

A Study of Media Coverage of Health Policy 1997–2000

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The debate over President Clinton’s national health care reform plan had put health care policy at the forefront of the national agenda in 1993 and 1994. After the Clinton plan failed, it remained to be seen whether or not health policy would hold the media’s and the public’s interest to the same degree in the years to follow. There seemed to be a consensus of opinion on at least one point — when it came to legislative proposals regarding the nation’s health care policies, there would be no further attempt at single sweeping change.

Public opinion data shows that the public continued to be interested in health care policy. As the 1996 Presidential election approached, the public still reported that health care was one of the most important issues influencing their vote. There was, however, no consensus concerning the most important specific health care issue. The public was concerned about a range of health care issues, from Medicare, to rising health care costs, to the uninsured.

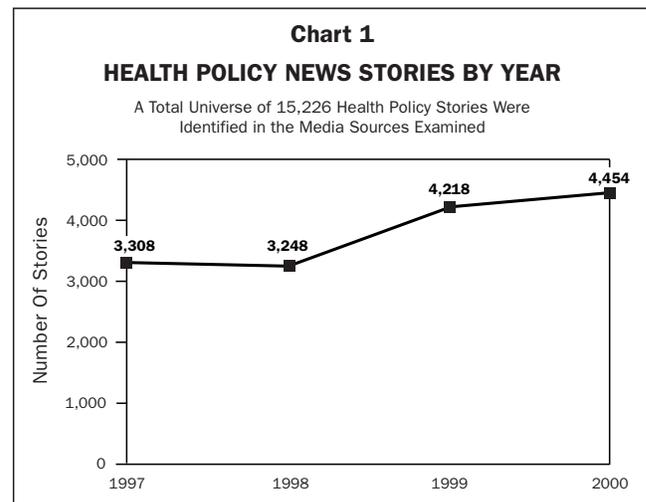
With incremental policy proposals likely to dominate debate after the 1996 election, it seemed likely that health policy would become a moving target for the news media. Would coverage of health policy increase or decrease? Which issues would receive the most media attention? Would news stories on health policy present information that would help the public understand policy debates, or would they focus mostly on politics instead?

To help answer these and other questions, a comprehensive study of health policy media coverage from 1997 through 2000 was undertaken by researchers at the Kaiser Family Foundation, in conjunction with Princeton Survey Research Associates. An initial examination of media coverage identified four primary health policy topics that governed national debate during this time frame — managed care, Medicare, the uninsured, and health care costs. Over 4,700 health policy news stories were randomly sampled and analyzed from four national newspapers, six major regional newspapers, and three broadcast network news programs (see appendix for details). It is important to note that the study focused only on these four dominant health policy topics and not all health policy issues covered by the media during the time period.

These are the major findings:

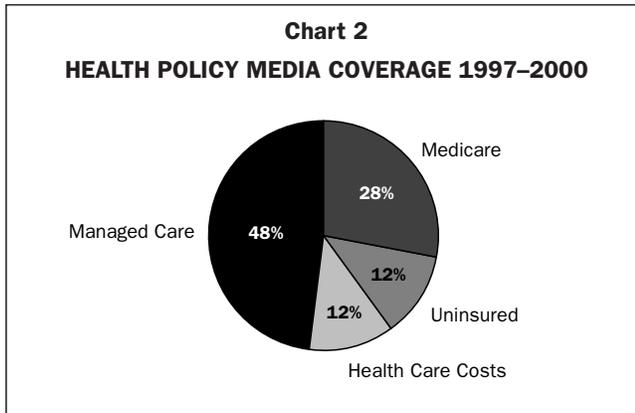
1. The amount of coverage devoted to the big health care policy issues increased over time.

In the media sources examined, the total number of stories devoted to managed care, Medicare, the uninsured, and health care costs, rose from 3,308 in 1997, to 4,454 in 2000, a 34% increase (Chart 1). While there is always some ebb and flow in the prominence of different issues, the increase suggests that health policy issues have become a permanent fixture on the national agenda. Of special note, coverage of health policy increased at a time when newsroom budgets were generally shrinking. It is no longer possible to run for national office without addressing health issues, nor is it possible to balance the federal budget. As health care has become big money and big league politics, news media coverage has followed suit.

