A CONTENT ANALYSIS OF TELEVISED HEALTH NEWS COVERAGE WITHIN THE HUNTINGTON, WEST VIRGINIA, DESIGNATED MARKET AREA

by

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CHAPTER 1

INTRODUCTION

Statement of the Problem

Local media should carefully consider whether or not their health information coverage provides current and useful information to people living within their viewing area. Media play an important role in providing Americans with pertinent health information. As Greenberg and Wartenber (1990) suggest, "American people receive two-thirds more cancer prevention information from television than from their physicians." Therefore, local television media should make a conscious effort to educate themselves about which health diseases and problems most affect people within their viewing area. For example, people living in Appalachia experience health conditions that are not consistent with those experienced in every region throughout the United States (Walker 1996). Local health news should not contain regurgitated health research and studies if the information given presents no applicable use to the viewing audience (Walker 1996).

Personal work and physical health choices strongly influence the occurrences of preventative and non-preventive diseases (Walker 1996). People living within Appalachia, which includes West Virginia, Kentucky and Ohio, work in occupations with environmental health concerns unique to the region such as coal mining, farming, timbering and the chemical industry. High trauma, or

unintentional deaths, occur more frequently while doing these physical tasks than in sedentary office-based occupations (Walker 1996).

Common behavioral factors related to poor health in this region include: a high rate of smoking, too much sugar or saturated fat intake, and no established regular exercise routine. These local health-style choices result in many people experiencing diabetes, high blood pressure, heart disease, and some cancers (Walker 1996). Furthermore, when people working under trauma conditions add the stress of the job with poor health choices, the chance for incurring health problems multiplies. Local media should take this information into consideration and provide viewers with health information they can apply to their everyday activities.

Determining which stories and how much health information a newscast should include is an important decision. Jeff Parsons, a news producer for WSAZ-TV 3 in Huntington, West Virginia, thinks the local television news health focus should be regionalized: "There's a new health study coming out everyday. We have to sift through that and see what's important to people within the viewing area in this region." Although a set newsroom policy about health coverage may not exist, local media should make sure the health information they broadcast matches the needs of the audience (Parsons 1998).

People within different geographical regions need specialized disease and personal health information. Dr. Robert Walker, Chairman of Family and Community Health Studies at Marshall University School of Medicine, illustrated

this point through a physical safety analogy. "It wouldn't make much sense to spend a lot of time airing information on hunting safety in New York City where they probably don't have a lot of hunting-related deaths, but in West Virginia, we do. It is important to spend some time on how you dress in the woods and fire arm safety" (Walker 1996).

Finding the information that helps determine what is and is not important health news in a region is not a difficult process. Each year, the U.S. Bureau of the Census releases statistics that compare the different cities, counties, and states with other groups throughout the United States. In 1995, the report showed West Virginia has the same seven leading causes of death as does the United States overall (West Virginia 1995). The causes are diseases of the heart, malignant neoplasms (tumors), cerebrovascular diseases (brain and blood flow), chronic obstructive pulmonary disease and allied conditions (involving the lungs), unintentional injuries, all forms of pneumonia or influenza, and Diabetes Mellitus.

A slight variation existed among the ranking of the next three diseases. Statewide, suicide ranked eighth whereas Human Immune Deficiency Virus (HIV) ranked eighth nationwide. Nephritis, Nephrotic Syndrome & Bephrosis (kidney disease) ranked ninth in West Virginia but suicide ranked ninth nationwide. Lastly, Septicemia (blood poisoning) ranked tenth in West Virginia and Nephritis (kidney disease) and related illnesses ranked tenth nationwide (West Virginia 1995). This information may be used with other health information

banks to provide specialized health segments for people within different land regions. The medical information becomes channeled through the media to viewers who may not receive health news elsewhere. Dan Rather said, "News is what I say it is." The truth in his statement does not originate from his title as anchor, but rather his position as CBS Evening News Executive Producer (Rather 1988). Split-second decisions determine which stories air and which stories are left in the newsroom. As executive producer, Rather serves as the gatekeeper between what news exists and what news the viewer sees and hears.

The importance of this gatekeeping function of the media can be seen when a local station chooses to air a story about a new Gestational Diabetes treatment. Pregnant women may not be aware that this condition could happen to them if proper nutrition needs are not met. If the story did not air, women might not seek a doctor's advice about their dietary needs, and could suffer complications with their pregnancies.

Through this process of informational selection, media exercise their power as the important link between life-changing information and the public. Television news reports present stories the public will talk about and the information by which people form opinions (McCombs 1992).

The process—known as agenda-setting—was uncovered during the 1968 Presidential campaign between Hubert Humphrey and Richard Nixon, when

researcher Maxwell E. McCombs studied whether the news media set the agenda for what voters considered important campaign issues (Lowry 1995).

In the 1968 study—further discussed in chapter two—McCombs concluded that the issues considered most important by undecided voters were the same issues given the most media coverage (Lowry 1995).

Four principles McCombs established that may be applied to television news health reports include: the audience becomes aware of the issues; media provide information to audience members; media information forms viewer opinions; and these new opinions shape audience behaviors. For example, a television station could air a segment about a new treatment for nicotine addiction. The news segment then focuses the viewer's attention upon the topic. The information given then alters the viewer's perception about nicotine addiction and the validity of the new treatment. The viewer shares the information with family and friends who may or may not have seen the report. The television news report then directly or indirectly shapes how people react and the opinions they hold regarding the new nicotine addiction treatment (McCombs 1992). A person seeking to overcome a nicotine addiction may either consider undergoing the new treatment or dismiss it as a futile product.

The first agenda-setting studies dealt with political campaign determined three main factors exist in the voter decision-making process. These factors are the television news stories; the two-step flow conversation among family and friends, and political campaign ads (McCombs 1992).

Mass Communications Researcher Michael Greenberg tested the prevalence of agenda-setting within national television news stories reported from news bureaus (Greenberg 1989). Greenberg's research confirmed that media agenda-setting does not stop with political campaign coverage; it is present with all kinds of stories. News involving campaign coverage, legislation, crime and industry provide vital information to the public. Within the stories mentioned and in health coverage, media determine how and why issues are important.

Health information appears daily in newspapers, television news shows, and radio reports. The media determine which health reports Americans will read, hear, and see, such as stories on the foods to eat, the foods to avoid, how to do self-exams to detect cancers, and whether or not a link exists between vegetarianism and fighting diabetes.

Determining which health news stories serve as most important to a viewing audience is crucial. An example may include choosing between a segment involving early detection breast cancer treatments or how to add exercise to a busy schedule (Greenberg 1989). A decision must be made involving which health story will prove more interesting as well as informative.

As media present more and more health research to the American public, the task of improving personal health through preventative disease reports may seem confusing. Individuals concerned about health information received solely through media may seek other resource tools to determine whether broadcasted

health information affects them or is of no concern. Angela Oakley, new producer for WCHS-TV 8 in Charleston, West Virginia, sees this practice as positive: "We [media] can't be doctors. Health news changes every single day. We want to provide information that people can take to their doctors and discuss."

Medical doctors are not the only people with whom viewers discuss health concerns. Individuals base many decisions upon the feedback received from friends and family members. These interpersonal relationships further affect the way media influence society.

Communications Researcher Lazarsfield theorized that people were more influenced by individuals within their interpersonal relationships than by the media (Rogers 1995). The "Two-Step Flow Hypothesis," developed by Lazarsfield, dealt with society's influence by informational distribution. As discussed in McCombs' study, voters were influenced by the television advertisements. However, Lazarsfield would say the way family and friends reacted to voting choices remained the prevalent determining factor regarding which candidate an individual would support.

Everett Rogers expanded Lazarsfield's research into the Social Diffusion Theory. In Rogers' book, Diffusion of Innovation, the author stated, "The diffusion of an innovation occurs when an idea spreads from the creator to surrounding areas or peers." For example, a local television station airs a health segment about the importance of wearing sunscreen while working outdoors to

prevent skin cancer. A man who has worked 20 years on highway construction may not see a need to change his behavior. However, if several of the people he works with begin to use sunscreen, he may soon see sunscreen not as a nuisance but rather an important tool to protect his personal health. When these events occur, social change occurs (Rogers 1995).

The three concepts that embody social change are: invention, diffusion and consequences (Rogers 1995). The invention was the knowledge that sunscreen would help protect against skin cancer. The diffusion was the use of sunscreen among the highway construction crew. It was seen as a positive action that resulted in many people choosing to use the product. An individual could either use the product and protect himself from cancer or not use the product and risk developing the disease.

This change occurs internally and externally to the group. Rogers stated, "Diffusion appears to be a transaction rather than a simple transmission of information to someone" (Rogers 1995). Through communicating an idea with each other, people develop the idea's identity and meaning.

Public opinion develops as a "spiral of silence" occurs through interpersonal communication and media coverage. A person voices an opinion he thinks most people share. The spiral forms as the unpopular opinion is no longer voiced and "falls to the wayside." Social diffusion theory is based upon the premise that most people are likely to not voice their opinion if it does not correspond to majority rule (Rogers 1995).

Although media cannot directly determine what health information viewers will implement into their lives, media can set the agenda for what stories people discuss and consider important. Local television news broadcasts can provide the viewing community with accurate, necessary health information geared toward the diseases that affect the local area rather than generalized health concerns presented in medical studies.

The intent of this study is to determine how closely local television news health segments match the regional health statistical reports for the West Virginia, Ohio, and Kentucky counties included in the Huntington, West Virginia designated market area.

Background

A 30-minute television newscast, which contains sports, weather and commercials, offers approximately eight minutes of hard news. A news producer trying to shuffle between story immediacy and viewer impact may have difficulty determining which stories to air.

The "newshole" must be filled with issues such as local government, education, the economy, and crime reports. Each of these topics affects the local socio-environment. What about the physical being of the people within the community? With such a limited amount of time, what factors should determine medical news coverage?

Beverly McCoy, Marshall University School of Medicine Public Relations Director, said new health studies mean more medical school visits from news

reporters. A reporter trying to localize a national story will interview a medical professional who specializes in the field. For example, a local television news report about a New England Journal of Medicine health study involving Fenfluramine-Phentermine and Valvular Heart Disease may include a soundbite from an interview with a local cardiologist. The reporter presents the story and relies upon the local doctor to discuss how the new information will affect people within the viewing area (McCoy 1996).

News producers at each local television station within the Huntington, West Virginia, news market express different approaches to health information coverage. WOWK-TV 13 News Producer Michael McDonald said, "We try to cover as much health information as possible. We focus on medical breakthroughs and new health information to give to the public."

While WOWK-TV Channel 13 focuses on the most current health treatments, WSAZ-TV 3 searches for the personal point of view. WSAZ-TV 3 News Producer Jeff Parsons said a set pattern exists in reporting a health story. "First a story may be found through a Journal of Medicine report. That idea is taken to a local hospital or doctor. They will then direct us to a local person to get the local, personal angle, which is what people want to see. Our most used local resources include St. Mary's Hospital, Cabell Huntington Hospital, the Marshall University School of Medicine and then other research tools such as Internet, medical journals and statistical facts and figures."

Doctors and other medical practitioners do serve as excellent resources for health information. However, WCHS-TV 8 Producer Angela Oakley does not want the reporter to be the only person going to the doctor to receive the facts. "We try to find information that is most interesting and most topical. We have a responsibility to make sure the information is accurate. We can't be doctors. However, we want to present health news changes to the public. Health reports occur everyday and the more people know, the more they can take to their doctors and discuss with them."

However, a new health study's validity within a local community and the decision to pursue the information as a local news story can sometimes be decided before contacting the medical professional. Information exists in several places that aid a reporter trying to determine what health concerns are present in the viewing audience. The National Center for Disease Control, the West Virginia Office of Epidemiology and Health Promotion, local hospitals and health departments publish reports that list health concerns with measurements by city, county, state and nationwide (Center for Disease Control 1995).

Medical doctors and researchers devote their time to researching and tracking illnesses and their environmental causes. For example, Robert Walker, MD, studies diseases and their prevalence or incidents in a geographical area. He said that an explanation for a disease's presence is sought through studying a comparable area. For example, a medical researcher might study admissions

to an urban hospital in comparison to admissions to a rural hospital (Walker 1996).

Several variables exist to track differences between geographical settings. These variables may include demographic factors such as income, age, education, and cultural differences (U.S. Department of Health Education 1997). The International Classification of Disease Code is a tool used by researchers to track the number and types of medical procedures conducted by doctors and the prevalence of disease in an area. Code numbers represent diseases and allow researchers to easily track their presence in an area (U.S. Department of Health Education 1997).

Once guidelines are established and research is conducted, the researcher will compare the percentages between urban and rural settings. These differences are published to help healthcare workers better serve the health needs of the local community (Walker 1996).

The West Virginia State Health Department and West Virginia University annually publish the West Virginia Primary Care Access Plan (Riggie 1997). The report, which lists statistical health information for each county, includes mortality incidents, birth weights, and years of potential life lost due to personal behavioral choices (Riggie 1997). The report also includes demographic information such as average income, age, gender distribution, and unemployment rates.

Preventable and non-preventable diseases are divided into mortality and morbidity charts. Mortality is defined as the cause of death and morbidity includes other medical conditions such as reasons for doctor visits and the type of medications people use (Walker 1996). Mortality outcomes are developed by comparing the death rate of diabetics, for example, in West Virginia versus New York City or California. Diabetes is a disease affected by nutrition, access to health care, and education efforts, so mortality rates may rise If people do not have access to life-saving medical information (Walker 1996).

Significance of the Study

Two primary factors led to the decision to study the Huntington television market. First, the Huntington-Charleston area, rated the 57th Neilsen television news market, services a larger land region than other comparable television news markets with similar DMAs (Neilsen 1997). The designated market area includes the following counties: Boyd, Carter, Elliott, Floyd, Greenup, Johnson, Lawrence, Lewis, Magoffin, Martin, Morgan, and Pike counties in Kentucky; Athens, Jackson, Lawrence, Meigs, Scioto, Vinton counties in Ohio; Braxton, Boone, Cabell, Calhoun, Clay, Jackson, Kanawha, Lincoln, Logan, Mason, Mingo, Nicholas, Putnam, Roane, Wayne, and Wirt counties in West Virginia. Second, it is important to know whether broadcast media within a community that contains several hospitals and a state medical school, such as the Marshall University School of Medicine, provide viewers with useful health information.

No known research has been done involving local television media coverage in West Virginia. This makes the benefits of a study conducted within the Huntington, West Virginia, local television market that much more important. The public and media involved need to know how closely health issues presented by the local television stations match the needs of the local public.

Past agenda-setting research showed that the public considered the health issue that received the most media attention as most important (McCombs 1992). Therefore, it is crucial that Huntington's local media present the health issues facing the local community in a manner that will best serve the public.

The study focuses on how closely local television news about disease matches the needs of the Huntington, West Virginia, designated market area. It is also important to determine what sources local media use to regionalize health information. Do national media steer the local health agenda toward unrelated health concerns that do not affect the local community? Few research studies have been conducted to answer this question (Greenberg 1990).

Research Questions

The following research questions are posed.

1) Do the local television news health stories aired by WSAZ, WCHS, and WOWK involve the top ten diseases that affect people in West Virginia as established in the Vital Health Statistics of West Virginia 1995 Annual Report?

2) What sources do local television news reporters use when covering health-related issues?

Hypothesis 1: Local health segments aired contain generalized medical information. No correlation exists between the local television health information aired and the health needs of the local community as determined by the Vital Health Statistics of West Virginia 1995 Annual Report.

Hypothesis 2: Local television station reporters use area medical practitioners most often as sources for health segments. These practitioners localize national stories.

Local media set the community health agenda by using the resources previously mentioned to determine whether a health segment airs. The health news broadcast immediately validates the information and the amount of air-time used to discuss the health concern may lead to false presumptions regarding which information is most important. Viewers then should know which activities or procedures are necessary for a healthy lifestyle. Politicians follow suit by only discussing key elements of contemporary health issues such as AIDS research funding, HMOs, health insurance and care for the elderly (Greenberg & Wartenber 1990).

Assumptions and Limitations

Since this study was conducted to determine whether local television stations within the Huntington, West Virginia, designated market area broadcast health-related issues pertinent to a local communities' health needs, it was necessary to know how much air-time is devoted to presenting health

information that matches the needs of the people within the designated market area, as related to the occurrence of specific medical problems.

The information and research gathered are restricted to the Huntington, West Virginia Television Designated Market Area. Furthermore, the study only involves the six o'clock and 11 o'clock news programs because these were the only news programs that aired concurrently on all three stations. All morning, mid-day and early evening news programs were excluded.

Definition of Terms

The Huntington, West Virginia, local television news market includes neighboring counties in West Virginia, Kentucky and Ohio (see Appendixes A, B and C for coverage maps). For this study, local television news will be defined as locally produced newscasts. Television stations that air local news include WSAZ Channel 3 NBC, WCHS Channel 8 ABC and WOWK Channel 13 CBS.

A health segment is a news story that includes information about a human disease. This study defines a health segment as one specific news story that appears within a 30-minute newscast. A newscast may contain more than one health segment.

A localized health segment not only includes information about a human disease, but also places emphasis upon people and events within the designated market area. An example would be a news story discussing a Kanawha county teenager's fight to beat Leukemia. Health segments aired that do not identify a specific location within the designated market area will be

considered national news. This may include, for example, HIV prevention, how to check for skin cancer, or ways to add exercise to a daily routine.

A defined disease is a "condition of a living animal that impairs the performance of a vital function" (Misch 1987). A disease may prohibit walking, interfere with reproducing body tissue, or lead to a sight disorder. For the purpose of this study, a disease is defined as a sickness or ailment. Examples include cancer, cerebral palsy, HIV, or influenza.

A medical professional is a person who deals directly with patients in a treatment capacity, whereas a non-medical professional is an interviewee associated with the medical profession but who does not deal directly with patients during treatment. Preventative health information discusses methods of treatment or prevention of a disease. Non-preventative health information does not discuss prevention or treatment as cure for a disease.

A planned health event is arranged before it takes place. However, a spontaneous event occurs immediately or impulsively without foresight.

General Description of Procedure

Three two-week samples of the six o'clock and eleven o'clock local television evening news programs aired on stations WSAZ Channel 3, WCHS Channel 8 and WOWK Channel 13 were analyzed. The two-week samples include: January 6 through the 17, February 24 through March 7, and April 28 through May 9, 1997. Within the half-hour newscast, a 22-minute "newshole" is filled with news, sports, and weather. The research study analyzed diseases

discussed during the news reports and excluded sports, weather and commercial segments.

