and activity of the experimental article in science*. Madison, WI: University of Wisconsin Press.
- Belluz, Julia. (2019, April 10) New York's Orthodox Jewish community is battling measles outbreaks. Vaccine deniers are to blame, Vox
- Berkman, N., Sheridan, D., Stacey, L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: An updated systematic review. *Annals of Internal Medicine*, 155(2), 97–107.
- Berners-Lee, T. (2010). Long live the web. *Scientific American*, 303(6), 80–85.
- Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2002). *Cultural competence in health care: Emerging frameworks and practical approaches*. New York, NY: The Commonwealth Fund.
- Betsch, C., Böhm, R., Airhihenbuwa, C. O., Butler, R., Chapman, G. B., Haase, N., & Nurm, Ü. K. (2015). Improving medical decision making and health promotion through culture-sensitive health communication: An agenda for science and practice. *Medical Decision Making*, 36(7), 811–833.
- Birch, H., & Weitkamp, E. (2010). Podologues: Conversations created by science podcasts. *New Media & Society*, 12(6), 889–909.
- Blake, J. (1952). The inoculation controversy in Boston: 1721–1722. *The New England Quarterly*, 25(4), 489–506. doi:10.2307/362582
- Blakesley, D. (2001). A Review of Remediation. Understanding New Media. Retrieved from: <http://english.ttu.edu/kairos/6.1/reviews/blakesley/remediator.html>
- Boghani, Priyanka., (2019, March 7). The Vaccine War: Officials Say Social Media Plays a Role in the Spread of Vaccine Misinformation, Frontline
- Bolter, J. D., & Grusin, R. (2000). *Remediation: Understanding new media*. Cambridge, MA: MIT Press.

- Booth, W. C. (2004). *The Rhetoric of Rhetoric: The quest for effective communication*. Malden, MA: Blackwell Pub.
- Boyer, E. L. (1996). The scholarship of engagement. *Journal of Public Service and Outreach*, 1(1), 11–20.
- Brach, C., & Fraserirector, I. (2000). Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. *Medical Care Research and Review*, 57(4 suppl), 181–217.
- Bratta, P., & Powell, M. (2016, April 20). Introduction to the special issue: Entering the cultural rhetorics conversations, enculturation. *Enculturation: A Journal of Rhetoric, Writing, and Culture*. Retrieved from <http://enculturation.net/entering-the-cultural-rhetorics-conversations>
- Brewer, E., & Brueggemann, B. J. (2010). Rhetoric of healthcare: Essays toward a new disciplinary inquiry. *Rhetoric Review*, 29(2), 212–216. doi:10.1080/07350191003613559
- Brodie, M., Kjellson, N., Hoff, T., & Parker, M. (1999). Perceptions of Latinos, African Americans, and Whites on media as a health information source. *Howard Journal of Communications*, 10(3), 147–167.
- Brooke, C. G. (2009). *Lingua fracta: Toward a rhetoric of new media*. Cresskill, N.J: Hampton Press.
- Brumfiel, G. (2009). Science journalism: Supplanting the old media? *Nature*, 458(7236), 274–277. doi:10.1038/458274a
- Brummett, B. (2006). *Rhetoric in popular culture* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Byrne, D. (2008). Writing government policies and procedures in plain language. *Business Communication Quarterly*, 71(1), 88–92.
- Caburnay, C. A., Kreuter, M. W., Cameron, G., Luke, D. A., Cohen, E. L., McDaniels, L., Wohlberg, M., ... Atkins, P. (2008). Black newspapers as a tool for cancer education in African American communities. *Ethnicity & Disease*, 18(4), 488–495.
- Caldwell, C. & Atwijuka, S. (2018). “I see you!” The Zulu insight to caring leadership. *Journal of Values-Based Leadership*, 11(1), p. 13. doi:10.22543/0733.111.1211.
- Campbell, A. D., & Wallace, G. (2015). Black megachurch websites: An assessment of health content for congregations and communities. *Health Communication*, 30(6), 557–565. doi:10.1080/10410236.2013.872964

- Campbell, M. K., & Quintiliani, L. M. (2006). Tailored interventions in public health: Where does tailoring fit in interventions to reduce health disparities? *American Behavioral Scientist*, 49(6), 775–793.
- Campinha-Bacote, J. (2009). A culturally competent model of care for African Americans. *Urologic Nursing*, 29(1), 49–54.
- Carpenter, H. (2008, July 28). Who is your information filter? [Web log post]. Retrieved from <http://bhc3.wordpress.com/2008/07/28/who-is-your-information-filter/>
- Castanha, T. (2015). The Doctrine of Discovery: The legacy and continuing impact of Christian “discovery” on American Indian populations. *American Indian Culture & Research Journal*, 39(3), 41–64.
- Centers for Disease Control and Prevention. (2011). Health communication basics. Retrieved from: <http://www.cdc.gov/healthcommunication/healthbasics/whatishc.html>
- Chamberlain, D. (2011). Media interfaces, networked media spaces, and the mass customization of everyday space. In M. Kackman, M. Binfield, M. T. Payne, A. Perlman, & B. Sebok (Eds.), *Flow TV* (p. 291). New York, NY: Routledge.
- Charbonneau, D. H. (2015). Health disclaimers and website credibility markers. *Reference & User Services Quarterly*, 54(3), 30–36.
- Chisolm, D. J., & Sarkar, M. (2015). E-Health use in African American Internet Users: Can new tools address old disparities? *Telemedicine & E-Health*, 21(3), 163–169. doi:10.1089/tmj.2014.0107
- Cliett, V. (2000). Between the lines: Reconciling diversity and standard English. In R. D. Gonzalez (Ed.), *Language ideologies: Critical perspectives on the official English movement* (pp. 297–317). Urbana, IL: National Council of Teachers of English.
- Cline, R. J. W., & Haynes, K. M. (2001). Consumer health information seeking on the Internet: The state of the art. *Health Education Research*, 16(6), 671–692. <https://doi.org/10.1093/her/16.6.671>
- Coats, H. L. (2017). African American elders’ psychological-social-spiritual cultural experiences across serious illness: An integrative literature review through a palliative care lens. *Annals of Palliative Medicine*, 6(3). Retrieved from <http://apm.amegroups.com/article/view/14443/15651#B3>
- Cohen, W. (2009). Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present. *International Journal of Applied Psychoanalytic Studies*, 6(4), 356–360. doi:10.1002/aps.223

- Colen, C. G., Ramey, D. M., Cooksey, E. C., & Williams, D. R. (2018). Racial disparities in health among nonpoor African Americans and Hispanics: The role of acute and chronic discrimination. *Social Science & Medicine*, 199, 167-180. doi:10.1016/j.socscimed.2017.04.051
- Conversano, C., Rotondo, A., Lensi, E., Della Vista, O., Arpone, F., & Reda, M. A. (2010). Optimism and its impact on mental and physical well-being: Clinical practice and epidemiology in mental health. *Clinical Practice & Epidemiology in Mental Health*, 6, 25–29. doi:10.2174/1745017901006010025
- Corbett, E. P. J. (1981). John Locke's contributions to rhetoric. *College Composition and Communication*, 32(4), 423-433. doi:10.2307/356605
- Cornish, S., & Russwurm, J. B. (1827, March 16). *Freedom's Journal First Issue*, Wikimedia Commons, Retrieved from https://commons.wikimedia.org/wiki/File:Freedom%27s_Journal_First_Issue.pdf
- Cox, R. (2013). Environmental communication and the public sphere. Thousand Oaks, CA: Sage Publications.
- Cross, T. B., Bazron, B. B., Dennis, K., & Isaacs, M. (1989). Towards a culturally competent system of care. Washington, DC: Georgetown University Child Development Center.
- Cultural competence. (2002). In *Segen's Medical Dictionary*. Retrieved from <https://medical-dictionary.thefreedictionary.com/cultural+competence>
- Cummings, M., & Roy, A. (2002). Manifestations of Afrocentricity in rap music. *Howard Journal of Communication*, 13, 59–76.
- Dabbish, L., & Kraut, R. (2006). Email overload at work: An analysis of factors associated with email strain. In *Proceedings of the ACM Conference on Computer-Supported Cooperative Work* (pp. 431–440). New York, NY: ACM Press.
- Daley, E. M., McDermott, R. J., Brown, K., & Kittleson, M. J. (2003). Conducting web-based survey research: A lesson in Internet design. *American Journal of Health Behavior*, 27(2), 116.
- Darling E. S., & Osterrieder, A. (2013). The value and use of social media as communication tool in the plant sciences. *Plant Methods*, 9(1), 1–6. doi:10.1186/1746-4811-9-26.
- Davis, O. I. (2011). (Re)framing health literacy: Transforming the culture of health in the Black barbershop. *Western Journal of Black Studies*, 35(3), 176–186.
- Davis, T. C., Wolf, M. S., Bass, P. F., Arnold, C. L., Huang, I., Kennen, E. M., . . . Blondin, J. (2008). Provider and patient intervention to improve weight loss: A pilot study in a public hospital clinic. *Patient Education & Counseling*, 72(1), 56–62. doi:10.1016/j.pec.2008.01.023

