BUILDING A MEDIA AGENDA ON HEALTH DISPARITIES: HOW ISSUE PERCEPTIONS AND NEWS VALUES WORK TO INFLUENCE EFFECTIVENESS

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by
QI QIU

Dr. Glen T. Cameron, Dissertation Supervisor

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The undersigned, appointed by the dean of the Graduate School, have examined the dissertation entitled

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presented by Qi Qiu,

a candidate for the degree of doctor of philosophy,

and hereby certify that, in their opinion, it is worthy of acceptance.

Professor Glen T. Cameron

Professor Wayne Wanta

Professor Margaret Duffy

Professor Fritz Cropp

Professor Antonie Stam

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ABSTRACT

Building on prior literature conceptualizing the role of public relations in influencing the media agenda, this study proposes a model of agenda building that explores the determinants of the agenda building process and centers around the dynamics among public relations practitioners, journalists and media content. Placed in a context of racial disparities in health care, the model was tested through in-depth interviews with health care journalists and public relations practitioners on their perceptions about health disparities, and how they covered or generated coverage of the issue. Also the actual media coverage of health disparities was analyzed both qualitatively and quantitatively. The results show initial support for the model of agenda building: the effectiveness of agenda building is positively associated with how much public relations practitioners agree with journalists on interpreting certain issues and news values. As such, this study contributes to the theory building on agenda building by probing into the agenda building process and dynamics, and will help public relations practitioners and journalists with their efforts to build an effective media agenda beneficial to the goal of eliminating health disparities.

Chapter 1. Introduction

Background

Racial and ethnic disparities in health pose a longstanding, well-documented problem to the health care community. There have been reports of racial and ethnic disparities in almost all aspects of health care, and cancer, cardiovascular disease, and diabetes are areas where the gaps are wide (CDC, 2005). African Americans suffer from the worst health outcomes compared with any other ethnic group in the U.S. (Fiscella, 2003). Blacks have a higher cancer incidence rate and all-site cancer mortality rate (American Cancer Society, 2002). Regarding breast cancer alone, the five year survival rate for black women is about half of the white women (American Cancer Society, 2000), and the mean age of cancer occurrence for black women is 57 compared with 64 for whites (Henson & Patierno, 2004).

Major federal health organizations have answered back: substantial attention and initiatives have been devoted to reduce and eliminate health disparities (Jha et al., 2005). *Healthy People 2010*, a far-reaching initiative by the U.S. Department of Health and Human Services aiming to increase the quality of life for Americans, has one of its goals as "reducing health disparities between racial and ethnic groups" (DHHS, 2000). Other efforts include the Initiative to Eliminate Racial and Ethnic Disparities in Health and Health Disparities Collaboratives by the DHHS, National Center on Minority Health and

Health Disparities by the National Institutes of Health, and caner-related health disparities programs by the National Cancer Institute, to name a few.

Despite all this work researchers in one of the latest health outcome examinations found “no evidence, either nationally or locally, that efforts to eliminate racial disparities in the use of high-cost surgical procedures were successful” (Jha et al., 2005, p. 683). Blacks still experience a lower post-treatment quality of life even though they have the same medical intervention as whites (Bavley & Sleezer, 2005).

To complement health disparity research that has been done from the perspectives of biology, health care service, and health beliefs, this study turns its attention to a rarely explored aspect – the role of health communicators and the media in informing the public and encouraging the behaviors that help close the racial and ethnic gap in health care. In particular, it explores how public relations practitioners could effectively get more media attention on the issue of health disparities.

Theoretical Framework

Agenda building (Curtin, 1999; Kiousis, Mitrook, Xu, & Seltzer, 2006; Zoch & Molleda, 2006) is one of the later efforts to conceptualize the role of public relations in news production and influencing the media agenda, which has been usually explored from a perspective of source-reporter relationship (Cameron, Sallot & Curtin, 1997; Shin & Cameron, 2005). While the agenda setting scholarship tries to confirm the correlation between the media emphasis on certain issues or issue attributes and the public’s perception of the importance of those issues or attributes (McCombs & Shaw, 1972;

Ghanem, 1997), the agenda building hypothesis focuses on the role of public relations in setting the agenda for the media.

Applied to health disparities, the concept of agenda building has important implications regarding the goal of narrowing the racial and ethnic gap. As a subspeciality in public relations, the efforts of health communication practitioners to provide the media with health messages tailored for minority audience will lead to increased coverage of these messages by both mainstream and minority media. Consequently, the increased media coverage will impact how important the target minority audience thinks the disparity issue is based on the theory of agenda setting, therefore elicit desired disparity-reducing behavior in the long run.

Yet to date theory building in the area of agenda building is still at a preliminary stage. Some empirical studies have been done under the framework of agenda building (Curtin, 1999; Curtin, 2001), but with little conceptual contribution. Kiousis (2004) proposed the concept of the first- and second-level agenda building, extending the first- and second-level of agenda setting. By providing information subsidies to the media, public relations professionals not only influence what issues the media concentrate on, but also how the issues are covered in terms of cognitive information and affective tones.

Although Kiousis' extension of agenda setting makes a valuable contribution to conceptualize agenda building and proves valid to operationalization, more could be done to explore the mechanism of the media agenda building process beyond the simple description of agenda transmission between the source and the media. This study makes an attempt to conceptualize agenda building in relation to determinants of agenda building effectiveness. Building on existing literature on the role of public relations in

news production (Cameron, Sallot & Curtin, 1997) and the Contingency Theory that outlines a matrix of factors affecting an organization's stance and strategies toward a given public, a model of agenda building is formulated. Explicating not only the mechanism of the agenda building process, the model also aims to explore why some agents are more effective than others in building media agenda, which leads to potential prediction of ways to enhance effectiveness.

Study Overview and Significance

The purpose of this study is to examine media agenda building on health disparities in relation to factors that affect agenda building effectiveness, including the perceptions of public relations practitioners and journalists. A model of agenda building is proposed, based on which a qualitative study is conducted. The study's results could provide meaningful guidance for designing quantitative measurements in future close-ended surveys and experiments.

In-depth interviews, either via telephone, or based on Internet, will target public relations practitioners working for health organizations or research institutes with a health disparity agenda. Questions explored their perceptions about the issue of health disparities, strategies for building media agenda, and evaluations of agenda building effectiveness.

In the same manner, journalists on health beat will be interviewed. The pool of journalists comes from both mainstream and minority media. This is because with different audiences in mind and various resources, journalists working for mainstream

and minority media are expected to have disparate views on covering health disparities. In fact, previous studies have shown that mainstream media have different health disparity coverage from that of the black media (Qiu et al., 2005).

The analysis, both quantitatively and qualitatively, of the health disparity coverage, could be compared with issue perceptions held by two groups of health communicators. The comparison indicates whether the public relations influence on media content is mediated through journalists.

Designed to test the propositions of the media agenda building model, this study has both practical and theoretical implications. Practically, the model will help public relations practitioners with their efforts to build an effective media agenda that is beneficial to the goal of eliminating health disparities. Also, the multiple method research design could be applied to help build media agenda on other prosocial topics besides health disparities.

Theoretically, the model of agenda building complements previous conceptualization by probing into the dynamics of the media agenda building process and ultimately, the question of maximizing effectiveness of media relations efforts. The theory building development incorporates hierarchical concerns about techniques, stance or strategic positions, and the ethical implications.

Chapter 2. Literature Review

Racial and Ethnic Disparities in Health Care

Defining health disparity. Many efforts have been made to define health disparities. Three most commonly used operational definitions by DHHS, NIH, and *Healthy People 2010* interpret the term as differences in either mortality, prevalence, or other adverse health conditions occur by gender, race/ethnicity, and socioeconomic status. A more conceptual and scholarly definition views a health disparity as a broader concept that contains a difference not only in health status or outcome, but also in environment, and access to and quality of health care (Carter-Pokras & Baquet, 2002).

The measurement of health disparities is relevant to several constructs: comparison category, reference groups, aspects of health measures, and measures of inequality (Carter-Pokras & Baquet, 2002). Inconsistent measures, such as the choice between absolute and relative measures, or between progress toward targets and elimination of disparity, have led to different interpretations of the magnitude of differences between populations. To address this issue parsimonious health disparity indicators and measures are recommended.

Combining various versions of the health disparity definition provided by health organizations and scholarly research, an operational definition of the term for this study along the dimensions of comparison population, health areas, and segments of the populations is suggested:

> Health disparities refer to racial or ethnic differences in the exposure to risk factors, disease incidence, health status and outcomes, and access to and use of quality of health care services between African Americans and Caucasian Americans.

African Americans are selected as the comparison population because this group registers the biggest differences from other ethnic groups in health care, and has received consistent attention from the health community in terms of health disparities. According to the Agency for Healthcare Research and Quality report (Fiscella, 2003):

> African Americans experience the poorest health outcomes of any major racial or ethnic minority group in the United States. Blacks have higher adult and infant mortality than whites or other minority groups; blacks also have higher age-adjusted mortality rates than whites from cardiovascular disease, cerebrovascular disease, cancer (lung, colorectal, breast, prostate, cervical), pneumonia/influenza, chronic liver disease, diabetes, HIV, unintentional injuries, pregnancy, sudden infant death syndrome, and homicide… African Americans also confront significant treatment disparities… African Americans receive less appropriate treatment for breast, lung, and colorectal cancer and less intensive treatment of prostate cancer, fewer anti-retrovirals for HIV infection… and poorer quality of hospital care.

The problem. Most research on health disparities adopts a health care and social behavioral approach and frames the issue from a problem-cause-solution perspective (Clancy & Chesley, 2003; Williams, 2003). A considerable number of studies use statistics or figures to demonstrate the severity of the disparity problem in various aspects of the health care sector (Clancy & Chesley, 2003). Definitions of health disparity could also be seen as delimitating the areas where the problem of health disparities is evident.

The causes. Beyond the documentation of the problem of health disparities, researchers have been trying to analyze the causes of the problem or the determinants of health disparities. Whitehead (1991) proposed seven determinants of health disparities that include biological variation, health-damaging behavior, exposure to unhealthy

conditions, and inadequate access. Some of these overlap with the 12 determinants of health such as income and social status, social support networks, education, employment and working conditions, social environments, physical environments, personal health practices and coping skills, genetic empowerment, health services, gender and culture (Carter-Pokras & Baquet, 2002).

The analysis of the causes is sometimes problematic due to an inconsistent categorization among researchers. While some researchers interpret exposure to unhealthy conditions or inadequate access as areas where health disparities exist, others view them as causes behind health disparities, just like biological variation. A solution is to identify a definition of health disparity upon which further analysis of causes could be based. As this study defines health disparities as differences in environment, access and outcome, the causes of health disparities, building on previous research, could be roughly divided into genetic or biological conditions, socioeconomic status, health beliefs, social and cultural factors.

Williams' (2003) study on HIV/AIDS disparities illustrates how to distinguish the problem from causes. Defining disparities in HIV/AIDS as different infection rate, use of health care services, and prevention and control efforts between African Africans and other ethnic groups, the problem is attributed to biomedical status, socioeconomic status, risky health behaviors, poor health knowledge and attitude, distrust of health care system resulted from communication gaps between health care professionals and health care seekers, and cultural factors such as myths and misconceptions.

Among the various determinants of health, literature has shown that social factors, rather than biological or genetics factors, contribute significantly to health outcomes,

defined by accessibility, affordability, availability, and adaptability (Facion, 1999; Plowden, 2003). In the context of health disparities, these socially structured factors are important in narrowing the gaps. Plowden (2003) found that causes of health disparities among black men are "social factors, including education, socioeconomics, religion, philosophy, family, politics and culture, that act as motivators and barriers to seeking care" (p.27). The report released by the Agency for Healthcare Research and Quality (AHRQ) found that the causes for racial and ethnic disparities in healthcare treatment include an interplay of patient, physician, healthcare system, and community factors (Fiscella, 2003).

Poor health beliefs and knowledge among minority groups are considered to be one of the major causes of racial health disparities. Surveys show that blacks are less concerned about cancer as an urgent health problem than the general U.S. population even though the disease is the second leading cause of death among this population (Tessaro, Eng & Smith, 2994; Sylvester, 1993). Misconceptions and uncertainty about cancer are associated with African Americans (Coreil, 1984; Lipkus et al., 1996). They commonly relate fear and fatalism to cancer (Jennings, 1997; Phillips, 1999), tending to underestimate the survival rate for people with cancer (Cardwell & Collier, 1981). Some black women are found to share a fatalistic view of breast cancer outcome (Lillington, Johnson & Chlebowski, 2000).

Knowledge gap is a hypothesis originally developed to describe the gap in knowledge between groups of different socioeconomic status, such as education, income and occupation (Tichenor, Donohue, & Olien, 1970). It was later used by some scholars to describe the disparity between ethnic groups in their health knowledge and use of

health information. As early as 1986, Stone and Siegel found support for the impacts of ethnicity on level of cancer knowledge. Taking education, behavioral intentions, and cancer anxieties into consideration, blacks still have significantly less cancer knowledge than whites, Asians, and other ethnic groups. Other research confirms that blacks are less knowledgeable than whites about the prevalence of cancer and susceptibility to cancer (Cardwell & Collier, 1981; Frisby, 2002).

Regarding breast cancer, Frisby and Wanta (2005) found that the knowledge gap exists between African American and white women: white women had higher level of knowledge and better health behavior than black women. African American women were found to have low awareness of breast cancer risk factors, confusion about the difference between screening and prevention, and perceived low susceptibility to breast cancer (Lillington, Johnson & Chlebowski, 2000).

The solutions. In addition to categorizing causes of health disparities into genetic, socioeconomic, health knowledge, belief and behavior factors, another way is to divide them into those judged to be unavoidable or fair, and those judged to be avoidable or unfair (Carter-Pokras & Baquet, 2002). This is based on an underlying ethical implication of the concept of health disparity: inequality and inequity are two important dimensions of the issue. The division helps understand what factors are more amenable to interventions designed to reduce disparities. However, current research hasn't produced results and evaluations precise and reliable enough to be translated into actual practice and policy.