The six o'clock newscast was chosen because WCHS Channel 8 does not air a five-thirty late-afternoon news program. Each station aired a six o'clock and eleven o'clock newscast.

Though few studies have been done dealing with this aspect of media selection, there are some reports when examined together, with the hypotheses in mind, back up and legitimize the need to further investigate what local television news reporters use as sources for health segments and whether these segments serve the needs of the viewing audience.

CHAPTER 2

REVIEW OF LITERATURE

Background of the Study

Mass Communications Agenda-Setting and Social Diffusion are both addressed in this review to accentuate the relationship between the two theories. Once an issue is addressed in the media, it is the individual's choice to either accept or reject the message. However, many strokes are needed on the canvas before a clear understanding of the entire picture emerges. Through studying the medium used, the filtered message, and the audience's reaction to the message, a clearer understanding can be made to determine whether the information sent is needed and useful to those involved.

Early 20th Century Scholar Walter Lippman voiced concern that "topics selected by the press to represent the 'outside world' limited the kinds of events about which people could form interpretations of what was happening" (Lowry 1995). Lippmann's analyses involving the "theater of the mind" paved the way for mass communications researchers to study the media-consumer relationship. Further studies included analyzing the close relationship among the media agenda, the political candidates' platforms and the concerns expressed by the voting public (Lowery 1995). Did the media's decision to cover certain stories over others bear weight in determining what issues the public considered important and discussed?

The research conducted by Maxwell E. McCombs reiterated the importance of earlier media research by Walter Lippman. Lippman thought the language news reporters used should create a mental picture of events within the minds of the listener (McCombs 1992). McCombs set out to prove that media did significantly influence audience opinions and reactions toward events. He chose Charlotte, North Carolina as the site to conduct his research during the 1968 Presidential campaign between Hubert Humphrey and Richard Nixon (McCombs 1992). The sample size was small enough to work with but large enough to be culturally diverse. A survey was administered to a random selection of voters who were undecided about their choice in the Presidential election (Lowery 1995). The subjects were interviewed four times during the campaign year. The study was not without its problems, however, as many of the subjects moved and even died before the research could be completed, leaving the study with a 39 percent loss rate (Lowery 1995).

However, researchers found that, as the election date drew closer, the answers to survey questions given by undecided voters closely matched the major campaign issues media presented as most important. Furthermore, the study determined that the three places where people received the most campaign information respectively included news broadcasts, conversation among family and close friends, and political campaign ads (Lowery 1995).

A textbook case of agenda-setting, as described by McCombs, deals with the relationship between the media and the public (McCombs 1992). Four principles are involved:

1. **Media provoke among its audience an awareness of the issues.**
2. **Media provide a body of information to the members of that audience.**
3. **This information provided the basis for attitude formation or change on the part of those who acquired it.**
4. **The attitudes shaped behavior among those involved in the sequence (McCombs 1992).**

This local television news health coverage study involved the first two agenda-setting principles. The television station news personnel chose which stories aired, thus giving the televised health segment immediate importance and prevalence over the health issue not presented on-air. Once the story aired, the viewer digested the information before making any immediate decision regarding the new information's relevance to them or people they knew.

In the 1989 published study, "Risk, Drama and Geography in Coverage Of Environmental Risk by Network TV," researchers found that television media were more likely to cover environmental and health stories that involved visual crises or conflicts and ignore more familiar deadly health and environmental hazards (Greenberg 1989). Researchers Michael Greenberg, David Sachsman, Peter Sandman and Kandice Salomone compared the television news coverage patterns involving media attention to sensationalized environmental risks and every day risks. The researchers hypothesized that "local media found ways to

de-emphasize environmentally impacting stories that occurred farther away from the station and covered nearby issues instead" (Greenberg 1989). They found that immediate environmental stories involving visual issues received more air-time than stories which were always present but not as visually stimulating (Greenberg 1989).

In 1990, Michael Greenberg and Daniel Wartenber published the results of a content analysis of health care stories aired from ABC, CBS and NBC network news bureaus in large cities. They wanted to determine whether the stories aired about infectious diseases were those of the entire country or just the local communities surrounding the news bureaus. They also wanted to determine if news reporters stayed close to the bureaus or went outside city limits into the viewing areas to cover health stories (Greenberg & Wartenber 1990).

Greenberg and Wartenber discovered that the reporters aired health care segments about issues in the news bureau towns instead of branching into outside communities within the viewing audience. They said, "Such biases can needlessly cause a great deal of anxiety in some localities and cause understated risk in others" (Greenberg & Wartenber 1990). The networks covered teenage suicides that occurred close to the news-center bureau cities. Most teenage suicides covered in news reports occurred in affluent suburbs, yet the highest teenage suicide rate documented was in isolated rural areas of the American West. The networks made the public aware of the teenage suicide

problem, however the networks misrepresented where the largest location of suicides occurred (Greenberg & Wartenber 1990).

.Greenberg and Wartenber also stated that news and entertainment broadcasts indirectly formed the basis for ideas people developed concerning who deserved care. "When certain issues do not make TV's ledger, politicians feel less compulsion to reach a national consensus about the problems and more of an incentive either to ignore them or flow with solutions demanded by special interests," said Greenberg. This occurred, for example, when a story involving teenage smoking precautions aired instead of a health segment discussing Medicare reform (Greenberg & Wartenber 1990).

A health segment's public interest and necessity value may be questioned when a newscast included information about a health risk in a specific location without clearly identifying whether or not it affected the entire television viewing area. When discussing the attitudes people form about health news information, Everett Rogers' work with the Social Diffusion Theory became important (Rogers 1995).

Rogers theorized that information travels through many channels before it is put to use. The information must be: understood, evaluated, accepted, and survive social, economic, and political constraints (Rogers 1995). Rogers stated that it must also adapt to "specific situations, time, money, and the expertise of change agents" (Rogers 1995).

Rogers described the Social Diffusion Model through four main elements: "Diffusion is a process by which an (1) innovation is (2) communicated through certain (3) channels (4) over time (Rogers 1995). The innovation, otherwise known as new information, must be regarded as better than the previous information, correspond with existing social values and past experiences and meet the needs of the potential users.

Whereas mass media channels diffuse initial information about an innovation, individuals use interpersonal channels to either gain adoption or rejection of an innovation. Ideas become socially diffused when they are meshed among power, the norm and public acceptability within social relationships (Rogers 1995). Society's decision to adopt an innovation may result in anticipated, unintended, and unfavorable consequences within the social structure.

The decision to accept or reject new information does not occur overnight. This is a process which undergoes set stages. Rogers stated that the Innovation-Decision Process stages include: knowledge, persuasion, decision, implementation and confirmation (Rogers 1995).

A hypothetical television viewer may be used to illustrate the Social Diffusion Theory. For example, Mr. Ginsberg watched a WSAZ-TV 3 news segment that urged viewers in Magoffin County, West Virginia to boil their tap water before consumption. Although Mr. Ginsberg lived in Boyd County, Kentucky, he called his daughter, Johanna, who lived next door and urged her to

boil the water before she gave her infant son a bath. After much consideration, Mr. Ginsberg, a grass-roots activist, called a few friends and developed a citizens' campaign to help purify waterways within the Tri-State area.

Mr. Ginsberg heard about the boil water advisory. His attitude was that the condition may harm his family. It resulted in a Tri-Statewide campaign to clean area waterways. If the organization received ongoing support, it may continue trying to persuade local government officials to pass new environmental policies.

People living within the viewing area will decipher Mr. Ginsberg's message with the local television news reports about the local water systems. Once all the information is received and discussed among family and friends, the information will either be accepted or rejected. If the government officials see that Mr. Ginsberg has the support of enough local citizens and voters, they may address the drinking water problem. If Mr. Ginsberg does not have enough local support, the government officials may disregard his attempts at cleaning the waterways.

Social Diffusion took place when the degree of influence upon the people living in the Tri-state was so great it forced them to adopt or reject the new information. As stated in the example, the new information would be whether the purity of the drinking water made it safe to use. The individual's decision was a direct result of how people within their peer network received the new information in the social system.

Health information received through media channels and dissected through communication channels with family and friends may result in actions that benefit or work against the viewer. For example, when the Turkish medical community wanted to educate people about how to prevent the spread of AIDS in the country, they had to fight opposition from the government, the citizens and the major religious organization to prove that a health problem existed and needed to be addressed (Aral and Franson 1995).

The medical community relied upon the national media sources to help measure AIDS/HIV cases within Turkey and to deliver information about how AIDS spread and what medical precautions needed to be taken. Furthermore, the Turkish STD/HIV study showed that mass media played an important role in opinion formation, awareness levels for decision makers and opinion leaders including members of parliament and mass media (Aral and Franson 1995).

However, the health care workers had to face the fact that many commonly held beliefs about AIDS/HIV among Turkish citizens did not match the message sent through the media. Three common beliefs held by Turkish people that needed to be changed were: Turkish men were biologically strong enough to fight off the AIDS virus, AIDS would not spread because Turkish women kept themselves so clean that the virus would not stay and most importantly, Allah had ultimate control over who did and did not acquire the AIDS virus (Aral and Franson 1995). Even if an individual was exposed to the virus, they would develop the disease only if it was part of Allah's will (Aral and Franson 1995).

As Turkish medical practitioners had a difficult time using national media sources to change false STD/HIV ideas shared among the Turkish people, vivid imagery and graphic sensationalism in media can cause undue fear and turmoil among people who need to be concerned about a specific health risk. For example, a psychological illness called "Media Scare Reactive Disorder" was noted as the reason many patients experience difficulty after breast-augmentation or silicone gel-filled implants. Media coverage was cited as the biggest deterrent to recovery (Anderson and Larson 1995).

In the study, "Reconstruction and Augmentation Patients' Reaction to the Media Coverage of Silicone Gel-Filled Implants," researchers Rebecca Anderson and David Larson concluded that "media, for most women surveyed, was the primary source of information about silicone gel-filled breast implants. Furthermore, media bias or lack of accuracy of information was reported by several researchers" (Anderson and Larson 1995).

Only 26 percent of the 75 women polled said they experienced no anxiety due to media coverage. The patients also thought breast implant and augmentation information in the media was biased. Overall, 63% of the women thought the media were strongly against use of implants; 29% said they thought the media were somewhat against their use; 6% said the media were balanced and 2% said the media were in favor of implants.

Patients experiencing difficulty with their breast reconstruction noted more anxiety associated with media coverage (Anderson and Larson 1995). The

physical symptoms previously thought to be minor became more difficult as anxiety or fear developed from media coverage the patients experienced. Anderson and Larson stated that "media coverage tends to focus on sensational aspects-especially prominent or controversial items related to public health and well-being." The attention given to silicon-breast implants influenced how women reacted toward their bodies' ability to adjust to the imbedded implants (Anderson and Larson 1995).

Sometimes mixing a health risk with media coverage and personal anxiety can prove deadly. National media coverage of AIDS-related symptoms combined with severe depression and anxiety due to unprotected sexual behavior and fear of infecting someone else, led to a surge in suicides among several Finnish suicide victims throughout a year-long period April 1, 1987-March 31, 1988.

The research study, "Fear of Acquired Immunodeficiency Syndrome and Fear of Other Illness in Suicide," conducted by A.R. Aro, P.T. Jallinoja, M.M. Henriksson, and J.K. Lonnqvist, analyzed information left by suicide victims that had expressed explicitly their fear of the illness either verbally or in a suicide note. Data received from comprehensive interviews with relatives, health care personnel, police, social agencies, and other records, including suicide notes, were used. Cases were included whether the person actually had the disease or not. In all, 28 victims suffered from the fear of AIDS and 28 suffered from the fear of other somatic illnesses, for example, cancer.

None of the suicide victims associated with a somatic illness other than AIDS said mass media reports led to their decision to commit suicide. However, all but three of the suicide cases involving AIDS cited mass media reports as an active agent in their decision to commit suicide. In eight of the cases, the provoking factor was a casual sexual contact causing expressed guilt, in five cases the fear evolved from the psychiatric history of the victim and in two cases the trigger was an AIDS-related television program.

The largest group of triggers were symptoms extensively publicized in the media during the data-gathering period. These included AIDS warning signs: sore throat, nausea, skin symptoms, swollen lymph nodes, fatigue, sleeping disorders, and loss of appetite. Suicide victims experiencing these physical conditions along with the stress and anxiety involved in committing unsafe sexual acts, reacted to the situation by killing themselves.

People experiencing difficult situations can develop low self-esteem and psychological problems. Mass media coverage that sensationalizes health risks, disease and concerns can lead to further manifestation of these problems until they fester into realities that bring harm upon the individual. Media must make sure that the information that sets the agenda is the information people need. Furthermore, mass media practitioners need an understanding of how the information is socially diffused through the audience while members of society operate independently as individuals and together as a group.

CHAPTER 3

METHODOLOGY

Design of the Study

This study researched whether local television news included health segments about the top ten diseases in West Virginia as stated in the West Virginia Vital Statistics 1995 and shown below.

Top 10 Diseases in West Virginia

1. Diseases of the Heart
2. Malignant Neoplasms
3. Cerebrovascular Disease
4. Chronic Obstructive Pulmonary Disease & Allied Conditions
5. Unintentional Injuries
6. All forms of Pneumonia or Influenza
7. Diabetes Mellitus
8. Suicide
9. Nephrotic Syndrome & Bephrosis
10. Septicemia

Data were gathered from the local network-affiliated television stations: WSAZ Channel 3, WCHS Channel 8, and WOWK Channel 13 in Huntington, West Virginia. WTSF Channel 11, the local Fox affiliate, was excluded from this research study because it has no local newscast.

The television news program sample was collected in three two-week portions. The weeks studied were: January 6 through January 17, 1997; February 24 through March 7, 1997; and April 28 through May 9, 1997.

Each 30-minute program was recorded for analysis. The sports, weather and commercial segments were deleted before the coders viewed the program. The coders were instructed to study each story to determine

whether it was a health segment. Once that decision was made, the coder coded the health segment or proceeded with the next story.

Three undergraduate college students with backgrounds in English, journalism, and political science were chosen to code the programs. Each met with the study author to discuss the proper procedure for coding news programs. The two-hour training session dealt with determining whether a story was a health segment, deciphering national, local and localized national health segments, and the proper way to use the coding instrument.

Once the students were able to determine which story met the health segment guidelines, they proceeded with the coding process. After together coding three news programs, the students coded a program to make sure they were each coding the news programs in the same manner as instructed by the study author. The coders were then each assigned a separate television station and individually completed the coding process for each station.

Further explanation of each station's policy for airing health news was researched by conducting interviews with an evening news producer from each of the television stations involved in the study. The interviewees included: WSAZ-TV 3 News Producer Jeff Parsons, WCHS-TV 8 News Producer Angela Oakley and WOWK-TV News Producer Michael McDonald. Each news producer was asked the same set of questions.

An effort was made to determine how each station dealt with health news. It was of interest to know if each station dealt with health information the same way or approached it differently. The information given by the news producers was also used to compare whether the health information aired on the station matched what the news producer perceived to be the health information aired on the station (See Appendix G).

Data Collection Procedures

The unit of analysis was a health news segment aired during the six and eleven o'clock news broadcasts. A health segment was defined as a news story that dealt directly with the physical health of an individual or group. Teasers and promos for upcoming stories that aired, before or during the newscast were excluded from the sample.

The categories for analysis included: health segments with disease information, and health segments including preventative or non-preventative health information.

The independent variable is the national media coverage and the dependent variable is the local media coverage.

Each segment collected for the study was coded using the instrument in Appendix G to determine:

- which station aired the health segment.
- whether the health segment appeared in the six o'clock or 11 o'clock newscast.
- the date the program aired.

- the health segment length.
- what source of information was used in the health segment.
- whether national media were used as a source.
- if national media were used, what were they.
- whether the story was a localized national health segment.
- the county and state the local story covered.
- whether the local health segment was spontaneous or planned.
- the person or group used to provide a local perspective on the health segment.
- the medical institution represented in the health segment.
- whether the health segment contained information from a medical study.
- whether the health segment contained information about a disease and if so, which one.
- which disease was mentioned in the health segment.
- whether the health segment contained preventative or non-preventative information.

This study deals with two components to local broadcast journalism: how much locally aired health news originates from national health information and whether a correlation exists between the health information aired and the health needs of the local community as determined by the West Virginia Vital Statistics 1995 Annual Report (Christy 1995).

Treatment of Data

One statistical treatment with the SAS computer system was used to interpret data. The chi-square statistical analysis was used to test the data, which required comparisons among the occurrences of nominal categories. It analyzed the occurrences of local health reports, national health reports, or national health reports with local information on the three stations. It also analyzed the mentions of the diseases that most affect people within the television designated market area. There was also a comparison of the state statistical charts that listed the top ten diseases that affected the counties within the DMA and the number of news stories about those diseases.