- Dean, H. (2016, May 19). At least 50% of people with hepatitis C don't know they're infected. BlackDoctor.org. Retrieved from <https://BlackDoctor.org/author/ionehtdean/>
- Dearfield, C. T., Barnum, A. J., & Pugh-Yi, R. H. (2016) *Adapting Paulo Freire's pedagogy for health literacy interventions. Humanity & Society, 41*(2), 182–208.
- DeGruy, J. (2005). Post traumatic slave syndrome: America's legacy of enduring injury and healing. No location: Uptone Press.
- Denecke, K., & Nejd, W. (2009). How valuable is medical social media data? Content analysis of the medical web. *Information Sciences, 179*(12), 1870–1880.
- Dereshiwsy, M. (2013). *Continual engagement: Fostering online discussion*. River Falls, WI: LERN Books.
- Derkatch, C., & Segal, Judy Z. (2005). Realms of rhetoric in health and medicine philosophy and medicine. *University of Toronto Medical Journal, 82*(2), 138–142.
- Devonshire, I. M., & Hathway, G. J. (2014). Overcoming the barriers to greater public engagement. *PLOS Biology, 12*(1), 1–4. doi:10.1371/journal.pbio.1001761
- Diviani N, van den Putte, B., Giani, S., van Weert, J. (2015, May 7). Low health literacy and evaluation of online health information: A systematic review of the literature. *Journal of Medical Internet Research, 17*(5), e112. doi:10.2196/jmir.4018
- Doudaki, V., & Spyridou, L-P. (2013). Print and online news. *Journalism Studies, 14*(6), 907–925. doi:10.1080/1461670X.2012.746860
- Drainoni, M., Rajabiun, S., Rumptz, M., Welles, S. L., Reif, M., Rebholz, C., . . . Frye, A. (2008). Health literacy of HIV-positive individuals enrolled in an outreach intervention: Results of a cross-site analysis. *Journal of Health Communication, 13*(3), 287–302. doi:10.1080/1081073080 1985442
- Draves, William A. (2013). *Advanced teaching online* (4th ed). River Falls, WI: LERN Books.
- Du Bois W. E. B. (1899). *The Philadelphia Negro: A social study*. Philadelphia, PA: University of Pennsylvania Press.
- Dupree, C. H., & Fiske, S. (2018). Self-Presentation in interracial settings: The competence downshift by White liberals. *Journal of Personality and Social Psychology*. Retrieved from <https://doi.org/10.31234/osf.io/pv2ab>
- Edney, H. T. (2001, March 22). NNPA's website chronicles Black Press history. *New York Amsterdam News*, p. 34. Retrieved from

<http://proxy.lib.odu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=4292443&site=ehost-live&scope=site>

- Eisner, A. R., & Ellis, G. (2007). Cultural competence and the African American experience with health care: The case for specific content in cross cultural education. *Academic Medicine*, 82(2), 176–183.
- Endelman, M. (2003, February 11). Turntable U? In D.J.'s Hands Professor Sees An Instrument. *New York Times*, p. E1. Retrieved from <http://search.ebscohost.com.proxy.lib.odu.edu/login.aspx?direct=true&db=a9h&AN=9065576&site=ehost-live&scope=site>
- Evans, J., & Mathur, A. (2005). The value of online surveys. *Internet Research*, 15, 195–219. doi:10.1108/10662240510590360.
- Faden, R., & Beauchamp, T. L. (1986). *A history and theory of informed consent*. New York, NY: Oxford University Press.
- Fanon, F. (1967). *Black skin, White masks* (C. Markman, Trans.). New York, NY: Grove.
- Federman, M. (2004, July 23). What is the meaning of the medium is the message? Retrieved from http://individual.utoronto.ca/markfederman/article_mediumisthemessage.htm
- Festinger, L. (1957). *A theory of cognitive dissonance*. Evanston, IL: Row, Peterson.
- Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behavior: An introduction to theory and research*. Reading, MA: Addison-Wesley.
- Fishbein, M., Triandis, H. C., Kanfer, F. H., Becker, M., Middlestadt, S. E., & Eichler, A. (2001). Factors influencing behavior and behavior change. In A. Baum, T. A. Revenson, & J. E. Singer (Eds.), *Handbook of health psychology* (pp. 3–17). Mahwah, NJ: Lawrence Erlbaum.
- Fisher, J. A., & Kalbaugh, C. A. (2011). Challenging assumptions about minority participation in US clinical research. *American Journal of Public Health*, 101(12), 2217–2222.
- Fishman, D. A. (2006). Rethinking Marshall McLuhan: Reflections on a media theorist. *Journal of Broadcasting & Electronic Media*, 50(3), 567–574. doi:10.1207/s15506878jobem5003_14
- Flynn, N. (2012). *The social media handbook*. San Francisco, CA: Pfeiffer.
- Foucault, M. (1982). The subject and power. In H. Dreyfus & P. Rabinow (Eds.), *Beyond structuralism and hermeneutics*. Brighton, Sussex: Harvester Press.
- Fox, S., & Duggan, M. (2013, January 15). Health online 2013. Pew Internet & American Life Project. Retrieved from <http://www.pewinternet.org/2013/01/15/health-online-2013/>

- Freedland, J. (2011, February 22). We owe the Internet for changing the world: Now let's learn how to turn off. *The Guardian*. Retrieved from <http://www.guardian.co.uk/commentisfree/2011/feb/22/internet-learn-to-turn-off>
- Freedman, J., & Sears, D. O. (1973). Social predictors of information seeking. *Journalism Quarterly* 50, 237–245.
- Freimuth, V. S., & Quinn, S. C. (2004). The contributions of health communication to eliminating health disparities. *American Journal of Public Health*, 94(12), 2053–2055. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448587/#r1>
- Freire, Paulo (2006). *Pedagogy of the Oppressed* (30th anniversary ed.). New York, NY: Continuum.
- Frey, D. (1986). Recent research on selective exposure to information. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (Vol. 19, pp. 41-80). New York, NY: Academic Press.
- Friedman, D. B., Corwin, S. J., Dominick, G. M., & Rose, I. D. (2009). African American men's understanding and perceptions about prostate cancer: Why multiple dimensions of health literacy are important in cancer communication. *Journal of Community Health: The Publication for Health Promotion and Disease Prevention*, 34(5), 449–460. doi:10.1007/s10900-009-9167-3
- Funk, C., Rainie, L., & Page, D. (2015). Public and scientists' views on science and society. *Pew Research Center*, 29.
- Gaines, B. J. & Mondak, J. J. (2009). Typing together? Clustering of ideological types in online social networks. *Journal of Information Technology & Politics*, 6(3), 216–231.
- Gallant, L. M., Irizarry C., Boone, G., & Kreps, G. (2011, October 31). Promoting participatory medicine with social media: New media applications on hospital websites that enhance health education and e-patients' voice. *Journal of Participatory Medicine*, 3, e49.
- Gane, N., & Beer, D. (2008) *New media: The key concepts*. Oxford, UK: Berg.
- Gaonkar, D. (1997). The idea of rhetoric in the rhetoric of science. In A. Gross & W. M. Keith (Eds.), *Rhetorical hermeneutics: Invention and interpretation in the age of science* (pp. 25–85). Albany, NY: State University of New York Press.
- Garrett, R. (2009). Echo chambers online? Politically motivated selective exposure among Internet news users. *Journal of Computer-Mediated Communication*, 14(2), 265–285.
- Garrison, B. (1990). Professional news writing. Hillsdale, NJ: Lawrence Erlbaum Associates.

- Gates Jr., H. L. (1989). *The signifying monkey: A theory of African-American literary criticism*. New York, NY: Oxford University Press.
- Gershon, I. (2010). *The break-up 2.0: Disconnecting over new media*. Ithaca, NY: Cornell University Press.
- Gerstein, R., Labelle, J., MacLeod, S., Mustard, F., Spasoff, T., & Watson, J. (1991). *Nurturing health: A framework on the determinants of health*. Toronto, ON: Premier's Council on Health Strategy.
- Gibbons, M. C., Fleisher, L., Slamon, R. E., Bass, S., Kandadai, V., & Beck, J. R. (2011). Exploring the potential of web 2.0 to address health disparities. *Journal of Health Communication*, 16(Sup 1), 77–89. doi:10.1080/10810730.2011.596916
- Gibbs, C. & Warhover, T. (2002). *Getting the whole story: Reporting and writing the news*. New York: The Guilford Press.
- Gilbert, E., Bergstrom, T., & Karahalios, K. (2009, January). *Blogs are echo chambers*. Paper presented at 42nd Hawaii International Conference on System Sciences. doi:10.1109/hicss.2009.91
- Gilmore, Ruth Wilson. (2007). *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California*. Berkeley, Los Angeles, London: University of California Press
- Gilyard, K., & Banks, A. J. (2018). *On African-American Rhetoric*. New York, NY: Routledge.
- Giorgis, H. (2018, August 16). The perfect Aretha song. *The Atlantic*. Retrieved from <https://www.theatlantic.com/entertainment/archive/2018/08/aretha-franklin-natural-woman/567697/>
- Gordon, L. (2015). *What Fanon said: A philosophical introduction to his life and thought*. New York, NY: Fordham University Press.
- Greer, R. R. (2012). Introducing plain language principles to business communication students. *Business and Professional Communication Quarterly*, 75(2), 136–152.
- Gregory, J. (2003). Understanding “science and the public.” *Journal of Commercial Biotechnology*, 10(2), 131–139.
- Gregory, J., & Miller, S. (1998). *Science in public: Communication, culture & credibility*. Cambridge, MA: Perseus Publishing.
- Gross, A. (1999). A theory of the rhetorical audience: Reflections on Chaim Perelman. *Quarterly Journal of Speech*, 85(2), 203.