At most, researchers call for "appropriate behavioral interventions to reduce health disparities" based on examination of social factors encouraging health care seeking

behavior (Plowden, 2003, p. 27). Also they recognize a need for culturally appropriate interventions to increase disease awareness and knowledge. Frisby's (2002) study shows that in spite of limited breast cancer knowledge among African American women, they would like to enhance their understanding about the disease in terms of risk factors and treatment.

Alternatively, researchers propose interventions such as culturally sensitive educational programs involving family, schools, communities and other faith-based, counseling institutions, social support for changes, multiple intervention tactics, and culturally sensitive informal networks (Williams, 2003). However, these suggestions are based on a review of health data and disparity literature rather than empirical studies that confirm the effectiveness of the interventions.

Health Disparities and the Media

The role of media in health disparities is sporadically examined in previous literature. Swain et al. (1996) in their description of minority coverage in health stories briefly mentioned that most disease stories focused on disparities between ethnic groups and prevention. There is no further explanation of how such disparities were covered.

The study by Qiu et al. (2005) adds an ethnic dimension to the known link between media content and audience health knowledge and beliefs (Brown & Stern, 2002; Morton & Duck, 2001). A content analysis of black and mainstream papers was compared with survey findings from the same newspaper markets. Findings indicated that cognitive and affective media attributes were associated with audiences' cancer

knowledge and attitudes: less positive black newspapers correlated with higher levels of cancer anxiety among black women; exposed to more positive headlines, white women had less fear. It is thus suggested that the media may be a cause itself for health disparities. The potential positive role of media in conveying messages that help reduce health disparities awaits exploration.

What's more common in the research on health and the media is the inclusion of the racial and ethnic variable. Nicholson et al. (2003) examined the effect of race on women's use of health information resources including print and broadcast media, Internet and health organizations. Health information seeking is an important area in health communication research because of its implications for health outcomes: the link between sufficient information and treatment behavior is strong (Lerman et al., 1993). The Nicholson study found a large racial disparity in women's use of health information resources: black women were less likely than white women to use print news media, more so with Internet or health organizations. Sadly, the findings suggest that the situation hasn't changed much compared with what it was more than 10 years ago: African Americans were found to seek health information less actively than other ethnic groups (Freimuth, Stein, & Kean, 1989).

Perceptions of minorities on health-related media information are explored. While it is shown that the general public pay much attention to media coverage of health issues, and in many cases these coverage has the potential to influence people's health behavior (National Health Council, 1997; Brodie et al., 1999; Brodie et al., 2003), minorities including African Americans and Latinos think that the health media target at white audience and don't have enough coverage for health problems relevant to them. As a

result, they are less satisfied than whites with the media coverage of health or representation of blacks in the media, and view black reporters as more sensitive to their health needs. Also, a majority of African Americans use black media for health information, and think the black media do a better job covering how blacks are affected by health problems than general media (Brodie et al., 1999; Sylvester, 1993).

In terms of different media outlets, traditional media like newspapers, magazines, and TV are still important channels for blacks to get health information (Krishnan, Durah, & Winkler, 1997). Black newspapers, particular, are read by a large number of African-American households (Sylvester, 1993).

A few researchers turn their attention to the actual content of the black media. Focusing on stories on health behavior topics, Frisby (2004) found that out of 275 such stories in black magazines, only a few focused on health behaviors posing risk to that population. A couple of stories discussed cancer, HIV/AIDS, heart disease and diabetes. Hoffman-Goetz et al. (1997) studied the health-related content – 649 general health articles – in three black women's magazines spanning seven years, and found that cardiovascular disease received most coverage (18%) followed by cancer (13%). The findings suggest that the black media differ from the mainstream media in how they cover health: health stories focusing on blacks in mainstream newspapers spent more or as much space on AIDS (55%) and infant mortality than cancer (Swain, Walsh-Childers & Chance, 1996).

Although survey results show that minority audience thinks the black media has better minority-relevant health coverage than general media, no study to date has actually examined health disparity coverage in either general or minority media, or compared the

coverage by the two media groups. Nor have mass communication scholars looked into the role of public relations in generating health disparity media coverage, which is the purpose and potential contribution of the current study.

Agenda Building in Health Communication and Information Subsidy

Derived from the paradigm of agenda setting research, agenda building is an important concept for public relations communicators who aim to design effective mass communication intervention programs.

Traditional agenda setting hypothesis focuses on the transfer of issue salience from the media agenda to the public agenda, in other words, the effects of the media agenda on the public perception (McCombs & Shaw, 1972). Starting there, early agenda building scholars (Cobb & Elder, 1972; Lang & Lang, 1981) looked at how the media build agenda by examining the media's interaction with other institutions to create issues and the role of the media in filtering source materials. By the 1980s and 1990s the agenda building scholarship began to explore the agenda building efforts of one of the important sources of the media – public relations practitioners (Berger, 2001; Curtin, 1999; Ohl, Pincus, Rimmer & Harrison, 1995; Wanta et al., 1989). This later development of the concept is what this study means by agenda building.

In addition to agenda building, information subsidy is also an extension of the agenda setting theory and pertains to who sets the media agenda (Gandy, 1982). The difference lies in that the concept of information subsidy focuses on the economics of information from a gatekeeper or policy maker perspective – journalists or policy-makers

use *subsidized* information provided by public information or public relations officers in their information gathering process out of cost-effective concerns. In contrast, the major agent in agenda building is public relations practitioners who actively build a media agenda beneficial to their organizations. In this process, information subsidies such as news releases, news conferences and interviews are used to build the media agenda (Turk, 1986).

Past studies have produced mixed results in terms of the influence of public relations on the media content. Examination of news content suggests that public relations subsidize 25 to 80 percent of the news content (Cameron, Sallot & Curtin, 1997). In case study approaches, scholars found either pronounced impacts of news releases on the media agenda (Harmon, 2001; Turk, 1986; Ohl, Pincus, Rimmer & Harrison, 1995) or moderate effects (Curtin, 1999; Turk, 1985), depending on issues under scrutiny or the measures used to define the use of public relations materials. Others reported some active filtering role of the paper despite a significant impact of the news source (Weaver & Elliott; 1983).

What is common is that nonprofit organizations, government agencies and political candidates were found to have the potential to build the media agenda as they intend (Curtin, 1999; Dunwoody & Ryan, 1993). Studies on content provide support: as much as 90% of the media's medical stories could be traced to press releases from major medical journals (Entwistle, 1995). Surveys of reporters showed that they use press releases from public relations practitioners frequently as a source of information (Tanner, 2004).

According to the reporters and editors being interviewed in Curtin's study (1999),

nonprofits' public service motivations could translate into news values, which contributes to their power in shaping the media agenda. As evidence, the study found that only nonprofit materials have shown up in the hard news content verbatim, and materials from profit-driven public relations practitioners are used only as section fillers or to gather story ideas where public relations has no control over the content. By this token agenda building is a particularly useful concept in health communication and other pro-social causes that represent the nonprofit, public service-driven sector.

Unfortunately, both agenda building and information subsidy are more of atheoretical descriptions than conceptualized theoretical frameworks (Cameron, Sallot & Curtin, 1997). A latest conceptual development is made by Kiousis et al. (2004; 2005), who proposed the concept of the first- and second-level agenda building, extending the first- and second-level of agenda setting hypotheses. That is, by providing information subsidies to the media, public relations activities not only influence what issues the media concentrate on, but also how the issues are covered in terms of substantive information and affective tones.

Although Kiousis' extension of agenda setting makes a valuable contribution to conceptualize agenda building that proves valid to operationalization, more could be done to explore the mechanism of the process of media agenda building beyond the simple description of the agenda transmission between the source and the media.

Source-reporter relations. Several research traditions offer meaningful enlightenments for building a theory of agenda building. Curtin's (1999) empirical studies on agenda building, although with little conceptualization, found relative small power of public relations professionals in relation to reporters. Only in specific instances

such as sparking story ideas and when public relations practitioners are willing to yield control to reporters, will their materials be used in the media content.

Other research on source-reporter relations, however, has found that in certain areas, with health being a prominent example, public relations practitioners have greater power in the relationship with the media because the reporters have higher demands for expertise in their sources (Cho, 2005). This is consistent with the bigger influence of public relations on health coverage than on other beats as shown by content studies. Perceived credibility is believed to be a key factor explaining why established or official sources, such as government agencies or other social elites (Donohue, Tichenor & Olien, 1995), are more influential in getting their agenda to the media (Sigal, 1987). What is unexplained is at a micro level how effective health communicators are in building media agenda on certain topics, and how health communicators interact with journalists to enhance the effectiveness.

Shin and Cameron (2005) applied the framework of conflict management in their web survey of public relations practitioners and journalists. Through co-orientational self-evaluation and evaluation of the other party on conflict and strategy constructs, they found an interdependent yet conflictual relationship between the two groups. While they depend on each other by playing the roles of sources and gatekeepers, the two sides are incompatibilities in values, perceiving their disagreements more than they actually disagree. Even though similar news values are shared between the two professions, journalists ignore the similarity and perceive practitioners in a negative light (Kopenhaver, 1985). The power dynamics between reporters and public relations professionals is thus described as an ongoing “dance” where practitioners try to lead by

providing information subsidy and journalists make efforts to resist the influence and maintain autonomy (Cho, 2005; Gans, 2003; Tedesco, 2001).

Like other studies that employ a coorietational approach to study the source-reporter relationship (Pincus, Rimmer, Rayfied, & Cropp, 1993; Sallot, Steinfatt, & Salwen, 1998), Shin and Cameron investigated perceptive differences between the two professions in broad issues, such as conflicts in relationship, roles and public relations influence. In the case of agenda building, the relationship could be examined at another level – their respective perceptions of a common topic, as proposed by this research.

News production. Furthermore, the model of news production in an organizational domain specifies rules for news values and the acceptance of source materials such as localized news, reader relevance, and reporters' use of authoritative, diverse, and official sources, which could be detected through either media content or practitioners and journalists. These could also be seen as factors influencing the effectiveness of agenda building (Cameron, Sallot & Curtin, 1997; Turk, 1986).

The model of media agenda building. The media agenda building model therefore contains three key elements: public relations practitioners and their materials containing source agenda, journalists and their filtering function, and the use of source materials in the media content. The dynamics and interaction among the three elements are shown in the following diagram:

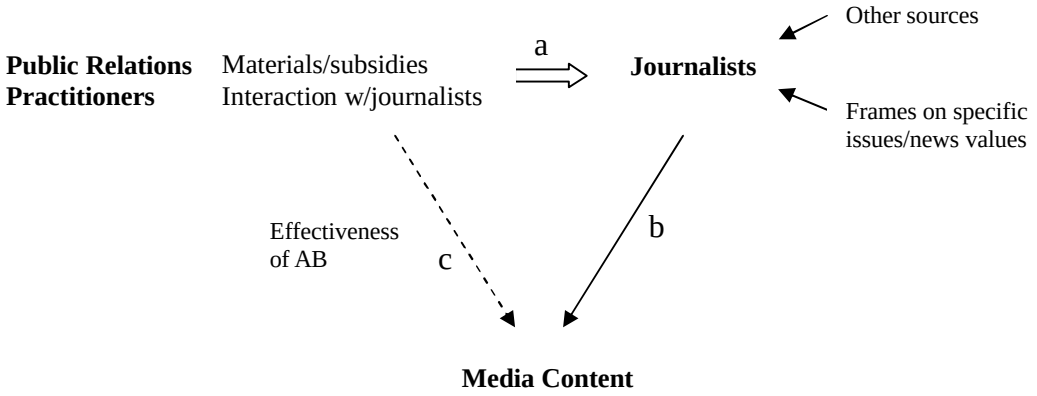

Fig.1 The model of Agenda Building

In attempts to build the media agenda, public relations practitioners provide journalists with subsidized materials and interact with journalists to "pitch" their stories (arrow a). However, it is journalists who have the greater power in determining whether subsidized information will be used in the media, and how it is used (arrow b). Besides interaction with public relations practitioners, journalists make their editorial decisions based on a set of hierarchical influences ranging from news values, judgments, frames, routines, media organizations, institutions and the entire social system (Cameron & Blount, 1997; Shoemaker, 1991).

Previous discussion points out that health communication is the area where public relations exerts comparatively more influence because of the complexity of the subject (Tanner, 2004). Nevertheless, journalists, with growing scientific training, are trying to keep their editorial autonomy through multiple sources and investigative reporting even in medical fields (Houn et al., 1995).

The third element in the model of agenda building – media content – is a manifestation of reporters' filtering function (arrow b), which is indirectly influenced by public relations practitioners (arrow c) (Shin & Cameron, 2005). In other words, if

journalists decide to use any public relations materials, how the source materials end up in the media depends on the extent to which journalists perceive the importance of the issue and agree with the source's interpretation of the issue (arrow b). If journalists think source materials discuss an important issue with newsworthy angles, they are likely to cover the issue in line with the materials. In the opposite case, fewer elements of the source materials will be selected if journalists disagree; even though journalists cover the issue raised by the materials, competing angles may be used (Curtin, 1999). From this perspective, the effects of agenda building is mediated through journalists, and the effectiveness of agenda building is demonstrated in how much the media pick up the source materials (arrow c).

The model serves as a prelude to agenda setting effects of the media on public issue perceptions. Trying to explore the entire path of agenda transmission, some mass communication studies (Kiousis et al., 2004, 2005) examine agenda building and agenda setting in an integrated manner to look at the relationship among source agenda, media agenda and public agenda. In spite of the approach's advantages in studying comprehensive effects of public relations sources on the media and the public, this research will only attend to the agenda building process – the impacts of public relations practitioners on the media – to limit the scope of the study.

In the process of building the media agenda on certain issues, this study hypothesizes that effectiveness of agenda building depends on the extent to which public relations practitioners and journalists are consistent in their news values and perceptions about an issue, building on literature on source-reporter relations and the role of public relations in news production. This conceptualization makes theoretical contributions in

two folds: explaining the mechanism of the agenda building process, and revealing why some agents are more effective in building media agenda than others (McKinnon & Tedesco, 1998), which all lead to potential prediction of ways to enhance effectiveness.