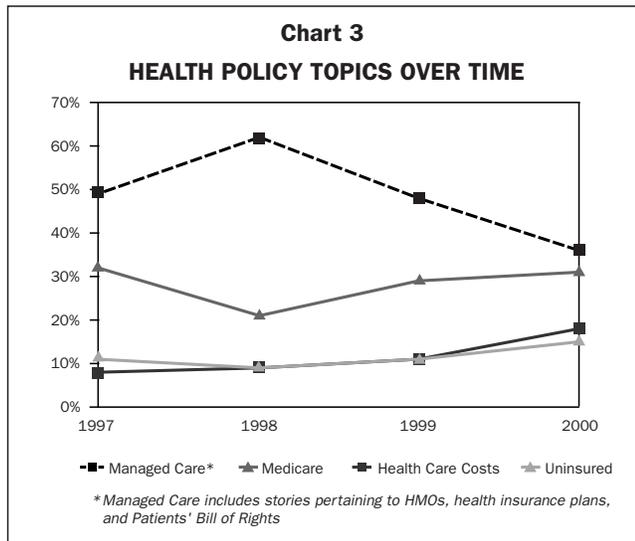


2. Managed care was the health policy topic covered most.

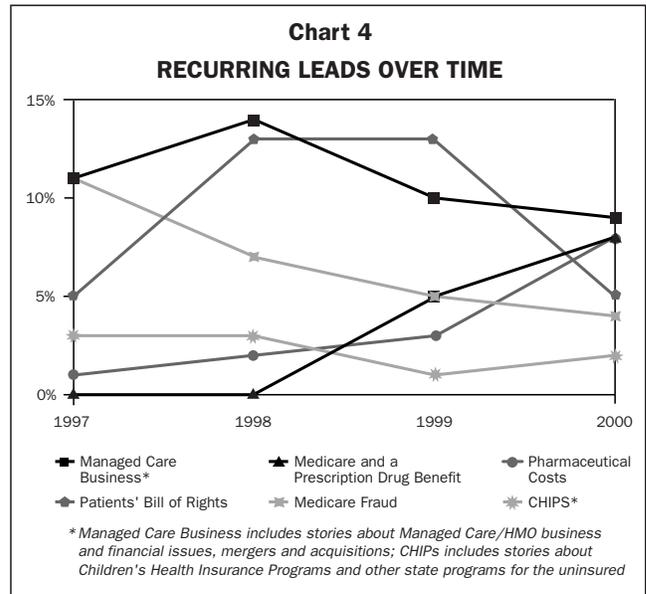
Between 1997 and 2000 almost half of all health policy stories (48%) focused on managed care. About 3 in 10 (28%) focused on Medicare, 12% on the uninsured, and 12% on health care costs (Chart 2).



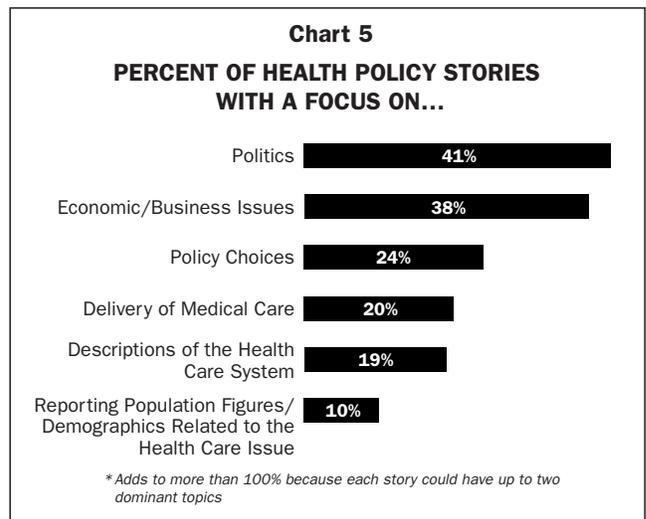
While managed care was the top story over the four-year period, coverage of managed care peaked in 1998, when more than 6 in 10 stories (62%) were devoted to this topic. This was partly a result of the debate over a patients' bill of rights, which drove coverage. By the later half of the study, other health policy issues were receiving increased attention as the Presidential election loomed, most especially, pharmaceutical prices and prescription drug coverage for the elderly. Seniors vote in large numbers, so the candidates talked a lot about the health issues seniors care about most. And when they did, the news media covered the story. The election also brought increased coverage of the uninsured and health care costs so that managed care no longer overwhelmingly dominated coverage of health policy (Chart 3).