CHAPTER 4

RESULTS

Overall Health Segment Analysis

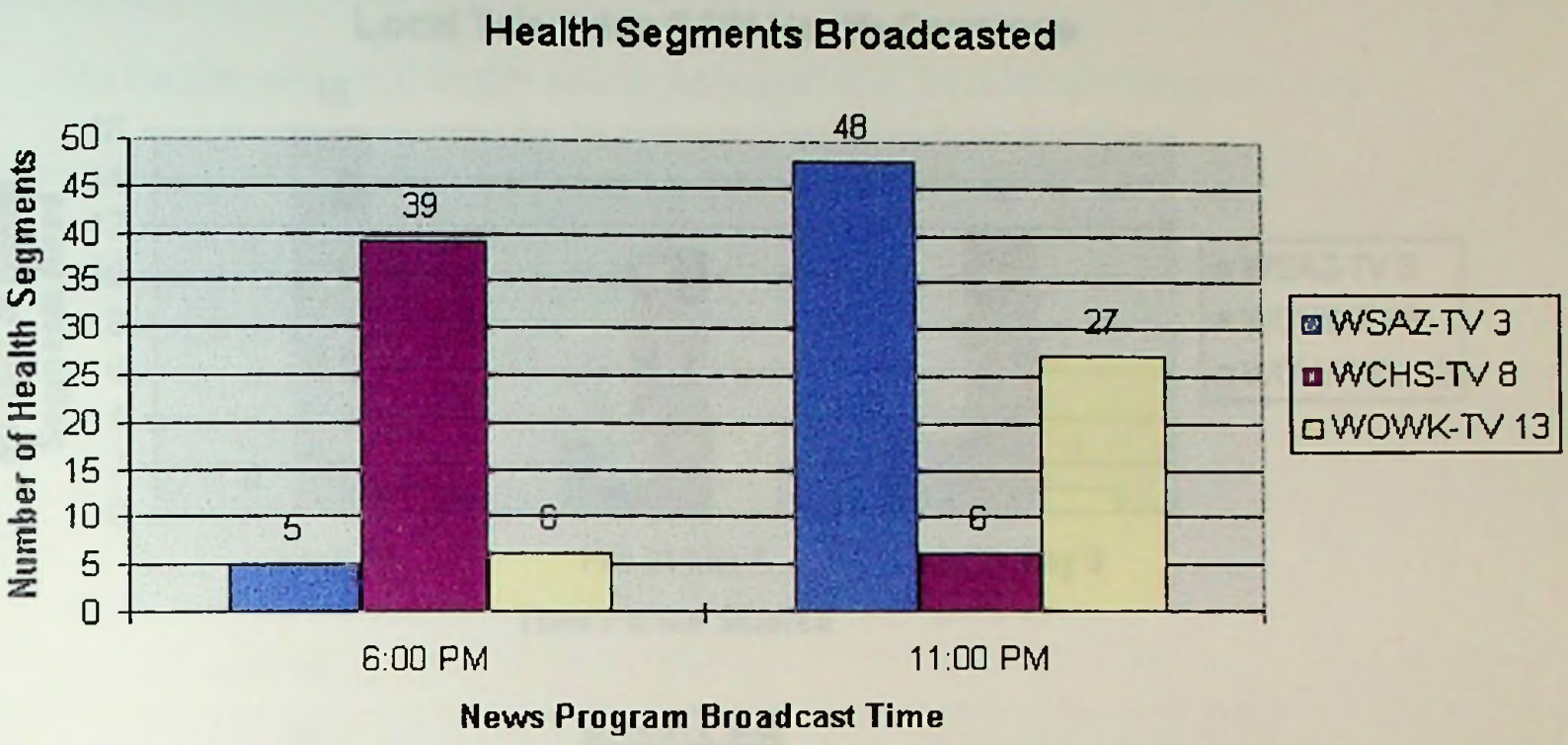
The three local stations presented 131 health segments during the three two-week study period; 51 stories aired at six PM and 80 stories aired at 11 PM. The total weekly health coverage averaged 21.8 health segments, with eight broadcast during the 6 PM newscasts and 13.5 during the 11 PM newscasts. Health segments consumed one hour and 50 minutes of total local news time for both the six PM and 11 PM newscasts. These health segments contained 108 preventative health information stories, 21 non-preventative health information segments and two uncodeable segments.

The uncodeable health segments mentioned a disease, but did not contain clarifying information that placed them in either the preventative or non-preventative category. The first uncodeable story aired February 28, 1997 on WSAZ-TV 3. The 55-second health segment discussed the child disease chicken pox, strep throat and a newly discovered "flesh-eating bacteria." However, no official source was cited in the segment. The second uncodeable story aired April 28, 1997 on WSAZ-TV 3. The 14-second health segment discussed the link between arthritis and exercise. However, once again the coder could not determine whether it contained preventative or non-preventative information because no source was mentioned in the segment.

WSAZ-TV 3 aired 53 health segments; WCHS-TV 8 aired 45 health segments and WOWK-TV 13 aired a considerably lower number of 33 health segments. WSAZ-TV 3 aired a significantly higher number of health segments than WOWK-TV 13 ($z(86) \leq 2.0$) at .05 significance level. However, there was not a significantly higher proportion between WSAZ-TV 3 and WCHS-TV 8, although WSAZ-TV 3 aired more health segments that WCHS-TV 8 ($z(98) \geq .868$). Likewise, WCHS-TV 8 aired more health segments that WOWK-TV 13 but there was not a significant difference in the amount of health segments that aired ($z(88)\ 1.28 \geq 1.208$).

WSAZ-TV 3 and WOWK-TV 13 aired more health segments during the 11 o'clock news program, whereas WCHS-TV 8 aired more health segments during the 6 PM news program. WSAZ-TV 3 aired five stories at 6 PM and 48 stories at 11 PM; WOWK-TV 13 aired six stories at six PM and 27 stories at 11 PM, while WCHS-TV 8 aired 39 stories at 6 PM and six stories at 11 PM, as shown in Chart 1.

CHART 1



The total number of health segments ranged between 38 and 47 health segments per two-week study period. The stations aired a total of 47 health segments January 6-10 & January 13-17, 1997; 38 health segments aired during February 24-28, 1997 & March 3-7, 1997; and 46 health segments aired during April 28-May 2, 1997 & May 5-9, 1997 as shown in Chart 2.1 and Chart 2.2.

CHART 2.1

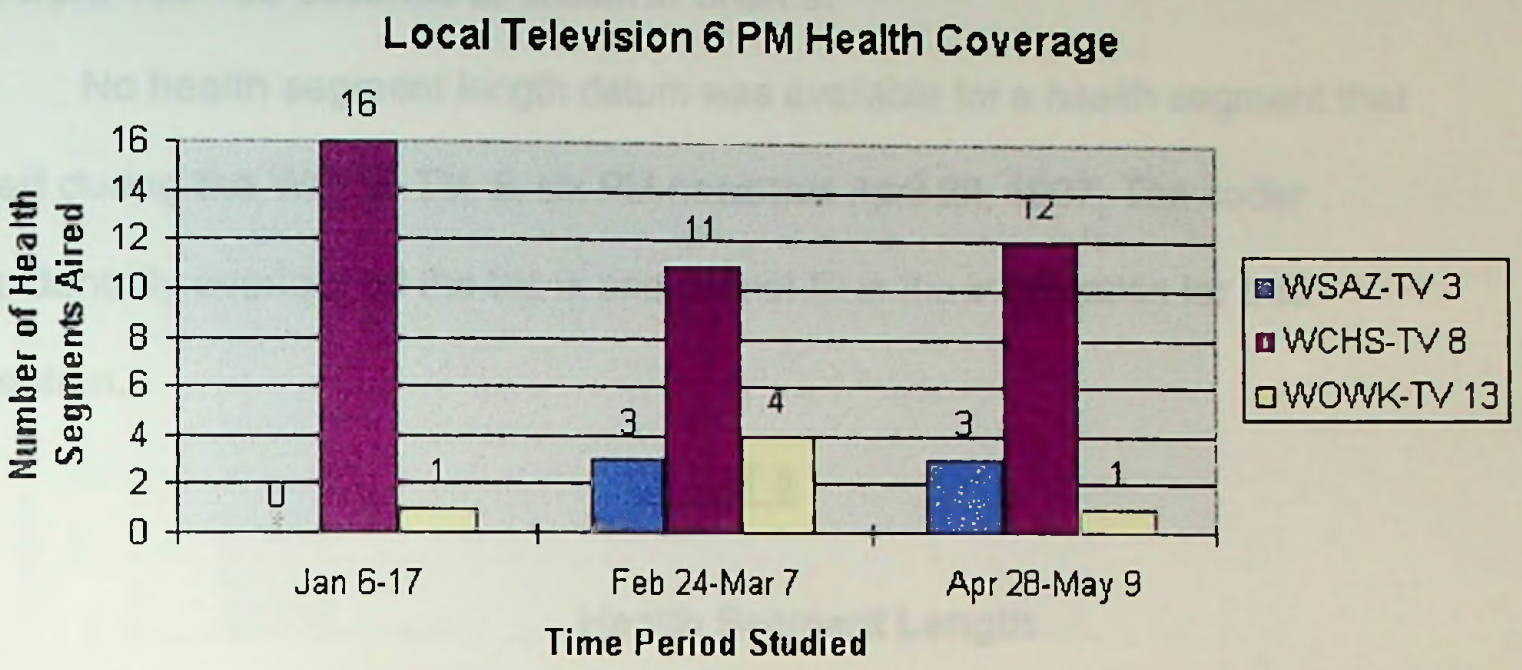
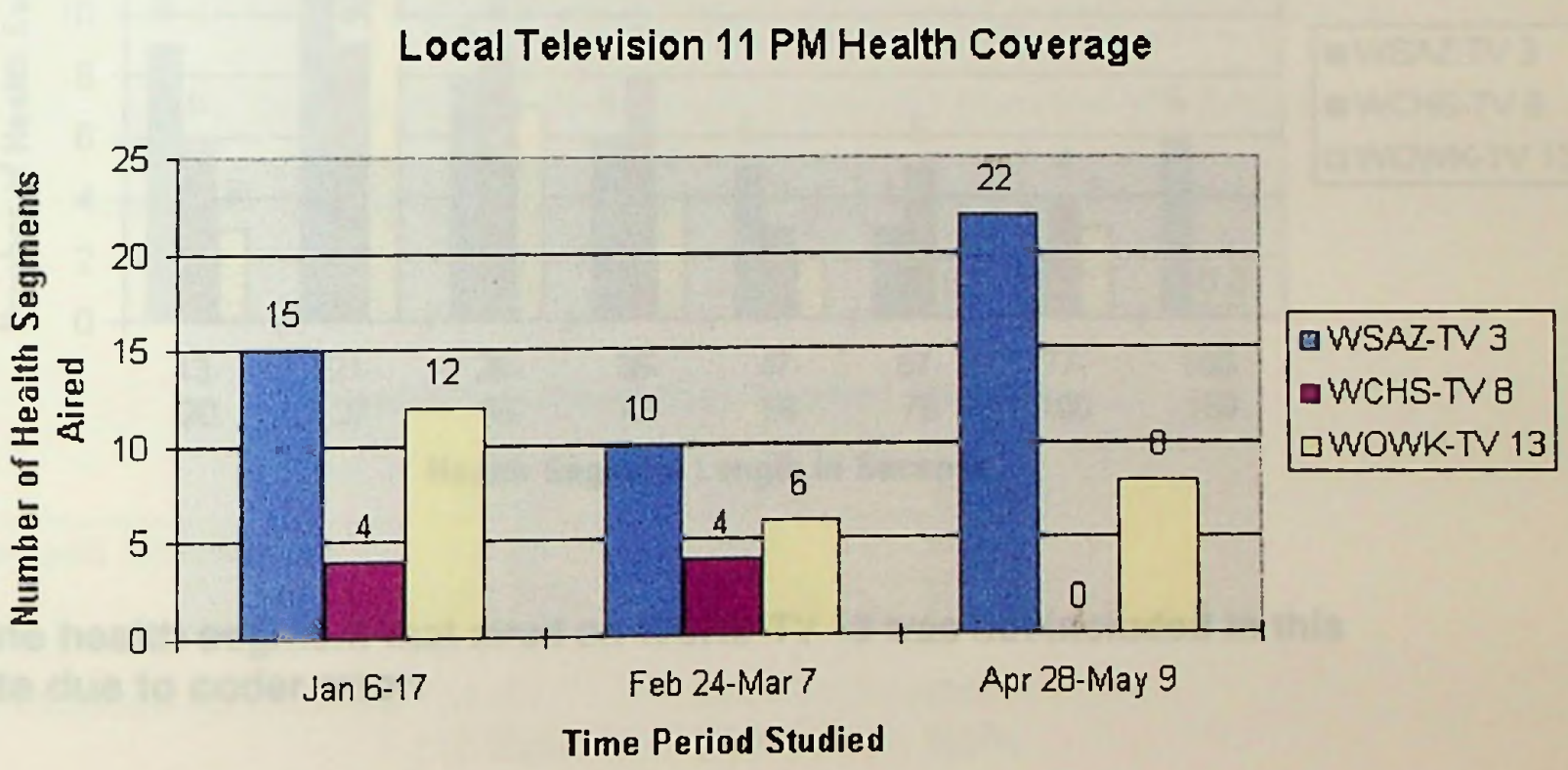


CHART 2.2

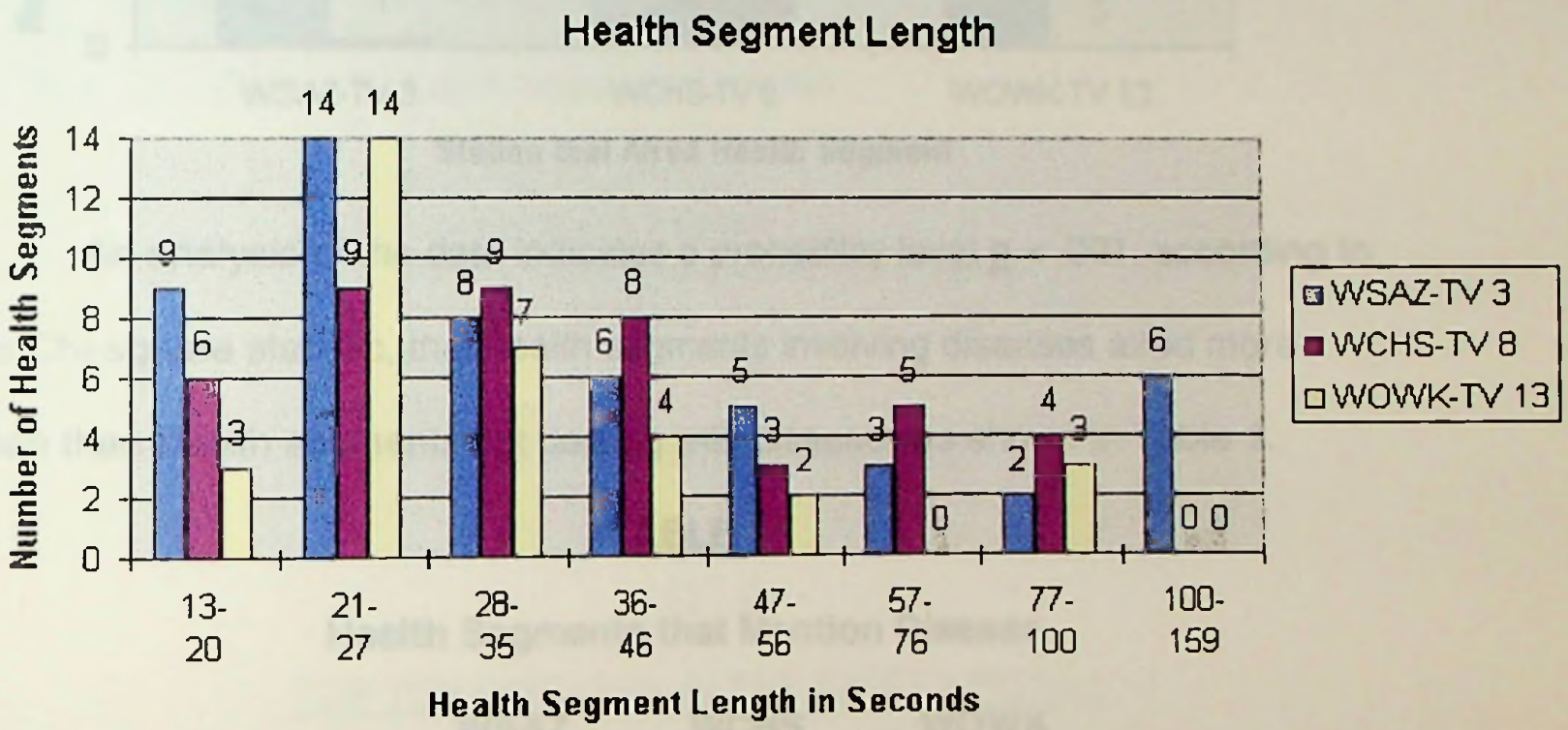


As the number of health segments per week varied, so did the average story length. There were 18 health segment stories lasting 20 seconds or less; 37 were 21-27 seconds; 24 were 28-35 seconds; 18 were 36-46 seconds; 10

were 49-56 seconds; eight were 59-76 seconds; nine were 80-100 seconds; and six were 105-159 seconds as shown in Chart 3.

No health segment length datum was available for a health segment that aired during the WCHS-TV 8, six PM newscast April 29, 1997. The coder accidentally overlooked the blank and did not fill in the information for that question.

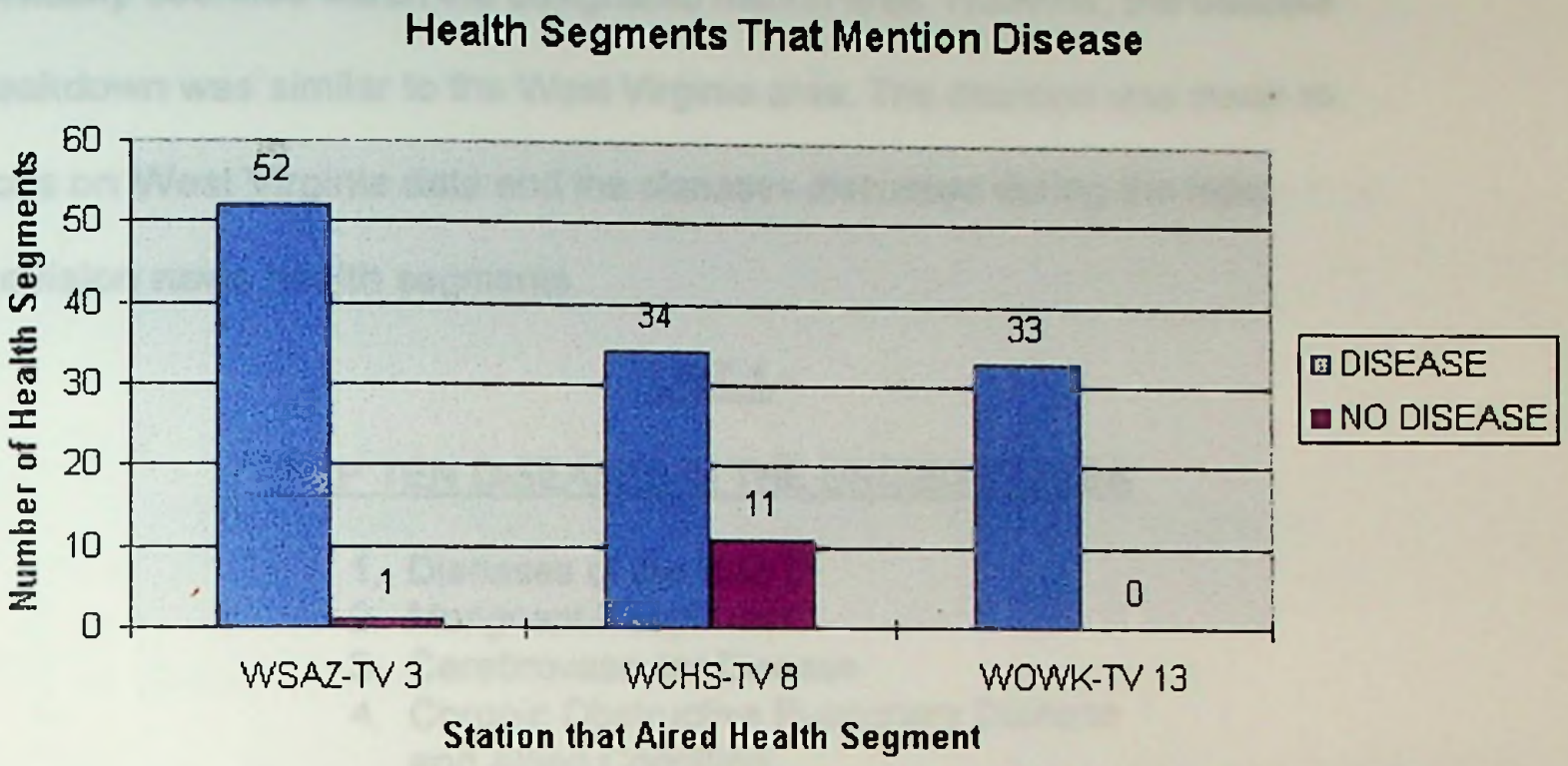
CHART 3



***One health segment that aired on WCHS-TV 13 was not included in this data due to coder error.**

Diseases were mentioned in 119 health segments whereas 12 health segments did not contain disease information as shown in Chart 4.