Effectiveness of agenda building could on the one hand be measured by the percentage of press releases used by the media out of the total sent to the media (Curtin, 1999). On the other hand, effectiveness of agenda building on a certain issue or topic could be measured by whether official sources, the sources that are actively building the media agenda, account for a large percentage of the total sources used by the media on certain topics (Brown et al., 1987).

While the former measure is usually contingent upon the participation of public relations practitioners or journalists, the latter is more unobtrusive because information subsidies could be identified in the media content unobtrusively (Gandy, 1982). This study will mainly use public relations practitioners' self-evaluation and journalists' perceptions to measure effectiveness, and use media content sources as a cross-check, which will be discussed in more detail in the method section.

Agenda Building and the Contingency Theory

Other than inspirations from the theory of agenda setting and studies on the role of public relations on news production, another resource to conceptualize media agenda building is the public relations theories on managing media relations. Along this dimension, the Excellence Theory and the Contingency Theory in public relations offer a framework to understand the strategic and ethical implications of agenda building in

health communication.

Grunig's (2001) excellence theory categorizes public relations practices into two-way asymmetric and two-way symmetric behavior in which practitioners engage in research and dialogue with the public but with different motives. The theory puts asymmetry at two ends of a continuum representing the interests of either the organization or the public, and symmetry in the middle representing a mixed motive practice with balanced interests. The middle part is also boxed out to be the win-win zone – the best, most effective, ethically sound practice.

One problem of the Excellence Model is that the continuum it proposes is not a real continuum that should contain a gradually growing scale. A curve representing asymmetry-symmetry-asymmetry may be more appropriate. Also, by delineating a win-win zone, the model is more of a normative than of a positivist theory, and confuses the process with the outcome.

As a "logical extension" of the excellence theory, Cameron and colleagues (1997, 1998, 1999) proposed the Contingency Theory in public relations to better understand the "dynamism", as well as effectiveness and ethical implications of accommodation. At the center of the Contingency Theory is a continuum from advocacy to accommodation, representing the possible stances an organization could take toward in individual public at a given time. The stances are changing all the time, and what is the most effective or ethical depends on the situation (Yarbrough et al., 1998). A matrix of factors, including prepositional and situational variables, influences the stances of an organization.

Regarding ethics, the Contingency Theory recognizes that two-way symmetry is not inherently ethical. For instance, it is not up to the moral standards to accommodate a

"morally repugnant" public (Cancel, Mitrook, & Cameron, 1999, p. 173). Moreover, accommodation would be logically impossible in some situations. If an organization is facing "two publics locked in an intractable moral conflict" (Yarbrough et al., 1998), to accommodate one public would be advocacy against the opposing public.

Applied to agenda building, the Contingency Theory helps understand how public relations practitioners conduct media relations – what stance they take toward journalists and with what tactics, and the ethical implications of these activities. According to Shin and Cameron (2005), the source-reporter relationship could be seen as a case of the organization-public relationship where practitioners represent the organization and journalists one of the publics. Whatsmore, journalists tend to be adversarial in fulfilling theirl role as gatekeepers and judges of newsworthiness, and public relations practitioners are more accommodative in this relationship as they try to subsidize information and thereby get media coverage (Shin & Cameron, 2003).

The tactics used in agenda building in health communication such as using reader-relevant angle and localized information decide that the practice is two-way asymmetric. Practitioners use research to gather information on the media and the topic, yet the purpose of the research is to better promote their agenda, instead of being ready to change their agenda in reply to research results, as a two-way symmetric practice would have done. From this perspective, public relations practitioners take an advocative stance toward journalists, even though they may well accommodate the needs of the media for purpose of more media coverage (Shin & Cameron, 2003).

Nevertheless, in the context of health communication when the agenda of public relations practitioners is to promote healthy behavior for the public good, the two-way

asymmetric tactics and advocative stance is undoubtedly ethical. Agenda building in health communication indeed illustrates one of the tenets of the Contingency Theory: two-way symmetry is not inherently ethical and what is ethical depends on the situation.

In addition, the Contingency theory is often times referred to as a "theory of conflict management" (Cameron et al., 2003, p. 21). This is because public relations in most cases involve conflicts – interests of the organization and its various publics are often at odds – and the management and resolution of those conflicts.

In the area of media relations and agenda building, practitioners and journalists are found to have a conflictual relationship (Shin & Cameron, 2005). Health communication itself is a highly conflictual field: for example, the conflicts between hospitals and maltreated patients, discrimination against AIDS patients, and in health disparities, the difference between ethnic groups in accessing health care service. How health communicators frame these conflicts in their agenda building efforts and handle their relationship with journalists will provide additional perspectives for this study to investigate the process of agenda building in health disparities.

Propositions and Research Questions

The model of agenda building suggests that effectiveness of agenda building is influenced by how much the public relations practitioners and journalists agree on news values and interpretations of a certain issue. In previous sections, the sub issues contained in health disparities are shown to include the severity of the problem, the causes/determinants and the potential solutions. The conceptualization of agenda building

in relation to health disparities could thus be translated into the following propositions:

P1. The more public relations practitioners and journalists agree on the most important issue in health disparity, the more effective will be the agenda building efforts.

P2. The more public relations practitioners and journalists agree on the causes and solutions of health disparities, the more effective will be the agenda building efforts.

News values and professionalism, usually discussed along the dimensions of use of sources, localization, timeliness, and writing style, could be explored through the following operationalization:

P3. The more public relations practitioners and journalists agree on news values in covering health disparities (use of sources, writing skill/style, localized news), the more effective will be the agenda building efforts.

How public relations practitioners and journalists perceive and evaluate media coverage of certain issues is another indication of their news values, albeit indirectly. It is thus proposed:

P4. The more similar public relations practitioners and journalists evaluate the media coverage of health disparities, the more effective will be the agenda building efforts.

Under a framework of the Contingency Theory and conflict management, the following question could be asked:

RQ1: Do public relations practitioners and journalists see any conflicts in their relationship?

RQ2: How are these conflicts are managed?

RQ3: Do public relations practitioners in health sectors and journalists see any advantages in escalating conflict for news attention and for impact on news consumers?

Media content is the third element in the model of agenda building. The examination of actual media content on health disparities offers a yardstick against which to compare professionals' issue perceptions. To compare the distance between journalists' health disparity perceptions and actual media coverage of the issue with the distance between public relations practitioners' health disparity perceptions and media coverage could in a way indicate whether the effect of public relations on media content is mediated through journalists. That is, if the media content is indirectly influenced by public relations through reporters, reporters' health disparity perceptions should be more congruent with the media content than those of the public relations professionals. This study then proposes:

P5. Journalists' perceptions of health disparities would more closely reflect the actual media disparity agenda than those of the public relations professionals.

As mentioned above in the conceptualization of agenda building, public relations practitioners build media agenda by providing subsidized information to journalists, and effectiveness of agenda building could be measured in different ways. While public relations practitioners' self-reported evaluation is one way to measure effectiveness, it could be triangulated with journalists' evaluations and what could be detected in the media to see how reliable the measures are.

RQ4: How does the public relations professionals' self-reported effectiveness compare with journalists' evaluations?

RQ5: How does the public relations professionals' self-reported effectiveness compare with information subsidies identified in the media content?

According to Gandy (1982), information subsidies could be detected

unobtrusively through content analysis by examining sources – those tend to provide subsidized information to media are usually organizational sources or individuals representing official groups. Analysis of news stories' triggering events is another way to tell information subsidies in the media content (McQuail, 2000). Spontaneous events like public health crisis or investigative pieces initiated by the media are not subsidized news. Staged events such as campaigns, conferences and community events, on the other hand, are usually organized and sponsored by organizations who feed information about these happenings to the media.

Chapter 3. Methodology

This study aims to test the propositions of the media agenda building model contextualized in the issue of health disparities. Involving the perceptions of public relations practitioners and journalists as factors affecting agenda building effectiveness, the model was tested through a qualitative study. As a first step its results could provide meaningful guidance for designing further quantitative measurements in close-ended surveys. In fact qualitative studies are often the initial steps selected for theory testing (Cancel, Mitrook, & Cameron, 1999; Yarbrough et al., 1998).

In-depth interviews with health care journalists and public relations practitioners were conducted, and media coverage of health disparities was analyzed to triangulate the interview findings. Using several research methods and datasets to examine one issue (Babbie, 2001), the triangulated approach facilitates increased external validity.

Interviewing Journalists

According to Fontana and Frey (1994), open-ended in-depth interview helps "understand the complex behavior of social members without imposing any a priori categorization". In addition, it enables researchers to capture the perspective and language of the process under study (Adnerson, 1987; Lindlof, 1995). Because this study represents one of the earlier steps in theory building, semi-structured in-depth interview, conducted under protocols designed to test propositions and answer research questions

yet leaving enough room for reflection and incurring new categories and concepts, was able to meet the conceptual and methodological requirement of the study.

Sample. The pool of journalists being interviewed came from both mainstream and black media. This is because with different audiences in mind and various resources, journalists working for mainstream and black media are expected to have disparate views on covering health disparities. In fact, previous studies have shown that mainstream media have different health disparity coverage from that of black media (Qiu et al., 2005).

The Association of Health Care Journalists (AHCJ) is the largest health journalism organization "dedicated to improving the quality, accuracy and visibility of health care reporting, writing, and editing" (AHCJ, 2006). The listserv service, a way of reaching out to members by group emailing, of AHCJ was used by more than 80% of its nearly 1,000 members and hence provided a nice sampling frame of health care journalists working for mainstream media nationwide. With the help of AHCJ's executive director, a recruitment email was sent to all members subscribing to the organization's listserv. In total 11 health care journalists responded to the recruitment message and went through the interviews. Seven out of 11 journalists worked for local daily or business newspapers, and four were free lance writers who reported health disparities issues for newspapers and health magazines.

Health care journalists working for black newspapers were identified using the 2006 edition of the Bacon's Newspaper and Magazine Directory. Newspapers listed under the Ethnic Newspapers – African American / Black newspapers section were contacted one by one about 1) whether they have regular health page or use health stories,

and 2) whether they hire on staff health reporters or editors. A total of 26 newspapers and their health reporters or editors were identified as potential interviewees for this study. Recruitment emails, phone calls and reminders finally secured 10 black newspaper journalist participants for this study. They were located in five states around the country, including areas where health disparities are high such as Oakland, CA and Washington, D. C. Areas with notable racial health disparities were defined based on criteria identified by researchers working for a CDC grant that aims to design media interventions for enhancing cancer coverage in the black media..

Given the stretched geographical areas of this study's sample and the restrictions on cost and time, participants were offered the option of telephone or Internet-based e-mail interview. With the soaring number of Internet users, online research methods, including e-mail interviews, have proved to be quality additions to traditional methods (Kraut et al., 2004; Madge & O'Connor, 2004) that provide access to individuals otherwise difficult to reach. The method is feasible for this study due to the high penetration of Internet among health communicators and journalists at work (Garrison, 2000; O'Keefe, 1997). The choice of telephone and asynchronous/e-mail interviews (Meho, in press) was able to accommodate the preferences of interview participants and hence maximize data collected. This mixed use of interviewing medium is in fact a recommendation from methodologists as effective qualitative research method (Meho, in press).

Out of the 11 mainstream journalists being interviewed, eight selected e-mail interviews and three took the telephone interviews. Nine of 10 black journalists had the telephone interviews, and the remaining one the e-mail interview.

Operational questions. In relation to propositions and research questions, interview questions were concerned about health care journalists' perceptions about the issue of health disparities, how they made use of public relations materials in covering health disparities, and their evaluation of the disparity media coverage.

- What do you think is the most important issue in racial disparities in health care? Why? *
- What do you think are some of the causes of health disparities? *
- What sources do you use most often to cover health disparities?
- How useful are health organization materials as news source in health disparity coverage? Are they credible?
- How often do you use those source materials?
- How do you use those source materials? Use directly or as a lead to gather your own stories?
- What factors affect the use of press releases on health disparities from health organizations? *
- Do you see any advantages in escalating conflict for news attention and from impact on news consumers? *
- How do you perceive/evaluate the media coverage of disparities and the difference between mainstream and minority health coverage? *
- Do you see any conflicts in your relationship with public relations practitioners? How do you manage these conflicts?

Note: Questions ending with * are common questions for journalists and public relations practitioners.

Interviewing Public Relations Practitioners

Sample. Public relations practitioners specialized in communicating health disparities were also interviewed in the form of telephone or Internet-based interviewing. These practitioners working for health organizations or research institutes with a health disparity agenda, who play a role of informant of the health disparity communication (Lindlof, 1995), were identified mainly through snowball sampling. That is, each health care journalist being interviewed at the end of his/her interview was asked to give referrals to public relations practitioners they worked with in covering health disparities.

One advantage of snowball sampling was that it helped match the markets of journalists and practitioners being interviewed in some degree, which made a comparison and contrast of their perceptions and attitudes even more meaningful. Contacts of 13 public relations practitioners working for regional or local health organizations were collected using this method. Four of them participated in the interview after rounds of recruitment message, reminder and personal contacts.

Additionally, national organizations with a leading role in fighting health disparities as documented in the literature were targeted. These include the Office of Minority Health of CDC, the Initiative to Eliminate Racial and Ethnic Disparities in Health, National Center on Minority Health and Health Disparities, National Cancer Institute, Institute of Medicine, and Agency for Healthcare Research & Quality, etc. Nine public relations or communication officers working for these organizations were identified via organizational web sites and approached for interview possibilities. Five of

them completed the interview. Therefore a total of nine public relations practitioners were interviewed for this study, representing a balance of national and local organizations. Seven telephone interviews and two e-mail interviews were conducted.