- Gross, A. (2006). *Starring the text: The place of rhetoric in science studies*. Carbondale, IL: Southern Illinois Press, 2006.
- Grusin, Richard. (2010). *Premeditation*. New York, NY: Palgrave Macmillan.
- Hall, Stuart. (1997) Definition of Culture. Media Education Foundation www.mediaed.org
- Hall, Stuart. (2003) 'Créolité and the Process of Creolization', in Okwui Enwezor, Carlos Basualdo, Ute Meta Bauer, Susanne Ghez, Sarat Maharaj, Mark Nash and Octavio Zaya (eds.), *Créolité and Creolization*, Ostfilden-Ruit, Hatje Cantz, 2003, p. 31.
- Hannawa, A. F., García-Jiménez, L., Candrian, C., Rossmann, C., & Schulz, P. J. (2015). Identifying the field of health communication. *Journal of Health Communication*, 20(5), 521–530. doi:10.1080/10810730.2014.999891
- Hannawa, A. F., Kreps, G. L., Paek, H., Schulz, P. J., Smith, S., & Street, R. L. (2014). Emerging issues and future directions of the field of health communication. *Health Communication*, 29(10), 955–961. doi:10.1080/10410236.2013.814959
- Harcup, T., & O'Neill, D. (2001). What is news? Galtung and Ruge revisited. *Journalism Studies*, 2(2), 261–280.
- Harrell, J. . W. J. (2006). A Call to Consciousness and Action: Mapping the African-American Jeremiad. *Canadian Review of American Studies*, 36(2), 149–180. <https://doi-org.proxy.lib.odu.edu/10.3138/CRAS-s036-02-02>
- Harrell, J. . W. J. (2010). *We wear the mask : Paul Laurence Dunbar and the politics of representative reality*. Kent, Ohio :Kent State University Press.
- Harris, P. R., Moran, R. T. & Moran, S. V. (2004). *Managing cultural differences: Global leadership strategies for the twenty-first century* (6th edition). Oxford, England: Elsevier Butterworth-Heinemann.
- Harris, R. (2001). Reviewed work: Rhetorical figures in science [Review of the book *Rhetorical figures in science*, by J. Fahnestock]. *Rhetoric Society Quarterly*, 31(4), 92–104. Retrieved from <http://www.jstor.org/stable/3886375>
- Hart, D. A. (2002). Reading, writing, and rhetoric: The three R's of civic education. Retrieved from ERIC. (ERIC Number: ED463416)
- Hartz, J., & Chappell, C. (1997). *Worlds apart*. First Amendment Center, Nashville, TN. Retrieved from www.freedomforum.org
- Haskell, R. (2018, January 10). Serena Williams on motherhood, marriage, and making her comeback. *Vogue Magazine*. Retrieved from <https://www.vogue.com/article/serena-williams-vogue-cover-interview-february-2018>

- Hayes, C. B. (1932). *The American lyceum: Its history and contribution to education*. Office of Education, United States Department of Interior, Bulletin No. 32.
- Heifferon, B., & Brown, S. C., Eds. (2008). *Rhetoric of healthcare: Essays toward a new disciplinary inquiry*. New York, NY: Hampton Press.
- Hesse, B., Nelson, D., Kreps, G., Croyle, R. T., Arora, N. K., Rimer, B. K., & Viswanath, K. (2005). Trust and sources of health information. *Archives of Internal Medicine*, 165, 2618–2624.
- Hoffman, F. L. (1896). *Race traits and tendencies of the American Negro*. F. S. S. Publications of the American Economic Association (Vol. xi, Nos. 1, 2, and 3, pp. x, 329). New York, NY: The Macmillan Co.
- Holt, C. L., Clark, E. M., Debnam, K. J., & Roth, D. L. (2014). Religion and health in African Americans: The role of religious coping. *American Journal of Health Behavior*, 38(2), 190–199. <http://doi.org/10.5993/AJHB.38.2.4>
- Holt, C. L., Wynn, T. A., Southward, P., Litaker, M. S., Jeames, S., & Schulz, E. (2009). Development of a spiritually based educational intervention to increase informed decision making for prostate cancer screening among church-attending African American men. *Journal of Health Communication*, 14(6), 590–604. doi:10.1080/10810730903120534
- Houts, P.S., Doak, C.C., Doak, L.G., & Loscalzo, M.J. (2006). The role of pictures in improving health communication: a review of research on attention, comprehension, recall, and adherence. *Patient education and counseling*, 61 2, 173-90 .
- Howard, S. C. (2011). Manifestations of *nommo*: Afrocentric analysis of President Barack Obama. *Journal of Black Studies*, 42(5), 737–750. doi:10.1177/0021934710372894
- Howard-Pitney, D. (1986). The enduring Black jeremiad: The American jeremiad and Black protest rhetoric, from Frederick Douglass to W. E. B. Du Bois, 1841–1919. *American Quarterly*, 38(3), 481–492.
- Howard-Pitney, D. (2009). The African-American jeremiad: Appeals for justice in America. *Teaching Theology and Religion*, 12(1), 85–86. doi:10.1111/j.1467-9647.2008.00494.x
- Institute of Medicine of the National Academies (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: The National Academies Press. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK222273/>
- Institute of Medicine of the National Academies (2002). *Speaking of health: Assessing health communication strategies for diverse populations*. Washington, DC: The National Academies Press.

- Institute of Medicine of the National Academies (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: The National Academies Press.
- Institute of Medicine of the National Academies (2015). *Vital signs: Core metrics for health and health care progress*. Washington, DC: The National Academies Press. Retrieved from <http://www.iom.edu/coremetrics>.
- Jackson, R. L., & Richardson, E. B. (2004). *African American rhetoric(s): Interdisciplinary perspectives*. Carbondale, IL: Southern Illinois University Press.
- Jefferson, T. (1787). *Notes on the state of Virginia*. London: Printed for John Stockdale.
- Jenkins, H. (2006). *Convergence culture: Where old and new media collide*. New York, NY: New York University Press.
- Jones, M. D. (2002). Listening to what the ear demands: Langston Hughes and his critics. *Callaloo*, 25(4), 1145. Retrieved from <https://doi-org.proxy.lib.odu.edu/10.1353/cal.2002.0154>
- Jones, M. D., & Crow, D. A. (2017). How can we use the “science of stories” to produce persuasive scientific stories? *Palgrave Communications*, 3(53). Retrieved from <https://www.nature.com/articles/s41599-017-0047-7>
- Kalichman, S. C., & Coley, B. (1995). Context framing to enhance HIV-antibody-testing messages targeted to African American women. *Health Psychology*, 14(3), 247–254.
- Kaplowitz, M. D., Lupi, F., Couper, M. P., & Thorp, L. (2012). The effect of invitation design on web survey response rates. *Social Science Computer Review*, 30(3), 339–349. Retrieved from <https://doi-org.proxy.lib.odu.edu/10.1177/0894439311419084>
- Kastenmüller, A., Greitemeyer, T., Jonas, E., Fischer, P., & Frey, D. (2010). Selective exposure: The impact of collectivism and individualism. *British Journal of Social Psychology*, 49(4), 745–763.
- Kawachi, I., Kennedy, B. P., Lochner, K., & Prothrow-Stith, D. (1997). Social capital, income inequality, and mortality. *American Journal of Public Health*, 87(9), 1491–1498.
- Kendi, I. X. (2017). *Stamped from the beginning: The definitive history of racist ideas in America*. Nation Books
- Kennedy, B. R., Mathis, C. C., & Woods, A. K. (2007). African Americans and their distrust of the health care system: Healthcare for diverse populations. *Journal of Cultural Diversity*, 14(2), 56–60.
- Keohane, J. (2010, July 11). How facts backfire. *Boston Globe*. Retrieved from http://www.boston.com/news/science/articles/2010/07/11/how_facts_backfire/?page=4

