

THE POWER OF VIDEO PITCHING IN HEALTHCARE NEWS STORIES

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ABSTRACT

For decades the news release has been a staple of public relations tool kits. But now with so much available information on the internet, there are options to enhance the traditional news release with supplements like links and video. This research examines the agenda building potential of these additional elements when added to a health care news release.

In-depth interviews were conducted with health care journalists to better understand their use of public relations materials, their acceptance of links and video in a news release, and the enhanced credibility of the news pitch when these elements are added to a press release. Other related agenda building factors are examined in this research including, the source-reporter relationship and the acceptance of health care news pitches.

The results show there is a potential to increase the credibility of a news pitch by using videos featuring physicians explaining the topic in the news release. Journalists also reported an interest in links to 3rd party sources in a news release to enhance the credibility of the pitch.

Chapter 1 Introduction

In recent years, video has been a component of public relations materials presented to journalists. Usually video is used to provide journalists with visual images and interviews to use in their newscasts. This use is called a video news release or VNR. This research will examine the idea of taking video and repositioning its traditional use as a VNR and turn it into a news pitching tool that is added to a press release.

This research begins its focuses on the most common form a public relations practitioner uses to inform a journalist about a story; a news release. News releases have been a central tool in the tool box of public relations practitioners for decades (Turk, 1986). News releases are written to entice journalists to produce a story based on the agenda of the organization that sends out the release. But today there are more demands placed on press releases—they now serve to inform multiple audiences, achieve the maximum search engine optimization, and embed links direct readers to websites for more information.

Journalists consistently rely on sources to bring them information and ideas for news stories. These sources influence the media and help to set their agenda (Berkowitz, 1992). The media's agenda consists of the stories they cover and how much attention or length they are given. Recent research on the agenda building theory supports the idea that journalists do not necessarily set the agenda; instead it is built by the sources that provide the information to the

journalist (Berkowitz, 1992). Often in the health care industry, these sources that help to set the media's agenda are public relations practitioners (Tanner, 2004). In order to influence the media, public relations practitioners are constantly looking to make their pitches more newsworthy and understandable to journalists. The theory of agenda building looks at how public relations practitioners may influence the media's agenda and explores the tools and methods they use to get a journalists' attention. This research looked specifically at health care public relations and journalists that cover health news.

For this research, special attention was paid to featuring physicians in video components. A short video of a physician was linked in a press release to see if the video would provide journalists an additional level of newsworthiness and credibility to the initial press release.

This approach is different than a more traditional use of video with a press release called the video news release (VNR). VNRs have often been supplied to journalists, especially in television news, as pre-scripted, edited videos that look very similar to content create for a local newscast. The concept of the VNR is to have a reporter or producer take the provided content and run it in a newscast, with minor edits to the video or script, but sometimes with no revisions at all.

The concept of the physician featured in the video link for this research is not designed to be lifted and directly placed into a news story or newscast, but instead to be used as an informational tool for the journalist. The video's function is to provide additional information that might be difficult to explain in the news release.

Much of the past research has looked at ways public relations practitioners can increase their credibility with the journalist. Some common ways to boost credibility include: offering newsworthy story ideas, building relationships with journalists, working for an organization that serves the public good, and writing news pitches in a journalistic style. (Turk, 1986, Sallot & Johnson, 2006, Len-Ríos, Hinnant, Park, 2009)

Practitioners in the field of health care and in other areas of media and public relations do look for ways to increase credibility with health journalists. This research will use the popular news release with the addition of a physician (a largely credible profession) in a video and see if these combined components increase the credibility of a news pitch. In fact, most journalists who report on health stories rely on physicians to provide them accurate health information (Corbett & Mori, 1999, Tanner, 2004). Because the information they have is valuable, doctors are considered a highly credible source for health information (Avery, 2010).

Through in-depth interviews with health journalists, the research will identify what features associated with news release content, e.g., video links that feature a physician speaking about the topic covered in the release, will increase the appeal of the release. Understanding whether videos featuring physicians increases the credibility of the news release may raise the potential of the health care public relations practitioner in building the health news agenda. The research questions will ask how supplemental items, such as video, linked or attached to a news release impact the credibility of the news release and if those

featured in that video enhance or detract from the credibility of that release and why.

Previous research by Judy Turk, 1986, has investigated the public relations practitioners' use of the press release and its agenda-setting role. The role of agenda-building between journalists and their sources has been studied by many, including Dan Berkowitz, 1992. The relationships between journalists and public relations practitioners have been studied by Maria Len-Ríos, Amanda Hinnant, Sun-A Park, et al, 2009. The VNR has also been studied by many researchers including Glen T. Cameron and David Blount, 1996. All of this research and much more play an important role in laying the ground work for this research. But this research takes the information learned from the agenda-building influence of public relations, the relationships between journalists and public relations practitioners and the use of VNRs by media outlets and builds upon it.

The purpose of this research is to examine how video links might play a role in enhancing the credibility of a traditional news release. The goal is to learn if a brief video, featuring a physician, is attached to a health care news release has the power to increase the credibility of that public relations practitioner's pitch. The physician's medical expertise will be profiled in the video to determine if it influences the journalist's perception of the credibility of the story. Currently, the research in the area of using video as a public relations pitching tool for journalists does not exist. This research will add to the body of literature in this specific area.

The literature review will take a closer look at the concept of agenda-building and how reporters are influenced by their sources. There will also be special emphasis on the source-reporter relationship, journalists acceptance of health information from a public relations source and the role video has historically played in public relations.

Chapter 2 Review of the Literature

Agenda Setting/Agenda Building

Much has been studied about the agenda setting power of the media. The press has the power to shape ideas, present theories, and alter perceptions of the importance of certain issues for the public (Turk, 1986). The study of the media's impact on the public has been defined as agenda setting (Berkowitz, 1992; McCombs & Shaw, 1972; Turk, 1986). Additionally, out of the study of agenda setting comes the concept of agenda building. Dan Berkowitz (1992) defines agenda setting as the media's ability to impact the ideas that the public thinks about. On the other hand, agenda building refers to the ability of the media's sources to construct and shape the media's agenda and therefore impact the public's agenda (Curtin, 1999; Kiousis & Mitrook, 2006; Zoch & Molleda, 2006).

Model of Agenda Building

The agenda building model contains three parts; the public relations practitioners and their persuasion materials, journalists and their role of filtering out what is and what is not news, and what results as source materials in an actual news story. The diagram in Appendix A shows the flow of these three concepts (Cameron & Blount, 1997).

Public relations practitioners attempt to build the media's agenda by providing them with a variety of persuasion materials, such as news releases, video news releases or possibly an informal pitch in person or on the phone. In

effect, this is how public relations practitioners pitch a story to a journalist (arrow a). Journalists then have an enormous power of filtering out elements of the materials they receive and determining what is newsworthy and what is not. They also decide how that information will be used (arrow b). But these persuasion materials provided by the public relations practitioner are not the only evidence journalists consider when evaluating an idea for publication. There are other factors such as news values, routines, availability of time in the news hole, deadlines and staffing (Cameron & Blount, 1997).

The final part of the model is media content which is a combination of a reporter's filtering function (arrow b) and the influence exerted by a public relations practitioner (arrow c) (Shin & Cameron, 2005). Ultimately, journalists have the authority to accept or reject source information given out by public relations practitioners. Even if journalists do accept the source information, they are able to consider opposing viewpoints and incorporate them into the media content (Curtin, 1999). Therefore, agenda building is mediated by the journalist and its effectiveness is measured in how much the media rely on the source materials (Qiu, 2006). This model clearly shows why the idea of agenda building and its success is of great importance to media relations professionals.

While this model gives the majority of the decision-making authority to the journalist, some researchers have found public relations practitioners to be more influential in the process. Berkowitz even goes as far as to say the power of news sources have an even greater impact on the news agenda than the journalists do themselves, because they are the suppliers of news ideas and

story information (Berkowitz, 1992). Berkowitz's idea gives extraordinary power to public relations practitioners who have discovered ways to build trustworthy and credible source relationships with the press. But practitioners do not hold total authority over the media landscape. The media has the ability to accept or reject public relations ideas. Additionally, the media does not have control over the public. Media messages may have an impact on audiences, but audience members also have their own thoughts and ideas and are often skeptical about media messaging. Just because the media reports on a product or service does not mean the public will immediately buy it. In fact, as McCombs and Shaw (1972) discuss in their agenda setting research on political campaigns, the media do not have the power to control what people think, more likely only what they think about (Kiousis & Mitrook, 2006).

This concept of directing what individuals think about has to be considered with source-reporter relationships. Public relations practitioners have the ability to entice a journalist to listen to a story idea or pitch, but at a variety of levels the journalists and the media outlet have the opportunity to reject those pitches. In most cases, 86 percent of the time in Turk's research, pitches were rejected because they were not newsworthy, even more often than for space, resources or deadline restrictions (Turk, 1986).