Operational questions. In addition to the same questions asked for health care journalists (those ending with * in the above section) regarding the most important issue in health disparity, the evaluation of media coverage of health disparities, and conflict framing, public relations practitioners were asked:

- What are the topics of your latest news releases regarding health disparities?
- How often do you send press releases on health disparities to media outlets?
- How often are they used? How does the rate compare with releases not related to health disparities?
- Are your press releases usually get used verbatim or in other ways?
- Do you use other means to reach journalists other than press release? Are they effective?
- Do you evaluate your media relations efforts? How? What are the results?
- What sources do you think journalists usually use for health disparity issues?
- Do you see any conflicts in your relationship with journalists? How do you manage these conflicts?

Media Coverage of Health Disparities

In addition to in-depth interviews, coverage of health disparities by both mainstream and black newspapers was analyzed. Such analysis of the media content

facilitates the comparison between actual media coverage and issue perceptions held by journalists and public relations practitioners, providing an indication of how the public relations' impacts on media content were mediated through journalists.

Data and sample. Sample of the health disparity news stories came from an existing CDC research program to which the author was granted access. The choice was due to a resource restriction for this study to collect its own sample of black newspapers, which are not available through major media research databases. A stratified random sample of 24 black newspapers was selected from 24 U.S. cities with high racial health disparities. Twelve mainstream newspapers were randomly selected from the 24 cities.

From August 2004 to July 2005 168 stories in the 36 newspapers were identified as cancer stories. Among them, 49 stories mentioned racial or ethnic health disparities, 44 from black newspapers and five from mainstream newspapers. Cancer disparity stories in this study were used as an indicator of media coverage of health disparities due to the logistic limit on the one hand. On the other hand, cancer is a key area where health disparities are evident (CDC, 2005). The particular 12-month period was selected because it was the most recent period during which data were collected by the CDC research program. Therefore these news stories were also the most contemporary for interviews conducted in early 2006.

All 49 disparity stories were content analyzed for following variables:

Type of story. The stories were coded as either news, features, news briefs, columns, editorials or informational/educational pieces.

Mentioning of disparities in headline. Whether racial disparities were mentioned in the headline. It could either mention a specific ethnicity, minorities in general, or the

issue of health disparities.

Disparities as central messages of story. Whether racial disparities were central messages of the story. To be central messages, disparities should be mentioned in most part of the story, and appear in the lead paragraphs of the story.

Communication of disparities. Types of evidence used to support the health disparities mentioned were either narrative, descriptions of racial disparity facts or accounts of personal experiences; statistical, data or numerical figures of health disparities; or a combination of both.

Index group ethnicity. Specific ethnicity of the group being contrasted against all others for health disparities mentioned in the story was coded. Usually an index group was mentioned first in the story. Ethnicities were divided into Latino/Hispanic, African Americans, Caucasians, Asian Americans, others, and non-specified ethnicity.

Comparison group ethnicity. Also coded was specific ethnicity of the group against which the index group was contrasted. Categories for this variable included Latino/Hispanic, African Americans, Caucasians, Asian Americans, others, and non-specified ethnicity.

Sources. Sources in the story were defined as either individuals or groups that provided information such as quotes and facts to be used in the story. Sources included medical journals and studies, federal governments, universities or research institutes, local government, local hospitals, non-profits, media associations and groups, physicians, researchers, and patients or ordinary people.

Triggering events. Triggering events of the story were categorized into staged events, spontaneous events, studies or reports, and investigative pieces. Staged events

included various campaigns, conferences, and community events organized by organizations. Spontaneous events were those took place on their own without planning, examples being disease outbreaks, public health crisis, and accidents.

Locale. Whether health disparities were reported as local, state, or national issue.

Disease. Specific types of cancer associated with health disparities in the story included breast cancer, prostate cancer, other types of cancer, and general cancer.

In addition to content analysis, textual analysis was conducted to examine the themes and specific health disparity frames or attributes of the selected stories.

Data Analysis

Constant comparative method. All telephone interviews were tape recorded upon the approval of interviewees, and were transcribed. E-mail interviews automatically generated transcripts. Constant comparative method (Cancel, Mitrook, & Cameron, 1999; Lincoln & Guba, 1985) was used to analyze all the transcripts.

Beginning with "units of meaning", the smallest details in transcripts, constant comparative method worked by grouping units of meaning into categories based on certain rules. The comparison lied in twofold: when coding an incident or unit of meaning for a category, comparing it with previous ones already coded in the same category; and comparing categories established from each interview with other interviews to identify new categories. This process was performed again and again until saturation. As such the method helped identify emerging categories that were important to the constructs and concepts contained in the propositions.

Thematic, framing and statistical analysis. Often lumped together under textual analysis, thematic analysis focuses on the themes of the texts under examination while ignoring other tasks of the textual analysis such as local meaning, structure, and style (Craig, 2000; Van Dijk, 1991). Applied to this study, thematic analysis revealed themes of the news stories covering health disparities.

Framing has often been treated as a theory that explains the selection, organization, and highlighting of certain ideas by reporters in covering news (Entman, 1993). Meanwhile, it's arguably a method used to analyze the frames contained in the media content. This study used framing analysis as an analytical framework to identify frames or attributes in regards to health or cancer disparities. Frames differed from themes in that the later captured overarching ideas of the stories while the former was concerned about various characteristics attributed to an issue.

To analyze the content analysis data, statistical analysis such as frequencies and chi-square was used to examine sources of stories and compare the results of two groups of newspapers.

Results of interviews and content analysis were compared thematically to see how the perceptions of public relations practitioners, journalists, and the actual media coverage were congruent, differentiated, or related.

Chapter 4. Findings

As mentioned earlier, e-mail and phone call recruitments and follow-up reminders helped this study recruit 30 interview participants in total. It turned out that the interview with a black newspaper editor was not usable because the paper only did health supplement once a year. Therefore this study conducted 29 usable interviews, with 11 mainstream journalists, 9 black newspaper journalists, and 9 public relations practitioners. Eleven of them participated in email interviews, and the rest took telephone interviews which were recorded and transcribed. All transcripts and answers gathered through email exchanges were analyzed using the constant comparative method that involved grouping smaller units of meaning into categories and themes.

This chapter presents a narrative description of the research findings, arrayed in constructs and concepts found important by previous literature and critical to this study's purpose. All categories under the concepts are discussed in order of frequency mentioned by interviewees. The more they were mentioned, the earlier they will be discussed. Table 1 lists all the categories and the times they were mentioned by journalists and public relations practitioners. Propositions and research questions are analyzed whenever it's appropriate (see Table 2 for a complete list of propositions and research questions).

As far as the terminology goes, this study uses 'health communicators' to refer to all interviewees, including both health care journalists and health public relations practitioners, when it is not necessary to distinguish journalists from practitioners. Journalists and practitioners were asked the same questions most of the time, except for

those assessing effectiveness of agenda building, which is discussed in more details in the following section. Effectiveness of agenda building is discussed ahead of other concepts because as a core concept it is closely relevant to six out of ten propositions and research questions of this study.

Effectiveness of Agenda Building

Both journalists and public relations practitioners were asked to evaluate the effectiveness of efforts by public relations to get health disparities covered, only the specific questions they got varied a little from each other to accommodate their different roles in communicating health disparities.

Public relations practitioners' self-evaluation. When asked how often the press releases being sent out were used by the media, most practitioners reported that they were used pretty often. Some "have a pretty good track record of getting media coverage." And for others, "each time our release is used by somebody". A couple of practitioners reported that their releases were "always getting used" and had "a very good track record". There were ones who were less lucky, and got covered from time to time or "not as often as we like".

The answers to this "how often" question was actually in line with what public relations practitioners replied to a more direct probe: how effective are your media relations efforts? "Generally effective" was the rating that most practitioners gave to their media relations activities. In some occasions, they could be very effective and well-received. "We are usually very successful with placement of the materials that we release

and in reaching our target Hispanic audiences."

A majority of practitioners monitored media coverage on their own. But regardless of the use of clipping service, all practitioners did evaluation at a general, impressionistic level without using numbers or statistics. Circulation and unsystematic counting of financial equivalence of advertisement placement were occasionally used.

As far as how the press releases were used, public relation practitioners found that newspapers would almost never use anything verbatim. Journalists may "paraphrase the press release", "I don't think reporters want to use the wording of a press release word for word." Or the public relations materials would be edited. What a public relations practitioner described may be typical for a mainstream media covering disparity issues under deadline, "The print media rarely just go by the press release. They'll call and get more information and get a direct quote. Even if I've included a quote from our director in the press release, they don't want to use the same quote that everybody else has been given. So they'll go ahead and call to get more information and get a quote from a different source."

Minority newspapers, however, tended to use press releases directly or verbatim: "a few Spanish-language publications would just translate and print the releases." Other times the media would call for interviews, used press releases as a guide for interviews, and "kind of write their own stories". Background materials such as data, facts and statistics were favorite picks by the media.

Journalists' evaluation. Journalists, working for both mainstream and black newspapers, were also asked how often they would use press releases or other public relations materials. Their responses differed somewhat from public relations

practitioners' self-evaluation. "I use them all the time" was the mostly given answer. For daily newspaper journalists, they used those materials on a daily basis; and for black journalists working on weekly editions, public relations materials were used weekly. Some used them for "every article I write": "I use the official documents every time I write a health story because that's the news peg that my editor can hang the story on."

A moderate number of journalists used public relations materials from time to time, averaging maybe once or twice a month. Fewer journalists used those occasionally or infrequently. A couple of them claimed to "seldom" or "rarely" use public relations materials.

Usefulness and credibility were asked as additional concepts to gather journalists' evaluation of effectiveness of practitioners' media relations efforts. While quite a few journalists rated public relations materials as "very useful" or "critical", "you must work with them", there were some who viewed them as not especially or very useful. A majority of journalists thought the materials were credible, very credible, or credible for most part. Actually, the usefulness or credibility for journalists in a large degree depended on organizations, and how studies were conducted. Big, professional, medical groups were more trusted than advocacy or patient groups. As for studies themselves, journalists gave credits to fair, balanced, facts-oriented studies with local angles, strong statistics, and large sample size.

Like the public relations practitioners they worked with, journalists were also asked how they would use press releases. A majority of journalists, 16 out of 20 actually, said they were likely to use public relations sources as a lead to gather their own stories. By pointing them to a certain issue, journalists used these materials as a "starting point"

for their own investigation. Sometimes journalists used public relations materials to look for experts and studies for their own in-person interviews and write their own stories. A reporter talked about her experience,

> I've almost never used press release verbatim. I use press materials to alert me to the availability of a story, and maybe tell me where to find the expert. I appreciate the press release, and I use it to understand that there is probably a story there, but I'm going to speak to the cardiologist, and I'm going to read the research… I don't use press people to frame stories. I use them sort of like that's an interesting idea, thank you for alerting me, can you help me connect with the primary sources, that's how I use them. And I think that's how most health reporters use them because we understand their job is to sell us. So we can use their information to know there might be a story there but not take them at face value.

Under other circumstances, journalists relied on public relations materials as primary sources and used them directly for their stories. “Sometimes if I’m just doing a series of health ‘shorts’ in a single article I’ll rely on such material as a sole source.” “…If we get press releases, for example, from American Heart Association and they're hosting some kind of local event, then we may put it on calendar or run a press release based on the event.”

Often times facts and statistics provided by public relations sources were used as background information by the media. “A lot of times smaller ethnic papers like us don’t have the personnel to develop charts and graphs… so we depend on them as a very critical source.” “Most of those we use are research, background materials and statistics. Then they would always lead to examples in the community and real-life cases.”

How did practitioners and journalists agree on their evaluations? RQ4 asked about the congruence between public relations practitioners’ self-evaluation and journalists’ evaluation of agenda building effectiveness. According to the interview

results, most public relations practitioners thought their media relations efforts regarding health disparities were generally effective, which was confirmed by many practitioners' claims that their press releases were used pretty often by the media, with some getting used all the time. Journalists seemed to agree: many of them reported to use public relations materials all the time, and viewed the information to be useful and credible. Although the two groups were not really consistent on how public relations materials were used – more journalists than practitioners stating that the materials were used as a lead for their own stories – both of them acknowledged the fact that these materials were often picked up directly and as background materials. It is therefore fair to say that practitioners and journalists were rather congruent in their positive evaluation of agenda building effectiveness.

As mentioned in the method section, this study uses self-reported evaluation as a measurement of effectiveness, and the results show that collectively public relations practitioners interviewed by this study were effective in their agenda building efforts regarding the issue of health disparities. Journalists' consent in this respect adds to the strength of the measurement.

The Most Important Issues in Health Disparities

In accordance with health disparity literature, the issues most prominent on health communicators' minds when it comes to disparities were either shown differences in health outcomes, access, environment, in other words, problems of health disparities, or various causes behind the problems. Facing an issue as complex as health disparities, it's

not surprising that many of the interviewees found it difficult to single out one important issue from another and listed several sub issues they were concerned about.

Awareness and health beliefs. The people factor was aired by many health communicators. The perceptions, knowledge, and attitudes could be divided into those held by the general public and those by health care communities. A large number of health communicators believed that heath care communities were more accountable for the issue of racial disparities in health care than the general public. Their functions, or dysfunctions to be more exact, covered the whole spectrum of cognition and behavior. Physicians and medical researchers were accused of "insufficient identification of disparity reason", and "lack of knowledge of disparity existence in areas like mental health". This may partly be attributed to their same ethnic background, adding to an "insensitivity of cultural differences". At a behavioral level physicians were reluctant to "push for change", made "insufficient effort to reverse disparities", and had a "professional tendency to do certain things for certain people systematically".

On the part of the general public, health communicators pointed to their lack of awareness of the level of disparity and lack of health information and knowledge. Also, the health care industry's problems resulted in a distrust held by some people toward the health care professionals and the industry. The good news was that a couple of health communicators saw the power within the people: by doing things like taking regular checkups and asking questions they could "take charge of their own health", and "improve overall health outlook despite health disparities".

