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**Health Care Coverage in the Hartford Courant:
A Content Audit Report**

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I. Communications and Community

System-reform initiatives in low-income communities must take into account the powerful influence of mass communications if they are to be successful in supporting social change. This assertion is confirmed by a large body of social science research showing that news coverage (both print and broadcast) has a profound effect on what issues people believe to be important (agenda-setting); the lens through which they interpret issues (framing); and whether they use this information in making judgments about political and policy matters (priming). In short, the news media powerfully shapes the ways in which people relate to their communities.

The challenge for community improvement advocates is to develop media relations strategies that empower community-based organizations to effectively engage the news media. A first step in this process for community development advocates is to have an empirical understanding of their local news coverage. Communications researchers commonly utilize content news audits and content analyses to document and understand the nature of the community news coverage.

Understanding Content News Analysis and its Value

A content news audit is a method for reliably measuring what news and information is appearing on television and in newspapers. Audits can include a variety of searchable criteria – identification of coverage topics, tallies of the frequency of coverage topics, coverage treatment (e.g., features vs. hard news; geographic focus). A content analysis is an assessment or evaluation of an audit. Communications researchers and journalists often use such analysis to interpret the likely consequences of editorial content on audiences and readers. Likewise, community stakeholders often use it to define how news organizations frame their issues and what this implies for community action.

Understanding News Frames

News frames tell an audience how to interpret and evaluate a given story by drawing attention to some things and ignoring others. Newscasters use symbols, inference and language to construct a story line. The particular mix of ingredients has a profound meaning for how the public comes to understand social issues. For example, recent experimental work shows that exposure to violent youth “superpredators” in the news increased adult support for punitive crime policy. Thus, it may be more than coincidence that politicians and policy makers have moved to enact restrictive youth policies. For example, several states have passed laws lowering the age at which a juvenile can be tried as an adult. Likewise, numerous cities have passed youth curfew, wide-ranging gang injunctions and measures to place metal detectors in schools and search children’s lockers. In sum, the way that the news media frames public issues has important consequences for public opinion and public policy.

The Value of Tracking Health Care Coverage

Health care has become one of the most important and contentious topics in American discourse in recent years. The public debate has focused on such issues as rapidly rising health care costs; the quality of care; access to care; race and class disparities; the plight of the uninsured and under-insured; and issues surrounding the “graying” of the American population. While politicians, pundits, and concerned citizens alike bemoan the “health care crisis,” there is little public consensus about effective reforms.

To make good decisions about such policy, the public needs to be well informed. The news media is the public’s primary source of information. Newspapers have traditionally been the best source of information on issues such as health care because the local press have more reporting resources than the electronic media and because newspapers do not have the content (time) limitations of broadcasters. In addition, broadcasters frequently take their coverage cues from the print media.

If we are to determine public sentiments on health care issues, evaluating such coverage in newspapers is a good place to start. And, to be sure, if communities want to lobby the media for improvements in health care coverage (and, by extension, influence the health care debate), it must know where the improvements are needed. Content audits and analysis are tools for achieving both goals.

Connecticut and other parts of the Northeast are home to many of the nation’s largest health insurers and pharmaceutical companies. For that reason, the Hartford Courant has been a national leader in coverage of health care. The Center for Communications and Community has conducted an audit of health care coverage in the Hartford Courant in Hartford, Ct. This audit does not measure how much of the Courant’s overall coverage is devoted to health care topics because the paper has been a leader in the quantity of coverage on this topic. Instead, this report examines how the Courant covers this increasingly important topic.

II. Methodology

The analysis is based on an examination of 100 Courant’s stories on health care for the period December 17, 2003 through March 15, 2004.

This audit characterizes the coverage by various categories: story topic, sources, story type (narrative type), and story treatment. We have included below the coding scheme for health care coverage.

Definitions of Major Audit Categories

Story Topic: The subject of the story was coded based on common coverage categories such as (a) cost, access and quality; (b) business coverage such reports on insurance companies and hospitals; (c) legal and political stories related to health care and (d) community-related and general news stories on health care. Also, the audit includes two categories of particular value to community development advocates – (e) coverage related to children and (f) coverage of health care disparities based on race, income or insurance status.

In addition, story topic content is composed of two weight measures – *primary content* and *secondary content*. The primary content statistics are the percentage of stories in which a topic category that are the main focus of the reporting. The secondary content tallies are reports in which the story topic category is included – but not as the primary focus.