While many news pitches are rejected by journalists, practitioners do have success in getting their message to the public through the news media. Some research shows that more than half of PR pitches are accepted. During in-depth interviews of journalists, research by Sallot and Johnson (2006) reveals that

journalists perceived 60-100 percent of news content in the U.S. is subsidized by public relations practitioners. The same authors in other research have put that percentage around 25 – 80 percent (Sallot & Johnson, 2005). Still others analyzing newspapers set the bar around 40-50 percent of news content is derived from public relations efforts (Curtin, 1999). No matter which figures reflect reality, it is easy to see that public relations has a major impact on news gathering and publication efforts.

In order to meet journalists' needs, public relations practitioners have developed a variety of tools of persuasion to inform, educate and enhance the newsworthiness of their pitches to meet the media's requirements. Some of these tools include news releases, tip sheets, press conferences, and developing personal contacts with reporters. But in the Internet age, some of those resources can be embedded in the news release with the use of social media tags, website addresses, video links and photos.

These additional interactive tools make it much easier to share information among consumers and journalists. The ability to add supplemental information to a news release expands the role of agenda building. Part of the agenda building concept is that the person with the story idea has influence over what stories may be covered. Research done by Len-Ríos, Hinnant, Park, Cameron, Frisby, et. al., (2009), suggests that in the Internet age, journalists say that they turn to each other most to build the media agenda. Their findings suggest that journalists, who discover a story in print, may give it more credibility because it was vetted by a colleague. The authors say that stories that make it to print are

more likely to get picked up by other news outlets. Stories may also be easily dispersed via social networking sites like Twitter. They argue the source of the original news story (before other outlets picked it up) holds significant power in setting the public agenda. They concluded that public relations practitioners who can tap into this idea of sharing news articles with journalists may have the voice of their organization amplified.

The agenda building theory is most appropriate to this research; because the research questions directly relate to the ways public relations practitioners use tools to enhance their ability to pitch newsworthy stories to health journalists and elevate themselves as a trusted source, and therefore build the media's agenda.

Source-Reporter Relationships

Much research has examined sources journalists trust and how practitioners can grow to become a journalist's trusted source. Fifty years of research and more than 150 studies have investigated the relationship between public relations practitioners as news sources and journalists as media gatekeepers (Cameron, Sallot, & Curtin, 1997). Surveys of public relations practitioners and journalists reveal that journalists question the motives behind the information they get from public relations practitioners, and practitioners dole out information based on the goals and strategy of their particular organization (Shin & Cameron, 2005). Clearly these two groups work together but come from two different perspectives that may create conflict. Nevertheless, it has been established that public relations practitioners are effective in getting their

message through to the media; but it is clear some journalists are not happy about it. In a variety of in-depth interviews, a few journalists expressed feelings of a “love-hate” relationship with public relations practitioners. Some journalists still use names like “flacks” and “gatekeepers” who are only interested in “getting ink or air time” and manipulating media for their company (Sallot & Johnson, 2006; Turk, 1986).

While there are clearly adversarial aspects of the source-reporter relationship they appear to be in the minority. There is research to suggest there has been a warming of feelings on both sides in recent years. Sallot and Johnson (2006) investigated the relationship between journalists and public relations practitioners over a 12-year period from 1991 to 2004. While they still found tension between the two groups, overall the relationships seemed to be less antagonistic than in earlier research on the topic. The research revealed that while journalists often question the motives of public relations practitioners as a group, they are more receptive of practitioners with whom they have close relationships (Sallot & Johnson, 2006). This suggests that getting to know journalists and relationship building can add to a news pitch’s credibility. Others found that building relationships helps, but certainly does not guarantee news coverage (Curtin, 1999; Qiu, 2006). But recent research by Qi Qiu that investigated how to increase the media coverage of health disparities found that the more that a journalist and public relations practitioner are in agreement on news values, agenda building is at its highest level. This means journalists are more likely to use the public relations practitioner’s information. (Qiu, 2006).

Also noteworthy in this same research is the idea that downsizing in the media industry might play a role in the acceptance of story pitches from public relations practitioners. Journalists viewed public relations more favorably when practitioners were able to get them greater access to information and executives that they do not have the time to chase down (Morton & Warren, 1992).

Curtin (1999) studied market-driven journalism and found that economics does play a role in journalists' use of public relations materials. For example, smaller news staffs with a larger news hole may be more likely to use public relations materials. Tanner's (2004) research of television health journalists' lack of resources also has an effect on what is broadcast. Tanner points out that in television the financial bottom line is more important than covering important news stories. Sometimes TV reporters cover what is easy over what is relevant. TV reporters look for stories that can be covered by deadline and with the sources that are provided, rather than report on news that might be more significant but more time consuming to cover.

The perceived point of view of the public relations practitioner also appears to affect whether journalists will use information from a source. In several research studies, journalists reveal they are less likely to accept materials from practitioners working for an agency or for-profit organization (Curtin, 1999; Len-Ríos, Hinnant & Park, 2009; Sallot & Johnson, 2005). Journalists see themselves as serving the public by being a watch dog for the public. This mission can lead to mistrust among those who work for a for-profit corporation or organization that is perceived to have a less altruistic purpose.

But practitioners coming from a public service organization such as government public information officers and non-profits enjoy a higher acceptance of information by journalists (Curtin, 1999; Len-Ríos, Hinnant & Park, 2009; Sallot & Johnson, 2005,). Some recent research has also suggested that the reputation of the health care organization can increase the credibility of a news pitch. If the organization is well-respected in the health care industry, the agenda building ability of the information distributed by that organization increases (Qiu, 2006). The size and the credibility of the health care organization play a role in how press releases are accepted by journalists. In this same research, Qiu found that large health care institutions or national groups were given more credibility than local patient advocacy groups (Qiu, 2006).

Acceptance of Health Care

Public relations practitioners in the health care industry have been in a relatively new position in the past several decades. As newspapers began to provide more specialized, niche coverage, including science and health, there was a need for more communication between reporters and medical experts (de Semir, 1996). Initially physicians took this upon themselves to manage relationships with reporters, but as more recent research has shown, advancements with the Internet, the public's thirst for health information and the lack of physician's time for this activity has increased the journalist's reliance on health care public relations practitioners (Ankney & Curtin, 2002; Arkin, 1990; Johnson & Shattuck, 1998).

One industry that seems to enjoy equal or even more journalistic acceptance than non-profits is health care. The major reasons identified for this acceptance are that reporters have little health knowledge and limited access to health-related information (Tanner, 2004). In addition, there is also a huge demand for health news, meaning there is a large health news hole to fill. The Pew Research Center for People and the Press shows that health news regularly ranks as one of the top six news topics of interest by news readers (Pew, 2008). One-fifth of Americans report they follow health news very closely (Pew, 2008).

Tanner's research of local television health reporters revealed the reporters had little or no formal education in the health or medical field, which may have increased their reliance on health sources to fill the daily news hole. Sixty percent of those surveyed reported they frequently must find a health expert to explain technical health information (Tanner, 2004). Other researchers have gathered similar findings with the reason that physicians, scientists, and researchers have the primary role of providing health information (Corbett & Mori, 1999; Logan, 1991). Lacking medical education and direct access to physicians as sources, reporters often need someone to translate medical terminology and define the information's significance. This gives public relations practitioners a significant amount of expert influence over journalists, because they have access to those with the medical knowledge the journalist is seeking (Ankney & Curtin, 2002; Cho, 2006). These examples make it easy to understand why researchers have found that 90 percent of medical news originates from public relations practitioners (Schwitzer, 1992). In Qiu's research on health care disparities,

some of the favorite sources for health journalists were government agencies, medical journals, physicians, clinicians, hospitals, medical associations, and even patients.(Qiu, 2006).

Tanner (2004) learned from her study of television health journalists that they have preferences of what makes health story newsworthy. On the top of the list was the ability to tell the story from an individual's perspective. In other words, providing the reporter with someone who underwent a medical procedure increased the possibility of coverage. Some journalists call this humanizing the story (Tanner, 2004). The second most important ingredient was having access to a video opportunity. Television reporters need visuals to tell their story, so having something they could show the viewer was important. Some of the other items cited as important for obtaining news coverage are (in order of importance); having a public relations practitioner personally contact the reporter with the story idea, having interview subjects that give good sound bites, and having interview subjects that can explain technical information easily (Tanner, 2004).

Video's Role in the Source-Reporter Relationship

Three billion. That is the number of videos per day that people watch on YouTube, according to a 2010 YouTube company fact sheet. YouTube also reports 48 hours of video content is uploaded every minute. Clearly there is an appetite for making and watching videos, and it has become part of the American culture. Video, as it relates to news gathering, was the novelty reserved for television; but that is no more. As cameras become smaller, of higher quality,

and video becomes easier to edit, more and more people and news outlets can offer video (Pavlik, 2000). In addition, video can now be more easily distributed for public relations efforts. It can be linked in emails and sent quickly around the world, without the use of high priced technology like satellites or the slower and even more costly distribution method- the mail (Croft, 2007).