Access to health care. Usually access was discussed in an economic context: some saw it as a direct consequence of health insurance coverage, others linked poverty

and socioeconomic status with the issue. As a public relations practitioner put it,

> We found that income level is the number one predictor of health outcome. If you raise the poverty versus if you did not, that really is the strongest predictor of whether you're going to be a healthy person and have access to health care in general.

Quality of health care. For some health communicators, the quality of care was also an area where health disparities were evident. Insurance didn't necessarily mean good quality health care:

> The other aspect of it is the quality of care they receive once some types of health insurance are available. Sometimes they're attracted to crowded clinics, not having access to specialists, not getting the most contemporary diagnostic tests being offered, the best treatment.

Differences in health status and outcome. Obviously, black newspaper journalists had a stronger personal feeling about health disparities and tended to be more impressed by the statistics of how minority population differed in incidence and mortality rates of certain diseases. A couple of public relations practitioners joined them, and the conditions mostly cited for health disparities included AIDS, cancer, diabetes and heart disease.

Others. Other issues to which health communicators paid attention included environment differences among various racial groups, and cultural, language, and lifestyle differences that caused disparities.

Did practitioners and journalists agree? Sub-issues of health disparities mostly mentioned by journalists included health beliefs by the public and health care communities, economic concerns and access to health care, quality of health care, and differences in health outcomes. By contrast, those most concerned by public relations practitioners included economic issues, health beliefs, differences in health outcomes, and quality of health care.

Obviously the two groups of professionals had the same issues on mind that they considered important for health disparities, only with differences in ranking. Given that public relations practitioners in this study reported a generally effective agenda building efforts, P1, which proposed that the more public relations practitioners and journalists agree on the most important issue in health disparity, the more effective will be the agenda building efforts, suggests merit here.

Causes of Health Disparities

To a certain degree causes of health disparities overlapped with the issues deemed important by health communicators. Again economic factors scored overwhelmingly, followed by informational, social and cultural factors.

Economic factors. Many aspects of the economic causes of health disparities were discussed by interviewees. Fundamentally "the imbalance of power inherent in a health care system based on capitalism" was behind health disparities. Poverty and economic status was cited, not only in general terms, but also linked to specificities such as lack of housing, education, and differences in environment and air quality. "If you live close to freeways you're going to have diesel trucks travel up and down your street or nearby, that's the consequences of zoning which gets back to poverty." Even some lifestyle issues such as diet and exercise patterns were poverty-related: "We don't eat enough fresh fruits and vegetables because we don't have access to stores that sell fresh foods and vegetables". "Where do you go for exercise… if you're too poor to pay for a gym membership… and afraid to go walking and jogging in your neighborhood because the

crime rate is so high."

Lack of access to health care was on the one hand attributed to lack of insurance, on the other to lack of health care facilities and specialists in rural areas. For example, if "the only hospital in the area is way from where African Americans live, by the time someone realizes he or she is having a stroke and gets to the hospital, he/she would have already suffered a permanent damage… which could have been avoided if there were a hospital that could treat stroke in the neighborhood."

Informational and attitudinal factors. Lack of health education, knowledge and information, and health illiteracy about preventive care for the public was seen as another cause of health disparities. "People are suffering and dying, they're having a lesser quality of life, in many cases due to a lack of information for the public… A lot of things can be prevented, or health disparity can be lessened if people were just better informed."

The other side of the story was health care providers and researchers' ignorance, lack of training, prejudice, and lack of will for a change on the issue of health disparities. Many communicators linked these problems to the fact that too many health care workers come from the same race, and there is a lack of people of color in medical research.

Cultural and lifestyle factors. Cultural values, bilingual infrastructure, and lifestyles such as what people eat historically, and how they live and exercise were big concerns too. The Hispanic's different pregnancy culture provided an interesting illustration,

> What we had understood is that for the Hispanic culture you're only going to doctors when you're sick. Being pregnant is a natural state, that's not an illness, so you don't go to the doctor. They depend on older women who had a lot of babies in their community. In many countries where they come from the diet is different. And they are going to get the nutrition they need from their native diet. When they come to the U.S. they don't

> necessarily have access to those same foods. So when they try to eat and take care of themselves they end up being mal-nurished and run the risk of having low birth weight babies and having other problems with their pregnancy.

Social factors. The social causes behind health disparities ranged from racial attitudes, discrimination, to distrust. “Even with insurance, some people are reluctant to see doctors due to a distrust of the health care system.” A mainstream media bias arose when “editors don’t want to turn a story of health care into a story of race by touching racial disparities in health care.”

Genetic factors. Usually health communicators only briefly mentioned genetics as one of the causes of health disparities without elaboration, and listed it behind other factors. “People may think I'm in a higher risk for certain things just because I'm an AA. And that's true, but those are not the only reason that I may have a lessened degree of health.”

Did practitioners and journalists agree? Journalists dominantly listed economic factors as a major cause of health disparities. Capitalism’s fundamental rules, poverty, housing, living environment, and access to health care were all cited. Other causes journalists discussed included cultural factors, health beliefs and social factors. From mostly mentioned to least mentioned, public relations practitioners attributed health disparities to economic factors, health beliefs, cultural and social factors. Again the two groups of health communicators held similar views regarding what causes racial disparities in health.

Solutions to Health Disparities

The solutions were not asked as a separate question during the interview out of a couple concerns: 1) because researchers are still at an initial stage of proposing and researching on solutions, public relations practitioners and journalists tend to focus less on solutions than problems and causes in their pitching or reporting; and 2) if health communicators were willing to talk about solutions, they could raise this topic while discussing important issues or causes during the interview.

And some health communicators did share their thoughts on solutions as an answer to the disparity problems they saw exist. Economically, providing assistance like Medicaid for people who can't afford health care would help push access. The health care community had a lot to do, including engaging in research for minority people, community-based participatory research and cultural training; rebuilding trust; diversifying racial background; and motivating people to act on health information. Media could assist informing, educating and advocating people to learn and act. Finally, the people were not only passive recipients, "they need to recognize there is a lot of things they can do in terms of how they deal with health providers, and being assertive and interested in not just being told or accepting at face value what you're told without engaging in the process."

Did practitioners and journalists agree? Not every interviewee talked about solutions. But among those who talked, journalists and public relations practitioners were highly congruent in what could help address the problem of health disparities. Both agreed that efforts by the health care community, the role of media in disseminating health information with specific targets, and pushing access to health care could be part

of the solution.

Looking at causes of and solutions to health disparities, P2 suggested that the more public relations practitioners and journalists agree on causes and solutions, the more effective will be the agenda building efforts. The previous section on "causes" shows that practitioners and journalists were consistent in their opinion about causes. Also they agreed on how to solve the problem in a large degree. The agreements were linked to effective agenda building efforts reported by public relations practitioners, offering sound support for P2.

News Values Held by Health Communicators

Two questions were asked in interviews to operationalize news values: what factors affect the use of press releases by the media, and what sources journalists usually use to cover health disparities.

Local and ethnic angle. A local and community human interest angle seems to be a touch that could win the hearts of journalists. For black newspapers, it was natural that their perceptions of community almost equaled to an ethnic or African American angle. Public relations practitioners also recognized this, but maybe not up to a level that met the journalistic requirement. A journalist commented,

> To write a story what you really need is to get it out from a ground level, what is going on with the community, and how people are affected. There is very few people, in my experience, on a local level prepare press releases that have those kinds of things or backgrounds. There are a lot of great people, public health department, clinic, who can really address this issue in a concrete, specific way that helps tell stories.

Reader's interest and relevancy. Expressed differently, but in many cases the issue of relevancy got back to local and community angle. For journalists ways to make a story relevant and important to an average person many times relied on localizing the story with information like what the community and local people were doing about the issue. Of course, audience or public interest could be a much broader issue. Tailoring and adapting messages so that they could be "culturally appropriate and resonate well with the intended minority audience" was just one of them.

Writing styles and presentation. Different aspects of writing were brought up. While some health communicators cared more about substance such as including concrete and specific information, and using real-life cases, others discussed style concerns. "Well-written" seemed to be a necessary condition: "I think if the thing isn't written well it will be dumped. But even if it's written well it might not be used…" Nevertheless, what was well-written was defined in various ways, from being organized to being jargon-free, readable, and understandable to the general public. A couple of public relations practitioners stressed a concise, straightforward, and factual writing style:

> We try to be straightforward in writing because we know that it's fairly possible that many media are going to write their own stories anyway. We don't try to be cute. It's to our benefit to just give them the straight information that they need, and that will help them do their jobs.

Presentation was also important: "If you put something out that's not mostly in AP style, that doesn't have what considered a lead, it's going to get thrown away. Right style is really important. I used to work at a small newspaper and got like 20 press releases every day. If somebody didn't catch me in the first sentence, it would be in the trash."

Sources. Credibility was a key factor affecting whether a source would be used by

the media. Journalists would evaluate whether a source could be verified, had a credible reputation, or whether it was an impartial or partisan source before further considering the values of information it provided.

A further probe revealed that national studies, research, and reports provided by government agencies and medical journals were the most favorite sources for journalists to cover the issue of health disparities. Physicians, doctors and clinicians were another preferred source. Local non-profits that provided information and reports on health disparities were also considered credible. Local government and health departments, federal government agencies, researchers and experts, as well as ordinary people like patients, patient groups, and people who experienced health disparities were trusted, in addition to local clinics and hospitals, and medical groups and associations.

Other news values. Those news values mentioned less frequently by interviewees included space and what else was going on in the community that competed for space, newsworthiness, who and what is quoted, use of hard data and facts, and timeliness. Quality of study was a concern. It got to be "fair and balanced"; monetary investment, research method and sample size would be evaluated; and some journalists preferred "specific studies being done or statistics" to overall summarization of health disparities.

Did practitioners and journalists agree? For journalists, how local and ethnic angle, writing styles, public interest and sources were presented in public relations materials would affect their decision of whether or not to use a press release. Public relations practitioners, on the other hand, thought the media cared about writing styles, placement timing was important for them. Local angles and public interest were as important.

Proposition 3 was concerned about news values, and suggested that the more public relations practitioners and journalists agree on news values in covering health disparities, the more effective will be the agenda building efforts. A comparison of newsmaking factor of perceived importance revealed that journalists and practitioners didn't agree so much on these factors of news values despite of practitioners' self-reported effectiveness. From this perspective, P3 is not supported.

However, things were different from the source perspective. Public relations practitioners agreed perfectly with journalists that national studies, physicians and non-profits were favorite sources for the media to cover health disparities, and were indeed effective in building agenda on disparity, as P3 suggested. As such it seems that the results offer qualified support for P3.

Evaluation of Health Disparity Media Coverage

A majority of health communicators being interviewed perceived either a "distinctive", "absolute" or some difference between the media coverage of health disparities by mainstream and minority media. The difference was thought to be decided by their audiences. "Mainstream media are most interested in what mainstream readers and advertisers want to know, and that very seldom means they're interested in the interest of smaller groups. Minority media have that group as their key audience and they're going to do the broadest coverage." Generally, health communicators thought minority media did "a much better job" covering disparity than mainstream media, which was shown in the following aspects.

"Always an issue" vs. "shy away". One black journalist summarized his opinion about disparity media coverage by two groups of media as a "difference in quantity not quality". A good number of health communicators illustrated that point. For minority media, health disparity was "always an issue" that attracted much focus and attention. The mainstream media, however, tended to "shy away from the issue". As a result, there was little attention to and downplay of the issue in mainstream newspapers, and the coverage was "sparse", "spotty" and "thin". Despite such rarity, some communicators thought the disparity issue was getting attention from the mainstream media and would be bigger with the changing audience.

"No resources" vs. "no will". Others, however, did see a difference in quality of the disparity coverage. Due to a lack of resources and manpower for smaller community black newspapers that were usually weekly publications with a couple of many times dual-responsibility health reporters at most, minority newspapers were not always doing investigative kind of pieces. But they did have in-depth stories. Actually, minority-owned media was "where you generally find most in-depth stories", and "a few national outlets like *Essence* have done a pretty great job putting itself in some depth".

By comparison, the mainstream media had "no will" to cover health disparities. They only covered the issue when a major study or official report came out in what was called a "parachuting journalism" type of manner. Dedicated to events and statistics, mainstream's coverage of health disparities was criticized to be "superficial", "not covering nuances well", "not cohesive, comprehensive, or consistent". Nor did they have enough experiences with minorities, or senses or understanding about the population.

"Subjective" vs. "objective". Another difference in quality of the disparity

coverage by minority and mainstream media was manifest in a “subjectivity” of the minority media. Viewing themselves as the “voice of the community”, the minority media were more of an “advocacy” and “a service to readership” with a people-related, human approach. Also minority media cared about what the government was doing about disparities, and tended to be critical. Like a black journalist said:

> We're an ethnic newspaper, and we have to sometimes be kind of subjective. So it's kind of like our job because we're like the voice of our community. LA Times did a series on King Drew Hospital a couple of years ago, and won a prize for it. From their perspective, it was a good series. For us King Drew is our community hospital, and we had to go ahead and report that story in a different way… Sometimes it's necessary to be subjective because sometimes people look for us to help them. Without media, who is going to know there is a problem.

As objective as the mainstream media tried to be, by focusing on numbers and studies and painting a bigger picture, some health communicators found them to be over sensational, and like to jump on bad, hot news rather than everyday, baby step development in efforts to eliminate health disparities.

In spite of their differences, both mainstream and minority media were perceived to share some common weaknesses. Rarely did they pay attention to disparities in specialty areas such as infertility and mental health outside of the usual suspects like cancer and diabetes. When discussing the issue itself more often than not the media portrayed health disparities as a poverty issue and neglected its cultural component. Overall the media could improve their disparity coverage by “giving the attention it deserves”, and looking more at the positive side and what is being done.

Did practitioners and journalists agree? Apparently public relations practitioners didn’t pay as much attention to how health disparities were covered by various media

outlets. One of them said, “I haven’t read minority newspapers closely”. On the contrary, a majority of journalists saw a “distinctive” difference between the disparity coverage by the mainstream and minority media, no public relations practitioners concurred.