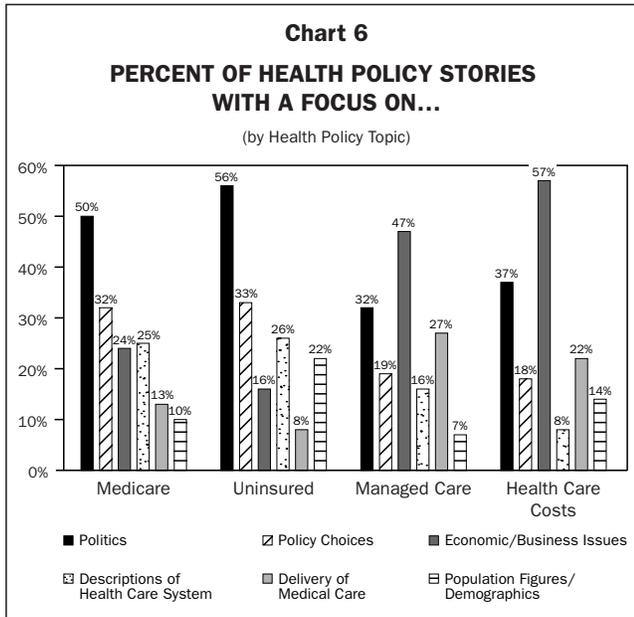


The data suggests that overall, coverage of health policy followed rather than led national discussion and debate. In fact, almost one half of all health policy stories (49%) were generated by a news event, as opposed to appearing as a backgrounder (26%), editorial or commentary (13%), or some other type of story (12%), such as bullet items. Given this, it is not surprising that the "big stories" or recurring leads journalists relied upon to report the health policy issues varied considerably over the time period of the study (Chart 4).



3. Politics and economics were the emphasis in health policy coverage. Up to two main focuses were identified in each story. The dominant emphasis was on politics (41% of all stories), such as the impact of a Medicare debate on the election, and economic issues (38%), such as the impact of a prescription drug proposal on the pharmaceutical industry. Fewer stories (24%) emphasized discussion of health policy choices (Chart 5). As might be expected, the focus on politics became more pronounced as the Presidential election approached. Stories on Medicare and the uninsured were much more likely to be written from a political angle than stories about health care costs or managed care, which were more likely to emphasize economic and business issues (Chart 6).