CHART 4



An analysis of the data indicates a probability level p < .001, according to the Chi-square statistic, that health segments involving diseases aired more often than health segments not dealing with diseases as shown in Table 1.

TABLE 1

Health Segments that Mention Disease

	WSAZ	WCHS	WOWK
Disease Mentioned	**n=52**	**n=34**	**n=33**
	43.70%	**28.57%**	**27.73%**
No Disease Mentioned	**n=1**	**n=11**	**n=0**
	8.33%	**91.67%**	**0.0%**

x2 = 19.330, d.f. = 2 p < .001

The study compared the diseases mentioned in the stories with the diseases affecting people within the DMA, as established with the West Virginia

Vital Statistics 1995. Statistical health data were gathered from the Ohio and Kentucky counties within the designated market area. However, the disease breakdown was similar to the West Virginia area. The decision was made to focus on West Virginia data and the diseases discussed during the local television news health segments.

LIST 1

TOP TEN DISEASES IN THE UNITED STATES

1. Diseases of the Heart
2. Malignant Neoplasms
3. Cerebrovascular Disease
4. Chronic Obstructive Pulmonary Disease and Allied Condition
5. Unintentional Injuries
6. All Forms of Pneumonia or Influenza
7. Diabetes Mellitus
8. HIV
9. Suicide
10. Nephritis and Related Conditions

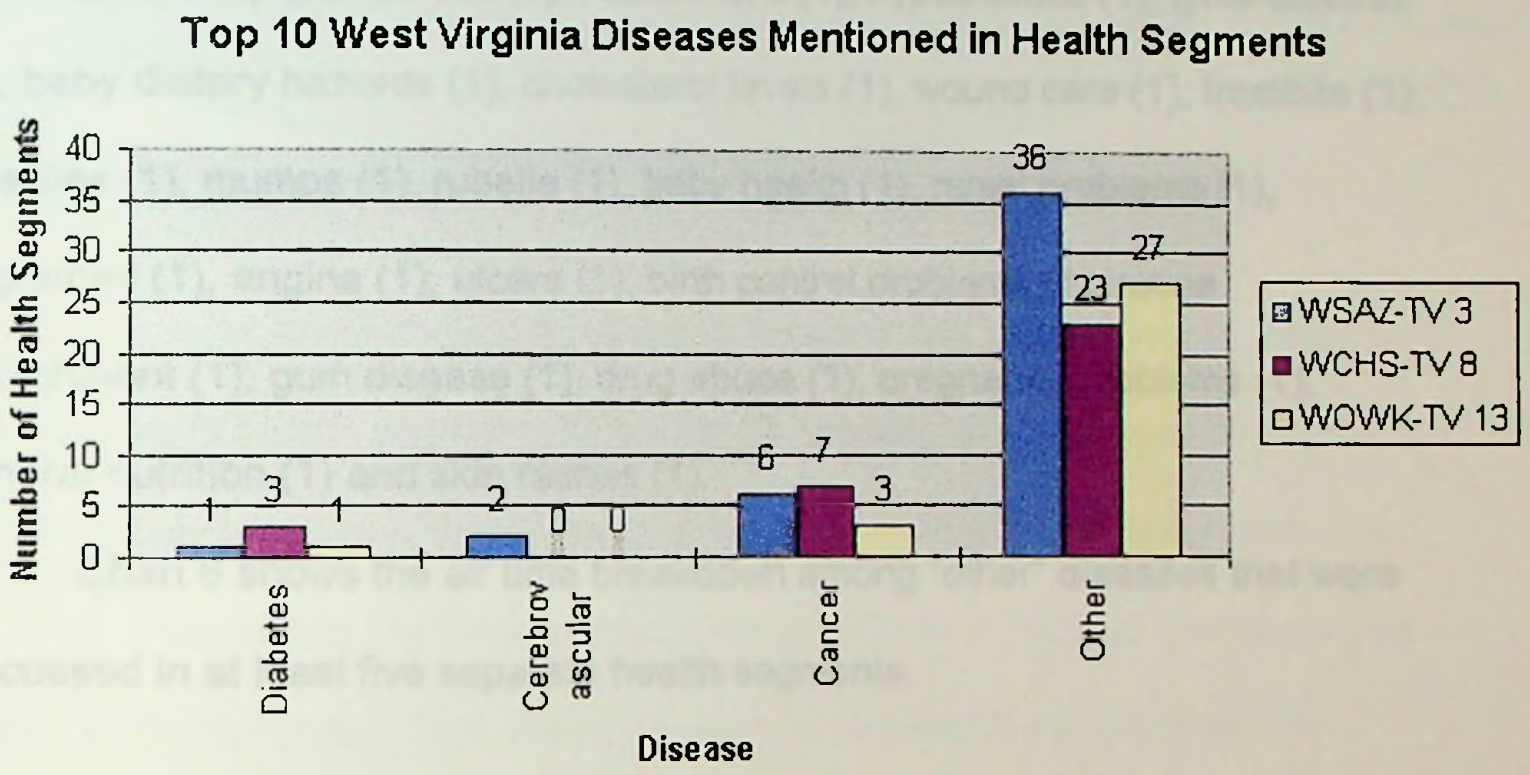
LIST 2

TOP TEN DISEASES IN THE WEST VIRGINIA

1. Diseases of the Heart
2. Malignant Neoplasms
3. Cerebrovascular Disease
4. Chronic Obstructive Pulmonary Disease and Allied Condition
5. Unintentional Injuries
6. All Forms of Pneumonia or Influenza
7. Diabetes Mellitus
8. Suicide
9. Nephrotic Syndrome and Bephrosis
10. Septicemia

There was much greater coverage of diseases other than the top ten diseases listed in the West Virginia Vital Statistics 1995 as previously shown in List 1 and List 2. Some of the top ten diseases were covered. They included cancer (16), diabetes (5), and cerebrovascular disease (2) stories as shown in Chart 5.

CHART 5



Diseases affecting people in the DMA but not mentioned in the newscasts include: pneumonia, heart disease, emphysema, hypertension, blood disease, suicide, cirrhosis of the liver, and kidney disease.

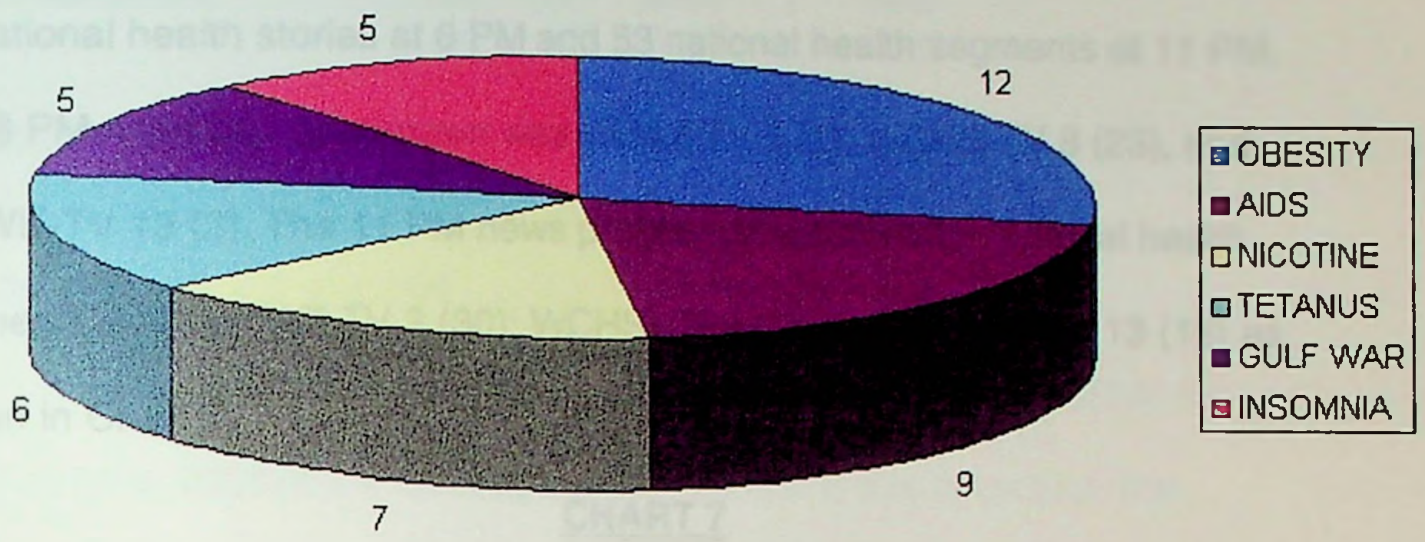
Local stations aired 32 health segments about diseases other than the four of the top ten diseases mentioned in Chart 6. The health segments included stories about 55 medical conditions including: obesity (12), AIDS (9), smoking related illness (7), tetanus (6), Gulf War syndrome (5), sleep disorders (5),

paralysis (4), common cold (3), physical disability (3), ear infection (2), glaucoma (2), osteoporosis (2), sudden infant death syndrome (2), mental illness (1), eye sight loss (1), bone disease (1), osteoporosis (1), acne (1), malaria (1), hepatitis B (1), alcohol-related hangover (1), chicken pox (1), strep throat (1), flesh-eating bacteria (1), anxiety (1), flat-headed baby syndrome (1), down syndrome (1), spinal injury (1), arthritis (1), rabies (1), hay fever (1), pulmonary hemosiderosis (1), deafness (1), Alzheimer's (1), hypothermia (1), lyme disease (1), baby dietary hazards (1), cholesterol levels (1), wound care (1), frostbite (1), measles (1), mumps (1), rubella (1), baby health (1), nasal problems (1), migraines (1), angina (1), ulcers (1), birth control problems (1), retina detachment (1), gum disease (1), drug abuse (1), pregnancy problems (1), general nutrition (1) and skin rashes (1).

Chart 6 shows the air time breakdown among "other" diseases that were discussed in at least five separate health segments.

CHART 6

"Other" Diseases Mentioned in Health Segments



Did local television media blend or separate the national health segments from the local health segments? Overall, 79 national health segments aired; seven localized national health segments aired; 43 local health segments aired; and two uncodeable health segments aired as shown in Table 2. There was no significant difference in how the three stations handled the three types of segments.

TABLE 2

Health Segments Aired on Each Station

	WSAZ	WCHS	WOWK
National Health Segments	n=17	n=15	n=10
	40.48%	35.71%	23.81%
Local Health Segments	n=17	n=15	n=10
	40.48%	35.71%	23.81%
Localized National Health Segments	n=3	n=3	n=2
	37.5%	37.5%	25.0%

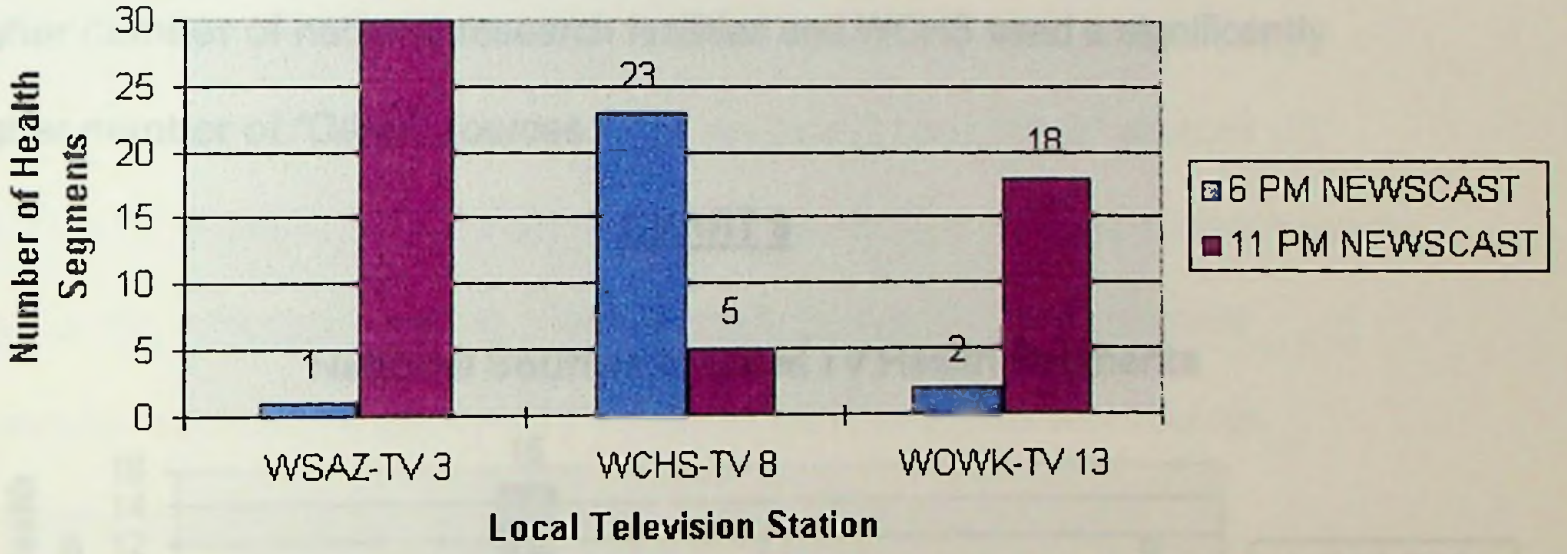
$x2 = 3.179$, d.f. = 4 $p < .978$

National Health Segment Analysis

Seventy-nine national health segments were aired by WSAZ-TV 3 (31), WCHS-TV 8 (28), and WOWK-TV 13 (20). The three stations aired a combined 26 national health stories at 6 PM and 53 national health segments at 11 PM. The 6 PM newscast breakdown was WSAZ-TV 3 (1), WCHS-TV 8 (23), and WOWK-TV 13 (2). The 11 PM news program breakdown for national health segments was: WSAZ-TV 3 (30); WCHS-TV 8 (5); and WOWK-TV 13 (18) as shown in Chart 7.

CHART 7

NATIONAL HEALTH SEGMENTS AIRED



. The probability level of $p < .006$, as shown in Table 3, indicates that WCHS-TV 8 aired a significantly higher number of health segments during the 6 PM newscast whereas, WSAZ-TV 3 and WOWK-TV 13 aired a significantly higher number of health segments during the 11 PM newscast.

TABLE 3

National Health Segments Broadcasted

	WSAZ	WCHS	WOWK
6 PM Newscast	n=5	n=39	n=6
	10%	78%	12%
11 PM Newscast	n=48	n=6	n=27
	36.64%	4.58%	20.61%

x2 = 68.977, d.f. = 2 p < .006

WSAZ-TV 3 and WCHS-TV 8 most often used research facilities as sources while WOWK-TV 13 sought information in areas other than the organizations cited on the coding sheet, as shown in Chart 8. The probability level of p < .006, as shown in Table 4, indicates that WSAZ used a significantly higher number of national research facilities and WCHS used a significantly higher number of "Other" sources.