Proposition 4 approaches news values from another perspective: how the media coverage is evaluated. Specifically, it proposed that the more similar public relations practitioners and journalists evaluate the media coverage of health disparities, the more effective will be the agenda building efforts. Against an effective agenda building evaluation by practitioners, the diverge in practitioners and journalists’ evaluation of disparity coverage shows thin evidence to merit P4.

Nevertheless, when talking about the different coverage by mainstream and minority media, both practitioners and journalists realized that mainstream media didn’t pay as much attention to the issue nor were they committed to covering the issue with depth or consistency. This agreement is in the right relationship with practitioners’ self-reported agenda building effectiveness. From this angle something seems to be there with P4.

Conflictual Relationship

To answer RQ1 that asked if public relations practitioners and journalists see any conflicts in their relationship, a majority of health communicators wouldn’t describe the relationship as they experienced it as conflictual. Most of the interviewees, 22 out of 29 of them, had not or “rarely” experienced conflicts in their interaction with journalists or public relations practitioners.

An interesting phenomenon was that after their initial "no" answers a handful of interviewees went on to describe their occasional "incidents" with journalists or public relations practitioners. "There are some incidents, but I don't think there is any real confrontation", as a public relations practitioners described it. Only three interviewees directly admitted "sometimes" they saw conflicts in the relationship, and two gave the definite "yes" or even "absolute" answer.

Why no conflicts? It seems that understanding, knowledge about and respect for each other accounted for a large part of the peace between journalists and public relations practitioners. Journalists understood practitioners' positions to do their job, and appreciated the fact that practitioners knew there was no guarantee for placement, and knew what to expect and send to the media. Having been in others' shoes helped a lot in this respect,

> At one time having been on the PR side of things, I understand how the game works, and believe that in the long run a PR person only undercuts their own credibility by trying to spin things too much. A good PR person is there to assist the reporter, not dictate the story.

The same held true for public relations practitioners. A lot of them had been reporters themselves, and respected their work:

> I was a reporter for like 6 years or more. So I respect the work they have to do. And most of the people who work in my office have been reporters. So we have a tremendous amount of respect for the job they have to do… Knowledge brings about a better understanding and a better working relationship. Most of us have some knowledge and some experience, as having been where they are.

Another explanation for usually "a good working relationship" between journalists and public relations practitioners was that the two had different yet interdependent roles in the communication chain. To quote a black journalist, "we're just

the megaphone, and they're the cheer leaders." "The cheer leaders need megaphone to reach people in the community. So we have to work together. They need us to get the word out, and we need them to make us more relevant and informative." Public relations practitioners, especially those representing authoritative sources, also viewed themselves as "providing important information" and "expertise", "they need us as much as we need them".

Why the conflicts? Those sometimes or occasionally experienced conflicts tended to give technical scenarios about why these conflicts occurred: when journalists didn't adhere to embargo, when rarely public relations practitioners wanted to see story before publication, when practitioners controlled access to experts, when journalists didn't write the way practitioners wanted, when a particular person was not easy to work with, etc.

At a deeper lever the only two interviewees who gave definitively positive answers attributed journalist-practitioner conflicts to "different agendas", and described the relationship as "fundamentally full of conflicts."

> On a fundamental level a PR person is pitching a particular point of view, maybe it's a perfectly valid view, but they have an agenda. They're trying to make a clinic or an institution look good, they're trying to attract more patients, they're trying to pitch the stories being done by researchers they represent over research done by somebody else. I've respect for PR people who do their jobs well - don't get me wrong - but it's my job not to be taken in by that.

How to manage conflicts? RQ2 was concerned about how the conflicts are managed by health communicators. Some strategies used to avoid journalist-source conflicts included: letting sources know they are not the only source; letting interviewees see their quotes for accuracy check; asking inside questions about sources' agenda and conflict of interest; working around public relations people and directly going to sources;

being straightforward about whether to use public relations stories or not; and not being combative. After all, journalists seemed to have greater power in the relationship, and at the very least they could "take what I need and leave the rest".

Conflict Framing

Quite a few health communicators had a hard time understanding the association between "escalating conflict" and getting news attention for health disparities, as RQ3 asked. When they did see the link, more often than not communicators wouldn't agree that escalating conflict in reporting disparity stories would help catch more attention from editors or readers. But a couple answered both "yes and no" when they took two sides of the story into account.

No conflict framing, please. In many health communicators' eyes, to tell the truth, present facts, and report the gap as it is was not escalating conflict. And they would not exaggerate, make more of a gap or sensationalize a story at the price of "warping public perception".

> I think about the truth. I try to tell the story in the best possible way I can tell it, but I'm not going to exaggerate the statistics or the results of the study. The facts are facts, and I pick the facts… If it has become common for cardiologists to turn Hispanic women away from their offices, that's a story I'll tell. But if doesn't exist or it only happened in two incidences, it's not the story I'm going to try to sell even though somebody saw that headline they may find interested in that. I don't think that's useful. I think it's dishonest.

From an editorial perspective both journalists and public relations practitioners assumed that general publications and editors didn't like too many conflicts in their

stories and preferred instead balanced presentation. As a black newspaper health editor said, “our paper aims to inform and educate… we provide information for people to make decision and to take their health into control.” Also they tried to “avoid controversial pieces”.

Yes, it may help. When news was seen to necessarily involve conflict, and health disparities an issue that was inherently about conflict and social inequality, it was natural that some health communicators wouldn’t frown at the concept of conflict.

> We would never strive to put a positive spin on significant disparity issue because it is inherently a negative story. It's inherently not so good news. So we would not try to portray it as good news. If for instance we do a news release showing that, the Latino population has one of the highest rates of uninsurance in the state, we would not try to sugar coat that… In a sense yes sometimes when the news is negative and has conflict it does generate a little more attention than a positive news story.

Putting aside their “writer” side, a couple of communicators saw the advantages in escalating conflict in order to raise the “profile” and “visibility” of the issue they felt personally moved by. At this time some one wouldn’t reject the label of “left sociologist”.

> You've got to escalate the visibility of whatever you advocate for. It's such a big issue that there are many diseases that are affecting Americans and affect people of color more than the general population. We want to make sure that we get resources to help people of color overcome those disparities. You've got to raise the profile to do that.

Readers might like that too. Compared with other stories, a story about a black lady’s unfair deal at a local hospital got a lot of responses: “that's a story I got a lot of phone calls on when people were saying, yeh, the same thing happened to me, I understand what she was talking about. They really could relate to what she went through.” That may be part of the reason the media liked to “jump on bad and negative news”, and why sometimes “conflicts sell easily”.

Nevertheless, most health communicators agreed that health disparity coverage should be more than problems and conflicts. “I think the reporting should go beyond the superficial level - yes there is a problem and say yes there is a problem and here is why and here is what’s happening in the community and where things are going wrong and what can we do about it.” “Whenever we do news releases pointing out a problem or a challenge I always try to include a paragraph or two about what we are doing about it. Because I hate just to put out bad news without being able to say that in response we are doing whatever the case may be.”

Media Coverage of Health Disparities

In this study the coverage of health disparities related to cancer was used as an indication of media coverage of health disparities due to resource limits as mentioned in the method section.

Some statistics. For both black and mainstream newspaper, most of the stories that mentioned racial disparities in health were news stories, accounting for 36% (16 stories) and 80% (4 stories) of the total respectively. For black newspapers, feature stories were another favorite avenue to describe disparities, from a humanistic angle. This group of newspapers published a fair amount of informational and educational pieces, 12 out of 44 analyzed, that included disparity facts.

Breast cancer and prostate cancer attracted much attention from black newspapers in their discussion of racial disparities. The two diseases combined accounted for 52% (23 stories) of the total stories, whereas 19 stories (43%) described racial disparities in a

context of other types of cancer or general cancer. Mainstream newspapers didn't seem to be particularly concerned about breast or prostate cancer, and most of the time (in all five stories) associated racial disparities with general cancer.

More often than not, black newspapers treated health disparities as central messages of the story, 26 out of 44 stories (or 59%) mentioning racial disparities, even though not all of these stories highlighted racial disparities in headlines. In other cases, racial disparities were mentioned in headlines but didn't appear in story texts as central messages.

Mainstream newspapers, on the contrary, tended to include racial disparity facts only as peripheral information in the story instead of central messages. Only one out of five stories focused its attention on racial disparities, with such disparities stressed in the headline.

When communicating racial disparities in cancer, a majority of stories used statistics to illustrate the point. In black newspapers, statistics and quantifiable data were provided in 33, or 75% of the 44 racial disparity stories. Numbers and figures also appeared in three out of five (60%) racial disparity stories in mainstream media. Eight black newspaper stories (18%) and one mainstream story (20%) described racial disparities narratively. A small number of stories, three black newspaper stories and one mainstream story, used both statistics and narration to describe racial disparities.

Considering the audience of black newspapers, it is most reasonable that a majority of black newspapers illustrated racial disparities by contrasting African American population against whites in incidence or mortality rates of certain disease. Thirty two out of 50 index groups, or 64%, were African Americans; and 23 out of 47

comparison groups, or 49%, were whites. The total numbers of index and comparison groups were not equal and both exceeded the total number of racial disparity stories, 44, because some stories included more than one index or comparison groups, making comparisons among several ethnicity groups. Less frequently black newspapers contrasted whites against African Americans in various aspects of the racial disparities such as health outcomes and behaviors.

Mainstream newspapers generally followed the same trend in comparing specific ethnicities: African Americans were contrasted against whites most of the time for either incidence and mortality rates of diseases, or other health issues. For these newspapers, five out of six index groups, or 83%, were African Americans; and three out of five comparison groups, or 60%, were whites.

Even though all newspapers being content analyzed by this study were local media outlets, they overwhelmingly treated racial disparities in health as a national issue with no regional breakdown. Forty three out of 44 black newspaper stories reported national data on racial disparities, with only one story including local disparity data at town or county level. Three mainstream stories (60%) in their racial disparity reporting relied on national data, and one story gathered state statistics regarding racial differences in health.

Information subsidies. Two variables were coded to indicate to what extent the news media were reliable on information subsidies provided by various organizations: sources and triggering events.

The 44 disparity stories in black newspapers used 86 sources in total, averaging 1.95 sources per story. The most frequently used source was medical groups and

associations, used 18 times or 21% of the total. American Cancer Society was one of the favorite medical association sources used by black community papers. The papers also preferred medical journals/national studies and researchers as resources of racial disparity information, each being referred to 11 times and accounting for 13% of the total sources used. Slightly behind were ordinary people such as patients or cancer survivors. They were usually the heroes or heroines of feature stories that described survivorship and inspiration or how friends and families of cancer patients embarked on voluntary work to help their communities out.

Similar to their counterparts in the black community, mainstream racial disparity stories used an average two sources per story. Medical associations were also among the more frequently used sources by mainstream media, appeared twice in 10 sources used in total. Equally trusted by mainstream newspapers were local non-profits and physicians, each used twice in the stories.

RQ5 asked how public relations practitioners' self-reported effectiveness compared information subsidies identified in the media content. Having examined the sources used by disparity stories, it seems that the self-reported effectiveness of public relations practitioners is supported by the media content. Compared with group sources, such as media associations, federal agencies, media journals, local hospitals and non-profits, and individual sources affiliated with official organizations, non-affiliated individuals were less likely to actively feed information subsidies to media outlets. Rather, the media tended to seek contributions from these individuals on their own. Obviously, both black and mainstream newspapers used group and authoritative sources much more frequently than individual, ordinary people sources, 76% against 13% for black

newspapers, and 90% versus 10% in the case of mainstream newspapers. The difference indicates that in racial disparity communication the media relied pretty heavily on information subsidies provided by various organizations and groups.

Of course distinguishing official sources from non official ones used by the media could not be a complete and independent indicator of information subsidy. Individual sources like researchers or physicians, for example, could be providing information subsidies to the media, as spokespersons for their organizations, in one case while independently speak out their opinions in response to media inquiries in another.

Out of this concern this study also examined triggering events of the news stories to detect information subsidies. The results show that the media indeed got much of their racial disparity information from subsidies from various health organizations.

Twenty two or 50% of the black newspaper stories on racial disparities were triggered by staged events including conferences, campaigns such as awareness month activities, and community events. These stories were most likely to be provided by event organizers or at least with organizers being primary sources of the stories. Another nine stories came from medical journals, reports or studies released by federal agencies or media associations, or studies and programs that were seeking participants in the community. There were also 10 informational and educational pieces about facts and recommendations of certain diseases that included ethnicity specific elements. It is reasonable to assume that these study-oriented and informational stories were supplied by various journals or health organizations engaging in research programs. As such a majority of the black newspaper disparity stories came from information subsidy channels. Sadly, not a single story was coded as investigative pieces, or something that

happened spontaneously.

Mainstream stories mirrored this situation. Four out of five stories were triggered by medical journals, research studies or reports, while the rest one was by community events, all likely to be subsidized information, at least partially. Again there were no spontaneous events or investigative stories.

Therefore to answer RQ5, public relations practitioners' self-reported effectiveness of their agenda building activities around racial disparities was confirmed by the amount of information subsidies found in the media content.

Themes. A thematic analysis of racial disparity stories shows that the most prevalent theme among black newspaper stories was to encourage people to have regular check-ups and early detection screenings. Early detection such as mammogram and colonoscopy was seen as "our best defense" (Harris, 2004), a "remedy" (Reddick, 2004) and could "save lives" ("Want to add save lives", 2004). Consequently, article after article was talking about the criticality of seeking annual screenings for certain age groups.

The importance of research in helping eliminating racial disparities was another common theme among black newspaper stories. Investigation of causes of certain types of disease in African Americans and their biological differences, and research on prevention, detection and treatment methods was expected to help reduce incidence and mortality rates from certain types of cancer in the population (Marchione, 2005; James, 2005).

Racial disparity itself was sometimes the focus of a story. While one story reported 'non racial disparity' in effects of a breast cancer drug for black and white

women (“Cancer drug”, 2004), others found differences in health behaviors between blacks and whites. African Americans were less likely to seek genetic counseling (Tanner, 2005), get screened for prostate cancer (“Elderly African American”, 2004), or be seen by surgeon and have surgery treatment (“African Americans”, 2005).