- Khrapak, V. (2014). Reflections on the American lyceum: The legacy of Josiah Holbrook and the transcendental sessions. *Journal of Philosophy & History of Education* 64(1), 47–62.
- Kinder, D. (2003). Communication and politics in the age of information. In D. O. Sears, L. Huddy, & R. Jervis (Eds.), *Oxford Handbook of Political Psychology* (2nd ed., p. 369). New York, NY: Oxford Press.
- Klonoff, E. A. (2009). Disparities in the provision of medical care: An outcome in search of an explanation. *Journal of Behavioral Medicine*, 32(1), 48.
- Ko, S., & Rossen, S. (2001). *Teaching online: A practical guide*. Boston, MA: Houghton-Mifflin.
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry*, 1–33. Retrieved from <https://doi-org.proxy.lib.odu.edu/10.5402/2012/278730>
- Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health*. New York, NY: Oxford University Press.
- Kouper, I. (2010). Science blogs and public engagement with science: Practices, challenges, and opportunities. *Journal of Science Communication*, 9(1), 1–10.
- Kreuter, M. W., Lukwago, S. N., Bucholtz, D. C., Clark, E. M., & Sanders-Thompson, V. (2003). Achieving cultural appropriateness in health promotion programs: Targeted and tailored approaches. *Health Education & Behavior*, 30(2), 133–146. doi:10.1177/1090198102251021
- Kreuter, M. W., & McClure, S. M. (2004). The role of culture in health communication. *Annual Review of Public Health*, 25, 439–455.
- Kripalani, S., Bengtzen, R., Henderson, L. E., & Jacobson, T. A. (2008). Clinical research in low-literacy populations: Using teach back to assess comprehension of informed consent and privacy information. *IRB: Ethics & Human Research*, 30(2), 13–19.
- Kumas-Tan, Z., Beagan, B., Loppie, C., MacLeod, A., & Frank, B. (2007). Measures of cultural competence: Examining hidden assumptions. *Academy of Medicine*, 82(6), 548–57.
- Kuhn, T. (1996). *The structure of scientific revolutions*. (3rd ed.). Chicago, IL: University of Chicago Press.
- Lakshmi, B. (2014). The origin and growth of African American literature. *Language in India*, 14(3), 210–222.

- Lang, M. E., & Bird, C. E. (2015). Understanding and addressing the common roots of racial health disparities: The case of cardiovascular disease & HIV/AIDS in African Americans. *Health Matrix: Journal of Law-Medicine*, 25, 109–138.
- Latour, B., & Woolgar, S. (1986). *Laboratory life: The construction of scientific facts* (2nd ed.). Princeton, NJ: Princeton University Press.
- LaVeist, T. (2000). On the study of race, racism, and health: A shift from description to explanation. *International Journal of Health Services: Planning, Administration, Evaluation* [serial online]. 30(1), 217–219.
- LaVeist, T., Pollack, K., Thorpe Jr., R., Fesahazion, R., & Gaskin, D. (2011). Place, not race: Disparities dissipate in southwest Baltimore when Blacks and Whites live under similar conditions. *Health Affairs*, 30(10), 1880–1887. doi:10.1377/hlthaff.2011.0640
- Lawton, K. (2003, January 17). Dr. Vincent Harding and Dr. Rachel Harding extended interviews. *Religion & Ethics Newsweekly*. Retrieved from <http://www.pbs.org/wnet/religionandethics/2003/01/17/january-17-2003-dr-vincent-harding-dr-rachel-harding-extended-interviews/23208/>
- Leake, E. (2012). Science as sound bites: The Lancet casualty reports and prefigured accommodation. *Technical Communication Quarterly*, 21, 129–144.
- Leeks, K. D., Hall, I. J., Johnson-Turbes, C. A., Kamalu, N., & Zavahir, Y. (2012). Formative development of a culturally appropriate mammography screening campaign for low-income African American women. *Journal of Health Disparities Research & Practice*, 5(3), 42–61. Retrieved from <http://proxy.lib.odu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=91578666&site=ehost-live&scope=site>
- Len-Ríos, M. E., Cohen, E., & Caburnay, C. (2010). Readers use Black newspapers for health/cancer information. *Newspaper Research Journal*, 31(1), 20–35.
- Lewenstein, B. (1992). The meaning of “public understanding of science” in the United States after World War II. *Public Understanding of Science*, 1, 45–68. doi:10.1088/0963-6625/1/1/009.
- Lewenstein, B. (2015). Identifying what matters: Science education, science communication, and democracy. *Bridging Science Education and Science Communication Research*, 52(2), 253–262.
- Lie, D., Carter-Pokras, O., Braun, B., & Coleman, C. (2012). What do health literacy and cultural competence have in common? Calling for a collaborative pedagogy. *Journal of Health Communication*, 17(3), 13–22.
- Lipsitz, G. (2015). From Plessy to Ferguson. *Cultural Critique* 90, 119-139. University of Minnesota Press. Retrieved June 9, 2019, from Project MUSE database.

- Lipson, C. S., & Brinkley, R. A. (2004). *Rhetoric before and beyond the Greeks*. Albany, NY: State University New York Press.
- Lord, C. G., Ross, L., & Lepper, M. R. (1979). Biased assimilation and attitude polarization: The effects of prior theories on subsequently considered evidence. *Journal of Personality and Social Psychology*, 37, 2098–2109.
- Lu, K. (2017, March 2). Blacks more likely to follow up on digital news than whites. Pew Fact Tank: News in the Numbers. Retrieved from <http://www.pewresearch.org/fact-tank/2017/03/02/blacks-more-likely-to-follow-up-on-digital-news-than-whites/>
- Lynch, J., Bevan, J., Achter, P., Harris, T., & Condit, C. M. (2008). A preliminary study of how multiple exposures to messages about genetics impact on lay attitudes towards racial and genetic discrimination. *New Genetics & Society*, 27(1), 43–56. doi:10.1080/14636770701843634
- Mailloux, Steven. (2006). *Disciplinary identities: Rhetorical paths of English, speech, and composition*. New York, NY: MLA.
- Manovich, Lev (2001). *The Language of new media*. Cambridge, MA: MIT Press.
- McAdara-Berkowitz, J. (2013). 5 Tips for e-mail marketing without becoming a spammer. *American Medical Writers Association Journal*, 28(4), 171–172. Retrieved from <http://proxy.lib.odu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=93603241&site=ehost-live&scope=site>
- McCarthy, M. (2001). Fragmented U.S. health-care system needs major reform. *Lancet*, 357(9258), 782.
- McCullough, L. B. (2006). John Gregory's medical ethics and the reform of medical practice in eighteenth-century Edinburgh. *Royal College of Physicians of Edinburgh*, 36, 86–92.
- McCutcheon, R. (1924). The “Journal Des Scavans” and the “Philosophical transactions of the royal society.” *Studies in Philology*, 21(4), 626–628. Retrieved from <http://www.jstor.org/stable/4171899>
- McGuire, W. (1968). Selective exposure: A summing up. In R. P. Abelson et al., (Eds.), *Theories of Cognitive Constituency: A Sourcebook* (pp. 797–800). Chicago, IL: Rand McNally and Company.
- McGuire, W. (1989). Theoretical foundations of campaigns. In R. Rice & C. Atkin (Eds.), *Public Communication Campaigns* (pp. 43–65). Newbury Park, CA: SAGE Publications.
- McGuire, W. J. (2000). Standing on the shoulders of ancients: Consumer research, persuasion, and figurative language. *Journal of Consumer Research*, 27(1), 109–114. Retrieved from

<http://proxy.lib.odu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=3353330&site=ehost-live&scope=site>

- McLuhan, M. (1994). *Understanding media: The extensions of man*. Cambridge, MA: MIT Press.
- McNeil, J. I. (2003). A model for cultural competency in the HIV management of African American patients. *Journal of the National Medical Association*, 95(2 Suppl 2), 3S–7S.
- McPherson, M., Smith-Lovin, L., & Cook, J. (2001). Birds of a feather: Homophily in social networks. *Annual Review of Sociology*, 27(1), 415–444.
- Mermigas, D. (2011, March 8). Facebook's social filter for all things. *Business Insider*. Retrieved from <http://www.businessinsider.com/facebook-social-filter-for-all-things-2011-3>
- Misselbrook, D. (2013). Foucault. *The British Journal of General Practice*, 63(611), 312.
- Mitchell, A., Gottfried, J., Barthel, M., & Shearer, E. (2016). *The modern news consumer: News attitudes and practices in the digital era*. Philadelphia, PA: Pew Research Center. Retrieved from http://assets.pewresearch.org/wp-content/uploads/sites/13/2016/07/07104931/PJ_2016.07.07_Modern-News-Consumer_FINAL.pdf
- Montuschi, E. (1994, March 1). Review. [Review of the book *Persuading science. The art of scientific rhetoric* by M. Pera & W. R. Shea, Eds.] *British Journal for the Philosophy of Science*, 45(1), 375–386. Retrieved from <https://academic.oup.com/bjps/article-abstract/45/1/375/1561768>
- Morris, B. R. (2017). *Carter G. Woodson: History, the black press, and public relations*. Jackson, MS: University Press of Mississippi.
- Morton, C. R., & Kim, H. (2015). Use of the PHM framework to create safe-sex ads targeted to mature women 50 and older. *Health Marketing Quarterly*, 32(2), 148–164. <https://doi-org.proxy.lib.odu.edu/10.1080/07359683.2015.1033932>
- Moses, W. J. (1993). *Black messiahs and Uncle Toms: Social and literary manipulations of a religious myth*. University Park, PA: Pennsylvania State University Press.
- Mott, F. L. (1966) *A history of American magazines: 1741-1850*. Cambridge, MA: Harvard University Press.
- Moyer-Gusé, E. (2008). Toward a theory of entertainment persuasion: Explaining the persuasive effects of entertainment-education messages. *Communication Theory*, 18(3), 407–425.