Public relations practitioners began to capitalize on the power and the need for television stations to have visuals in the 1980s in the form of a video news release (VNR). In the early 80s, VNRs were a small industry but later in that decade millions of dollars were spent each year on production and distribution of VNRs (Green & Shapiro, 1987). Providing images that went along with a news story in a pre-packaged format was appealing to television stations whose newsrooms, even at that time, were reducing news gathering staff. In addition, satellite technology was making the distribution of VNRs quicker and more cost effective than mailing tapes inside press kits (Green & Shapiro, 1987).

Journalists have questioned the credibility of VNRs since they were developed. Concerns about credibility of the organization providing the footage, fact checking and audience disclosure were issues for journalists, government, and academic critics (Newell, Blevins & Bugeja, 2009; Nelson, Wood & Paek, 2009). After sifting through the VNRs that were newsworthy, those that grabbed the attention of the news staff, and were not just product endorsements, were most often related to health news. Some more credible medical groups capitalized on that concept. Hundreds of local news stations would often run VNRs provided by the Journal of the American Medical Association (JAMA)

about articles in their publication (Aumente, 1995). In addition to local stations' need for content, information and visuals for medical stories were hard for reporters to access (Corbet & Mori, 1999), making VNRs that much more appealing.

More recent research among television health reporters reveals the use of the VNR is not very important to determining whether or not they cover a story, but a survey with health care journalists revealed that the access to visuals is very important to them (Tanner, 2004). Sixty percent of the local TV health reporters interviewed in Tanner's research ranked video opportunities No. 2 on their list of reasons to cover a story. Clearly having visuals of medical stories goes a long way to receiving story coverage.

Just as the news release and the VNR along with their distribution have evolved over time, the audience for the news release has as well. Now that journalists and consumers are seeing releases, they are demanding more information than just a few paragraphs of text (Vorvoreanu, 2008). Some already argue that multi-media components must be a part of press releases--hyperlinks, social media tags, video, and photos (Croft, 2007).

Video has the power to portray a certain level of emotion that the printed word cannot. Research into the power of an emotional narrative motion media story on organ donation reported that viewers perceived organ donation more favorably when they felt more emotionally involved in the narrative (Morgan, 2009; Singhal & Rogers, 1999). This type of entertainment education helps "both entertain and educate in order to increase knowledge of an issue, create

favorable attitudes, and change overt behavior,” (Singhal & Rogers, 1999, p. 10). Other research goes even further, suggesting that when a motion media story is viewed the importance of the source diminishes as long as the story is produced well and is believable (Lee, Park, Cameron, 2010).

But there is also a concern of having too much information. With shrinking staffs and tighter deadlines, one more link, another video or in the case of one city editor, “mountains of materials,” get thrown in the trash or just goes unwatched (Curtin, 1999). Curtin’s research in this area supports the idea that providing too much information may come across to a journalist as a public relations person who is trying to control a message and push the journalist in a particular direction. The same editor who tossed the “mountains of materials” in the trash, praised a source that always presented ideas about the story and let the reporter determine the angle instead of trying to pitch a specific twist. The thought of relinquishing the persuasive power to this editor was appealing.

Summary

This review has found much has been studied on the relationship between public relations practitioners and the media. A variety of topics have been reviewed, ranging from the tools used to pitch stories to the occasionally tense relationship between journalists and practitioners. These two groups of professionals can often be at odds over the importance of a potential story. There is also work that has asked health reporters to share their needs for health news stories. In addition, there is a rich field of study on the VNR and its use and misuse among news outlets. Also, public relations practitioners play an

important gate-keeping role in providing journalists' access to physicians and patients they would otherwise have great difficulty locating. All of these are important developments that have been used to help public relations professionals and journalists navigate the sometimes treacherous source-reporter relationship.

Clearly public relations practitioners representing organizations in the medical industry enjoy a high level of credibility with reporters. This is often because journalists must rely on practitioners to give them access to health news sources such as physicians and patients (Tanner, 2004). Somewhat surprisingly they also have a high level of credibility with the general public when it comes to being a source for health-related information. Health care public relations practitioners were ranked as the third most credible source for health information, with only physicians and scientists ranked above them (Avery, 2010).

This idea of physician credibility brings up an interesting idea for public relations professionals. While physicians are the most credible source for health information for the public, does the same concept hold true for journalists? Could information provided directly from a physician be used to even enhance the credibility of a health-related public relations pitch to a journalist? Could seeing and hearing the central interview subject of a story be persuasive in that the individual is attractive, speaks clearly, and can break down complex health information in an understandable manner?

It is also possible the complete opposite could be true. Could journalists see a news release with multiple links and a video as too many materials and be

turned off by a public relations practitioner pushing an agenda? In the short time that a journalist has to evaluate a pitch, would these additions just go unnoticed?

Using a qualitative research method to answer these questions this research will reveal the pros and cons of adding additional elements to a news release and which elements are most effective. Much can be learned about journalists regarding physicians as sources and the level of their credibility in providing health information as well as physicians' presentation (appearance and delivery) of that information.

Based on a review of the literature, the following research questions are presented:

RQ1 - What reasons would influence a reporter to use video from a PR source rather than get the video themselves?

RQ2 - What effect do video links, links to other sites, and other supplemental materials added to a news release impact the credibility of that release?

Does the credibility of the sources referenced in these supplemental materials play a role in the perceived credibility of the news story? How and why?

RQ3 - What sources do journalists perceive as the most important in health news stories? Why?

RQ4 - Do medical journalists want a PR person to put them in touch with a physician as part of the pitch? When is it important and when is it not? Why?

These research questions will be answered through in-depth interviews of journalists in hopes of learning more about their specific ideas on the importance of video and credibility of physicians in those videos.

Chapter 3 Methodology

According to Stacks (2002), in-depth interviews are best for answering questions of definition, value, and policy. Also this method is best when the researcher has identified people whose knowledge or experience in an event will shed significant light on the specific research topic (Stacks, 2002). Researching about experiences and judgments made in the work place is not best suited for laboratory analysis. Instead face-to-face interviews and discussion are necessary to achieve authenticity when researching decision- making concepts. One-on-one interviews will allow respondents to reflect on their own experiences, yielding rich, contextual information to help answer the “why factor” in the research question (Pompper & Adams, 2006).

In-depth interviews are best conducted face-to-face, but when in-person communication is not possible, interviews over the phone are appropriate (Creswell, 2009). In-depth interviews generally use smaller samples, provide detailed information and background about respondents’ answers. They are also customized to individual respondents, meaning researchers are permitted to form new questions based on the respondent’s answers (Creswell, 2009; Wimmer & Dominick, 2000).

Overall, the in-depth interview method will provide an opportunity to ask open-ended questions and the flexibility to learn not only what journalists believe about video news pitches, but why.

There are also some disadvantages to this research approach. Forming generalizations about the target group being interviewed can be difficult, because such a small sample is being interviewed. Because the researcher has the opportunity to formulate interviews differently and ask individual respondents different questions, coming up with a general consensus from these interviews can be a challenge (Wimmer & Dominick, 2000). It is possible for the researcher to inadvertently show a bias for the topic or a particular question and the researcher is dependent on the honesty and the ability of the respondent to represent their views accurately and articulately (Creswell, 2009). While these may seem like major downfalls of intensive and in-depth interview research, understanding these barriers allows the researcher to be aware of these pitfalls and account for them appropriately.

Sample

A total of 15 in-depth interviews with journalists who do health care stories were conducted between August and October 2011. Seven of the fifteen respondents are currently working in the Orlando, Fla., area where the researcher is located. This was to ensure that as many in-person interviews were included as possible. Each interview took approximately 45 minutes to one hour with the researcher taking notes during each of the interviews. The majority of the interviews were recorded so that the researcher could proof handwritten notes for accuracy and supplement them with the recordings.

Job titles in the field of journalism vary greatly from media outlet to media outlet and within different platforms on which news is distributed. Some

journalists who make coverage decisions may be called editors or producers and others may hold the title of reporter. For this research, the terms health care journalists will be used to describe all of the individuals interviewed. Because of the lack of reporters that cover health care exclusively, the research sample was expanded to include health editors, reporters and producers. Through further investigation and identifying potential interview subjects for this research, it was discovered that not just reporters are making decisions about what health news is covered in the media. Depending on the journalists medium, editors or special projects producers are making decisions about health story coverage. In the television industry, many special projects producers are doing the news gathering for health stories (pitching, interviews and writing) while the reporter or the anchor simply reads the copy that has been written for them by the producer. These special projects producers are certainly journalists although relatively hidden from the public eye.

In order to verify that potential interview participants were appropriate to provide valid answers to the questions in this research, journalists were asked if they had the authority to make decisions on what qualifies as health news within their organization. If the answer was, “yes,” then the interview was scheduled to proceed. If the answer was “no”, that individual was eliminated from this research.