Treatment solutions were discussed in a fair amount of black newspaper disparity stories. Efficacy was reported for certain drugs in African Americans (“New data”, 2004), and treatment in addition to prevention and early detection was found to help reduce deaths from cancer (Eschenbach & Leffall, 2005).

Mainstream newspapers seemed to have approached the issue of racial disparities differently than black community papers. Three out of five of their disparity stories focused on overall cancer statistics that touched on minority facts (Neergaard, 2004). The only story that thematized on racial disparities, however, stressed the importance of early detection as their minority counterpart did, and included information on prevention, screening, and cultural and lifestyle issues that were usually seen in black newspapers (Silcox, 2005).

Health disparity frames. Regarding specific racial disparity frames, every single article in black and mainstream media mentioned disparity facts, that is, what the ***problems*** were.

An absolute majority of black paper stories and all five mainstream stories interpreted racial disparities as differences in health outcomes between African Americans and other ethnic groups, usually whites. African Americans had higher incidence and mortality rates for general cancer than any other population group (Eschenbach & Leffall, 2005; Silcox, 2005). In three mostly mentioned cancer, black

women were less likely to develop breast cancer but more likely to die from it than whites (Conley, 2004; Maze, 2004); black men had the greatest incidence of prostate cancer in the world and twice the mortality rate of white men ("Study", 2005); and incidence and death rates for colorectal cancer among blacks were higher than whites (Harvey, 2005).

Racial disparities were also discussed in a context of risk factors. Black men were at a greater risk for prostate cancer (Harvey, 2005), and blacks generally faced a higher risk for colon cancer ("USC study", 2005). Disparities in access to health care and in likeliness to seek treatment for African Americans were discussed in a few articles ("New data", 2004; "African Americans", 2005).

Causes of racial disparities were explored by about 80% of the articles being analyzed. Socio-economic status that encompassed a lot of issues such as poverty, access to health care, and living environment caught much attention from both black and mainstream newspapers (Reddick, 2004; Silcox, 2005; "USC study", 2005).

Lifestyle and cultural differences were also big in explaining racial disparities, even though many stories didn't elaborate on these factors. Some articles attributed higher incidence rates for certain disease partly to blacks' diet habits and prevalent obesity (Marchione, 2005). A couple of usually unnoticed facts were interesting too,

> Black smokers tend to prefer menthol cigarettes and to inhale deeply. Many black patients wait longer than whites to go to a doctor when symptoms appear. And unless the message comes from their doctor first, they might be unwilling to change their unhealthy behaviors. (Silcox, 2005)

Health beliefs held by African Americans to some degree accounted for racial disparities between blacks and whites. Misconceptions and false knowledge, manifest in

underestimation of risks and lack of awareness of medical options, would deter screening and treatment (Tanner, 2005). For example, “most older women assume that once they are past the childbearing age they no longer need regular gynecological check-ups because it’s younger women who need regular exams” (“September”, 2005).

Fear was common within the black community: “some women say, ‘if I go (mammogram), they’ll find something wrong with me. If I don’t, they won’t” (Lee, 2004). And there was the mistrust factor,

> Historically, blacks refuse medical treatment due to their mistrust of the medical community. … “We don’t trust anybody – other than the Lord… It doesn’t have anything to do with education, but everything to do with mindset. Some of us still don’t trust the medical system and will refuse to tell anyone, ‘here is my body, do what you want with it’”. (Reddick, 2004)

Quite a number of stories, all in black newspapers, associated genetics with racial disparities in incidence and death rates of certain types of diseases (Tanner, 2005; “USC study”, 2005). For prostate cancer, for example, the black race was seen as a risk factor (Farrington, 2005).

Health behaviors of blacks, such as never getting checked, unscreened or being diagnosed at a later stage of cancer, were sometimes cited to explain higher death rates among this population (Conley, 2004; “Elderly African Americans”, 2004; Maze, 2004).

Most racial disparity stories, 84% of the black print coverage and 60% of the mainstream coverage, included ***solutions*** with their presentation of problems and causes. Early detection and screening was the number one defense advocated by the media, especially black community papers, to combat higher incidence and mortality rates of cancer in African Americans. Referring to the fact that more black women die from breast cancer, it was suggested that “the tragic outcome can be avoided by early detection in the

form of a mammogram" (Harris, 2004). And for colon cancer that was very common in blacks, "many Americans don't know that it is one of the most preventable types of cancer… Early detection and treatment can reduce deaths from this disease" ("USC study", 2005).

Closely related to early detection was to educate people about this defense and about other cancer prevention and treatment options. One of the local politician said, "our challenge is to educate people about the importance of regular screening… I'm a believer in the awareness of this cause". (Harvey, 2005). Community volunteers and advocates, usually trained by medical associations, were a major force in educational outreaches as depicted in many black community papers ("Want to add", 2004).

Other solutions offered by the newspapers included medical and social research on the causes of racial disparities involving African Americans ("New data", 2004; James, 2005); treatment advancement that combats cancer and enhances quality-of-life for patients (Eschenbach & Leffall, 2005); lifestyle and diet changes (Harvey, 2005); and access to quality health care ("African Americans", 2005).

How did media frames compare with communicators' perceptions? To illustrate the point that the impacts of public relations practitioners on media content was mediated through journalists, P5 of this study proposed that journalists' perceptions of health disparities would more closely reflect the actual media disparity agenda than those of the public relations practitioners.

In response to what causes racial disparities in health, journalists listed economics, cultural factors, health beliefs and social bias. What caught public relations practitioners' attention included economics, health beliefs, cultural factors and social bias. The media

content, in contrast, explained disparities by socioeconomic status, cultural and lifestyles factors, health beliefs and genetics. The three lists were all close, and in terms of issues included the perceptions held by journalists and practitioners were even closer to each other than they were to the media content. Nevertheless, if judged by the top three causes being mentioned, journalists' perceptions were exactly the same as the media content, indicating that their perception of disparity causes were indeed closer to media agenda, slightly though, than those of the practitioners. Thus the 'cause' element of the issue perceptions suggests merits for P5.

The same trend didn't repeat itself in perceptions about solutions. Both journalists and public relations practitioners agreed that diversifying efforts from the health care community, promotion of awareness by the media, and pushing access would help reduce disparities. The media coverage, however, advocated for early detection, awareness efforts and research from the health care community. Although perceptions of communicators and media agenda didn't divert too much, journalists' perceptions didn't mirror media agenda more than practitioners', offering minimal support for P5.

The most important issue of racial disparities in media content was not as manifest as communicators' opinions that were directly asked in interviews. Coding it as the most prominent disparity frames that took most article space, the media's number one issue in disparities included health beliefs, early detection, research and access/economics. Those mentioned most by journalists were health beliefs, economics, quality of care and disparity in health outcomes; and by practitioners economics, health beliefs, disparity in outcomes and quality of care. Journalists' perceptions were hardly closer to media agenda than those of the practitioners. Again, P5 doesn't find much support in this aspect of the

issue perceptions.

Overall health communicators' issue perceptions about racial disparities didn't overlap too perfectly with media agenda on this issue, and journalists only scored slightly better than practitioners. Their perceptions were closer to each other than to how the media covered this issue. P5 is narrowly supported.

Chapter 5. Discussion

More on Agenda Building Propositions

Data analysis at an aggregate level in the previous chapter shows that the first four propositions of this study, key to test the model of agenda building, are generally supported. Nevertheless, how the propositions are supported could further be analyzed at an individual case level.

Of the nine public relations practitioners being interviewed, eight had their materials being used by the media “all the time” or “pretty often”, and claimed to be generally effective or “sometimes very effective” in building media agenda on health disparities. Only one practitioner did not see herself so effective in building media agenda, with their materials used from time to time.

The four propositions of this study suggested that if public relations practitioners perceive the issue of health disparities similarly with journalists and have similar news values with journalists, their agenda building efforts to get health disparities covered will be effective. The reverse is also expected to hold true: the agenda building efforts of those practitioners who don’t agree with journalists on issue perceptions and news values will be less effective. At an individual case level, the respective effectiveness or ineffectiveness of all nine practitioners as shown above could be matched with their issue perceptions and news values to further examine and analyze the validity of the

propositions.

For example, one of the public relations practitioners, hereafter referred to as case one, reported very effective agenda building activities. In terms of how often their public relations materials were picked up by the media, “almost every time I send out one it gets used by somebody. It’s not necessarily by the really big daily newspapers, but there’s been very few incidence since I’ve been here where the press release doesn’t get used by some particular entity.” Her own media relations evaluation also showed positive results. “We use a clipping service to provide us with clippings from any sort of efforts that we have done… Some of the results have been very good.”

Now let’s take a look at how case one perceived various disparity issues and the news values on covering this topic. The issue she considered most important for health disparities was health beliefs,

> I think that probably right now the most important issue is lack of knowledge among researchers and clinicians. They don't seem to realize there is a disparity. Even if you bring it to their attention a lot of the times, they don't understand, especially ones who are not minorities. They don't understand the implications. So I think a lack of education is probably the biggest problem right now. Researchers and health care providers don't understand, they don't know about it, therefore people aren't really involved as much in doing research or trying to figure out how to reduce disparities.

The view was in line with how journalists perceived this issue. Collectively, most of them mentioned awareness and knowledge factor as the most important issue in health disparities. Therefore case one offers support for P1, which suggested that the more public relations practitioners agree with journalists on the most important issue, the more effective would be their agenda building efforts.

The same case, however, shows minimal support for P2. The causes of health

disparities listed by case one were mostly about health beliefs and knowledge, which differed from journalists' intense attention to economic factors. Not agreeing with journalists on causes, yet case one reported agenda building effectiveness. The relationship is against P2's assumption that practitioners have to agree with journalists to achieve effectiveness.

P3 suggested a similar correlation between the news value agreement by practitioners and journalists and agenda building effectiveness. About what factors were thought to affect the use of press releases by the media, case one said, "hitching into local human interest, in some way showing them how that local trend has national effects or has effects throughout this region. Those things seem to really get the attention of reporters. Plus if you have local celebrities involved, that gets the attention as well". This local angle was exactly what most journalists considered an important news value. Case one also agreed with journalists that physicians were among the favorite sources of journalists use to cover health disparities. The agreements correlate with self-reported agenda building effectiveness of case one, showing merit for P3.

When asked if she perceived a difference between the coverage of health disparities by mainstream and minority media, case one gave a positive answer, which corresponded with a majority of journalists' opinion. Furthermore, she thought "there seems to be more coverage of health disparities in minority media than there is in mainstream media", and "it seems to make sense considering the different audiences of these newspapers". This was actually what most journalists perceived as a major difference in disparity coverage by two groups of media, "…the difference lies primarily in the quantity of coverage not so as in the quality of coverage". The agreement on

disparity media coverage between case one as a public relations practitioner and journalists offers evidence for P4. According to the proposition, practitioners effective in building media agenda like case one tend to agree with journalists on evaluating media coverage of health disparities.

In another case, case two, efforts in building media agenda didn't seem to be very effective. According to her self-assessment, "our press releases were not used as often as we would like them to be". However, the particular public relations practitioner did seem to agree with journalists on a lot of health disparity related issues. Like journalists, she thought "access to health care" was the most important issue in racial disparities, and economic problems "inherent in the system" and other aspects like "cultural issues and language barrier" in a large degree caused health disparities. She also had a similar evaluation of media coverage of health disparities with those of journalists,

> I think that the mainstream media does a very poor job of covering the topics of health disparities. I am constantly frustrated by the lack of information, articles, and insight into the issue.

Such a reverse relationship between effectiveness and perceptions, that is, self-reported ineffectiveness and agreement between practitioners and journalists, is on the contrary to propositions 1, 2, and 4. Those propositions suggested that if public relations practitioners agree with journalists on the most important issue in health disparity, causes of disparities, and evaluation of disparity coverage, they would report effectiveness in building media agenda on this issue.

Proposition 3, however, partly suggests merit in case two. The practitioner believed that "the ability to quote, and the ability to write something that is relatively easy to generalize is very important" to get press release picked up by the media. By

contrast, journalists mostly appreciated local angles and appropriate writing in public relations materials. The disagreement in news values spoke to case two's reportedly ineffective agenda building efforts, which is suggested by P3: the more practitioners and journalists agree on news values, the more effective would be the agenda building efforts.

Similar analysis could be performed on each of the rest seven public relations practitioners being interviewed, the process of which is not detailed here. Table 3 lists the results of such analysis, with case one and case two included. It also summarizes the results of aggregate data analysis that was discussed in the previous chapter.

In summary, the four propositions are pretty well-supported by looking at public relations practitioners collectively. As a group, they in a large degree held similar perceptions with journalists regarding health disparities, in terms of the most important issues in health disparities, and causes and solutions to the problem. Putting side by side the perception congruence with practitioners' self-reported effectiveness in building media agenda, it seems that issue perception plays a big role in influencing agenda building, corresponding to the model of agenda building proposed by this study.

The propositions regarding news values gather less support from aggregate data, which seems understandable. Perceptions about specific issues are unique for each issue under examination. Public relations practitioners and journalists tend to agree more on perceptions regarding disparities partly because these perceptions mostly evolve from their daily interactions with experts or from government reports that they were exposed to. As a matter of fact, both journalists and practitioners viewed certain groups, including national studies, physicians and non-profits as their major sources of information. The common source and knowledge gradually lead to their shared issue perceptions.

News values, on the other hand, are not specific to the issue of health disparities, and are more subtle for practitioners compared with knowledge about a certain issue. They are learned from individual experiences, and are usually in flux and not prone to be disseminated as knowledge. As a public relations practitioner, who has been working in the field for more than ten years, described,

> It's hard to predict what makes good news. Sometimes you get a good sense of it, other times you don't. Sometimes you think you'll get a lot of pickup and you'll have nothing. And then doing a story well it's not that a big deal and everybody covers it. I wish I knew how to predict it. It will make our job a whole lot easier.