- Murdock, N. H. (1998). Black health & fitness. *Ebony*, 53(9), 45. Retrieved from <http://proxy.lib.odu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=707445&site=ehost-live&scope=site>
- Murphy SL, Xu JQ, Kochanek KD, Arias E. (2017). Mortality in the United States. NCHS Data Brief, no 328. Hyattsville, MD: National Center for Health Statistics. 2018.
- Murphy, S. T., Frank, L. B., Chatterjee, J. S., Moran, M. B., Zhao, N., de Herrera, P. A., & Baezconde-Garbanati, L. A. (2015). Comparing the relative efficacy of narrative vs. nonnarrative health messages in reducing health disparities using a randomized trial. *Journal Information*, 105(10), 2117–2123.
- Myers, G. (1990). *Writing biology: Texts in the social construction of scientific knowledge*. Madison, WI: University of Wisconsin Press.
- Myrick, R. (1996). Speaking from the margins: Communication strategies used in African American HIV prevention campaigns in Alabama. *Howard Journal of Communications*, 7(3), 241–255. doi:10.1080/10646179609361728
- National Academies of Sciences, Engineering, and Medicine. (2016). *Accounting for social risk factors in Medicare payment: Identifying social risk factors*. Washington, DC: The National Academies Press. Retrieved from <https://doi.org/10.17226/21858>.
- Noll, M. A. (2012). “Wee shall be as a citty upon a hill”: John Winthrop's non-American exceptionalism. *Review of Faith & International Affairs*, 10(2), 5–11. doi:10.1080/15570274.2012.683257
- O'Dell, L., & Brownlow, C. (2005). Media reports of links between MMR and autism: A discourse analysis. *British Journal of Learning Disabilities*, 33(4), 194–199. doi:10.1111/j.1354-4187.2005.00304.x
- O’Grady, S. J. (2018, August 10). When you are grieving the loss of your beloved pet. WebMD. Retrieved from <https://blogs.webmd.com/mental-health/2018/08/when-you-are-grieving-the-loss-of-your-beloved-pet.html>
- O’Reilly, T. (2005, September 30). What is Web 2.0: Design patterns and business models for the next generation of software. O’Reilly. Retrieved from <http://oreilly.com/web2/archive/what-is-web-20.html>
- Ornatowski, C. M. (2007, September). Rhetoric of science: Oxymoron or tautology? *The Writing Instructor*, 1–15. Retrieved from <https://files.eric.ed.gov/fulltext/EJ824640.pdf>
- Ortiz, F. (1995). *Cuban counterpoint: Tobacco and sugar*. Durham, NC: Duke University Press.

- Oyserman, D., Fryberg, S. A., & Yoder, N. (2007). Identity-based motivation and health. *Journal of Personality and Social Psychology*, 93(6), 1011–1027. doi:10.1037/0022-3514.93.6.1011.
- Păcurar, A. (2011). Science communication, science journalism and the new media. *Romanian Journal of Journalism & Communication/Revista Romana De Jurnalism Si Comunicare-RRJC*, 6(4), 22–28.
- Paul, D., Charney, D. & Kendall, A. (2001). Moving beyond the moment: Reception studies in the rhetoric of science. *Journal of Business and Technical Communication* 15(3), 372–399.
- Penrose, A., & Katz, S. (1997). *Writing in the sciences: Exploring conventions of scientific discourse*. New York, NY: St. Martin's Press.
- Perelman, C. & Olbrechts-Tyteca, L. (1969). *The new rhetoric: A treatise on argumentation* (J. Wilkinson & P. Weaver, Trans). South Bend, IN: University of Notre Dame Press.
- Perelman, C. (1982) *The Realm of Rhetoric*. Trans. William Kluback. South Bend, IN: University of Notre Dame Press.
- Perloff, R. M., Bonder, B., Ray, G. B., Ray, E. B., & Siminoff, L. A. (2006). Doctor-patient communication, cultural competence, and minority health: Theoretical and empirical perspectives. *American Behavioral Scientist*, 49(6), 835-852. Retrieved from <http://dx.doi.org/10.1177/0002764205283804>
- Perrin, A., & Duggan, M. (2015, June). Americans' Internet access: 2000-2015. Pew Research Center. Retrieved from <http://www.pewinternet.org/2015/06/26/americans-internet-access-2000-2015/>
- Persell, S. D., Osborn, C. Y., Richard, R., Skripkauskas, S., & Wolf, M. S. (2007). Limited health literacy is a barrier to medication reconciliation in ambulatory care. *Journal of General Internal Medicine*, 22(1), 1523–1526.
- Plain Writing Act of 2010. Retrieved from <https://www.gpo.gov/fdsys/pkg/PLAW-111publ274/pdf/PLAW-111publ274.pdf>
- Pollozhani, A., Kosevska, E., Petkovski, K., Memeti, S., Limani, B., & Kasapinov, B. (2013). Some aspects of culturally competent communication in health care in the Republic of Macedonia. *Materia Socio-medica*, 25(4), 250–254.
- Powe, B. (2004). Media reviews [Review of book *Unequal treatment: Confronting racial and ethnic disparities in healthcare*, by J. Phillips & B. D. Powe]. *Oncology Nursing Forum*, 31(5), 1019–1020. doi:10.1188/04.ONF.1019-1020

- Powell, M., Rile-Mukavetz, A., Brooks-Gillies, M., Novotny, M., Fisch-Ferguson, J., & The Culture Rhetorics Theory Lab (2014, October 25). Our story begins here: Constellating cultural rhetorics. *Enculturation: A Journal of Rhetoric, Writing, and Culture*. Retrieved from <http://enculturation.net/our-story-begins-here>
- Prelli, L. J. (1989). *A rhetoric of science: Inventing scientific discourse*. Columbia, SC: University of South Carolina Press.
- Publisher launches black health portal. (2005, December 15). *Diverse Issues in Higher Education*. Retrieved from <http://diverseeducation.com/article/5210/>
- Ramnarace, C. (2011, January 11). Blacks half as likely as whites to have living wills. *AARP Bulletin*. Retrieved from https://www.aarp.org/relationships/caregiving/info-01-2011/planning_end_of_life_care.html
- Reed, A. R. (2018). Building on bibliography: Toward useful categorization of research in rhetorics of health and medicine. *Journal of Technical Writing & Communication*, 48(2), 175–198. doi:10.1177/0047281616667904
- Reese, A., Thorpe, R., Bell, C., Bowie, J., & LaVeist, T. (2012). The effect of religious service attendance on race differences in depression: Findings from the EHDIC-SWB study. *Journal of Urban Health*, 89(3), 510–518. doi:10.1007/s11524-011-9659-1
- Reynolds, Barbara (November 8, 1989). "James H. Cone". USA Today. p. 11A.
- Rhetoric. (n.d.). In OxfordDictionaries.com. Retrieved from <https://en.oxforddictionaries.com/definition/rhetoric>
- Richardson, E. B. & Jackson II, R. L. (Eds.). (2004). *African American rhetoric(s): Interdisciplinary perspectives*. Carbondale, IL: Southern Illinois University Press.
- Rimer, S. (1998, March 15). Blacks carry load of care for their elderly. *The New York Times*. Retrieved from <https://www.nytimes.com/1998/03/15/us/blacks-carry-load-of-care-for-their-elderly.html>
- Robinson, L. S., & Robinson, G. (2007). Paul Laurence Dunbar: A credit to his race? *African American Review*, 41(2), 215–225. Retrieved from <http://proxy.lib.odu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=28019409&site=ehost-live&scope=site>
- Robinson, T. N., Patrick, K., Eng, T., & Gustafson D. (1998). An evidence-based approach to interactive health communication: A challenge to medicine in the information age. *Journal of the American Medical Association*, 280(14), 1264–1269.
- Rogers, R. W. (1983). Cognitive and physiological processes in fear appeals and attitude change: A revised theory of protection motivation. In J. Cacioppo & R. Petty (Eds.), *Social Psychophysiology* (pp. 153–176). New York, NY: Guilford.