The Orlando media market has a few television health journalists and several print health reporters. Those journalists were contacted to be a part of the research project. Also located in Orlando is a company named Ivanhoe

Broadcast News. This is a company that employs reporters and producers to do medical and health television news stories. Those stories are then provided to television stations which contract with Ivanhoe Broadcast News in 250 media markets around the country. Because of the company's vast connections with health producers and reporters within Ivanhoe's television clients, they were a valuable source of interview subjects the United States. One interview with an Ivanhoe producer led to another special projects interview subject, who in turn led to another appropriate journalist to interview. This snowball sampling, the practice of asking one interview subject to refer another potential interview subject, was the most accurate way to obtain appropriate and informed journalists for this research (McCracken, 1988, Patton, 1990). This allowed for the expansion of the study outside of the researcher's personal contact list and outside the state of Florida.

The most successful source of interview subjects came from the interviewees themselves. At the end of each in-depth interview, each respondent was asked if there was someone they would recommend to be interviewed for this research. Nearly all of them were very willing to provide suggestions, contact information and even make inquiries on the researcher's behalf. Ultimately, the interviewed journalists' suggestions of other potential interview subjects led to multiple interviews with journalists in Orlando, Miami, Houston, San Antonio and Detroit.

To help ensure that the results of the research were categorized in a meaningful way, respondents in markets similar in size to Orlando, ranked 19th

in the United States, were contacted. With the approach of snowball sampling, 15 respondents were fairly easily located for the in-depth interviews necessary for this research.

Interview Procedures

Effort was made to create similar conditions for each interview subject no matter if they were interviewed over the phone or in person. The interview was conducted with the same list of questions. The entire list of questions can be viewed in Appendix B. The questions began with some basic information about the journalist's use of press releases and credible sources, then gradually escalated to more specific inquiries regarding the mock news release and the physician video that was a link in the news release.

The interview began with basic questions about the reporter-source relationship. The goal was to establish a general idea of what the journalist feels about health news sources. Some of the questions included the topics of defining who journalists consider as appropriate sources for health stories, the role of public relations practitioners play in the journalist's news gathering process, and the general credibility of physicians in health news. A complete list of the questions can be viewed in Appendix B.

Next, in order to provide an example of what a video supplement might look like, a news release was created to help interview subjects visualize the concept. A mock news release was created that focused on a particular aspect of the health care industry that would likely be newsworthy in most markets of the U.S. The release featured what is commonly called a 4-way kidney transplant.

The release explained the process that 8 people across the U.S. will be part of the kidney transplantation process. There are 4 donors and 4 recipients and each of the donors and recipients are paired up. In this type of “transplant swap” donors are willing to give a kidney to a loved one or friend that is in need, but biologically they are not a match. This pair goes into a national database that tries to find other pairs in similar situations. It then tries to match willing donors with others in the system creating a chain of individuals who want to donate to those that are a biological match. This is certainly a complicated story to visualize if the reader has had no previous exposure to a paired donation situation.

During each of the interviews, the respondents were asked to imagine that the mock news release was sent from a local hospital in their community. Since local news organizations consider local stories the most newsworthy, they rely on getting news stories from their geographic coverage area. Therefore, it is important that the news release created as a part of this project portrayed the story as appropriate for a news coverage area where the journalist is working.

The paired donation kidney transplant news release was shown to journalists to get their input on the release’s particular news value. That information served as the baseline for this research. Next, the interview subject was asked to click on a link to watch a brief video that featured a physician that would have performed several of the surgeries explaining how paired donation works. After the journalists viewed the release and the video, more information was gathered about the impact of the news value of the story. Questions were

asked about the impact of the video and if featuring a physician in the story enhanced the credibility of the story the public relations practitioner is pitching for coverage. Further discussions about the credibility of physicians for journalists were asked at this point.

Operational Questions

Journalists were asked general questions about how they value and quantify health news sources, and what role public relations practitioners should play in their news gathering. Then the researcher moved on to questions about the initial news release without any video attached. Was the story newsworthy? Are quotes of any value in the news release? Are press releases important to journalists in making a coverage decision? A more comprehensive list of these questions can be found in Appendix B.

After the journalist's feedback on the initial release was recorded, the video of the physician speaking about the 4-way kidney transplant was viewed. The questions included the topics on the video link and whether it enhanced the news pitch, the credibility of a physician talking about the news story in the video link, and the helpfulness of video links in news releases in general. The complete list of questions can be found in Appendix B.

Chapter 4 Findings

This section describes the research findings and is organized by the four main research questions. After a review of the in-depth interview responses it made sense to separate the findings by print/online journalists (n = 7) and broadcast journalists (n = 8).

Changing Attitudes towards Public Relations Video

RQ1 was designed to understand how important video is to health care journalists and to what extent they would be willing to modify some of their journalistic standards to use it. This could be an indicator of how much a journalist would be interested in a video as part of a news pitch, the overall topic of this research. One might expect that journalists, especially in the electronic media, would be uncomfortable about using video handed out by a public relations source. In fact several of the television journalists invited to participate in this research seemed uneasy about participating if questions were going to be exclusively about their use of VNRs. Before understanding the true nature of this research, several of the television journalists quickly shared that their news organization did not accept VNRs. Once the researcher explained that this research was about using video to pitch a story to a journalist and that VNRs were not the main focus of the research, all were willing to participate. Based on this reaction and the limited acceptance of VNRs among journalists, there is sensitivity to this topic. Previous research has shown that journalists have questioned the credibility of VNRs, especially the credibility of the organization

providing the footage, fact checking and audience disclosure (Newell, Blevins & Bugeja, 2009; Nelson, Wood & Paek, 2009). While none of the television interview subjects in this research said they would take a traditional, scripted VNR and put it on the air, many of them are willing to accept video in some format and run it within certain limitations. In fact, some of the television journalists say with today's news pitch, they expect to be handed video. While all of the television journalists agreed that they prefer to shoot their own video when then can, shrinking staffs in newsrooms have forced them to accept more video, especially when covering health news. They are most likely to accept video that they would not be allowed access to shoot on their own. Video of surgery was the most often cited example of video that television journalists would not hesitate to accept. But there was one special projects producer in a large TV market that said with a bit of dismay that her station management would allow no acceptance of public relations video under any circumstances. She said it is difficult for her to even accept health stories from the health reporter from an affiliated station in another large TV market.

“We take no hand out video at all. If we did it has to go through several levels of management. This is a station-specific policy. Our sister station in (a major US market); they use hand out video all the time. That is one of the challenges. They send us all these great stories and I can't use all the stuff she is using because it is coming from a hospital that has given it to her.”(Special Projects Producer in Texas)

But among all the other TV journalists interviewed, refusing to accept PR video was not the norm.

Television's print/online colleagues in some cases were surprisingly willing to take video handouts and place them on their website. The editor of the website of a large daily newspaper is happy to accept video from public relations sources and put it on the website as long as the source is identified or labeled.

“As long as it is labeled, I never understood why there was a problem to let me use it. VNRs are a problem, when it is packaged. I am not comfortable with that. The reality is that we believed our photographers were better than (PR photographers). I am not sure how much of that is ego. I think it is about ego. I like it when (PR) sends what I can cut like they do for TV.” (Online editor of daily newspaper in Florida)

Some print journalists took a more traditional response and wanted nothing to do with video; while others, especially those who provide online only content, would definitely consider posting a PR-provided video next to its companion story they had reported on. One large market magazine editor in Florida said he is trying to break into providing video for his online content and would certainly welcome a PR-provided video to test the waters.

Overall, both print and television journalists had several criteria for accepting video: 1) PR video is more appealing if the journalist cannot possibly access the video themselves, 2) The source of the video should be clearly identified to the viewer, and 3) the journalist must trust the source of the video. That final condition was very important for nearly every journalist. All agreed trusted health sources, such as a hospital or research university with which the journalist had a favorable relationship, would get more preferential treatment when deciding to use PR video. There will be more discussion about the health journalists' trust in a PR sources in later research questions.

Use of Links in Press Releases

RQ2 can be best analyzed if it is broken up into two parts. Part one being the responses to the video that was used in conjunction with the mock news release the interview subjects reviewed. This was the video that featured a physician talking in his own words about the 4-way kidney transplant that the news release described. This would also include the perceived credibility of the video towards this news pitch. The second part of the question focuses on the use and credibility of other links in general that are used in news releases.

Journalists' reaction to mock video.

Again, analyzing the reactions of health journalists to the mock news release and video, it is helpful to talk about print and television mediums separately as their comments generally group together in similar ways.

Working in a visual medium, television journalists think about video all the time. Video can be a hindrance if journalists are trying to tell a story with few visuals, but get the right video, and words can become unnecessary. Television journalists said again and again, getting the right person on camera can make all the difference to their story. That is the reason many of them watched the mock video of the physician talking about the 4-way kidney transplant, not only for content, but for presentation. Television journalists liked the idea of knowing that the physician they would interview, if they covered the story, would be well-spoken, compassionate, and be able to communicate complex medical concepts in a simple way they and their viewers could understand. Some of the television journalists related these good communication skills to the physician's credibility

on the topic. After watching the video, one major market producer described it as helpful to know what kind of a story she would get before sending a crew.