Sources: Persons who have provided quotes, general comments, data, background, opinions and/or perspectives. They can be categorized by on gender, race, occupation and/or professional or community affiliation.

Treatment: This category involves how a story is presented to the public. It includes the following presentation modes.

1. **General News:** Reports on new developments or breaking news that typically involve inverted pyramid presentation where the most important elements are presented broadly and details supporting the pyramid lead are placed lower in the story.
2. **Feature:** More reflective narratives, often presenting a topic or development based on the experiences of – or impact on – individuals or communities. Narrative options are less formulaic and are often anecdotal.
3. **News analysis:** A deeper examination of a topic in the news or development. It often involves an examination of the impact of developments or identifying factors involved in news developments, or an exposition of behind-the-scenes “back stories” or more expanded explanations of the significance of a development or extrapolations on implications for the future. News analyses are also usually labeled as such.

Story Type (Narrative Type): This category involves story-telling context. The “*episodic*” category applies to the straight standard news “breaking news” story or “stand-alone” features that are not part of a series or special report package of stories. The “*thematic*” category applies to reports that are part of a series or part of an occasionally published series or part of a special report package of stories in one edition.

III. Results

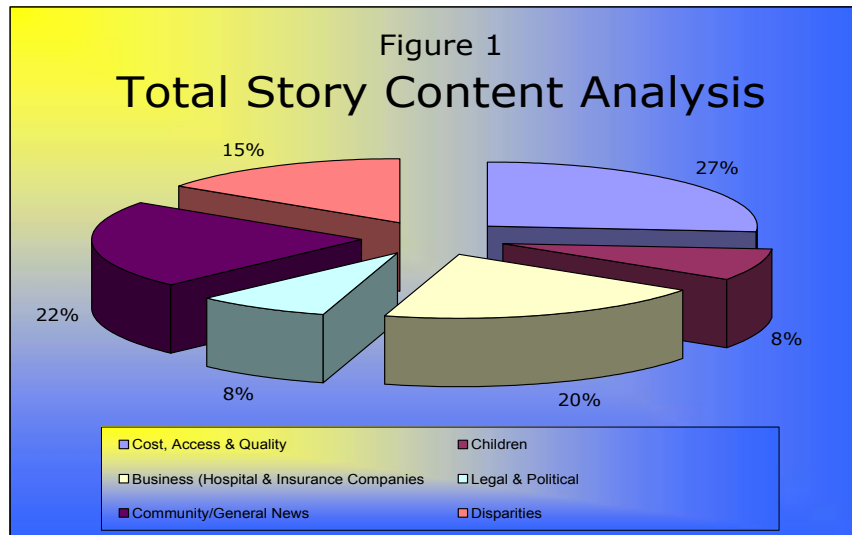
Story Topics

Reports on Cost and Quality Among the Most Frequently Produced Health Care Stories

Figures 1-3 display the results for story topics, differentiating by primary or secondary content. Dividing the data in this way yields a total of 226 instance in which content could be coded as primary or secondary (primary=100; secondary=126). In other words, all 100 stories, obviously, had a primary story topic. Additionally, there were another 126 instances of a topic category being the secondary focus of the piece.

Stories about the related subjects of cost, quality, and access to health care was the most frequently reported news topic (27%); content related to community or general news was next (22%); and reports about health businesses (i.e., hospitals and insurance companies) were the third most frequently reported health care topic (20%).

As shown in Figure 1, the Courant responded to the rising public interest in – and controversy over – health care costs by making the *costs/access/quality* category the most frequently reported topic during the sample period. For example, there were reports on rising premium payments, retirees losing benefits, cost-shifts, and the inability of average citizens to afford prescription drugs.



Community/general news reporting was the second most frequently covered topic in the Courant. For instance, coverage included digests announcing medical screenings, health seminars and programs on wellness such as nutrition and stress management for various neighborhoods. There were also general information features of value to residents – stories on dental issues, the immune system, obesity and disease among them. In the main, however, general news outstripped community news by a factor of 2 to 1.