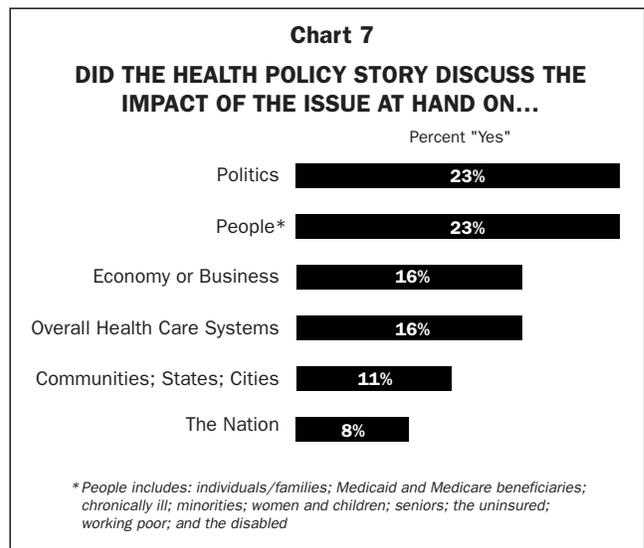


4. Stories that focused on policy choices were likely to provide information that would help a reader or viewer understand the policy options facing decision makers. Of the 1 in 4 stories that focused on policy choices, it was highly likely that the public would gain information to help them understand how policy options would work. More than three-quarters of these policy oriented stories (representing 19% of all stories) had some explanatory content, either presented as the exclusive focus or in conjunction with discussion of the political impact of the policy debate.

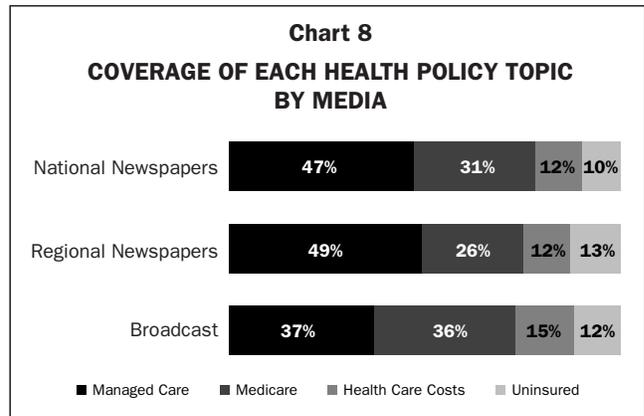
Stories about a Medicare prescription drug benefit (62%) and a patients' bill of rights (57%) were most likely to include a focus on policy choice as part of the piece, and 6 in 10 of these stories included explanatory information. Stories about Medicare solvency (50%) and stories about health care in the election (46%) also often included mention of policy choices. However, the election stories most often focused on political considerations, such as which candidate was gaining or losing ground as a result of his or her views on the policy option.

5. A little less than one quarter of all health policy stories included discussion of the impact on people.

A minority of the health policy stories studied included an examination of how the issue might impact people (23%), including patients, families, or beneficiaries of government programs (Chart 7). Stories about the uninsured were most likely to examine the impact on people, with almost half of all uninsured stories (47%) doing so. Medicare stories were less likely to report on the impact on people (24%), and managed care (19%) and health care cost stories (13%) were the least likely to discuss a potential impact on people.



6. Health policy stories were generally judged to be "balanced." No story in the study that focused on a policy choice did so without giving at least some space or airtime to the views of an opposing side. Over half of all stories (56%) were judged by coders to be "balanced," at least in this respect, giving equal space and time to all sides of the debate. Four in ten stories (44%) were judged to be out of balance in the amount of attention paid to various positions.



7. There were some differences in the ways that newspapers and television network news covered health policy issues. Network news was less likely than national newspapers to cover managed care (37% vs. 47% of health policy stories), and a little more likely to cover Medicare, health care costs, and the uninsured (Chart 8).

Network news also appeared to put more emphasis on the human side of health care policy, with patients' stories featured in more than 1 in 5 broadcast stories (22% vs. 12% for newspapers). Network news also relied more on anecdotal and often dramatic portrayals. Half of all broadcast stories included anecdotes (51%), compared to 20% of print stories. As might

be expected, almost 4 in 10 (39%) of the broadcast stories also contained some or high levels of drama compared to 12% of print stories. Broadcast news was twice as likely as print to include villains (30% vs. 12%) in stories. But more than 4 in 5 (87%) of network stories were judged to be balanced in their presentation, giving equal time to all sides of the central debate, while slightly over half (54%) of print stories were judged to be equally balanced in this respect.¹