“It is not going to be a waste of our time to go. He is good. He is clear and understandable. I think it adds credibility to the whole thing,” said one special projects producer in Florida.

“Having the doctor (on video) gives me a better idea of what the story might be if we decide to do it,” said a medical producer in Michigan.

While there were some television journalists that found the story pitch more credible because of the physician in it. Others thought their viewers would find the physician to be a more credible doctor because of his good communication skills. While most of the television journalists acknowledged that the doctor’s credibility was more than just his communication skills, several pointed out that in their medium, having a very credible physician with an impressive CV did not mean much if he could not communicate to the viewer in a simple way. In fact, one remembered using a physician in a story who was highly regarded in his field but was a poor communicator on television. The producer reflected that she would not use him for a story again.

While the physician in the video did add some credibility to the pitch for some journalists, most were quick to point out that the video did not make or break the story for them. Several said they would not need the physician video to add credibility to the story, they would have likely trusted the hospital news release on its own with no video link.

“(The video) makes a stronger story to pitch, not more credible. If we have a relationship I would trust what you send,” said a television reporter in Florida.

Some of the television journalists did get a few ideas from the video that they would incorporate into their version of this story. One producer said she would use the wipe board visual aid the physician used in the video and make a graphic out of it. Another television reporter said she would take the video link and bring it to her morning meeting with her managers and use it as a visual aid to pitch the story to them.

“I had no idea how complicated this was. The video helped me understand that. I love the video idea and I have never really seen that done before. It is something that can be seen right in the meeting. It is better when it is explained by a doctor instead of me.”
(Television Reporter in Florida)

One of the first journalists to be interviewed for this research suggested having the patient featured in the video either in addition to or instead of the doctor would be preferred. She shared that if she had a relationship with a hospital pitching this particular story that she would expect the physician to be well spoken and credible. It was the patients she wanted to know more about. Since this interview was conducted very early on in the process, the standard questions were expanded by the researcher to include an option about featuring a patient in the video; and several others agreed they would have liked to learn more about how the patients were impacted in this story.

The print/online journalists had some different reactions to the video. They really were not at all concerned with the physician’s communication skills or

ability to speak to their reader. As a group, they felt the video only marginally increased the credibility of the news pitch and were even more willing to trust the PR source that sent out the news release and that the claims made in the release were accurate. A couple of the online journalists were intrigued by the possibilities of posting the video to their site as a supplement to a news story they would cover. Although the intention of this video was never to use it other than for background information by a news outlet, one of the online journalists seemed to see a potential for more.

“The way the doctor drew it out, that is the kind of thing that you can’t easily explain in words. It (the video) enhances the credibility of the pitch and it explains something better than I could in the story. This video has value solely as information for the journalist but also to link to on our site.” (Online Medical Reporter in Florida)

One monthly medical publication reporter who has no video holdings on her publication’s website, also found a use for the video. Initially she felt the video had little value and was a waste of her time, but upon contemplating the concept through the remainder of the interview, she decided that on tight deadline, she would be willing to take the information provided in the release, take a quote from the doctor in the video and write a story with only the materials provided. She added that would not be the ideal situation, but under deadline pressure and in need of a story, the video did have some merit.

Journalists’ approval of links.

All of the 15 journalists interviewed for this research found some value in a link in a press release. They liked to be linked to a variety of sources and information especially data that could corroborate the story being pitched. One

daily newspaper online editor remarked, “My life is hyperlinked.” Many liked the concept of a video link, a link to a medical society or research web site and even other news stories. But of all the different links that could be added to a news release the most controversial one was linking to other news stories. Some journalists felt the practice of linking to another news story was a signal that the story had already been done by other journalists and was therefore old and no longer timely. There seemed to be no consensus within print/online and television media about whether linking to another reporter’s story was a good idea. For some, linking to other journalists’ work was perfectly fine. One monthly magazine editor appreciated them saying, “Linking to other journalists is OK. I’m not in hard news. It doesn’t matter if I am not first.”

But other journalists were very uneasy with the practice. Television journalists expressed a need to be first. Several said they would consider watching links of TV stories outside of their own local market, but others found even that unacceptable and a complete turn off to doing a story.

In general all of the journalists said the most helpful links are from an outside third party. They like to get data and information from sources not related to the organization that is sending out the press release. Journalists cited several different sources that would be preferred links for this type of endorsement. If the story was involving a research study, many wanted to see the study for themselves. Others wanted to corroborate data and be linked to additional data. Some journalists felt linking to a respected medical society that corroborated or provided additional information than what was provided in the

news release would be helpful. This form of an external endorsement is viewed by these journalists as helping them do their research. It is allowing them to validate the story that the organization writing the press release is pitching. Although the journalists most often called third-party links “helpful,” it seems to be a way to garner credibility for the news pitch. This third-party endorsement idea led one journalist to discredit the mock news release video presented in this research.

“The video link does not enhance the credibility of the story because it is the same information coming from the same place. I think links are generally helpful if they lead me to research. Maybe a study or other published documents that I can’t access because of a paywall. That is very helpful.” (multi-media health reporter, Florida)

Another journalist who liked the mock news release video and other third-party links was interested in giving the links to viewers.

“If a link provides support information and takes you a step beyond the news release or is us to bolster a claim in the news release, that is helpful. We also like links that we can share with viewers that gives them information they can take action with. More PR people need to think like this.” (special projects producer, Florida)

On the topic of Web links, the entire group of journalists agreed on one thing--they will only click on a link if the news release is of interest to them.

Every journalist offered a caveat to their interest in links in that the news release had to appeal to them before they would even consider clicking on anything.

One of the television producers summed up the sentiment of many of the journalists by saying,

“The headline is vital. It is the most important thing. It must get my interest right away. If it doesn’t I won’t click on a link,” said an exec. producer of syndicated medical news stories.

Preferred Health News Sources

RQ3 goes to the heart of who journalists want to talk to when covering health news. Some of the journalists consider a variety of sources when covering health news, but for the majority of these 15 journalists, the most important people they want in a health story are a doctor and a patient. The television journalists seem to have the most simplistic needs when it comes to sources. They like to receive a pitch from a trusted health PR source that will provide them a physician and a patient. Many of them cited the need for a physician in the story, because it adds credibility to the information they are providing. Some of the journalists do not believe their viewers will take the story seriously if there is no physician in a white coat with a stethoscope talking about the topic being featured. When television health journalists were asked how often they include a physician in a health story, they reported between 70 -100 percent of the time.

For television and even a couple of the online/print journalists, a physician’s credibility is linked to how well he/she communicated on camera.

“Sure, some of it is how well spoken they are. Can they speak in sound bites and break down complex medical themes,” said a special projects producer in Texas.

“Some are better at speaking on TV and it gives the perception of credibility,” remarked a senior medical producer in Michigan.

“It is how they come across on TV. As long as the doctor can explain the procedure he or she is good,” said a special projects producer in Texas .

The print/online journalists do use physicians in their reporting quite heavily, but slightly less than their television counterparts. Print/online journalists reported using physicians in health stories 50-80 percent of the time. They also seemed to be more willing to consider other health professionals as potential valid health news sources.

“I have had good experience with care coordinators and social workers. I have not interacted with nurses much because doctors seem to get pushed to the front of the line. I find physicians’ assistants are very helpful and physical therapists too.” (Online editor, daily newspaper in Florida)

“It is really a case by case basis. If someone is doing research they are still engaged in learning, I give that more weight than someone who doesn’t do research. Because I do many public policy stories I interview public health workers and epidemiologists quite a bit.” (Multi-media online health reporter in Florida)

The print/online journalists also seem to do more research before interviewing a news source. Many reported looking at a physician’s CV before setting up an interview or vetting him/her online at minimum before an interview. But in addition to the research, for some it is simply a question of bedside manner.

“In person, credibility comes from if they make sure I understand what they are explaining. Similar to the patient care experience. Bed-side manner plays a role in credibility in the moment and in repeat interviews.” (Online editor, daily newspaper in Florida)

Television journalists report they do some research on health sources, but not much. They rely heavily on public relations professionals to provide credible sources for them to interview.

Role of Public Relations In Providing Medical Sources

RQ4 looks at the role of public relations in providing access to medical sources. While many of the journalists reported they didn't use press releases to generate most of their news stories, when it comes to health news some were a little more willing to take suggestions or develop ideas from a press release.

"I would say we get more health stories from releases than other beats," said a Special Projects Producer in Texas. The television journalists are more likely to take a press release and make it into a story rather than the print/online journalists. But no matter where the story idea is coming from, both print/online and television journalists need public relations practitioners to help connect them with physicians and patients. The research question directly asks about public relations professionals providing access to physicians, and it is one of the main ways public relations practitioners build relationships with journalists. Providing the journalist with access to a physician they need to interview can create a solid working relationship between journalists and public relations practitioners. But through the in-depth interviews in this research, journalists need someone to make a connection for them, not to a physician, instead to a patient. Several journalists cited the Health Insurance Portability and Accountability Act, HIPAA, as making it very difficult for them to find patients to interview. Journalists need a health care public relations practitioner that is willing to intervene on behalf of the

journalist to find a patient that is affected by the topic of the story and is willing to waive HIPAA regulations to talk to the journalist. Finding the appropriate patient for a journalist's story is seen as one of the largest relationship building factors between journalists and public relations practitioners.