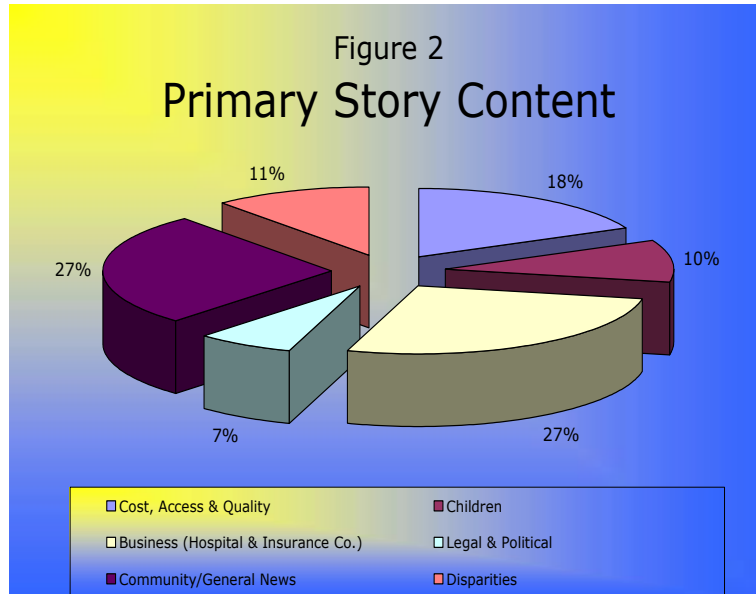
Considering that Connecticut and the Northeast is home to a large number of insurance and pharmaceutical firms, it is not surprising that 20% of all reports were devoted to business coverage. Reports on mergers, job cuts and earnings at companies with stakes in health care were frequent and in keeping with the best tradition of tracking local industry. In addition, the Courant provided extensive coverage of the hospital industry – a level of scrutiny not normally seen in newspaper coverage in mid-sized cities.

Reports on *health care disparities* related to race/ethnicity, income and insurance status ranked fourth in coverage, getting 15% of the coverage during the survey period. For example, the Courant produced articles on the severe asthma that disproportionately affects children of color in Hartford – afflictions stemming partly from unsafe environmental conditions. Interestingly, these articles also tied racial and ethnic disparities to issues of social class by commonly referring to the high levels of poverty in many of Hartford's minority communities. Similarly, the Courant ran articles on how state budget cuts would disproportionately effect the neediest populations in Hartford.

Only 8% of the health care reporting was devoted to the coverage of *children*. The story subjects were mixed – reports on the need for drug counseling, suicide, obesity and mental health among them. Many of these stories were prompted by breaking news and included anecdotal and other feature angles as secondary content.

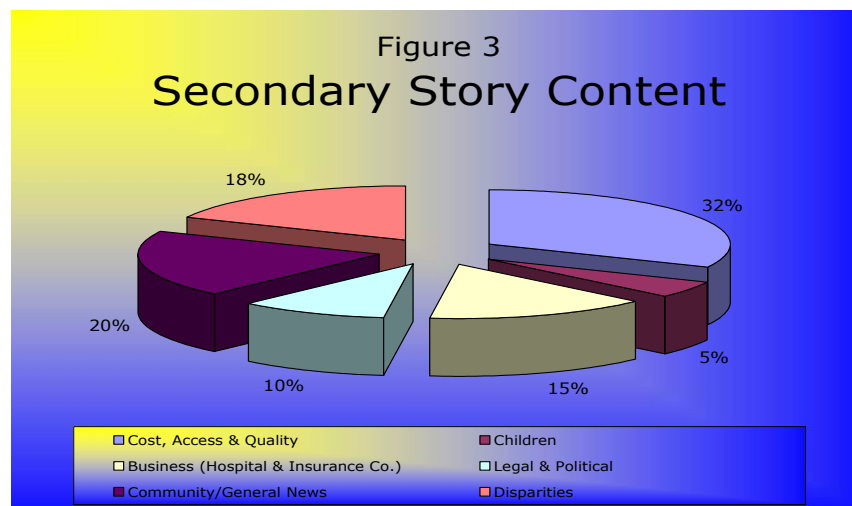
Coverage of *legal and political issues* related to health care also accounted for only 8% of the coverage. This category of coverage was also largely driven by breaking news – health-related legislation, lawsuits and appointments of officials to government health posts among them.

Figures 2-3 show the extent to which story topics are the primary or secondary focus of the news report. What is interesting here is that there is clearly a relationship between health care business coverage and the coverage related to finances, cost and quality. Put differently, it is clear that cost, access, and quality issues (but primarily costs) permeate media coverage of insurance and hospital business. We will return to this point in a moment.



These data also reveal that – unlike the reporting on costs – coverage of access, quality issues, community/general news, and coverage of children issues are more likely to be the primary rather than the secondary story focus. On the other hand, stories about disparities are more likely to be secondary story lines.

On the other hand, this industry coverage was very narrow compared to other coverage topics. It was the secondary content for only about 15% of the stories – relatively low when you consider that there are economic or business-related aspects to every health care topic.