Conclusion

The fact that the number of stories on the four health policy issues studied increased by 34% during the four-year period suggests that health policy issues have gained a firm foothold on the national and media agenda. That the changes in the topics covered seemed to so closely follow what was in the spotlight in the Congress and in election campaigns suggests that, when it comes to health policy, the news media was more likely to be “following” than “leading” the national agenda. The fact that so many stories focused on politics, and far fewer on policy choices or the impact of problems and policies on people, raises long-standing questions about what the obligations of the media should be. Everyone would agree that the news media should cover major events in health, and no one would argue that every story should focus on policy options or the impact of policy choices on people. However, some might argue for a different balance between event driven and political coverage and informational and explanatory stories. If, on the other hand, you believe that the media’s primary obligation is to cover events as they happen — such as political campaigns and legislative debates — and to do so in a fair and balanced way, the data from this four-year study of health policy coverage would be reassuring.

Journalists and media organizations will continue to grapple with another of the implications of this study. It is appropriate that health policy stories are covered from different perspectives — as policy stories, as political stories, as economic and business stories, and as people stories — because the big health policy stories are now truly multidimensional. However, their multidimensional nature poses real challenges for news organizations that will need to decide when a health policy story should be covered by a political reporter, a business reporter, or a health reporter. The challenge for journalists themselves is even more daunting as they have to master so many facets of health policy stories.

The tragedy of September 11th, 2001 and the subsequent events will certainly have a dramatic impact on news coverage of health policy. We can certainly expect to see far less coverage of health policy issues for some period of time. However, the health care problems that were the focus of news events, and, hence, news coverage, have not gone away; they will be bubbling beneath the surface and likely worsening. We can therefore expect that these health policy issues will once again return to prominence in media coverage.

¹ Even if Op/eds and editorials were excluded from the analysis, network stories were still more likely to be judged as balanced.

Appendix — Methodology

Newspaper sources were selected to present a representative sample of health care coverage related to the four policy areas (managed care, Medicare, the uninsured, and health care costs) available to the public. Selections were made on both a geographic and a demographic basis, as well as diversity of ownership. The *New York Times*, the *Wall Street Journal*, the *Washington Post*, and *USA Today* were selected to represent publications most likely to be circulated amongst either policy makers or the public on a nationwide basis. The *Atlanta Journal-Constitution*, the *Chicago Tribune*, the *Houston Chronicle*, the *Los Angeles Times*, *Newsday*, and the *Seattle Times* represented the nation’s major metropolitan dailies.

Assessment began by cataloguing the articles that appeared in each publication from January 1, 1997 through December 31, 2000. The LEXIS-NEXIS database was used to quantify that coverage for all publications except the *Wall Street Journal*, for which the Dow Jones DataBase was utilized. Search language was designed to cast the widest net possible with respect to capturing pertinent stories. A preliminary universe of 47,618 stories was established from which one in every 3.25 stories was selected. Additional inclusion rules were then established. For inclusion, stories must equal or exceed 100 words AND any designated health policy topic must be referenced in the headline, subhead, or 3 lead paragraphs OR 1/3 or more of the text of the article must be directly related to one of the designated health policy topics. Obituaries and letters to the editor were also deleted from the sample. This resulted in the final newspaper total of 4,575 sampled stories, representing the 14,869 story universe of total health policy stories meeting our inclusion criteria in these papers over this timeframe.

Broadcast news stories from *ABC World News Tonight*, *CBS Evening News*, and *NBC Nightly News* were acquired from the Vanderbilt University Television News Archives. To review all stories that appeared January 1, 1997–December 31, 2000, the Vanderbilt archives were searched for all stories where the index monograph included the terms related to this study. This resulted in a total universe of 505 stories. One of every two stories was selected at intervals for the sample after a randomly generated start point. After viewing by senior staff, false hits were eliminated using the established inclusion rule. The resulting network news sample totaled 178 stories.

Intercoder reliability measures the extent to which coders, operating autonomously, code or classify the same story in the same way. Intercoder reliability tests were performed throughout this study, with senior staff acting as the control coder; no significant differences were found to exist on a recurring basis. Selected stories were double-coded in their entirety, and overall intercoder reliability exceeded 88% for all variables.

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