"I like when PR people facilitate finding sources, especially when HIPAA is involved. They can be really helpful in finding people and locating data. Someone with institutional knowledge can be really helpful." (Multi-media health reporter in Florida)

"Getting a patient is a really big favor and it is difficult for reporters to get that sometimes," said an online health reporter in Florida.

Television journalists also see the ability to report that patient's point of view essential to creating a good health news story. But some television journalists are not as grateful for a patient story as their print/online counterparts. Television journalists seem to have an expectation of being provided a patient in order for them to consider doing the story. Many praised the mock news release they reviewed regarding the 4-way kidney transplant and how the human element to the pitch really made the story come alive for them. Some complained that most news releases skip over the personal patient story and for them that is the most important part.

"Anytime you can put a patient in a news story it is a win. We trust that the physician is going to be credible based on the release, but it is the patient story is the wildcard. Telling me something about the patient who I will interview is important." (special projects producer, Florida)

The 15 health journalists interviewed, were all asked about the need of quotes provided in a press release. This was a way to establish a need for actual access to the physician for an interview or if journalists would simply lift

the quotes from the release. For the most part the majority of the journalists said quotes from physicians were relatively unnecessary in a press release. If they trusted the source of the press release, a physician quote was unnecessary to validate the medical information contained in the release. Only a small number of journalists agreed that in a deadline situation would they actually take a quote from a release and use it in a story instead of conducting an interview themselves. To most of these journalists, the fact that they won't use direct quotes from a physician copied from a press release in their news story makes physician quotes in press releases irrelevant. But similar to the findings of the mock video link, several journalists found that it might be more compelling to see a quote from one of the patients affected by the topic of the story in addition to or instead of the physician quote.

Overall, the journalists want trusting relationships with public relations practitioners. They cited accuracy in press releases, providing access to physicians and patients and having a public relations practitioner who is willing to provide exclusive or off-the-record information that is not given to other journalists as ways to build strong working bonds.

“PR people need relationships with journalists. If I think a PR person is spinning they are less credible. If the PR person talks off-the-record, it gives credibility and builds trust.” (online health reporter, Florida)

One monthly magazine editor in Florida said effective public relations practitioners are invaluable, “PR people can provide direction and context. They

are like the translation station so I don't waste everyone's time understanding the basics."

It was clear that among all the journalists, press releases were still a valid way they get information for news stories. Several of the journalists reported in the general questions section of the interview that they don't really like to use press releases to generate news stories.

After reading the mock news release on the 4-way kidney transplant, all but one of the journalists said they would cover this story if it occurred in their local market. One journalist had done a two part series on this exact topic when it occurred in their community.

Some of the print journalists did have reservations that because this story was in a news release format they assumed it would have a wide distribution to many media outlets so they would not be the only journalist covering this story. Some of them would have preferred to have a minimum advance notice of the story or some degree of exclusivity on the story.

"When I was a reporter, I seldom got my best news stories from releases. I would expect a phone call from the public relations person if it was related to my beat. But now as an editor, I need releases to generate stories. A release can result in a story."
(online editor, daily newspaper, Florida)

Most journalists agreed even if they were not allowed additional access exclusively they would still cover the story.

Chapter 5 Discussion

The findings from the in-depth interviews of these 15 journalists support previous research showing that public relations practitioners do have agenda building influence with the media. The public relations practitioners have the ability to structure and suggest the stories the media covers through news releases. It seems clear that in some instances, public relations practitioners can increase the credibility of their news releases by providing links to third party resources that corroborate the information in the release. This research also made clear that all public relations practitioners are not valued equally. Journalists seem to have greater respect for health care public relations practitioners and are more willing to accept and use their public relations materials than from other public relations sources in other industries. Journalists seem to have more acceptance of health care public relations materials because they are less informed about health care in general and rely on physicians and other medical sources to educate them. Health care public relations practitioners appear to have more acceptance because they are essential in helping journalists obtain access to physicians and patients for their health news stories. The acceptance of health care public relations practitioners and materials increases if a positive relationship exists between the journalist and the public relations practitioner. A lack of resources in the newsroom also increases the probability that health public relations materials will be viewed as newsworthy and worth using.

While all of these observations are not drastically different from what has been observed and discovered in previous research, the most interesting results of this research, and ultimately its focus, is how the power of a variety of links embedded in a news release can increase the power of the agenda-building role of the health care public relations practitioner. Each one of the concepts focused on in this research; the use of links to increase a health news story's credibility, the acceptance of public relations materials, journalists' credible health care sources and the increased agenda-building power of health public relations practitioners will each be discussed individually in this section.

Use Links to Increase a Health News Story's Credibility

The mock video linked in the press release that the journalists reviewed in this research showed that a video link can be helpful in pitching a news story. Most journalists liked the video and found it helpful in providing them additional information that was not in the release and might have been difficult to explain with just written words. The television journalists watched the video for content and observed the physician's communication skills and what information journalists might get if they chose to cover the story. Some took visual aid ideas from the video that they would incorporate into a story. The print/online reporters had an interest in linking the video to a story they would write while another considered using a quote from the physician in the video.

While most of the feedback on the video was positive, there were criticisms of the layout of the video and the absence of patients in the story. The majority of the negative feedback concerned the lack of patients. Journalists

thought it would be beneficial for them to be able to learn more about the individuals featured in the news release.

One piece of information regarding the video that this research did not investigate was whether journalists would have actually clicked on the video on their own. The indication from many was that if they liked the news release and if it sparked interest in the story, they would be likely to click on a video link to learn more. But during this research the journalists were asked to read the news release and click on the video link, so it cannot be determined if they would have done that on their own or not.

Ultimately, the video link was viewed by the journalists as supplementary information. Most were already interested in doing the story after reading the news release, so the information that was gained by watching the video only added to their interest in the subject. No one commented that they thought less of the news story after watching the video. In this case the video link seemed to only add interest to a story journalists were already intrigued about. Providing the video was helpful, but not essential in this particular news pitch.

Journalists were asked specifically about video and its impact on the credibility of the news story. Although several were hesitant about making the statement that the video made the story credible, most did agree that on some level having the physician speak positively about the topic did increase their level of trust in the story. The lack of an overwhelming response on the credibility issue could mean two things; 1) the journalists only felt that the physician video only slightly added to the credibility of the release or 2) the journalists were not

accustomed to analyzing their feelings of credibility that closely. After listening to each of these journalists' responses to the answers and the way in which they responded; it seems both possibilities are valid.

The journalists' actual responses regarding the physician in the video lending his credibility to the story were moderate. None of the journalists felt the video made an enormous difference in the credibility of the story. Many responded that they would have just trusted the public relations practitioner that sent out the news release. Certainly these responses reflect how these individuals perceived the situation. They also speak to how much trust journalists have in health care public relations practitioners.

After viewing the video and being asked the question, "Does the physician explaining the story in his own words impact the credibility of the news pitch," many journalists seemed to be caught off guard. Several times the researcher explained the question in more detail by asking, "Does the fact that the physician is endorsing the story and not just a PR person make it more credible?" That rephrasing and added explanation were generally enough for the journalists to offer an educated response.

It should also be noted that this question certainly required a deeper level of analysis than many of the previous questions during the interview. It is also likely that these journalists do not regularly analyze why they believe a source is credible. In the course of their work, journalists must certainly decide if an individual is credible or not. But generally the focus of that analysis is not as introspective to ask why I believe this individual to be credible or not. These

questions of credibility regarding the physician in the video go to an even deeper layer of complexity by asking a journalist to analyze why and individual is credible and then to determine if that individual's credibility can be transferred to an inanimate object like a news release.

Because of the ongoing thought process that needs to occur to completely analyze this type of complex question, more thought on the part of the journalists might be required on this topic. It may be premature to draw the conclusion that having a physician featured in a video marginally increases the credibility of the news pitch, but based on the responses and analysis in this research that conclusion seems to be accurate.

Regarding links in press releases in general, journalists were asked a few questions about their opinions of these; and some interesting responses were noted. The most unanimous finding among the journalists regarding links in news releases is that in general they liked them, but only if they were already interested in the news release. Every journalist agreed that if the news release did not catch their attention or if they did not deem it newsworthy it would simply be deleted from their email inbox, and no links would be clicked or viewed.

The methods of this research assumed that the news release was of interest, and therefore most of the journalists responded that links were of interest. When asked about links in general, they also liked them in a general sense. Several had specific ideas of what they liked to be linked to. Some of the most interesting comments referred to using links from a third party source. One even commented that the mock video that was presented was not as credible of

a link, because it didn't originate from a third party source and originated from the same organization that created the press release. The journalists who liked the third-party source links liked receiving information that enhanced or corroborated the information contained in the press release.