- Rosenbaum, S. (2014). Law and the public's health. *Public Health Reports*, 129(3), 289.
- Rosenthal, R. (2002). Covert communication in classrooms, clinics, courtrooms, and cubicles. *American Psychologist*, 57, 839–849.
- Rosteck T., & Frentz, T. S. (2009). Myth and multiple readings in environmental rhetoric: The case of an inconvenient truth. *Quarterly Journal of Speech*, 95(1), 1 – 19
- Rowland, L. A. (2008). American Philosophical Society. Taylor & Francis Online Serials Review, 34(2), 158–161. doi:10.1016/j.serrev.2008.02.007
- Saleh, A., & Bista, K. (2017). Examining factors impacting online survey response rates in educational research: perceptions of graduate students. *Journal of MultiDisciplinary Evaluation*, 13(29), 63–74.
- Sanneh, K. (2008). Project Trinity. *New Yorker*, 84(8), 30–36. Retrieved from <http://search.ebscohost.com.proxy.lib.odu.edu/login.aspx?direct=true&db=a9h&AN=31527585&site=ehost-live&scope=site>.
- Sapleton, N., & Lourenço, F. (2016). Email subject lines and response rates to invitations to participate in a web survey and a face-to-face interview: The sound of silence. *International Journal of Social Research Methodology*, 19(5), 611–622. Retrieved from <https://doi-org.proxy.lib.odu.edu/10.1080/13645579.2015.1078596>
- Sarkar, U., Fisher, L., & Schillinger, D. (2006). Is self-efficacy associated with diabetes self-management across race/ethnicity and health literacy? *Diabetes Care*, 29(4), 823–829.
- Sartre, J. P. (1967). Preface. In F. Fanon, *Black Skin, White Masks* (C. L. Markmann, Trans.). New York, NY: Grove Press.
- Science. (n.d.). In OxfordDictionaries.com. Retrieved from <https://en.oxforddictionaries.com/definition/science>
- Schaudt, S., & Carpenter, S. (2009). The news that's fit to click: An analysis of online news values and preferences present in the most-viewed stories on azcentral. com. *Southwestern Mass Communication Journal*, 24(2), 17-26
- Schiffman, C. (1995). Ethnovisual and sociovisual elements of design: visual dialect as a basis for creativity in public service graphic design. *Journal of Visual Literature*, 14, 23–39.
- Schmid, K. L., Rivers, S. E., Latimer, A. E., & Salovey, P. (2008). Targeting or tailoring? Maximizing resources to create effective health communications. *Marketing Health Services*, 28(1), 32–37.
- Schwitzer, G., Mudur, G., Henry, D., Wilson, A., Goozner, M., Simbra, M., Sweet, M., ... Baverstock, K. A. (2005). What are the roles and responsibilities of the media in disseminating health information? *Public Library of Science Medicine*, 2(7), e215.

- Schryve, Paul M. (2007). Language differences as a barrier to quality and safety in health care: The joint commission perspective. *Journal of General Internal Medicine*, 22(Suppl 2), 360–361.
- Scott, B. (2005). A contemporary history of digital journalism. *Television & New Media*, 6(1), 89–126. doi:10.1177/1527476403255824
- Segal, J. Z. (2009). Rhetoric of health and medicine. In A. Lunsford, K. Wilson, & R. Eberly (Eds.), *SAGE Handbook of Rhetorical Studies* (pp. 227–246). Thousand Oaks, CA: SAGE Publishing.
- Seng, J. S., Lopez, W. D., Sperlich, M., Hamama, L., & Meldrum, C. D. R. (2012). Marginalized identities, discrimination burden, and mental health: Empirical exploration of an interpersonal-level approach to modeling intersectionality. *Social Science & Medicine*, 75(12), 2437–2445.
- Selfe, C. L., & Burns, H. (1999). *Technology and literacy in the 21st century: The importance of paying attention*. Carbondale, IL: Southern Illinois University Press.
- Siff, S. (2018). “Why do you think they call it dope?” Richard Nixon’s national mass media campaign against drug abuse. *Journalism and Communication Monographs*, 20(3), 172–247.
- Sinek, S. (2009a). *How great leaders inspire action* [TED Ideas Worth Spreading]. Available from https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action?language=en
- Sinek, Simon. (2009b). *Start with why: How great leaders inspire everyone to take action*. New York, N.Y.: Portfolio.
- Siu, N., Iverson, L., & Tang, A. (2006). Going with the flow: Email awareness and task management. Proceedings of ACM conference on Computer Supported Cooperative Work, Banff, Alberta.
- Smedley, B. D., Stith, A. Y., & Nelson, A. R. (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. Washington, DC: National Academy Press.
- Smith, A. (2011, March 17). The Internet and campaign 2010. Pew Internet & American Life Project. Retrieved from <http://pewinternet.org/Reports/2011/The-Internet-and-Campaign-2010.aspx>
- Smith, A. (2015, April 1). U.S. smartphone use in 2015. Pew Research Center: Internet & Technology. Retrieved from <http://www.pewinternet.org/2015/04/01/us-smartphone-use-in-2015/>

- Smitherman, G. (1977). *Talkin and testifyin: The language of Black America*. Detroit, MI: Houghton Mifflin Company.
- Soengas, X. (2013). The role of the Internet and social networks in the Arab uprisings: An alternative to official press censorship. *Comunicar*, 21(41), 147–155. doi:10.3916/C41-2013-14
- Solomon, M. (2000). *Tuskegee's truths: Rethinking the Tuskegee syphilis study*. Chapel Hill, NC: University of North Carolina Press. Retrieved from <http://www.brown.uk.com/teaching/HEST5001/solomon.pdf>
- Spanos, W. V. (2010). Edward W. Said and Zionism: Rethinking the exodus story. *Boundary 2*, 37(1), 127–166. doi:10.1215/01903659-2009-039
- Speltz, Mark. (2016) *How Photographs Define the Civil Rights and Black Lives Matter Movements*. Time Magazine. Retrieved from: <https://time.com/4429096/black-lives-matter-civil-rights-photography/>
- Stephens, R. J. (1991). The three waves of contemporary rap music. *Black Sacred Music: A Journal of Theomusicology*, 5, 25–40.
- The Science Council. (2018). [Website]. Retrieved from <https://sciencecouncil.org/about-science/our-definition-of-science/>
- Thomas, S. B., & Quinn, S. C. (1991). The Tuskegee syphilis study, 1932 to 1972: Implications for HIV education and AIDS risk education programs in the Black community. *American Journal of Public Health*, 81(11), 1498–1505.
- Tillotson, M., Doswell, W., & Phillips, C. (2015). Finding a voice: An allocentric worldview to guide effective reduction of behavioral health disparities in African Americans. *Journal of African American Studies*, 19(1), 65–78. doi:10.1007/s12111-014-9290-9
- Tinker, T. L. (2013). Communicating and managing change during extreme weather events: Promising practices for responding to urgent and emergent climate threats. *Journal of Business Continuity & Emergency Planning*, 6(4), 304–313.
- Tompkins, P. S. (2009). Rhetorical listening and moral sensitivity. *International Journal of Listening*, 23(1), 60–79.
- Transforming Black health into wellness. (n.d.). Retrieved from <https://bdonext.com/>
- Tryon, C. (2006). Writing and citizenship: Using blogs to teach first-year composition. *Pedagogy* 6(1), 128–132.
- Turfler, S. (2015). Language ideology and the plain-language movement: How straight-talkers sell linguistic myths. *Legal Communication & Rhetoric: JALWD*, 12, 195–218.

- U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National action plan to improve health literacy. Washington, DC.
- U.S. Department of Health and Human Services, Office of Minority Health (2001). National standards for culturally and linguistically appropriate services in health care: Final report. Retrieved from <http://www.omhrc.gov/clas/>
- Van Alstyne, M., & Brynjolfsson, E. (2005). Global village or cyber-balkans? Modeling and measuring the integration of electronic communities. *Management Science*, 51(6), 851–868.
- Vandenbussche, B. (2003). Remediation as Medial Transformation: Case Studies of Two Dance Performances by ‘Commerce’. In Image and Narrative. Online Magazine of the visual Narrative Retrieved from: <http://www.imageandnarrative.be/mediumtheory/bertvandenbussche.htm>
- Vosoughi, S., Roy, D., & Aral, S. (2018). The spread of true and false news online. *Science*, 359(6380), 1146–1151. <https://doi-org.proxy.lib.odu.edu/10.1126/science.aap9559>
- Wallington, S. F., Oppong, B., Iddirisu, M., & Adams-Campbell, L. L. (2017). Developing a mass media campaign to promote mammography awareness in African American women in the nation’s capital. *Journal of Community Health*, 43, 633-638.
- Walker, D. (1995). *David Walker's appeal, in four articles: Together with a preamble to the coloured citizens of the world, but in particular, and very expressly, to those of the United States of America*. Electronic edition. Retrieved from <https://docsouth.unc.edu/nc/walker/walker.html>
- Walker, F., & Kuykendall, V. (2005). Manifestations of *nommo* in def poetry. *Journal of Black Studies*, 36 (2), 229–246.
- Warnick, B. (2007). *Rhetoric online: Persuasion and politics on the world wide web*. New York, NY: Peter Lang Publishing.
- Watermeyer, R. (2010). Social network science: Pedagogy, dialogue, deliberation. *Journal of Science Communication*, 9(01), 1–9. doi:<https://doi.org/10.22323/2.09010204>
- Watson, B., Robinson, D. H., Harker, L., & Arriola, K. R. (2016). The inclusion of African-American study participants in web-based research studies: Viewpoint. *Journal of Medical Internet Research*, 18(6), e168. doi:10.2196/jmir.5486
- Weekes, C. V. (2012). African Americans and health literacy: A systematic review. *ABNF Journal*, 23(4), 76–80.