CHART 8

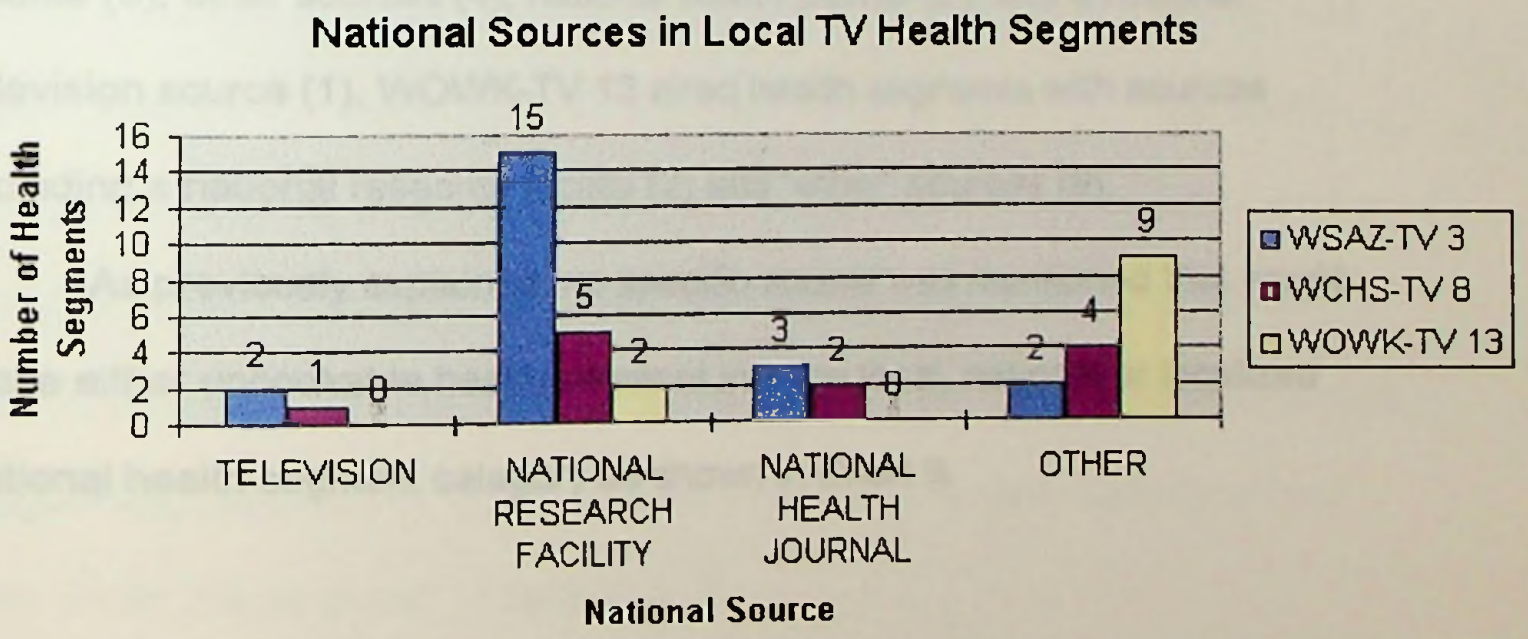


TABLE 4

National Sources in Local TV Health Segments

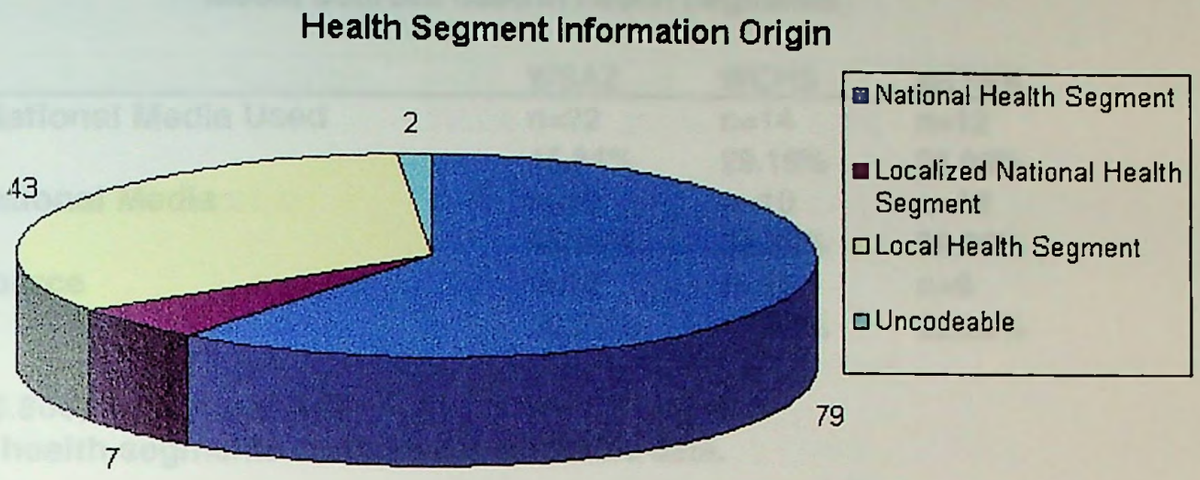
	WSAZ	WCHS	WOWK
Television	n=2 66.67%	n=1 33.33%	n=0 0.0%
National Research Facility	n=15 68.18%	n=5 22.73%	n=2 9.09%
National Health Journal	n=3 60.0%	n=2 40.0%	n=0 0.0%
Others	n=2 13.33%	n=4 26.67%	n=9 60.0%

$x2 = 18.220$, d.f. = 6, $p < .006$

WSAZ-TV 3 aired national health segments with sources including a national research facility (2), national health journal (3), national television source, such as a prime-time television program (2) and "other" sources (2). WCHS-TV 8 aired national health segments involving a national research facility source (5), other sources (4), national health journal (2), and a national television source (1). WOWK-TV 13 aired health segments with sources including a national research facility (2) and "other" sources (9).

As previously explained, no specific source was mentioned that would place either uncodeable health segment into the local, national or localized national health segment category as shown in Chart 9.

CHART 9



News segments used 48 national media sources; 41 used no national media source; and 40 stories aired with no sources mentioned as shown in Table 5.1. The probability level p < .147 in Table 5.1 shows there was no significant difference among the three types of media sources. The national media sources were divided among: national research facilities (24), national health journals (5), magazines (3), and a television program (1). The "other" category contained 15 sources as shown in Chart 10.1. The probability level p <.006 in Table 5.2 shows there was a significantly larger number of national resource facilities used as national media sources than national health journals, magazines, television or "other" choices. However, too many cells contained data under five as shown in Table 5.2.

TABLE 5.1

Media Sources Used in Health Segments

	WSAZ	WCHS	WOWK
Yes National Media Used	n=22	n=14	n=12
	45.84%	29.16%	25.00%
No National Media	n=19	n=10	n=12
	46.34%	24.39%	29.90%
No Source	n=12	n=19	n=9
	30.25%	47.50%	22.25%

$x2 = 6.806$, d.f. = 4 $p < .147$
*Two health segments contained uncodeable data.

CHART 10.1

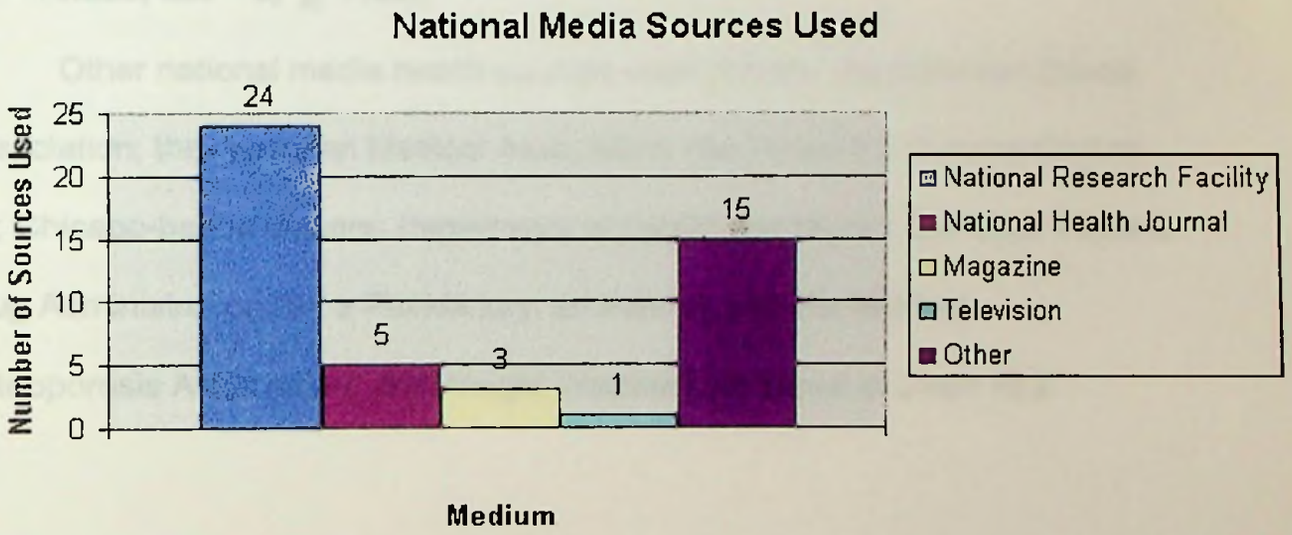


TABLE 5.2

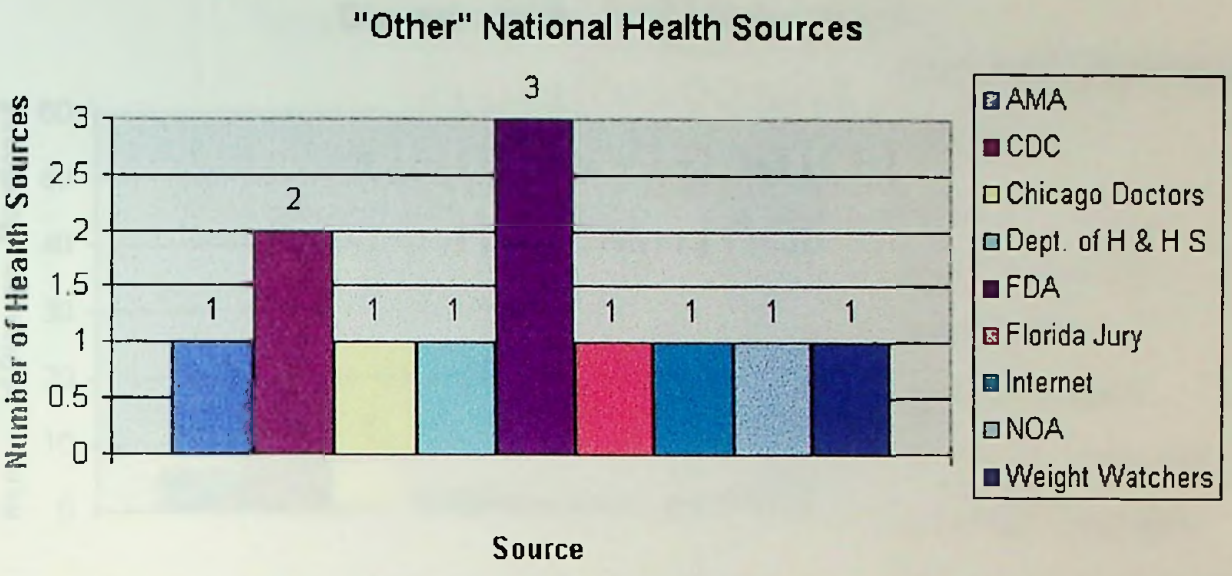
National Media Sources in Health Segments

National Research Facilities	**n=17** **70.8%**	**n=5** **20.8%**	**n=2** **8.4%**
National Health Journal	**n=3** **60%**	**n=2** **40%**	**n=0** **0.0%**
Magazine	**n=0** **0.0%**	**n=2** **66.6%**	**n=1** **33.4%**
Television	**n=1** **100%**	**n=0** **0.0%**	**n=0** **0.0%**
Other	**n=2** **13.33%**	**n=4** **26.67%**	**n=9** **60%**

x2 = 18.220, d.f. = 6, p < .006

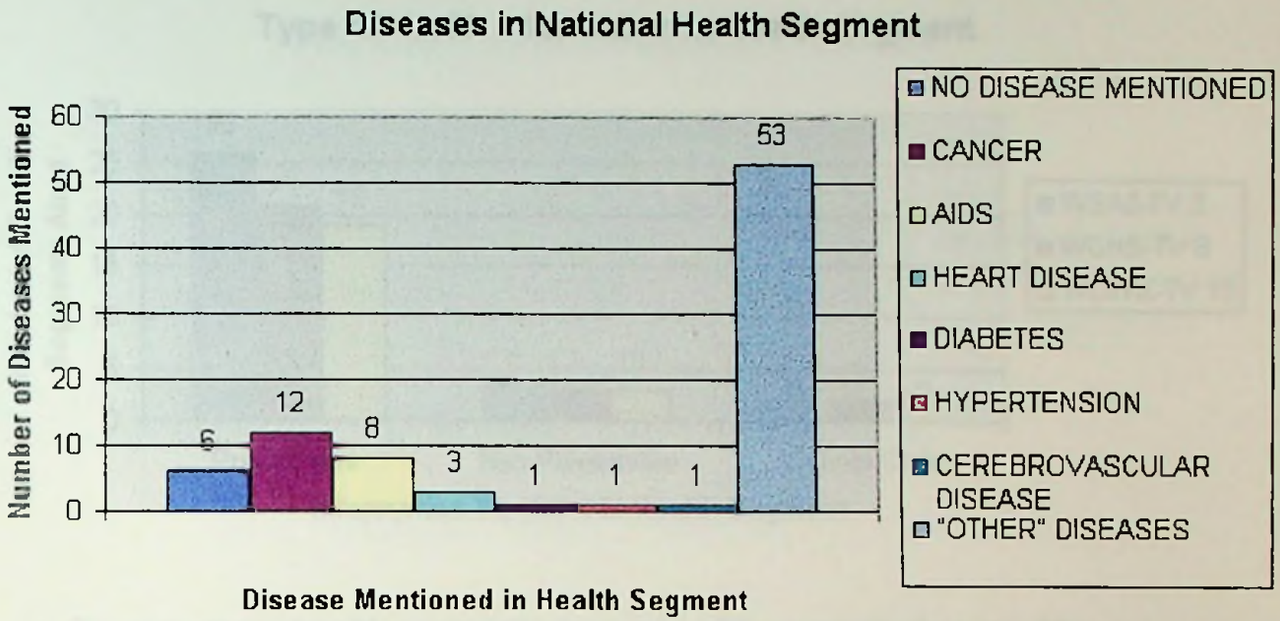
Other national media health sources used include: the American Dental Association; the American Medical Association; the Center for Disease Control (2); Chicago-based doctors; Department of Health and Human Services; Federal Drug Administration (3); a Florida jury; an Internet site; the National Osteoporosis Association; and Weight Watchers as shown in Chart 10.2.

CHART 10.2



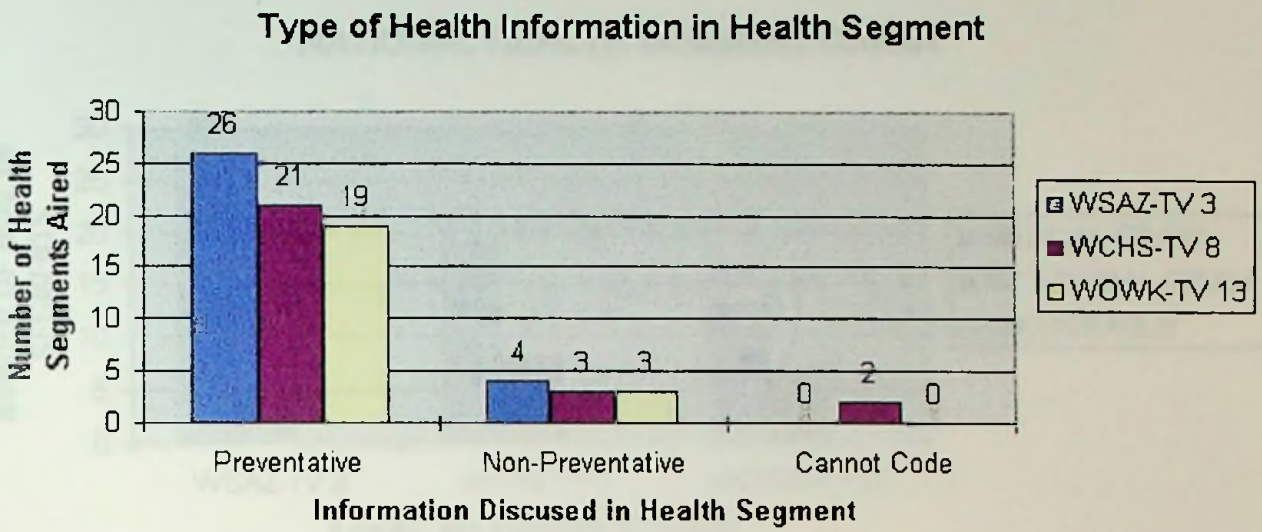
Diseases were discussed in 73 of the 78 national health segments. There were six stories that did not discuss a disease. Some health segments included more than one disease. The diseases mentioned include: cancer (12); AIDS (8); heart diseases (3); diabetes (1); hypertension (1); cerebrovascular disease (1) and 53 stories discussed "other" diseases as shown in Chart 11.

CHART 11



The national health segments that aired contained 66 preventative health segments and 10 non-preventative health segments as shown in Chart 12. Two health segments aired could not be coded due to subject matter discussed. WCHS-TV 8 aired the two segments that dealt with birth control hazards and late-term abortion.

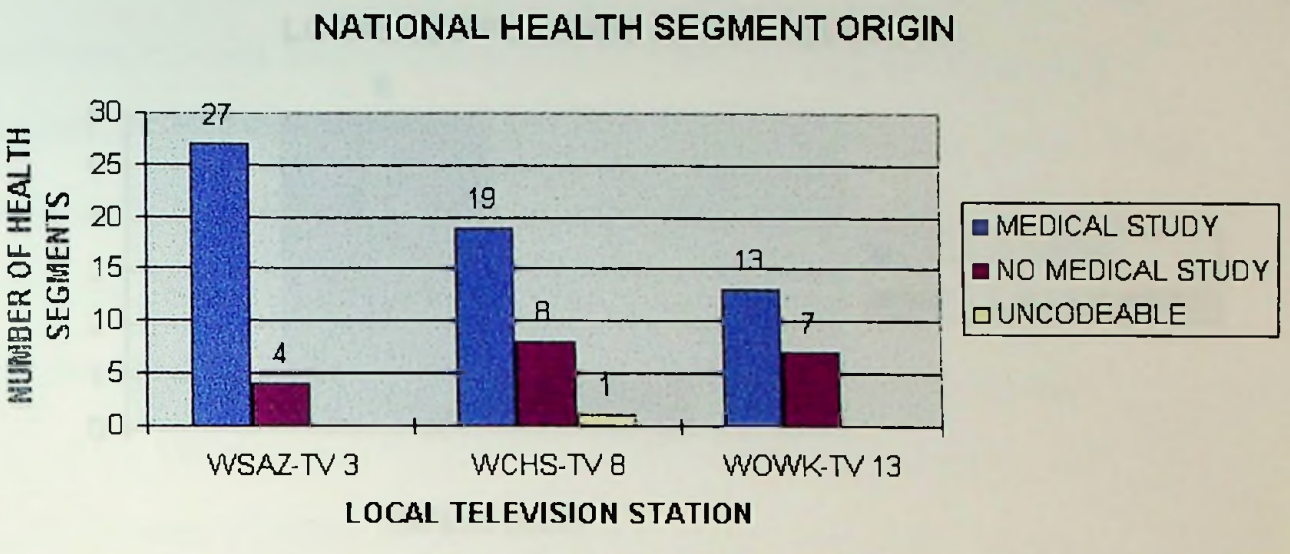
CHART 12



Seventy-three health segments were based on a medical study, 57 were not and one story could not be coded. Medical studies were the basis of 59 national health segments; 19 were not based on medical studies; and the coder mistakenly did not code this question for one story.

Medical studies used as sources in national health segments was: WSAZ-TV 3 (27), WCHS-TV 8 (19), and WOWK-TV 13 (13). The breakdown for stations airing stories not pertaining to medical studies: WSAZ-TV 3 (4), WCHS-TV 8 (8), and WOWK-TV 13 (7) as shown in Chart 13.