Most of the journalists interviewed were interested in information from research, medical societies and associations and data. After watching the mock video shown in this research, video became a popular response to the question, "What do you like to be linked to?"

Looking at these responses about third-party links leaves some interesting opportunities regarding agenda building for the public relations practitioner to consider. Knowing that some journalists will research information supplied in a press release with third-party links, practitioners have the opportunity to shape and guide the journalist's research. When a public relations practitioner thinks like a journalist, providing links to substantiate the claims made in the release leads the journalists on a tour of information the practitioner wants them to see. Certainly at any time a journalist can ignore the links provided and conduct their own independent research on the press release topic. But with information given by journalists of fewer resources and less time to look for stories and validate them, many journalists would appreciate a trail of links to independent sources that could substantiate information in the press release. These links, even in a more powerful way than potential the news release itself, can assist in validating the claims in the press release. More interesting research is possible in this area

to directly look at third party links and their influence on the health care press release.

Acceptance of Health Public Relations Materials

In the news industry, video is in demand. And while many of the journalists interviewed say they do not like to do stories from press releases and their first choice is not to accept video from a public relations source, many of them do. As a group, the television journalists interviewed were more likely to consider getting a story idea from a press release and consider accepting public relations video to enhance that story. In addition, there is increased pressure from the print and online journalists to supply video to readers.. The consumer is demanding video when getting their news online, and print publications are under pressure to provide video alongside their stories. While there is some hesitation for the acceptance of public relations video, those in the trenches know that accepting these public relations materials makes their job easier and in some cases enhances the story they create. But, just because PR practitioners provide video does not mean it will be used. Journalists will not accept just any video. There are certain guidelines before they will use video from a public relations source: 1) the video must be labeled to identify the source who provided it, 2) the journalists prefer to have a solid relationship with the source, and 3) the video is only available through the provider and the media has no access to shoot its own video.

Among the journalists the term video news release (VNR) is still taboo. All frowned on accepting a scripted, pre-packaged news story, but most were willing

to take video and sound bites that they could re-edit themselves as long as it met their criteria.

Journalists seem to be more accepting of health materials in general than public relations materials from other industries. If a press release or material is in any way perceived to be selling a product it is likely to be dismissed.

Limited staffing in newsrooms both in television and in print/online seemed to be a reoccurring reason to accept public relations materials from a trusted health source. Several of the journalists mentioned if there was a news hole to fill and a tight deadline looming, public relations materials could be repurposed into a news story. This concept supports previous researcher's findings that economics and lack of resources does play a role in what is covered as news (Curtin 1999, Tanner 2004).

Overall this increased willingness of a journalist to accept public relations materials from a health care source increases the agenda-building power of the public relations practitioner.

Credible Health Care Sources

Journalists have very specific roles they assign to the sources in their health care news stories. This research specifically focused on the role that public relations practitioners, physicians and patients play in the majority of health news stories covered by these journalists.

For most journalists the public relations practitioner should play a behind-the-scenes role in relation to the final news story. Journalists see the public relations practitioner's role as pitching relevant health news stories and assisting

them with access to patients and physicians. These are the backstage roles the journalists prefer that the public relations practitioners play. They are not interested in interviewing the public relations practitioner for any medical content other than just background information on the topic and insight to the individuals they will ultimately interview for the story.

Journalists are relying more heavily on PR practitioners for information and also for actual elements that might appear in the story, such as photos and video. This is especially true for television journalists who now expect some type of visual hand-out from a public relations practitioner.

While the public relations practitioner has a behind-the-scenes role in the news story, the physician's role is critical. Journalists use physicians in health care stories to add credibility to the health information they supply in the story. The physician provides access to the health care information the journalist needs in their story. Physicians are also used to corroborate or debunk the health information the journalist is explaining.

The physician is the most often cited health care professional in health news stories, as reported by the journalists. The journalists interviewed in this research noted they used physicians in news stories anywhere from 40 to 100 percent of the time. But they are willing to use other sources when appropriate including hospital administrators, nurses, physical therapists and physician's assistants.

But no matter the actual job of the health care provider being interviewed, they all have access to something the journalist does not; health care

information. Previous research has showed that 60% of journalists frequently must find health experts to explain technical health information (Tanner, 2004). Because journalists may lack a medical education they need someone to translate medical terminology and define the information's significance. During these in-depth interviews journalists agreed that public relations practitioners could assist in translating complex medical jargon, but that information would only be used for the journalist to properly prepare for the actual interview with the physician and would not be quoted for the story.

The final role of a health news story discussed in this research is that of the patient. Journalists reported across the board that they wanted to have a patient in their story as a way to engage the viewer/reader. The goal of the journalist is to add a human element to their story so the members of their audience might relate more closely to the health topic being discussed. Journalists believe that the more they are able to personalize a health story, the more meaning it will have to a wider variety of their viewers/readers beyond just those who might also be directly affected by the health topic at hand. The role of patient stories is not to provide health information, but simply share their personal experiences with the story's health topic.

For many health news stories, if a journalist does not have access to a patient,, the story might be skipped completely. Not having the right physician, or at least a willing physician to supply the necessary medical information, could result in no story. The health care public relations practitioner is the only non-

essential element to the final news story, but they can certainly make navigating through the health newsgathering process much easier for journalists.

Agenda Building Power of Health Care Public Relations Practitioners

Journalists highly regard physicians as their most reliable health care source, but most understand the need to allow health care public relations practitioners be the go-between in providing access to physicians. They realize the hectic and often unpredictable schedule of a physician is just one of the reasons why public relations professionals are needed to act as an intermediary before access to the physician is granted. This acceptance of public relations practitioners to manage a physicians' availability to media is part of the public relations practitioners gate-keeping role and limits the access journalists have to physicians and other health care professionals.

This gate-keeping role results in agenda-building power for health care public relations. Public relations practitioners are able to set the media's agenda not only by pitching health care news, they can deny journalists' access to physicians for stories that make the practitioners or the organization they represent uncomfortable. Certainly there are many physicians and many health care public relations practitioners for journalists to use as sources, but under deadline pressure and with limited resources, a journalist could end up with no source for a story if the topic is unpopular with health care public relations practitioners.

Physicians seem to be the most popular and credible source for health news for journalists. Anywhere from 40 – 100 percent of the time journalists

reported use a physician to provide information in a health story. Because this research was generally centered on the use of physicians in a video as a pitching tool, questions were geared to information about physicians. But even in the first in-depth interview it became clear that the physician was not the only important source needed in a health story- journalists want access to patients. Journalists acknowledge they need physicians to add credibility to their stories, but patients are equally as important for good story telling. Journalists want a person their viewers and readers can relate to as a way to add meaning to the story. This finding that journalists have a need for patient stories corroborates previous findings by Tanner (2004) who found that the most important element to a health news story was access to a patient.

This is yet another way health care public relations practitioners have power within a gate-keeping role. Not only do journalists need to find a patient that is touched by the story topic, but they also need to overcome federal patient confidentiality laws. Health care public relations practitioners have some access to patients through their physicians, and they can inquire if the patient is willing to waive their confidentiality to speak with the media. In a very similar way health care public relations professionals control a journalist's access to physicians, the PR professional has strong agenda-building power by controlling access to patients.

Health care public relations practitioners have an agenda-building power that can prevent access to physicians and patients but they can also allow access. Journalists reported that one of the ways that a public relations

practitioner can build a relationship with a journalist is to provide them access to a patient and/or a physician for a story. As journalists acknowledged, one of the reasons they would use public relations materials is due to the relationship they have with the public relations practitioner. So building relationships is beneficial to the journalist because of the access to health information they receive, and it is beneficial to the public relations practitioner whose materials are more often accepted and used in news stories.

Limitations and Future Research

There are several variables that this research intentionally did not cover. In narrowing the focus to analyzing the video and the credibility of the sources, this research did not attempt to analyze the quality of the news release writing or the strength of the story being pitched. During the in-depth interviews, overall opinions of the news release were brought up. Agenda-building theory could be used to study this dynamic, but that is only secondary information resulting from these in-depth interviews.

This research did not cover how journalists like to be contacted. Some researchers have done some analysis of phone calling, electronic email, traditional mail, or fax to determine which methods a journalist prefers to receive pitches.

There are several size limitations to the research conducted. Because the interviews conducted were in-depth in nature, the sample size of journalists was fairly small. Only fifteen journalists were interviewed from medium to large markets in Florida, North Carolina, Texas and Michigan. With a more expansive

sample size expanding in a more varied size of media markets, differences in responses could be found.

A few of the journalists interviewed for this research admitted to not clicking on links regularly in news releases. Others clicked on them frequently.. Opinions on links could vary based on the journalists' perceived importance of links in general. This could lead to future quantitative research on links to better understand exactly how often journalists actually click on links provided in press releases in the course of their work. More study could investigate if journalists actually report on the stories that provide links they click on. If appropriate links are provided that entice the journalist to cover a story, that could increase the agenda-building power of the public relations practitioner.