- Wells-Barnett, Ida B. (1894). *A red record: Tabulated statistics and alleged causes of lynchings in the United States, 1892–1893–1894*. Digital Public Library of America. Retrieved from <http://dp.la/item/6ca2d0601d7960e03d25724ceeabd441>.
- Weitzman, P., Neal, L., Hongtu, C., & Levkoff, S. E. (2008). Designing a culturally attuned bilingual educational website for U.S. Latino dementia caregivers. *Aging International*, 32(1), 15–24. doi:10.1007/s12126-008-9000-9
- #Weseeyou: Having cancer was a blessing. (n.d.). BlackDoctor.org. Retrieved from <https://BlackDoctor.org/514955/weseeyou-having-cancer-was-a-blessing/>
- What is health communications? (n.d.) Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/healthcommunication/healthbasics/WhatIsHC.html>
- Williams, D. R., & Sternthal, M. (2010). Understanding racial-ethnic disparities in health: sociological contributions. *Journal of Health and Social Behavior*, 51(Suppl), S15–27.
- Wilson, Amos. (1993). "The Falsification of Afrikan Consciousness: Eurocentric History, Psychiatry, and the Politics of White Supremacy", Afrikan World InfoSystems
- Wisecup, K. (2011). African medical knowledge, the plain style, and satire in the 1721 Boston inoculation controversy. *Early American Literature*, 46(1), 25–50.
- Wolff, Megan J. (2006). The myth of the actuary: Life insurance and Frederick L. Hoffman's race traits and tendencies of the American Negro. *Public Health Reports* 121(1), 84–91.
- Woloshin, S., & Schwartz, L. M. (2002). Press releases: translating research into news. *Journal of the American Medical Association* 287(21):2856–2858.
- Wolseley, R. (1972). *The Black Press, U.S.A.* Ames, IA: Iowa State University Press.
- World Health Organization. (n.d.). Frequently asked questions. Retrieved from <http://www.who.int/suggestions/faq/en/>
- Wright, K. B. (2005). Researching Internet-based populations: Advantages and disadvantages of online survey research, online questionnaire authoring software packages, and web survey services. *Journal of Computer-Mediated Communication*, 10(3). doi:10.1111/j.1083-6101.2005.tb00259.x
- Yancey, K. B. (2009, February). Writing in the 21st century (Report). National Council of Teachers of English.
- Yu, Han. (2012). Intercultural competence in technical communication: A working definition and review of assessment methods. *Technical Communication Quarterly*, 21(2), 168–186.

- Zaller, J. R. (1992). *The nature and origins of mass opinion*. New York, NY: Cambridge University.
- Zoch, L. M., & Supa, D. W. (2014). Dictating the news: Understanding newsworthiness from the journalistic perspective. *Public Relations Journal*, 8(1), 1–28.

Supplemental Sources Consulted

- Airhihenbuwa, C. O., & Obregon, R. (2000). A critical assessment of theories/models used in health communication for HIV/AIDS. *Journal of Health Communication*, 5(Supplement), 5–15.
- Baciu, A., et al., Eds. (2017, January 11). Communities in action: Pathways to health equity. Washington, DC: National Academies Press. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK425844/>
- Bacon, J. (2007). African American rhetoric(s): Interdisciplinary perspectives. *Composition Studies*, 35(2), 138–141.
- Blair, I. V., Steiner, J. F., & Havranek, E. P. (2011). Unconscious (implicit) bias and health disparities: Where do we go from here? *The Permanente Journal*, 15(2), 71–78.
- Booth, W. (2004/2006). Rhetoric, science, religion. In W. Jost (Ed.), *The essential Wayne Booth* (pp. 264–278). Chicago, IL: The University of Chicago Press.
- Boyd, D. (2006). Friends, Friendsters, and MySpace Top 8: Writing community into being on social network sites. *First Monday*, 11(12).
- Boyd, D. M., & Ellison, N. B. (2008). Social network sites: Definition, history and scholarship. *Journal of Computer-Mediated Communication*, 13(1), 210–230.
- Brodie, M., Flournoy, R. E., Altman, D. E., Blendon, R. J., Benson, J. M., and Rosenbaum, M. D. (2000). Health information, the Internet, and the digital divide, *Health Affairs*, 19(6), 255–265.
- Campinha-Bacote, J. (1996). A culturally competent model of nursing management. *Surgical Services Management*, 2, 22–25.
- Campinha-Bacote, J. (1998). African Americans. In L. Purnell, & B. Paulanka, (Eds.), *Transcultural health care: A culturally competent approach*. Philadelphia, PA: F. A. Davis Co.
- Carter, J. (1995). Psychosocial/cultural issues in medicine and psychiatry: Treating African Americans. *Journal of the National Medical Association*, 87(12), 857–860.
- Cochrane, Z. R., Gregory, P., & Wilson, A. (2012). Readability of consumer health information on the Internet: A comparison of U.S. government-funded and commercially funded websites. *Journal of Health Communication*, 17(9), 1003–1010.
doi:10.1080/10810730.2011.650823

- Cultural respect (n.d.). [Web page]. National Institutes of Health. Retrieved from <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/cultural-respect>
- Darling, E. S., Shiffman, D., Côté, I. M., Drew, J. A. (2013, May 7). The role of Twitter in the life cycle of a scientific publication. *Peer Journal PrePrints*, 1, e16v1. doi:10.7287/peerj.preprints.16v1.
- Fahnstock, Jeanne. (1999). *Rhetorical figures in science*. New York, NY: Oxford University Press.
- Fox, S. (2011a, February 1). Health information is a popular pursuit online. Pew Research Center: Internet & Technology. Retrieved from <http://www.pewinternet.org/2011/02/01/health-information-is-a-popular-pursuit-online/>
- Fox, S. (2011b, May 12). The social life of health information, 2011. Pew Internet & American Life Project. Available at: http://www.pewinternet.org/files/old-media/Files/Reports/2011/PIP_Social_Life_of_Health_Info.pdf
- Godin, S. (2010, December 10). Three ways TV changed everything (and what's next) [Blog post]. Retrieved from http://sethgodin.typepad.com/seths_blog/2010/12/three-ways-tv-changed-everything-and-whats-next.html
- Huberman B., Romero, D., & Wu, F. (2009, January). Social networks that matter: Twitter under the microscope. Social Computing Laboratory, HP Labs. First Monday, 14(1).
- Illes, J., Moser, M., McCormick, J. B., Racine, E., Blakeslee, S., Caplan, A. . . . Weiss, S. (2010). Neurotalk: Improving the communication of neuroscience research. *Nature Reviews Neuroscience*, 11(1), 61–69. doi:10.1038/nrn2773
- Ingram, M. (2011, February 11). It's Facebook vs. Twitter in the race to make the news social. GIGAOM. Retrieved from <http://gigaom.com/2011/02/11/its-facebook-vs-twitter-in-the-race-to-make-the-news-social/>
- Kaplan, A., & Haenlein, M., (2010). Users of the world, unite! The challenges and opportunities of social media. *Business Horizons*, 53(1), 59–68.
- Kennedy, G. A. (1999). *Classical rhetoric & its Christian and secular tradition* (2nd ed.). Chapel Hill, NC: The University of North Carolina Press.
- Leask, J., Hooker, C., & King, C. (2010). Media coverage of health issues and how to work more effectively with journalists: A qualitative study. *BMC Public Health*, 10, 535. Retrieved from <http://doi.org/10.1186/1471-2458-10-535>
- Led by Facebook, Twitter, global time spent on social media sites up 82% year over year. (2010, January 22). *Nielsen Newswire*. Retrieved from

<https://www.nielsen.com/us/en/insights/news/2010/led-by-facebook-twitter-global-time-spent-on-social-media-sites-up-82-year-over-year.html>