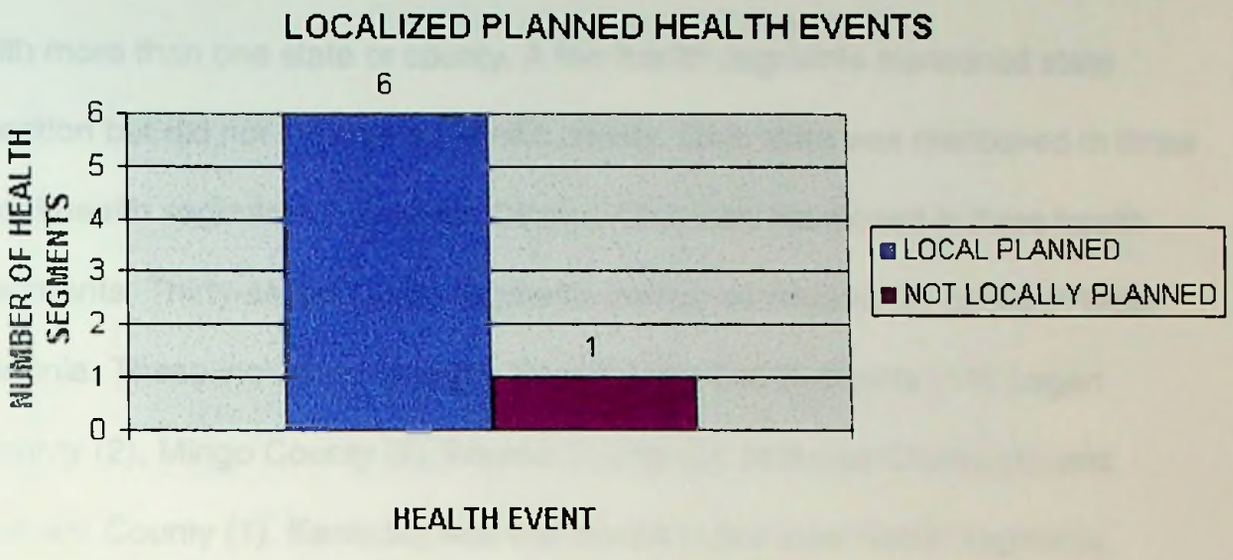
CHART 13



Localized National Health Segments

When the stations localized national health segments, the information most often were about a local planned event. In fact, six of the seven localized health segments were planned events as shown in Chart 14. One other localized national health segment aired, but it did not involve a local event.

CHART 14



The diseases mentioned in these health segments include Gulf War Syndrome, heart disease, cerebrovascular disease, cancer, and sleep disorders.

Two of the seven localized national health segments, which discussed Gulf War Syndrome, contained non-preventative information while the other five stories contained preventative information.

Localized national stories were divided between four that discussed medical studies and three that did not. Stations airing health segments with medical study sources include WSAZ-TV 3 (1), WCHS-TV (1) and WOWK-TV 13 (2). National localized stories that did not discuss a medical study include WCHS-TV 8 (2) and WOWK-TV 13 (2).

Diseases were discussed in six of the seven localized national health segments. WCHS-TV 8 aired one health segment that did not discuss a disease. It was, however, a locally planned health event by the health department.

Local Health Segments

Several of the 43 local health segments contained information that dealt with more than one state or county. A few health segments mentioned state location but did not indicate a specific county. Ohio state was mentioned in three local health segments. Lawrence County, Ohio was mentioned in three health segments. Thirty-seven health segments contained information based in West Virginia. These included Kanawha County (18); Cabell County (11); Logan County (2); Mingo County (2); Wayne County (2); Nicholas County (1); and Putnam County (1). Kentucky was mentioned in five local health segments. These included Boyd County (4) and Carter County (1), as shown in Chart 15.1.

CHART 15.1

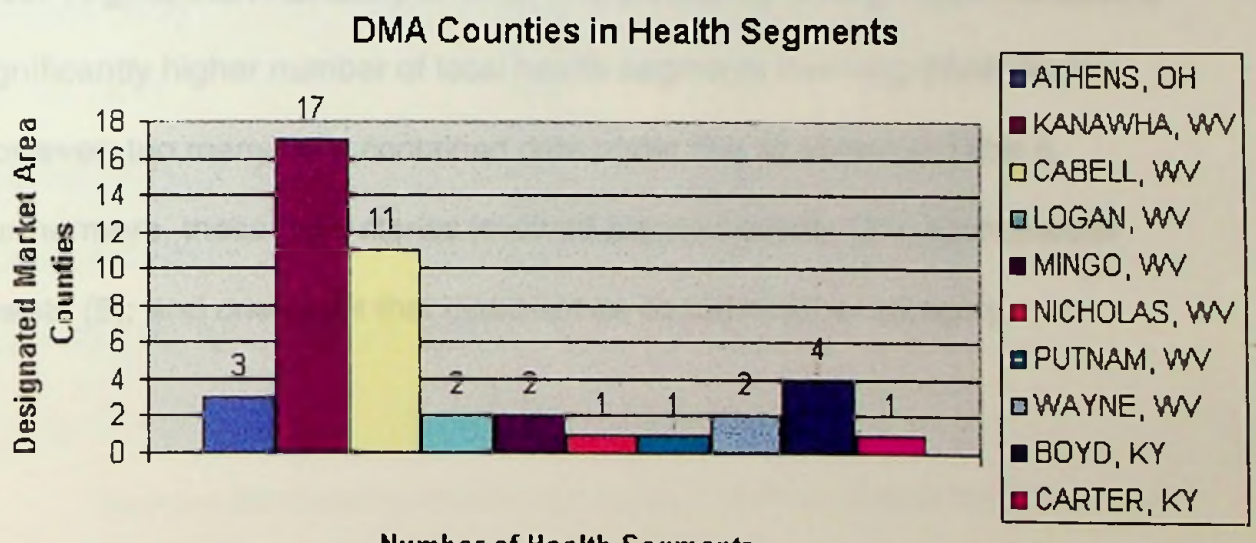
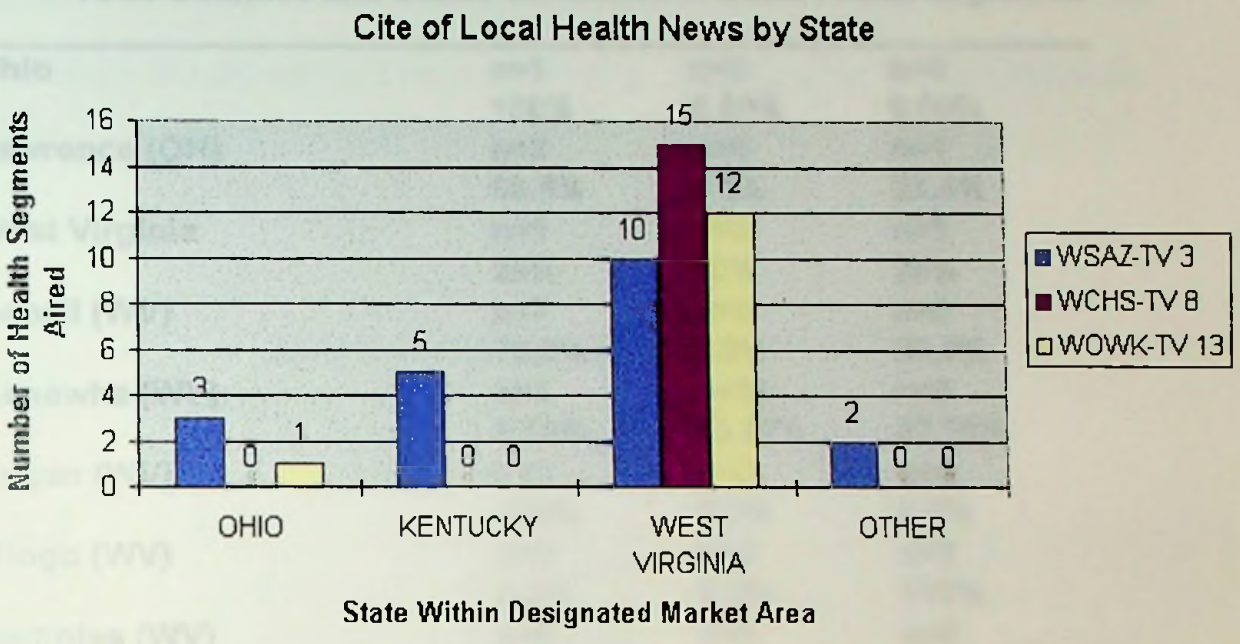


CHART 15.2



The stations reported more local stories that occurred within the state of West Virginia than Kentucky or Ohio. The probability level $p < .009$ indicates a significantly higher number of local health segments involving West Virginia. However, too many cells contained data under five as shown in Table 6. Furthermore, these local stories involved planned events (37); spontaneous events (5); and one event that could not be coded in either category.

TABLE 6

Area Counties and States Mentioned in Local Health Segments

Ohio	**n=1**	**n=0**	**n=0**
	100%	**0.00%**	**0.00%**
Lawrence (OH)	**n=2**	**n=0**	**n=1**
	66.6%	**0.0%**	**33.4%**
West Virginia	**n=1**	**n=3**	**n=1**
	20%	**60%**	**20%**
Cabell (WV)	**n=7**	**n=0**	**n=3**
	70.0%	**0.0%**	**30.0%**
Kanawha (WV)	**n=1**	**n=12**	**n=5**
	5.56%	**66.67%**	**27.78%**
Logan (WV)	**n=2**	**n=0**	**n=0**
	100%	**0.0%**	**0.0%**
Mingo (WV)	**n=0**	**n=0**	**n=2**
	0.0%	**0.0%**	**100%**
Nicholas (WV)	**n=0**	**n=1**	**n=0**
	0.0%	**100%**	**0.0%**
Putnam (WV)	**n=0**	**n=1**	**n=0**
	0.0%	**100%**	**0.0%**
Wayne (WV)	**n=0**	**n=1**	**n=0**
	0.0%	**100%**	**0.0%**
Boyd (KY)	**n=4**	**n=0**	**n=0**
	100.0%	**0.0%**	**0.0%**
Carter (KY)	**n=1**	**n=0**	**n=0**
	100.0%	**0.0%**	**0.0%**
Cannot Code	**n=2**	**n=0**	**n=0**
	100%	**0.0%**	**0.0%**

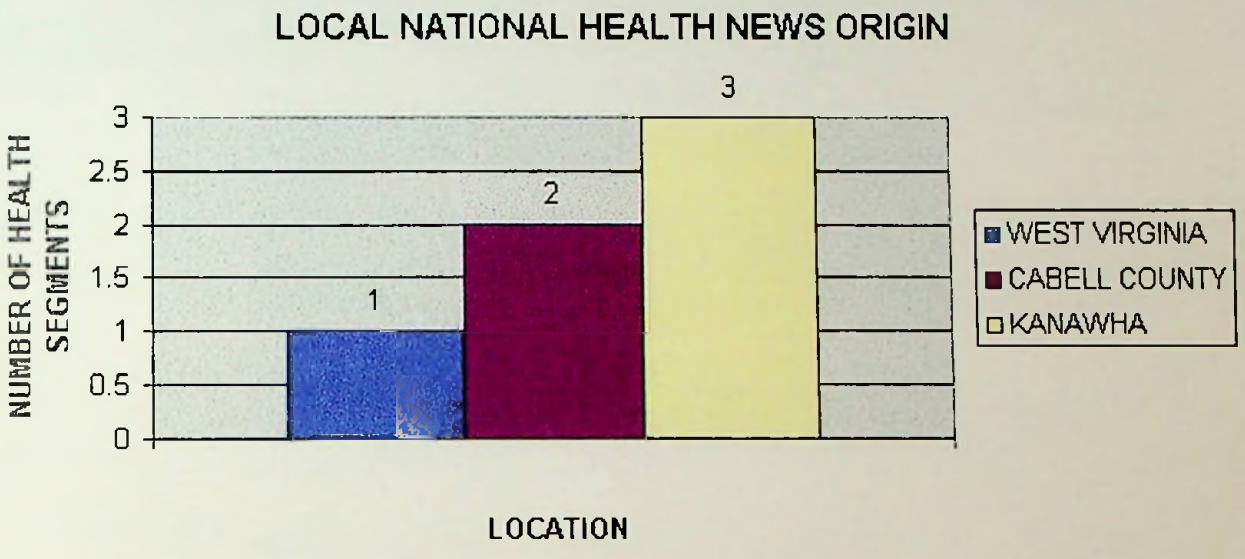
$x2 = 43.189$, d.f. = 24, $p < .009$

Health Segment Sources

Sources attributed in localized national health segments included non-professionals (3), medical professionals (2), and an "other" source (1), which was a journalist, and a "cannot code" (1) -as that health segment did not contain any attributed source.

Localized national health segments contained sources from West Virginia. They occurred within Kanawha County (3), Cabell County (2), and one health segment did not list a county but rather West Virginia state, as shown in Chart 16.

CHART 16



The local television stations sought information from the health department (2), one "other" source which was the Neurological Association, two health segments were left blank, and one localized health segment did not include a source.

The sources used for information in local health segments included non-professionals (19), "other" listings (14), medical professionals (9), non-medical professionals (5) and an uncodeable source (1) .

The sources that represented "other" organizations included: state or county health departments (8), Cabell-Huntington Hospital (7), Kings' Daughters'

Hospital(1), Charleston Area Medical Center (1), the Red Cross (3), and three health segments did not attribute a source. The organizations listed under the "other" category include the West Virginia Rehabilitation Center, Capitol High School nurse, St. Francis Hospital, West Virginia University Medical Center, West Virginia Rehabilitation Center, and Capitol High School.

Chapter 5

DISCUSSION OF INTERPRETATION

Significant Findings

The research about WSAZ-TV 3, WCHS-TV 8 and WOWK-TV 13 and their coverage of health news uncovered several significant findings.

- More national than localized national health or local health news aired.
- The top ten diseases in West Virginia were not discussed as often as other diseases in health segments.
- WSAZ-TV 3 and WCHS-TV 8 used research facilities as sources more often than WOWK-TV 13, which was inclined to use other sources not mentioned on the coding instrument.
- WSAZ-TV 3 and WOWK-TV 13 focused their health news on the 11 PM show, whereas WCHS-TV 8 aired more health segments at 6 PM.
- Local health news most often included Kanawha or Cabell counties in West Virginia.
- A local health story usually meant a local health event occurred.
- Health segments discussing disease aired more often than those that did not.

Viewer demand, not specified national or local health news, seemed to be the underlying current at each station. WSAZ-TV 3 News Producer Jeff Parsons, WCHS-TV 8 News Producer Angela Oakley and WOWK-TV News Producer Mike McDonald each mentioned that their primary focus was airing the stories people want to see. At WSAZ-TV 3, these stories lean more to the emotional. "If a story is relevant to the audience, interesting in some way and

compelling, then it is most likely to air. We strive for emotional stories; however, it is not always possible to find someone going through a situation mentioned in the story," Parsons said. Oakley said that information and interest determine health coverage. "Information about diseases such as diabetes, high blood pressure, heart disease and cancer—that is what people are interested in. Information is not geared toward either men or women, but rather toward what information is out there to present the best information to the widest audience." The approach taken at WOWK-TV 13, as described by McDonald, sounded similar to the plan Oakley described at WCHS-TV 8. "A health story is most likely to air if it includes the greatest amount of viewers if it affects a large amount of people."

Although the three producers mentioned airing stories viewers want, is the lack of localizing national health reports important? Viewers need a steady stream of stories on diseases prevalent in the geographical region where they live. The overabundance of national news stories discovered in this study seemingly reinforced Greenberg's conclusion about the public's well-documented tendency to "overestimate sudden and violent risks and underestimate chronic ones" (Greenberg 1990).

The research in this study provided strong support that the local television stations, WSAZ-TV 3, WCHS-TV 8 and WOWK-TV 13, broadcast twice as much national health information as local health information to the viewing audience. Furthermore, both national and local health coverage did

not provide coverage of the top 10 diseases that affected people living within the local viewing audience.

Each station took a different approach to covering health news. Their approach affected the decision to air certain health stories over less pressing health concerns and helped set the community health agenda by mentioning certain diseases on the air. Parsons reiterated the fact that WSAZ-TV 3 tried to make every effort to air stories that were regionalized and affected the lives of people and their families. This took into consideration, for example, air quality surrounding chemical plants in the region, which may cause respiratory problems to workers or area inhabitants. Oakley said that WCHS-TV 8 tried to air the most topical health story at that time. McDonald said medical breakthroughs and new health information released were the focus of health news WOWK-TV 13 wanted to air. Although the focus, for each station, was viewer health, no one interviewed specifically mentioned seeking out medical statistics that would determine the most prevalent diseases in the area.

The fact WCHS-TV 8 aired more health news at 6 PM than at 11 PM, could be attributed to the 6 PM newscast format that included a health segment in each 6 PM newscast. "We don't cut the health story. It's part of the second block, " Oakley said. Furthermore, McDonald said that WOWK-TV 13 aired most health information in feature segments during the 5:30 PM newscast, which was not discussed in the study. Health information is

discussed in the 6 PM or 11 PM newscast only if it is a hard news story. The same situation occurred at WSAZ-TV 3. Most health information aired during organized, viewer specific segments in the 5 PM newscast, which was not considered in this study. However, Parsons did not specify if only health segments that contained hard news aired during the 6 PM or 11 PM newscasts.

None of the local news producers interviewed gave a specific reason for staying within local proximity of the news stations in Cabell and Kanawha counties in West Virginia. Angela Oakley did, however, mention that she had confidence in the area hospitals and the strong resources that existed in the area. This does not, however, give reason for not including more specialized health information for counties throughout the designated market area.

Each news producer was asked if health news segments sponsorship by local medical facilities proved to be an ethical dilemma. Parsons said, "There is never a great deal of pressure from our sponsors. The only way this would be wrong is if we do not air a story blatantly because of our sponsor. Our bottomline is content--never any mandate." McDonald said that WOWK-TV 13's news department does not know when the commercial rotation will include a medical organization. Furthermore, Oakley said the 6 PM newscast health segment does not have a sponsor so this does not cause a problem.

Hypothesis One

Do the local television news health stories aired by WSAZ-TV 3, WCHS-TV 8, and WOWK-TV 13 represent the health needs of the designated market area? Based upon the information in this study, the author accepts the hypothesis that although each station makes a conscious effort to provide current and useful health information to people within the designated market, most health segments contain information that does not directly apply to people living in the area. Furthermore, only three of the top 10 diseases affecting people living in the DMA were mentioned on any of the local television stations. As shown on Chart 5 in Chapter 4, diseases listed in the top 10 diseases in West Virginia and mentioned in health segments included diabetes (5), Cerebrovascular Disease (2), and Cancer (16).

Hypothesis Two

What community resources do reporters use when reporting health information with the local news agenda? The author accepts the null hypothesis for this question. Local media do not receive most local health information from medical practitioners. As stated in Chapter 4, the sources for information in local health segments included non-professionals (19), "other" listings (14), medical professionals (9), non-medical professionals (5) and an uncodeable source (1). The local media rely upon non-professionals to provide a local slant to the health segment. Furthermore, most national

stories are not localized as stated in the hypothesis. The local sources are used mainly in local health segments instead of national health stories.