There is room for future research on how journalists assign credibility to sources. This includes a journalists' willingness to transfer a sources' credibility to a news release and an organizations. This research found that the credibility of a physician can be used to substantially increase the credibility of a news story pitch. This is a way public relations practitioners can build the agenda of the media. Additional research could be performed to see if there are other professions that hold this level of authority or if it is exclusively related to the health care industry.

As the social networking arena continues to grow, there are many supplemental materials that could be added to news release materials that might increase credibility for a journalist. Since this research revealed the importance journalists give to finding patients for their stories, one possibility would be linking

to a public chat room for patients coping with a particular diagnosis or a blog where a physician writes about a particular topic that is relevant to a news pitch.

Considering the viability of video as a supplement to a news release could be just the beginning of other materials that could enhance a public relations practitioner's pitch and increase their agenda building power.

Chapter 6 Conclusions

This research investigated the possibility of how the reporter-source relationship might be enhanced through the use of supplemental tools in story pitching. Many of the concepts uncovered in this research were certainly supported by previous research such as identifying journalists' perceptions of who makes the most credible health care news sources, as well as and the practitioners' agenda-building roles. There were also clear representations of how much health journalists rely on public relations materials for ideas for stories and their increasing comfort with accepting video from public relations sources.

Overall, throughout several points in each interview, journalists brought up the relationships they had with public relations practitioners. A solid relationship with a public relations practitioner could possibly help a journalist feel more comfortable accepting PR video, acceptance of material in a press release as accurate and the belief that the physician featured in the news release was credible. Journalists cited trust could be built by helping them with access to patients and physicians for their stories, giving off-the-record or exclusive information, providing interesting video and being accurate.

But most importantly as a result of this research, new ideas have emerged in using links in a news release to build the agenda of the media. The credibility of a health news pitch was enhanced with the use of video featuring a physician and third party links to corroborate a news release. As the credibility of the

public relations practitioner and their public relations materials increases, so does the power they have to influence the media to report on their stories.

This study's findings could be of great value to the public relations practitioner and the journalist. Increasing the credibility of a news pitch, through the use of supplemental video or other methods, is always the goal of the practitioner. With highly portable and inexpensive video technology on the market, shooting and editing video to add to a news pitch is relatively easy and not cost and time prohibitive. If video resources are already being used by the public relations practitioner to create other elements for non-news media platforms like an organization website or social media outlet, it is quite possible the tools and time to create videos would be negligible.

The benefits of a credible news pitch to journalists is that they will receive more appropriate news stories and be able to make better newsgathering decisions if the materials and information provided by the practitioner are informative, credible, and accurate. If reporters take the time to watch video links in press releases, they could be very helpful in putting the credible physician front and center of a release or a grateful patient that has first-hand experience of the break-through medical topic discussed. These stories have the power to inform and educate the public at large about important advances in medicine.

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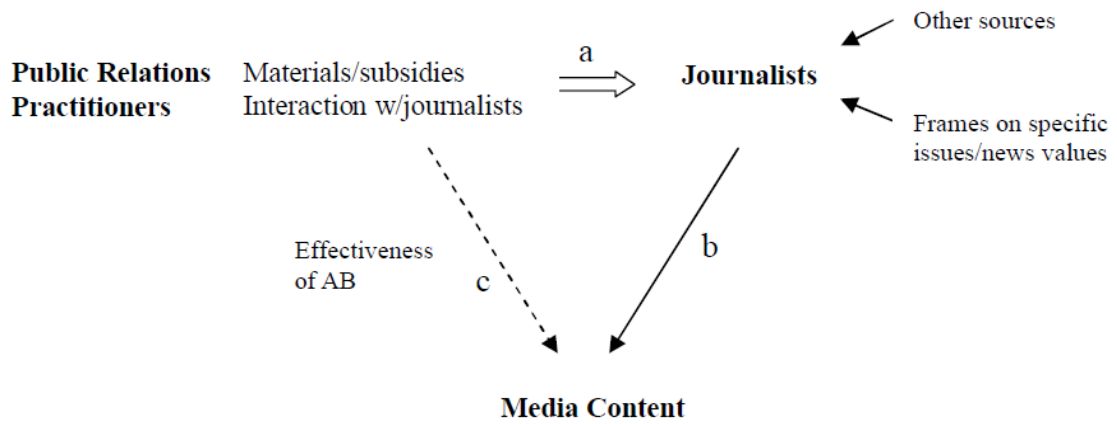
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Appendix A
The Model of Agenda Building
Qi Qiu, 2006



Appendix B

Interview Question Guide

Research Questions

- 1- What reasons would influence a reporter to use video from a PR source rather than get the video themselves?
- 2- What effect do video links, links to other sites, and other supplemental materials added to a news release impact the credibility of that release?
Does the credibility of the sources referenced in these supplemental materials play a role in the perceived credibility of the news story? How and why?
- 3- What sources do journalists perceive as the most important in health news stories? Why?
- 4- Why and when would medical journalists want a PR person to put them in touch with a physician as part of the pitch?

The General questions for the in-depth interviews support the Research questions in several ways. They delve into reasons a reporter might use video or information that is not generated by their own news gathering efforts (RQ1), they inquire about the benefits of independent external information as an addition to a news release (RQ2), they investigate what sources are most widely used and therefore most preferred under a variety of circumstances (RQ3 and RQ4).

Interview Questions

General Questions

- Who do you consider to be a good source for information for health stories? Why?

- What are the most important elements to include in a health news story?

Why?

- Under what circumstances would you use a public relations professional to provide you information for a story instead of one of a physician/clinical related source?

- When would you use a PR practitioner's video instead of getting video your self?

-What should the role of the PR practitioner be in providing news content?

Do you find practitioners often over step their authority with this role? How do you manage that?

- What makes a physician a credible source? Are some physicians considered more credible than others? What level of credibility would you assign to other health professionals? (ex. Nurses, administrators, health public relations practitioners) Why?

- What conflicts of interest can you identify when using video from a public relations source? Can that be mitigated? Why or why not?

Mock News Release Related Questions

- Please outline the points that you feel makes this story newsworthy or not. Is this a story you would cover if it occurred in your local market?

- What is your opinion Do the quotes in the release make it a stronger news story?

- Does having a quote from the physician make an impact on this stories news value or not?

- What are the most important elements that make a news release newsworthy?

- Do you find press releases good sources for generating news stories?

Questions Regarding Mock Release with Video Attached

- Does the video link enhance the news value of this story?

- What do you like or dislike about having the video linked to this press release?

- Does the physician explaining the story in his own words impact the credibility of this news pitch?

- As a journalist, do you consider physicians honest and trustworthy sources in providing medical news information? Why? What other medical professionals do you view as trustworthy sources?

- Does the credibility of the organization that the medical professional is employed by play a role in that individuals' credibility?

- What is it about physicians that might make them a more credible source than others?

- How often do you use physicians as sources in stories that you write?

- Do you often click on links in news releases to get more information on a story? Do you generally find them helpful? What are the most helpful links (ex. other news stories, trade publications, industry supported groups, etc.)?

- What other elements added to a news release would be helpful for you?

Appendix C Mock News Release



Florida's First Four-Way Kidney Transplant Takes Place at Florida Hospital

Eight people locally and from across the country come together to be a part of a remarkable life-saving procedure at Florida Hospital

WHAT: Would you give your kidney to a complete stranger? That is what Ann Bodry did, all to help her niece Jennifer Willet, who is in need of a kidney. Ann Bodry gave her kidney to a stranger so someone else would donate their life-saving organ to Jennifer. Organ donations made it all possible for the four donors and four recipients from Central Florida, as well as from across the country to be involved in Florida Hospital's first four-way kidney transplant. The four-way transplant is part of a process called paired donation. Kidney paired donations match one incompatible donor and recipient pair to another pair in the same situation, so that the donor of the first pair gives to the recipient of the second, and vice versa. It can then continue on like an on-going chain. [To learn more about how paired donation works, click here to watch a brief video with the transplant physician who performed the surgeries.](#)

The other kidney transplants that were connected with the on-going chain from Central Florida took place in Washington and Colorado on the same day. The multiple kidney transplants were a collaboration of all eight participants involved, and could not have happened without the donor's commitment and compassion to help those in need. It took three transplant surgeons, 20 hours, 4 operating rooms and 32 transplant team members to complete these multiple and complex procedures.

The two local kidney recipients and two kidney donors that went into surgery, as well as the transplant team at Florida Hospital are available to speak about the process and surgery that took place during the life-changing procedures.

WHEN: Wednesday, Sept. 14, 2011
10:30 a.m.

WHERE: Florida Hospital Orlando- meet in main lobby for media escort
601 East Rollins Ave.
Orlando, FL 32803

VISUALS: Interviews, videos, and photo opportunities available, including:

- Interview with the Florida Hospital transplant surgeons who performed the four local procedures
- Talk with the kidney donors and recipients who took part in this four-way kidney transplant

***Note:** video of the procedures inside the operating room is available upon request*

CONTACT: For more information, contact Florida Hospital Media Relations at 407-303-8217.

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