- Like, R. (2000). Translate: For working with medical interpreters. *Patient Care*, 34, 188.
- Link, B. G., & Phelan, J. (1995). Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior*, 80–94. doi:10.2307/2626958
- Lipson, Carol (1990). Ancient Egyptian medical texts. *Journal of Technical Writing and Communication* 20 (4).
- Making health communication programs work (2001). Bethesda, MD: National Cancer Institute.
- Mazur, B. (2000). Revisiting plain language. *Technical Communication*, 47(2), 205–211.
- Murray, C. J., Kulkarni, S. C., Michaud, D., Tomijima, N., Bulzacchelli, M. T., Iandiorio, T. J., & Ezzati, M. (2006). Eight Americas: Investigating mortality disparities across races, counties, and race-counties in the United States. *PloS Medicine*, 3(9), e260.
- National Center for Health Statistics. (2014). Health, United States, 2013: With special feature on prescription drugs. Hyattsville, MD. Retrieved from <http://www.cdc.gov/nchs/data/hsr/hsr13.pdf#018>
- Office of Disease Prevention and Health Promotion. (2016). Health literacy online: A guide to simplifying the user experience. Retrieved from <http://health.gov/healthliteracyonline/>
- Paisley, W. (2001). Public communication campaigns. In R. Rice & C. Atkin (Eds.), *Public communication campaigns* (3rd ed., pp. 3–21). Thousand Oaks, CA: SAGE Publications.
- Plain language guidelines. Available at <http://www.plainlanguage.gov>.
- Preidt, R. (2016, April 27). Racial, ethnic health disparities persist. WebMD. Retrieved from <https://www.webmd.com/women/news/20160427/us-health-report-card-finds-racial-ethnic-disparities-persist>
- Putnam, L.L., & Roloff, M. E. (Eds.). (1992). *Communication and negotiation*. Sage Annual Reviews of Communication Research, Vol. 20. Newbury Park, CA: SAGE Publications.
- Ray Jr, S. G. (2009, January 7). The African-American jeremiad: Appeals for justice In America—by David Howard-Pitney. [Review of the book *The African-American jeremiad: Appeals for justice In America*, by D. Howard-Pitney]. *Teaching Theology & Religion*, 12(1), 85–86. doi: <https://doi.org/10.1111/j.1467-9647.2008.00494.x>
- Reach Out to BlackDoctor.org. (n.d.). Retrieved from <https://BlackDoctor.org/about/>

- Richardson, W. (2009). *Blogs, wikis, podcasts, and other powerful web tools for classrooms*. Thousand Oaks, CA: Corwin Press.
- Saha, S., Beach, M. C., & Cooper, L. A. (2008). Patient centeredness, cultural competence and healthcare quality. *Journal of the National Medical Association*, 100(11), 1275–1285.
- Sartre, J. P. (1967). Preface. In F. Fanon, *Black skin, White masks*, (C. L. Markmann, Trans.) New York, NY: Grove Press.
- Schatzberg, E. (2001). The languages of Edison's light [Book review]. *Journal of Interdisciplinary History*, 31(4), 659–661.
- Solomon, M. (1985). The rhetoric of dehumanization: An analysis of medical reports of the Tuskegee syphilis project. *Western Journal of Speech Communication*, 49(4), 233–247. doi:10.1080/10570318509374200.
- Stotsky, S. (1987). Civic writing in the classroom. ERIC Clearinghouse for Social Studies/Social Science Education. Retrieved from <https://files.eric.ed.gov/fulltext/ED285800.pdf>
- Stroud, N. (2007). Media effects, selective exposure, and Fahrenheit 9/11. *Political Communication*, 24(4), 415–432.
- Stroud, N. (2010). Polarization and partisan selective exposure. *Journal of Communication*, 60(3), 556–576.
- Stroud, N. (2011). *Niche news: The politics of news choice*. New York, NY: Oxford University Press.
- U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *Health literacy online: A guide to simplifying the user experience*. Retrieved from <http://health.gov/healthliteracyonline/>
- Venkatesh, V., Brown, S. A., & Bala, H. (2013). Bridging the qualitative-quantitative divide: guidelines for conducting mixed methods research in information systems. *Management Information Systems Quarterly*, 37(1), 21–54.
- Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: Evidence and needed research. *Journal of Behavioral Medicine*, 32(1), 20–47.
- Witte, K. (1995). Fishing for success: Using the persuasive health message framework to generate effective message campaigns. In E. Maibach & R. L. Parrott (Eds.), *Designing health messages: Approaches from communication theory and public health practice* (pp. 145–164). Thousand Oaks, CA: SAGE.

Zwillich, T. (2005, March 9). Health gaps continue to plague Blacks. WebMD. Retrieved from <https://www.webmd.com/a-to-z-guides/news/20050309/health-gaps-continue-to-plague-blacks#1>

VITA

Wilbert Francisco LaVeist

Old Dominion University
English Department
500 Batten Arts & Letters
Norfolk, VA 23529

EDUCATION

Doctor of Philosophy, Technology & Media Studies
Old Dominion University

Master of Arts, Journalism
The University of Arizona

Bachelor of Science, English
Lincoln University of Pennsylvania

TEACHING EXPERIENCE

Adjunct Professor Communications Dept., University of Maryland Global Campus	Current
Graduate Teaching Assistant English Department, Old Dominion University	2011-14
Adjunct Professor Regent University School of Communications & The Arts	2009-10
Adjunct Professor Communications & Humanities, Thomas Nelson Community College	2009-10
Lecturer Northwestern University Medill School of Journalism	2007
Adjunct Professor Columbia College School of Journalism	2007
Adjunct Professor Hampton University Scripps Howard School of Journalism	2005-06
Adjunct Professor English Department, Estrella Mountain Community College	1994-95

COMMUNICATIONS EMPLOYMENT HISTORY

Chief Communications Officer/ Senior Executive, Advancement Mennonite Church USA, Mennonite Mission Network	2017-Current
Owner, LAVEIST ENTERPRISES, LLC Communications/Media Consultancy Firm	2010-Current
Managing Editor, Multimedia Mennonite Mission Network, Marketing Dept.	2011-17
Director, Community Outreach & Development Urban League of Hampton Roads	2010-11
Publisher/Editor MIX Magazine, MIX11 TV, www.MIXMAGWEB.com The Virginian-Pilot Media Companies LLC.	2007-09
Director of Web Development Johnson Publishing Company	2006-07
Metro News Columnist Hampton Roads Daily Press	2004-06
Executive Producer BlackVoices.com/Tribune Interactive Media	1997-04
Online Editor The Arizona Republic, www.AZCentral.com	1995-97
Reporter The Arizona Republic	1993-95
Copy Editor The Arizona Republic/The Phoenix Gazette	1992-93

PROFESSIONAL DEVELOPMENT

- Participant, Indiana University Lilly School of Philanthropy, Principles of Fundraising, 2018
- Participant, Damascus Road, Anti-Racism Training, 2012
- Graduate, DeVos Urban Leadership Initiative, 2008
- Graduate, Virginia Peninsula Hampton Roads Chamber of Commerce Leadership Program, 2007

- Coordinator, Maynard Institute for Journalism Education online journalism and diversity “Fault Lines” workshop & training, 1997
- Graduate, Maynard Institute for Journalism Education cross-media journalism and editing programs 1992, 2000

PRESENTATIONS EXPERIENCE

- American Evolution 2019, Forum on the Future of Representative Democracy, emcee
- North Carolina A&T, 2019 Sports Journalism, Marketing, Entrepreneurship speaker
- Bluefield State University 2019 Black History Month Observance speaker
- Elkhart County NAACP 2018 MLK Day Observance, speaker
- *The Wil LaVeist Show*, SMOOTH 88.1FM WHOV & podcast www.willaveist.com, host
- National Association of Black Journalists 2017, panel moderator
- *Another View*, WHRO-TV Talk Show, contributing panelist
- *Mix11 TV* talk show, host and company representative as a public speaker
- UrbanFailth.com News magazine, commentary contributor
- Hampton Univ. Minister’s Conference 2012, social media workshop presenter
- Rotary Club of Portsmouth, VA, guest luncheon speaker
- Bottom Line, WAVY 10 Community Affairs Show, interview
- Aberdeen Gardens Historical Society “Harvest Gala” keynote
- Virginia Community Colleges Conference, 2009, workshop presenter
- Hampton Performance Learning Center High School graduation, keynote
- CBN News (Christian Broadcast Network), CBNNEWS.com, interview
- Hampton Roads Daily Press, public speaker and community leader
- *HearSay with Cathy Lewis*, on National Public Radio, interview
- *Caldwell Chronicles* on WBAI 99.5 in NYC, interview
- *Animal Witness, The Michael Vick Case* on Animal Planet TV, interview
- CLTV News (Chicago Land Television), correspondent
- Tom Joyner Family Reunion at Disney, college workshop presenter
- 100 Black Men of America, Chicago, college workshop presenter
- *On the Record with Joel Rubin*, WVEC-TV
- National Writers’ Empowerment Conference & Expo, workshop presenter
- Maynard Institute for Journalism Education, Internet workshop presenter
- *MEGAGENESIS*, High School Career Day program, keynote speaker

BOOKS

- *Dear Daughter: A dad’s marriage advice on love, pain, healing and the law*, Koehler Books, 2017
- *Tom Joyner Presents How to Prepare for College*, Amber Books, 2009
- *Fired Up: How To Win When You Lose Your Job*, Xulon Press, 2008
- *Black Voices in Commentary: The Trotter Group*, August Press, 2006
- *8 Steps to Help Black Families Pay for College*, Random House/Princeton Review, 2003

AWARDS

- Christian Choice Book Awards, 2008
- Hampton Unity Commission Award for Racial and Cultural Diversity, 2008
- Arizona Press Club Award for Creative Writing, 1993
- William Hattich Awards for Journalism Professionalism, University of Arizona, 1991

PROFESSIONAL ORGANIZATIONS

- Association for Education in Journalism and Mass Communication
- American Marketing Association
- Association of Fundraising Professionals
- Online News Association
- National Association of Black Journalists
- National Society of Newspaper Columnists
- Anabaptist Communicators Network
- Phi Beta Sigma Fraternity, Inc.