As mentioned in Chapter One, Parsons said a flow exists in how a health story is reported. "First a story may be found through a Journal of Medicine report. That idea is taken to a local hospital or doctor. They will then direct us to a local person to get the local, personal angle, which is what people want to see." Oakley agreed that hospitals and doctors are their biggest resources. "We use local hospitals: however, if we're doing a study on back treatment, then we go to a chiropractor or other specialist." McDonald said sources most used outside the local area include the American Medical Association and the American Heart Association. Local sources most used by WOWK-TV 13, according to McDonald, included area hospitals, the American Red Cross and the blood banks. These sources may be utilized during the news-gathering process; however, these elements were not seen in the health segments broadcasted.

WSAZ-TV 3 News Producer Jeff Parsons said a craving exists in this market for more health news. "Maybe we should be doing a little more than we do. The next step would be a 'Healthcast' which would be good for this market. There's only so much you can cover in a health story during a newscast." WCHS-TV News Producer Angela Oakley thought viewers should take the health information broadcast and discuss it with their doctors.

Everett Rogers stated, "The dissemination of technology, given its often unintended and undesirable consequences for some, and sometimes for all, entails a strong commitment to ethical standards of professional practice" (Rogers 1995). This statement could be utilized by local media practitioners to further investigate the health needs of people within the local market. The three news producers interviewed each expressed a deep commitment to airing health information the viewer wanted to see. However, want and need sometimes are not the same thing. More research could be done to determine exactly what are the health needs of the viewing community.

Future Media Health Coverage Research

Three areas to further investigate local media health coverage include:

- An agenda-setting survey to measure the occurrence of health concerns expressed by the viewing audience.
- A content-analysis study to compare health care facility advertising during local newscasts with topics discussed in broadcasted health segments. The impact of entertainment programs on news is another possibility.
- A random survey to determine the audience's opinions about the most prevalent health concerns within the viewing area.

The viewing audience's opinions about the local health news and the advertisers' decisions to air different forms of commercials could lead to moving the local health care agenda away from the information that needed to be broadcasted.

The agenda-setting study would include a viewing audience survey to determine what diseases the people watching the local news thought were most important. The diseases identified by the audience could then be compared with the diseases discussed during the health segments to see if a relationship between the two existed.

The study discussing the connection between health news and advertising could try to determine how much health information is sponsored or influenced by the health care industry. News packages and "infomercial" style commercials that appear within the news broadcasts could be studied for their validity as health information for people within the viewing audience. Another investigation could study television news spin-offs from television programs.

Health information considered most important by the viewing audience could be obtained by administering a random survey that dealt with diseases and health issues people wanted reported in the local television news. This could help determine whether local media geared news programming toward health concerns expressed by the viewers than health concerns established by the medical industry.

Conclusion

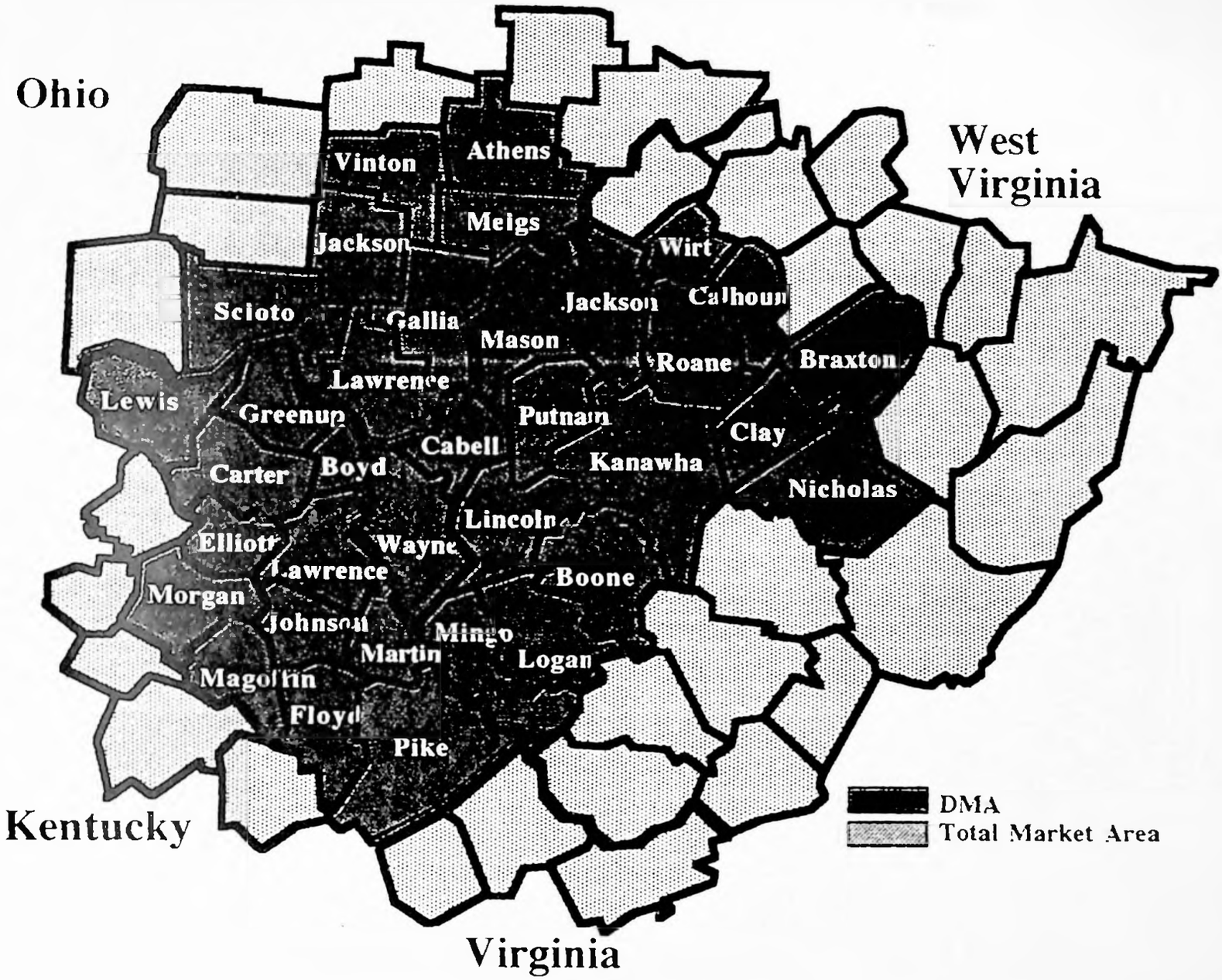
The news producers interviewed from WSAZ-TV 3, WCHS-TV 8 and WOWK-TV 13 each expressed concern for viewing health segments relevant to the viewing audience. However, seven of the diseases that occurred most

often did not receive mention within the local television newscasts. Although Parsons, Oakley and McDonald stated the effort to include more health information into newscasts was made, there is still much work to do.

APPENDIX A

WSAZ-TV Channel 3 Designated Market Area Coverage Map

WSAZ Coverage Area



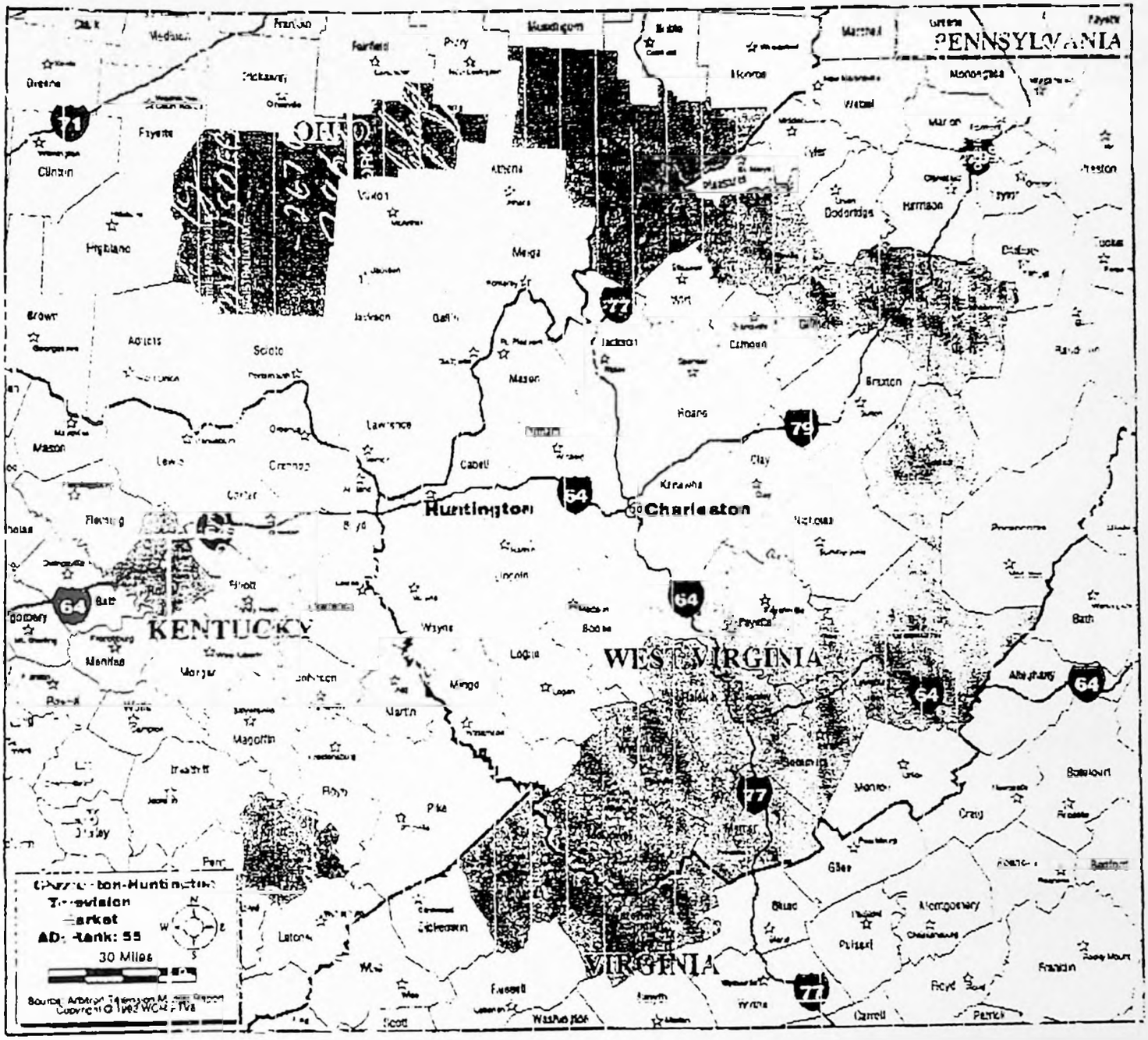
WSAZ television 3

APPENDIX B

WCHS-TV Channel 8 Designated Market Area Coverage Map

CHARLESTON-HUNTINGTON

TELEVISION MARKET



METRO

ADI

TSA

1301 Piedmont Rd., Charleston, WV 25301 • 304-346-5358
911 5th Avenue, Huntington, WV 25701 • 304-525-3991

APPENDIX C

WOWK-TV Channel 13 Designated Market Area Coverage Map

CBS

Welcome home.

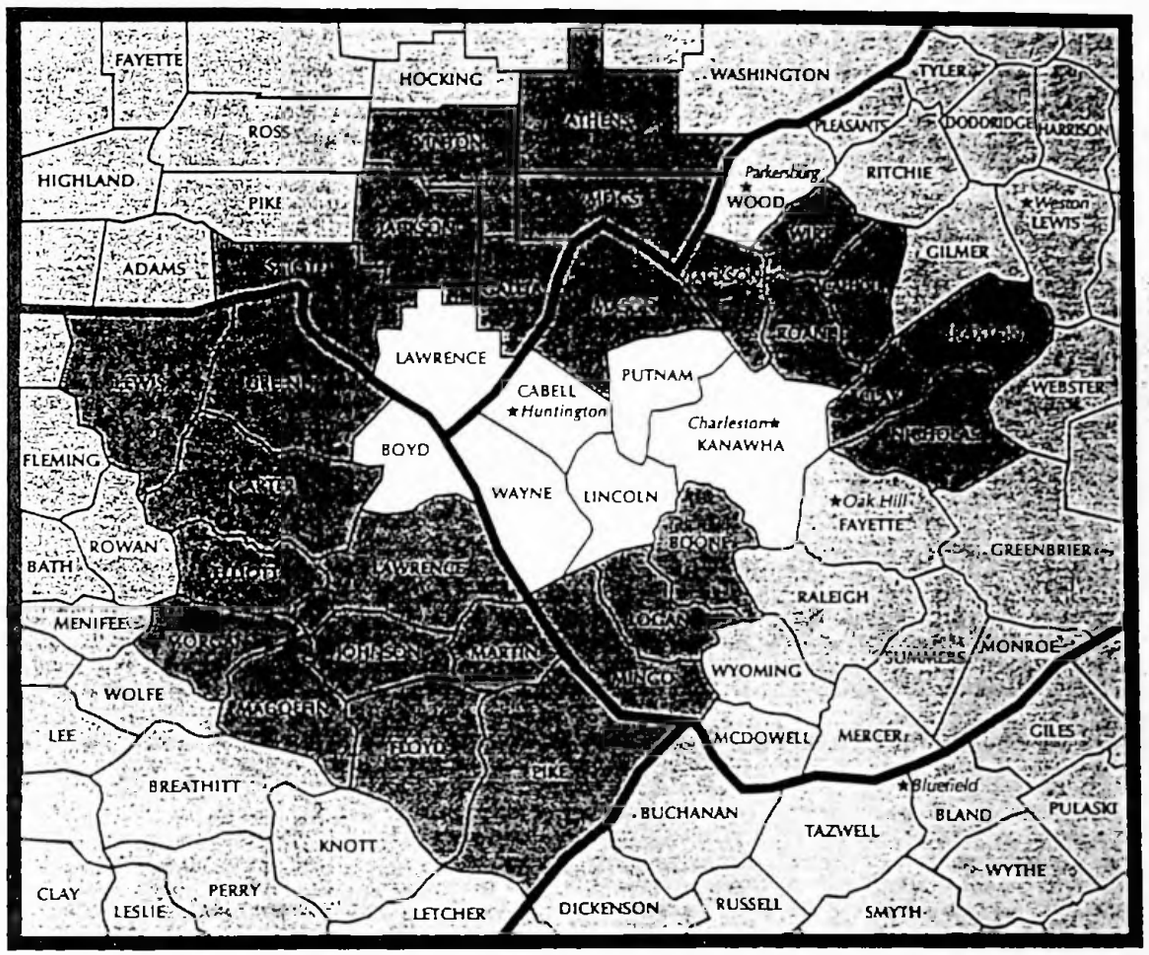
WOWK TV 13 Believes in you.

Huntington / Charleston

13

COVERAGE MAP

OH



- STATE LINE
- COUNTY LINE
- CITY LOCATION
- CENTRAL AREA
- LOCAL DMA

7 METRO COUNTIES

CABELL, PUTNAM, KANAWHA, LINCOLN, WAYNE, WV;
LAWRENCE, OH;
BOYD, KY

TOTAL DMA HOUSEHOLDS 479,320
TOTAL METRO HOUSEHOLDS 207,770

NSI TOTAL AREA 620,580 HOUSEHOLDS

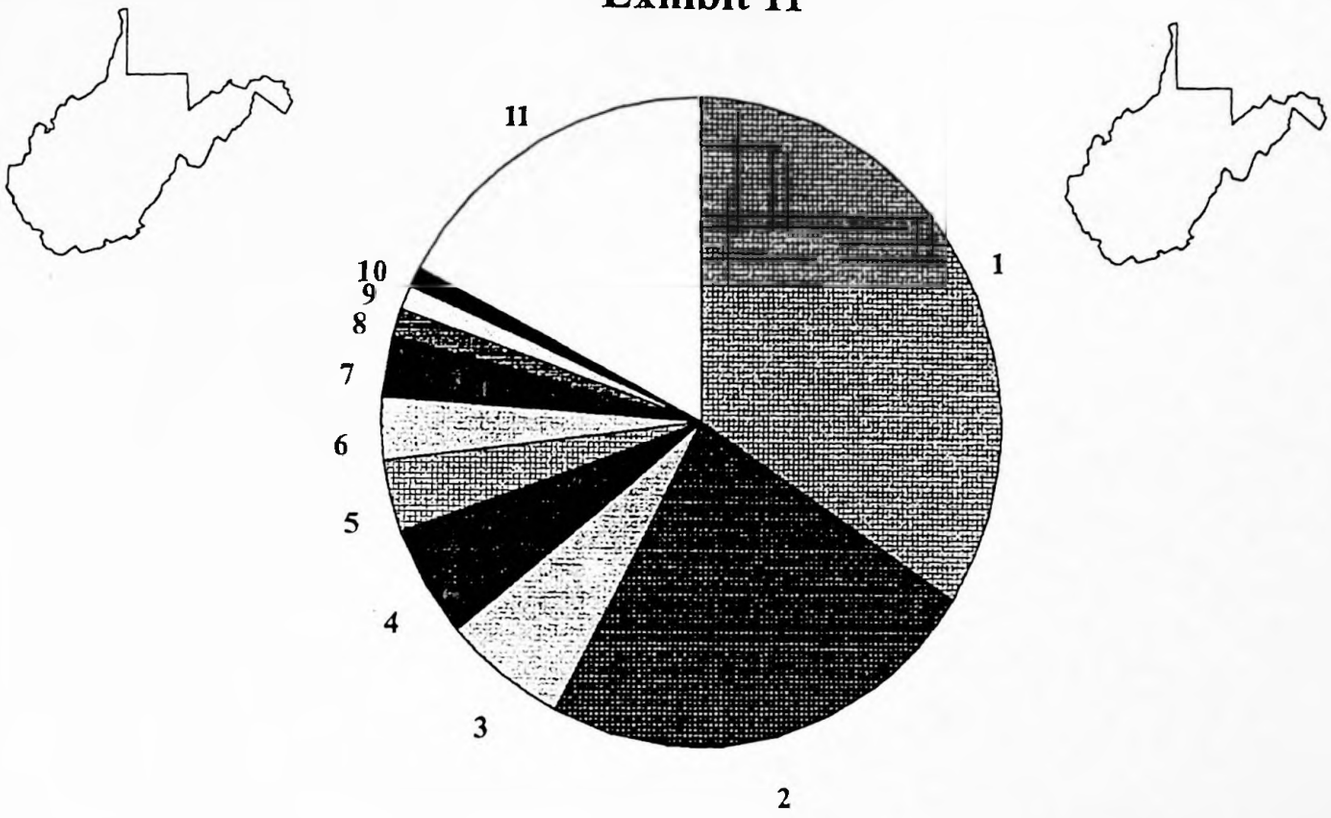
SOURCE: NSI 1996 MAY

The address is CBS 13

APPENDIX D

Top Ten Diseases in West Virginia

1995 West Virginia Resident Deaths
Leading Causes of Death
Exhibit 11



Leading Causes of Death	Number of Deaths	1995 WV Crude Rate	1995 WV Age-Adjusted Rate*	Percent of Total	% Diff. from U.S.
1. Diseases of the Heart	6,878	376.3	328.2	34.2	+16.7
2. Malignant Neoplasms	4,740	259.3	226.7	23.5	+10.7
3. Cerebrovascular Disease	1,238	67.7	58.8	6.2	-2.3
4. Chronic Obstructive Pulmonary Disease and Allied Conditions	1,109	60.7	52.4	5.5	+31.4
5. Unintentional Injuries, All Forms	729	39.9	39.3	3.6	+15.1
6. Pneumonia and Influenza	627	34.3	29.9	3.1	-6.0
7. Diabetes Mellitus	605	33.1	28.8	3.0	+28.0
8. Suicide	279	15.3	15.0	1.4	+27.6
9. Nephritis, Nephrotic Syndrome, and Nephrosis	233	12.7	11.0	1.2	+20.9
10. Septicemia	206	11.3	9.9	1.0	+23.7
Total for Leading Causes	16,644	910.5	800.0	82.7	+12.4
11. ALL OTHER Causes	3,484	190.6	173.5	17.3	+3.1
Total for ALL Causes	20,128	1,101.1	973.5	100.0	+10.6