As we mentioned, there is clearly a fair amount of content related to cost, in particular, but also to quality (and to a lesser degree, access) in the Courant’s coverage of insurance

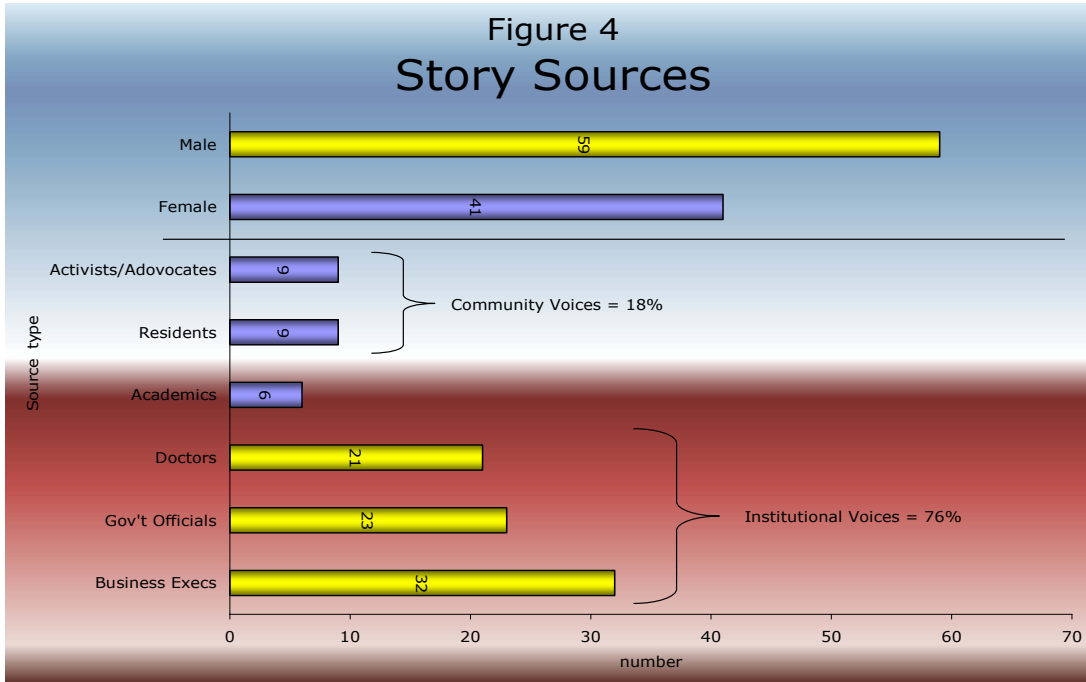
and hospital business news. Clearly this is no great surprise because these issues are of great concern to health care providers and Hartford is an insurance hub. For example, health care business stories had to do with corporate plans to limit their contributions to health care for retirees and industry efforts to shift more health care costs to employees. In other words, there were a fair number of stories that reported on health business issues beyond the latest corporate initiatives or ledger reports.

What this means is that the Courant data track nicely with the communications research we have been conducted on health care reform. Namely, the dominant frame of health news coverage is a “consumer” frame. In other words, a set of frame elements that conceives of the relationship between providers and individual consumers as the critical element in understanding health care related issues. And, as our research is beginning to show, the consumer frame makes it difficult to get issues like universal coverage into the discussion because people do not have a working understanding of why it costs far more to leave a significant part of the population without coverage than it would to establish an explicit policy of universal coverage. As a result, advocates for systems-reform who seek coverage for the most vulnerable population face an uphill challenge.

Sourcing

Institutional voices dominate. Activists and community residents lag as sources.

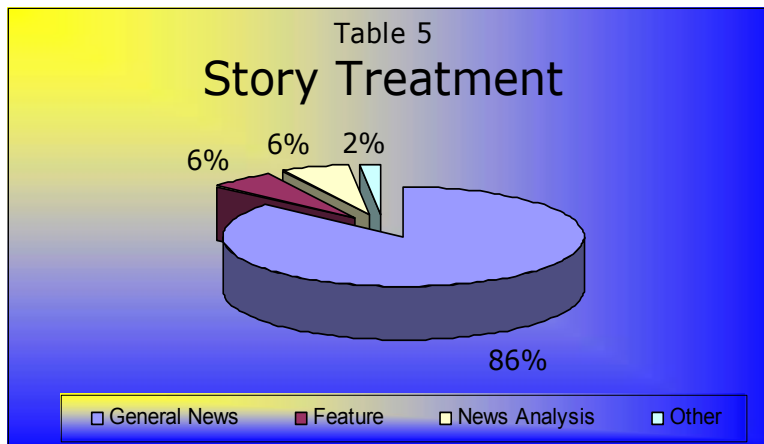
Sources often help frame news stories. For that reason, source audits often reveal who is shaping the public’s understanding of issues. Figure 4 shows that institutional voices – doctors, government officials and business executives – were the dominant source group during the audit period, accounting for a whopping 76% of the coverage. Community voices – advocates and community residents – accounted for only 18%.