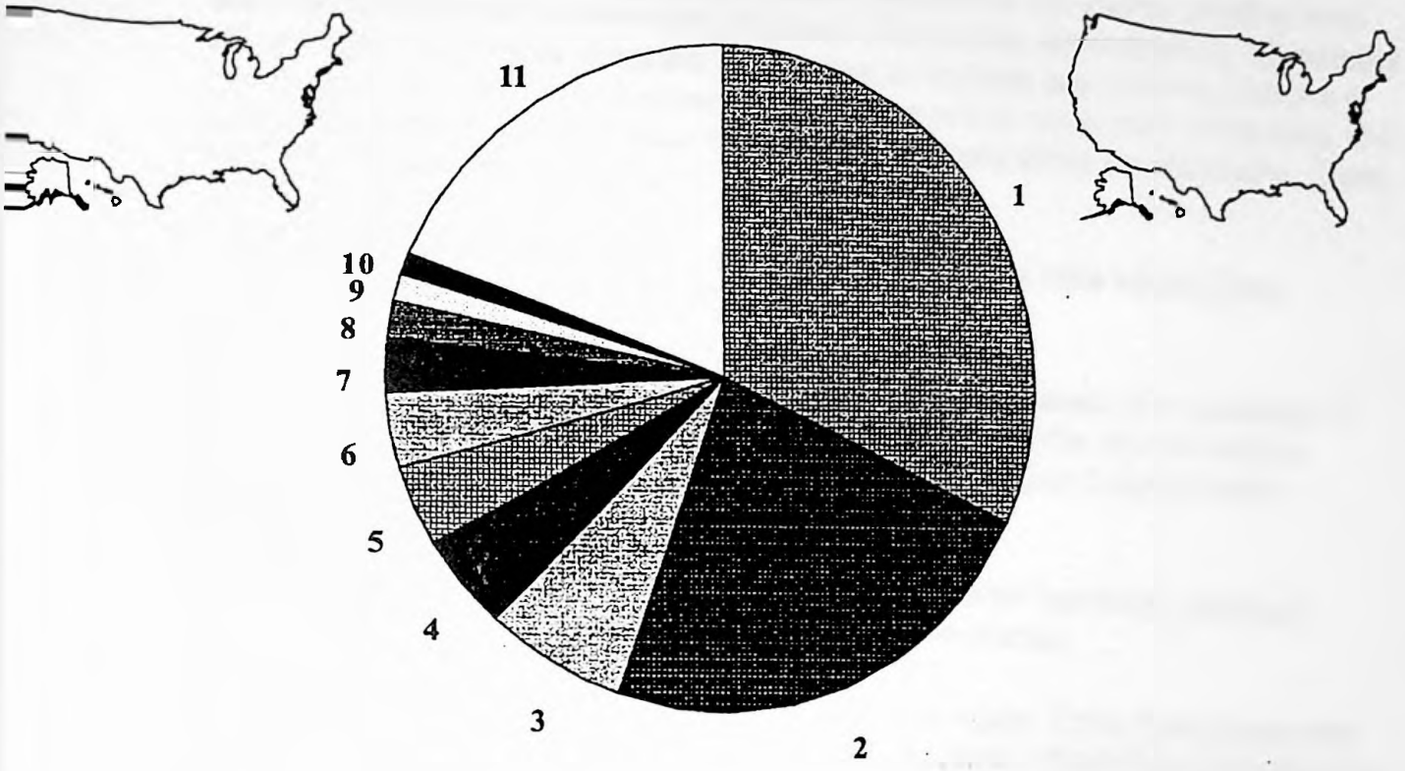
* Rates are adjusted by age to the 1990 U.S. population distribution from U.S. Bureau of the Census.

West Virginia Bureau for Public Health
Health Statistics Center, 1996

APPENDIX E

Top Ten Diseases in the United States

1995 United States Resident Deaths
Leading Causes of Death
Exhibit 12



Leading Causes of Death	Number of Deaths	1995 U.S. Crude Rate	Percent of Total
1. Diseases of the Heart	738,781	281.2	32.0
2. Malignant Neoplasms	537,969	204.8	23.3
3. Cerebrovascular Disease	158,061	60.1	6.8
4. Chronic Obstructive Pulmonary Disease and Allied Conditions	104,756	39.9	4.5
5. Unintentional Injuries, All Forms	89,703	34.1	3.9
6. Pneumonia and Influenza	83,528	31.8	3.6
7. Diabetes Mellitus	59,085	22.5	2.6
8. Human Immunodeficiency Virus Infection	42,506	16.2	1.8
9. Suicide	30,893	11.8	1.3
10. Chronic Liver Disease and Cirrhosis	24,848	9.5	1.1
Total for Leading Causes	1,870,130	711.9	80.9
11. ALL OTHER Causes	442,073	168.3	19.1
Total for ALL Causes	2,312,203	880.2	100.0

* Monthly Vital Statistics Report (provisional statistics). National Center for Health Statistics. Volume 45, Number 3, Supplement 2, October 23, 1995 (based on 10% sample).

West Virginia Bureau for Public Health
Health Statistics Center, 1996

General Viewing and Recording Procedures

View the 12-minute news program once in its entirety. All sports, weather and commercial segments have been deleted. This leaves approximately 12 minutes of news per 30-minute program. Remember to exclude any teasers, promos or liners that may lead to a proceeding story. The actual news story is the only unit of analysis being studied. View the program as many times as necessary. Then, follow the guidelines provided:

During the first viewing, which should be uninterrupted, take notes in the notebooks provided and compile two lists:

(1) List in your notes where the health issue is discussed. (For example, if the health segment deals with AIDS and the reporter stands outside the Cabell County Health Department, write "Cabell County Health Department.")

(2) Keep an ongoing list in your notes of any mental handicap, physical handicap, or physical illness or disease mentioned.

After the program is viewed, carefully review your notes. Once these tasks are completed, you may proceed to code. When you finish, check the code sheet for legibility, labels and write-ins.

Remember to analyze each health segment on a separate form. Check the correct time slot and write the exact date. Make sure to write the appropriate date and time for the 30-minute news program, for example, if the news program occurs at six o'clock on February 25, 1997.

Recording Units to define:

AIDS (Acquired Immune Deficiency Syndrome):
It is a severe immunological disorder caused by a retrovirus that results in an increased susceptibility to infections and certain rare cancers.

Blood Disease:
It is a sickness or ailment dealing with the fluid contained in arteries and veins that carry nutrients to and waste away from all tissues.

Cancer:
It is defined as any malignant tumor.

Cerebrovascular Disease:
It is defined as a sickness or ailment dealing with the blood vessels in the brain.

Cirrhosis of the liver:
It is defined as the hardening of liver tissue.

Diabetes:
It is defined as a disease dealing with the body's inability to handle glucose.

Disease:
It is defined as a sickness or ailment.

Emphysema:
It is defined as a lung disease characterized by the thinning and loss of elasticity of lung tissue.

Health Activity:
A health activity involves an action that will either aid or deter the physical health of an individual. For example, a health activity may include dietary changes, exercise routines, or stress relievers.

Health Event:
It is defined as a situation, whether spontaneous or planned, with a focused interest to aid an individual or group's physical wellness. This may include activities such as a blood drive, a walk for multiple sclerosis or an immediate need for tetanus vaccinations.

Health Research Study:
A health study is a research project conducted by an organization, whether proprietary (private sector research) or non-proprietary (academic research), with results mentioned during the health segment. For example, a Gallop Poll regarding the American population eating habits or a clinical research study linking hereditary factors to breast cancer would each be considered a health study.

Heart Disease:
It is defined as a sickness or ailment dealing with the central organ of the circulatory system.

Hypertension:
It is defined as high blood pressure.

Kidney Disease:
It is a sickness or ailment to the organ that secretes urine and aids in maintaining the body's chemical equilibrium.

Localized Story:
For the purpose of this study, a health segment should be considered local when it includes information directly from the communities within the designated market area. The DMA includes: Ohio counties Athens, Jackson, Lawrence, Meigs, Scotio, and Vinton; Kentucky counties Boyd, Carter, Elliott, Floyd, Greenup, Johnson, Lawrence, Lewis, Magoffin, Martin, Morgan, and Pike; and West Virginia counties Boone, Braxton, Cabell, Calhoun, Clay, Jackson, Kanawha, Lincoln, Logan, Mason, Mingo, Nicholas, Putnam, Roane, Wayne, and Wirt.

Medical Professional:
For the purpose of this study, a medical professional is an interviewee who deals directly with patients in a treatment capacity. Examples include doctors, nurses and physician's assistants.

Medical Research Study:
It is defined as a scientific investigation to discover facts relating to functions of the human body.

Mental Handicap:
A mental handicap may include retardation that requires treatment for a specific disease. It may also include a serious psychological emotional disorder that requires therapy. Be sure to give specific details.

National Health Journal:
National health journals are scholarly publications respected within the medical industry. An example would be *The New England Journal of Medicine.*

Non-Medical Professional:
For the purpose of this study, a non-professional medical person is an interviewee associated with the medical profession but does not deal directly with patients in a treatment capacity. An example would include a hospice "caregiver" that delivers medical prescriptions to shut-ins.

Non-Prescription Drugs:
Non-Prescription drugs are "over-the-counter" medications obtained legally through a drug store or related business. For the purpose of this study, code non-prescription drugs that are mentioned within a health segment. For example, in a health segment discussing aspirin and heart attack prevention, aspirin would be coded as a non-prescription drug.

Non-Preventative Health Information:
It should be coded non-preventative health information when the information does not discuss disease prevention or treatment as cure for a disease.

Non-Professional:
For the purpose of this study, a non-professional is an interviewee not associated with the medical profession. For example, a "man on the street" interviewed regarding his opinion about health care for the elderly.

Physical Handicap:
Physical handicap involves a recognizable body defect or abnormality. Be sure to give details. This would be a body defect resulting in difficulty participating in everyday circumstances. For example, consider the conditions dealt with at a "Handicap Awareness Day" project.

Planned Event:
It is defined as a situation arranged before it takes place.

Pneumonia:
It is defined as the inflammation of the lungs.

Prescription Drugs:
These include medicinal substances acquired through the written order of an authorized physician. For example, a story may include drug information such as harmful side effects, changes in legal doses, or researched benefits to the use of a drug.

Preventative Health Information:
A news segment should be coded as preventative health information when methods of treatment or prevention for a disease are discussed.

Sight Impairment:
For this study, sight impairment is a condition resulting from physical disease or sudden physical injury. For example, a car wreck resulting in blindness, a debilitating disease which had a side-effect of blindness or being blind at birth. This does not include, for example, sight impairment during vehicle operation, conditions due to building lighting or night-time walking. If the health segment did mention harmful side-effects resulting from the above mentioned conditions, then it would be coded as sight impairment in the health segment.

Spontaneous Event:
It is defined as an impulsive and unplanned situation or circumstance.

Suicide:
it is defined as self-destruction; taking of one's life.

Tobacco Related:
It is defined as inhaling and exhaling, chewing or consuming a tobacco product. Examples for tobacco related products include cigarettes, snuff, or chewing tobacco. A segment should be coded if it discusses tobacco related health effects. Do not code a story that mentions a tobacco company but does not mention the physical side effects caused by tobacco use. However, do code a story about a tobacco company if the story mentions the possibility or the presence of tobacco use side effects.

Units of Analysis:

Health Segment:
A health segment is a news story that includes information about a human disease. For the purpose of this recording instrument, a health segment will be defined as one specific news story that may appear within a 30-minute local newscast. For example, a newscast could present one story dealing with Euthanasia and a different story dealing with new treatments for Emphysema.

In this situation, the 30-minute newscast would be presenting two health segments for that particular show. Two coding sheets need to be filled out for that 30-minute program.

Coding Sheet

This section completed by study author.

1. The television station on which the health segment aired:
   _____WSAZ Channel 3
   _____WCHS Channel 8
   _____WOWK Channel 13

2. The program time slot when the health segment aired:
   _____Six o'clock
   _____Eleven o'clock

3. Date the program aired:
   _____

4. Health segment length in seconds
   _____

*****Story Source (Check as many as apply)*****

5. What is the source for the information in the health segment?
   _____Local news
   _____National news
   _____Other (write in)_____

6. Does the health segment used the **national media** as a source?
   _____Yes
   _____No
   _____No source mentioned in story
   _____Cannot code

7. **Please complete this question only if answered "Yes" to 6.** What was the national media attributed in the health segment? (Check as many as apply.)
   _____National radio
   _____National television
   _____National magazine
   _____National research facility
   _____National health journal
   _____Other (write in)_____
   _____Cannot code

8. **Please complete this question only if answered "Yes" to 6.** If this is a national story, is the story localized?

_____Yes
_____No
_____Cannot code

9. **Please complete this question only if answered "Local news" for 5 or "Yes" to 8.** List the geographical area where the story occurred. (The counties for each state are located below the state name. Check as many as apply.)

_____**Ohio**	_____**West Virginia**	_____**Kentucky**
_____Athens	_____Boone	_____Boyd
_____Jackson	_____Braxton	_____Carter
_____Lawrence	_____Cabell	_____Elliott
_____Meigs	_____Calhoun	_____Floyd
_____Scotio	_____Clay	_____Greenup
_____Vinton	_____Jackson	_____Johnson
	_____Kanawha	_____Lawrence
	_____Lincoln	_____Lewis
	_____Logan	_____Magoffin
	_____Mason	_____Martin
	_____Mingo	_____Morgan
	_____Nicholas	_____Pike
	_____Putnam	
	_____Roane	_____**Cannot code**
	_____Wayne	
	_____Wirt	

10. **Please complete this question only if answered "Local news" for 5 or "Yes" to 8.** What type of local event occurred? (Check as many as apply.)

_____Local planned event
_____Local spontaneous event
_____Not local event
_____Cannot code

11. **Please complete this question only if answered "Local news" for 5 or "Yes" to 8.** Who is used to provide a local perspective on the story? (Check as many as apply)

_____Medical professional
_____Non-medical professional
_____Non-professional
_____Other (write in)
_____Cannot code

12. **Please complete this question only if answered "Local news" for 5 or "Yes" to 8.** If answered "medical professional" or "non-medical professional," which medical institution do they represent?

_____Cabell-Huntington Hospital
_____St. Mary's Hospital
_____Kings' Daughters' Hospital
_____State or County Health Department
_____Bellefonte Hospital
_____Marshall University Medical School
_____Blue Cross
_____HMO's
_____Red Cross
_____CAMC
_____Other (write in)
_____Cannot code

Story Content (Check as many as apply)

Please complete questions 13 through 16 for local and national health segments.

13. Does the health segment contain information from a medical study?

_____Yes
_____No
_____Cannot code

14. Does the health segment contain information involving a disease?

_____Yes
_____No
_____Cannot code

15. **Please complete this question only if answered "Yes" to 14.**
Does the story contain information regarding: (Check as many as apply.)

_____Pneumonia
_____Diabetes
_____Heart disease
_____Emphysema
_____Hypertension
_____Cerebrovascular Disease
_____Blood Disease(other than AIDS)
_____Suicide
_____Cirrhosis of Liver
_____Cancer
_____Kidney Disease
_____AIDS
_____Other (write in)____
_____Cannot code

16. Does the health segment contain preventive or non-preventative information?

_____Preventative
_____Non-preventative
_____Cannot code

STATION:_____ INTERVIEWEE: _____ DATE:_____

1. Does (WSAZ, WCHS, WOWK) have a set policy for covering health news?

2. What responsibility do media have to the audience when covering health information?

3. What benefits exist in local news programs "piggy-backing" health issues covered in prime-time drama television? (i.e. ER, Monday night Movies, etc.)

4. What factors determine health coverage? (i.e. Interest, information)

5. What attributes in a health segments will make it most likely to air?

5b. (Scenario) It's been a busy news day and two minutes of news will have to be cut to make room for a late-breaking story-what type of information would the health segment have to contain to keep it from being cut from the program?

6. What sources outside Cabell County Health Services, the Cabell County hospital, and St. Mary's Hospital does (WSAZ, WCHS, WOWK) use to localize a national health story?

6b. Does (WSAZ, WCHS, WOWK)have specific local sources frequently used to localize national health segments?

7. What community resources do reporters use when reporting health information within the local news agenda?

8. Many health segments are sponsored by local hospitals. Is there a responsibility to use these organizations as sources for health news?

9. Do you think (WSAZ, WCHS, WOWK) health coverage matches the needs of people within the designates market area?

10. Is there a specific news program time slot where most health news information airs?

10b. What audience is (WSAZ, WCHS, WOWK) trying to reach with the health information? Does this occur each time or do you alternate audiences?

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