Treatment: How Stories Are Told

Stand-alone reports are the dominant mode of storytelling in a coverage category that calls for more analysis and features.

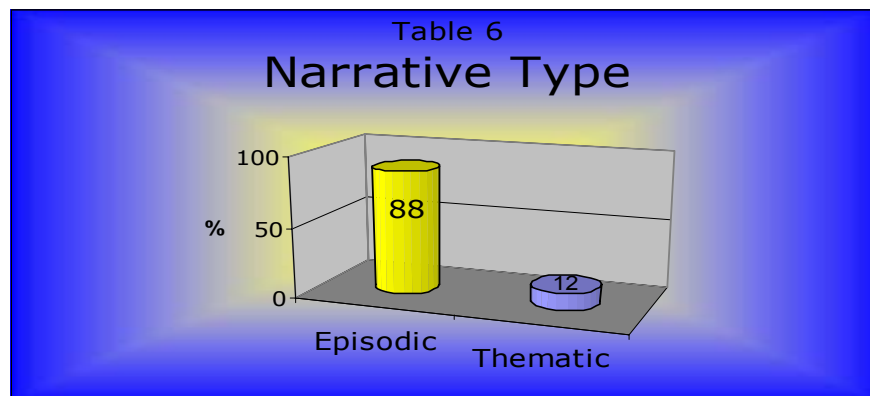
Local health coverage in the Courant – like most of the paper’s coverage and the reporting in most mainstream media – is largely based on stand-alone coverage. Figure 5 shows that this kind of story, typified by the breaking event, accounting for 86% of the coverage. News analysis and features accounted for a combined 12% – 6% each. News analyses and features are often more suitable for complicated stories and for recurring and long-standing issues.



Story Type (Narrative Type)

Thematic narratives, which better incorporate community voices and the context that enhances understanding of health care issues, are rarely used.

The Courant also preferred episodic narratives – using them 88% of the time (Figure 6). Thematic narratives help readers connect events to broader trends or issues – and this approach is often needed to more comprehensively report on health care issues. Also, thematic narratives more often include community perspectives.



III. Conclusions

This study reports on health news coverage by the Hartford Courant over a roughly three-month period from late 2003 to early 2004. In all, 100 news stories were examined. We paid particular attention to story content, sources, narrative type, and treatment.

We acknowledge that this is neither an exhaustive nor definitive analysis of the Courant's health coverage. We are also aware that we have captured a brief point in time replete with contextual factors that can color the results. Nonetheless, we are confident that this is a fair representation of what a Hartford Courant reader would be exposed to with regards to health news in an average three-month period. In other words, there were no especially newsworthy events that dominate the media at this time.

The findings reiterate the importance of mass communications in general, and the news media in particular, to advocates of social change. For example, the analysis reveals that there is little coverage of race/class health disparities. In addition, institutional actors do most of the talking in the Courant's health news coverage. Community voices are rarely heard in comparison. For people interested in health care for poor and minority populations, this means that they must focus their advocacy attention on influencing newspaper coverage.

The most important finding of our report is the accessibility of the "consumer" frame of health care in the Courant's coverage. This mirrors trends we have discovered in California, Arizona, and New Hampshire – the public's dominant understanding of health care issues is within a consumer model.

The take-away point has to do with what this conceals. In other words, what is the impact of this dominant frame? The answer lies in the apparent inability of the public to conceive of and apply any systems thinking to the issue of health care reform. It means that it is hard to get the uninsured and the underinsured into the public discussion. (Indeed, there were very few stories about either of these groups in the Courant's coverage). Moreover, this frame is consistently invigorated by media coverage that places the individual in the role of consumer, thus making it difficult for people to see their common interests.

In sum, the lack of community voices, community focus, attention to children's issues, and stories about disparities – coupled with the dominance of institutional voices reinforcing a consumer frame – means that advocates for change must rethink their communications strategies in fundamental ways.

Research Assistant Peter Carr contributed to this report.