Even for federal agencies like CDC, where "we get clippings everyday, and the name CDC is in major media and smaller media outlets across the country everyday", it is hard to get every media outlets interested in what they want to be covered,

> Right now they are asking about avian flu, mops, whatever is hot and sexy for them on any given day. And many times what they are calling us about is not always the things that are creating or causing long-term damage or long-term public health effects. It's what's hot for them, and what's of interest for them at that moment. So we compete with everything else that is going on in the world.

But the bottom line is that news values count. Although public relations practitioners interviewed by this study provided less than perfect evidence for the news value proposition, they did largely show their agreement with journalists regarding what makes health disparities news. And that congruence was accompanied by self-reported effectiveness in building media agenda on disparities, as suggested by the news value proposition.

Several individual cases support the four propositions equally well as aggregate data, or even better. In addition to case one discussed earlier, case three and case four

offer particularly satisfactory evidence for the agenda building propositions. In these two cases, the interviewees both reported very good track records of getting their messages covered by the media. One of them said, “I’ve been very blessed with a very good coverage. We’ve developed a good relationship with our local media, and they are very responsive to our press releases”. Accordingly, they held similar views with journalists in terms of the important issue in health disparities, causes of solutions of disparities, and what affected the media’s use of public relations materials.

Case two as analyzed above, on the contrary, is one of the few examples, another one being case eight, where agenda building propositions are not well supported. Case two agreed a lot with journalists on disparity perceptions and news values, yet she reported ineffectiveness in agenda building. Reporting effectiveness in agenda building, case eight didn’t agree with journalists on a lot of the issues and news values. All these run contrary to the agenda building propositions.

A closer look at these “good” and “bad” cases reveals that what kind of organizations public relations practitioners work for is an important factor influencing how well the propositions of the agenda building model perform. This manifests in two folds.

First, how well the organizations support the communication of health disparities is important. In three cases where propositions are well supported, one worked for a state university’s health science center, and two worked for local health departments with much attention to the issue of racial disparities in health. For example, one of local health department “has about 30 different programs and all of our programs are really targeted at groups we consider high risk. Sometimes that falls into a racial disparity”. The other

local health department has an office of minority and multi-cultural health that works with the communications office. For the university, “our school of public health focuses predominantly on Hispanic populations. So any time we have researchers that are doing something there, the majority of the time it's going to be related to some sort of health disparities. So anything that comes out from that particular school it's pretty much about disparities.”

One of the “bad” cases that offer minimal support for the propositions, however, worked for a federal agency where racial health disparities are only one of its many focuses on health. “We issue more than 200 reports a year on various subjects, and only do press releases on what we consider newsworthy. Only a small part of them are concerned about health disparities.” The other case sent out press releases regarding health disparities “about every three months”, a much slower rate compared with those “good” cases who sent out disparity materials to the media every three weeks on average (“We send out press releases probably about 15 or 16 a year,” or “10-20 a year on disparities”.).

Second, reputation and authoritativeness of public relations practitioners’ organizations would sometimes overshadow the role of practitioners’ disparity-related knowledge and experience in influencing effectiveness in building media agenda. In case eight, the practitioner worked for a major federal agency that sent out health disparities materials on an infrequent basis. One of them was about a major report on racial health disparities, and received “wide-spread coverage in national media”. Along side such effectiveness in getting media attention, however, was the practitioner’s disagreement with journalists on a lot of disparity issues and news values, contradicting this study’s

agenda building propositions. A plausible explanation would be that the organization and hence its report's prestigious, authoritative status – as shown earlier national studies ranked first as journalists' favorite sources covering disparities – helped make its materials credible and newsworthy, which as a result contributed to its agenda building effectiveness. Even though the practitioner himself was not really familiar with the world of communicating health disparities, the reputation of the organization he represented helped with the effectiveness of building media agenda.

Case two illustrates this organization factor with an opposite scenario. Agreeing with journalists on most disparity issues and news values, she reported ineffectiveness in building media agenda on health disparities, which also contradicts the agenda building propositions of this study, but in a different way from case eight. The practitioner's organization is a private foundation, obviously less prestigious than the federal agency or national studies that case eight represent. The organizational status difference may partly dilute the practitioner's ability to influence media agenda with her own knowledge and experience.

So far it has been shown that the results of this study, both at an aggregate data and individual case level, offer satisfactory support for the four propositions developed from the model of agenda building. Generally, issue perception propositions are slightly better supported than news value propositions. Some cases suggest merit for the propositions better than others, which may partly be accounted by the organizations that public relations practitioners represent. In situations where organizations support health disparity communication the agenda building propositions are better supported. The organizations' reputation as authoritative sources could be a factor affecting how well the

propositions of agenda building stand.

Besides the four central propositions of the model of agenda building, an additional P5 was raised by this study, using media content to test the effects of public relations on media content. Given that such effects could only take place through journalists, this study proposed that journalists' perceptions of health disparities would more closely reflect the actual media agenda than those of the practitioners. The proposition, however, didn't gather much support from data collected by this study. Health disparity perceptions held by journalists and public relations practitioners' were close to the media content, but most of the time the perceptions were closer to each other than they were to the media content.

The finding may be partially be explained by the fact that in the case of health disparities, public relations practitioners were pretty effective in building media agenda. Not only journalists corroborated practitioners' self-reported effectiveness, it was also confirmed by information subsidies identified in the media content. In this scenario journalist's filtering role of public relations materials would be less advent than when public relations are ineffective in building media agenda, because effective agenda building means journalists deciding to use public relations materials substantially and not filtering much information. To relate back to the model of agenda building on p. 11, in situations when agenda building is effective, the indirect role of public relation on media content (arrow c) would be almost identical to journalists' filtering function and its direct impact on media content (arrow b). It is not a surprise then that in effectively communicating health disparities, journalists' issue perceptions were no closer to actual media content than those of the practitioners, as this study found out.

The flunk of P5 could in fact be good news: the special case of effective agenda building offered by this study turns P5 into an addition to the four central propositions of the model of agenda building. The central tenet of the model suggests that the effectiveness of agenda building depends on how much public relations practitioners and journalists agree on news values and interpretations of a certain issue. It could now be added that in effective agenda building, perceptions held by journalists and practitioners would equally reflect actual media coverage of the issue.

A Media Relations Perspective of Agenda Building

From a media relations perspective, this study probed the process of building media agenda under the framework of the Contingency Theory, or a theory of conflict management. Although previous studies (Shin & Cameron, 2005) found that public relations practitioners and journalists often had a conflictual relationship, the results of this study suggest otherwise.

As discussed, a majority of the journalists and public relations practitioners didn't experience conflicts in their relationship. Or, at least, wouldn't use the word "conflict" to describe their relationship even though occasional "incidents" occurred. Part of this could be attributed to this study's method of snow ball sampling. When asked to give referrals to public relations practitioners they worked with at the end of each interview, journalists tended to give out those with whom they had good working relationship. Although not all of the practitioners interviewed were recruited by this manner, in some degree it did account for the unusual peaceful journalist-source relationship reported by the

interviewees. Actually, prior literature has shown that practitioners and journalists had less hostile evaluations toward each other when they were asked to rate the individual professionals they knew rather than the professionals as a general group (Stegall & Sanders, 1986)).

A divide between public relations practitioners and journalists is interesting. Practitioners saw conflicts in the journalist-source relationship more often than journalists did. However, what practitioners experienced were usually collisions at a tactical level of media relations activities, such as not adhering to embargo or going around patient confidentiality. Only journalists would at a deeper and fundamental level associated the conflict with different agendas of public relations practitioners and journalists.

The difference confirms that public relations practitioners adopted an advocative strategy in promoting messages of health disparities. Even though practitioners were more diplomatic about their conflicts with journalists by talking about them at a daily, technical level, and didn't explicitly link conflicts to different agendas like the journalists did, such an agenda difference was implied. One of the public relations people mentioned that conflicts occurred when "every now and then they (journalists) didn't write the things the way we like it to be written", who was not alone: "sometimes they didn't do a good analysis of an issue because of space limit or other reasons". Obviously, practitioners were trying to sell their version of the stories and evaluate the stories written by journalists using their standards, which was advocative in stance. The tactics they used most of the time to achieve this goal and manage conflict taking place along the way, such as "not being combative" or "trying to work with difficult journalists", are two-way (interactions with journalists) asymmetric (promotion of certain point of view).

Among journalists themselves, there is a split between those working for mainstream and those working for minority media regarding conflicts in the journalist-source relationship. Journalists who attributed the conflict to fundamentally different agendas of themselves and public relations practitioners were all from mainstream newspapers. Another couple of mainstream journalists sometimes experienced conflicts, when practitioners occasionally wanted to see stories before publication or public relations people controlled access to experts. By contrast, black newspaper journalists overwhelmingly reported a good relationship with public relations practitioners without conflict. Only one out of nine black paper journalists commented on the conflict that "depends on what they (public relations practitioners) are pushing out".

Black newspaper journalists' exceptional harmony with public relations practitioners to a certain degree reflects their dilemma of owning less resources and having to be more reliable on materials provided by public relations. For a large black newspaper located on the West Coast that serves one of the nation's largest black populations that has a health page every week, "we just have me as health reporter, and I cover other issues too". And this is not bad at all. According to a public relations practitioner who works with minority media, "they are short staffed… They use free lance writers, contributing writers for their publications. Many times they are college students, or have to do XYZ during the day and don't write stories until late at night."

As a result, black newspapers depend on public relations materials more than the mainstream media. Although not typical, one of the journalists' comments revealed this situation, "yes, we received some materials, but far from enough. Many times we've to go to associations to solicit information. They're very useful information and are credible,

especially those health educational stuff…" On conflicts with practitioners, this journalist responded, "no, I don't see conflicts with them. We use their expertise, which is helpful, and use it to our benefits. We're urging organizations to push public relations into minority media".

The good relationship between black paper journalists and public relations practitioners works to the benefits of practitioners too. More than one practitioner found that minority media were more likely to use their materials verbatim, "our press releases are usually used verbatim, especially by Spanish-language publications. They often translate and print the release." Black newspaper journalists didn't go so far as using the materials verbatim and in many occasions only used them as a lead to gather their own stories, but they did use public relations materials directly or as primary source more often than mainstream journalists did. Also black paper journalists used public relations materials more frequently than mainstream journalists. Six out of nine black paper journalists, versus three out of 11 mainstream journalists, claimed that they used those organizational materials all the time or on a regular basis.

The difference between black and mainstream newspaper journalists in their journalist-source relationship evaluation, and black journalists' greater dependency on public relations thus shows that public relations practitioners tend to be more effective in building media agenda with minority media. And it could be detected somewhat in the media content too. The media coverage of health disparities was found to contain much subsidized information channeling in from medical associations, national studies and physicians, and was mostly triggered by staged events. Although there wasn't a distinctive difference between black and minority media in this respect relatively, in

absolute numbers black newspapers demanded much more information on racial disparities than mainstream papers due to their intense attention to this issue.

Implications of this finding could be significant. Public relations in their media relations activities on health disparities could leverage on the good relationship with journalists, and target more towards minority media, providing them with the kind of information they need. The niche is important in communicating racial disparities because minority media, with a proven record of reaching minority audience, will help disseminate messages to the key agent in reducing disparities. Yet minority media are what are being neglected by many public relations practitioners. While black newspapers journalists called for "pushing public relations into minority media", quite some practitioners were still unfamiliar with minority media and their coverage – "personally I just haven't read it for a while… I haven't examined it that closely either".

Fortunately a number of key players in communicating health disparities are beginning to recognize the importance of minority media. One of the practitioners talked about their experience,

> Most of the minority media groups have their own individual professional organizations and associations. What I try to do is to attend those conferences and meetings. I'll try to learn from them what they need… what we can do better. And sometimes these are just little things like having materials faxed to them, or trying to give them information in timelier manner to meet their weekly deadline.

Compared with conflict management, conflict framing doesn't seem to be such a useful idea in helping build media agenda on health disparities, according to health communicators. The media coverage of health disparities confirmed this too: the most prominent frames on health disparities focused on solutions such as early detection and

awareness more than on problems involving conflicts. As a journalist put it, what would be more helpful is “where things are going wrong, what’s happening in the community and what can we do about it”.

Chapter 6. Conclusion

What Could be Learned from the Model of Agenda Building?

Using the issue of racial and ethnic disparities in health, this study tests the model of agenda building, a latest effort to conceptualize the role of public relations in affecting media agenda. Examination of three elements in the model, perceptions of public relations practitioners, perceptions of journalists, and the media coverage of racial disparities, through in-depth interviews and content analysis shows support for the propositions of the model. That is, the effectiveness of agenda building is positively associated with how much practitioners agree with journalists on interpretations of a certain issue and news values. And in cases of effective agenda building like what is offered by this study, issues perceptions held by journalists and practitioners equally reflect the actual media coverage of the issue, showing practitioners' greater influence on media content than when their agenda building is ineffective.

In addition to offering initial support for the central tenet of the agenda building model, the findings of this study point to some nuances in the process of building media agenda. It is found, for instance, that in racial disparity communication, propositions on issue perceptions are better supported than news value propositions. Also, the organizations that public relations practitioners represent could be a variable. The agenda building propositions are better supported when organizations are committed to communicating racial disparities, and organizational reputation could be a factor

influencing how well the propositions of the model perform.

This study therefore makes a theoretical contribution on several fronts. One, by exploring the mechanism of building media agenda, this study goes beyond the mere description of agenda transmission between sources and media, and complements previous theory building efforts in this area. Building around the concept of effectiveness, the proposed model of agenda building touches on the core concept in public relations literature and suggests possible determinants of agenda building effectiveness for further testing.

Two, although a focus, effectiveness is not what's all in the model of agenda building proposed by this study, as some might criticize using the 'positivism' argument. In fact, it incorporates the concerns about tactics, stance and ethics based on the Contingency Theory. Analyzing the assessed relationship with each other by journalists and public relations practitioners while communicating health disparities, this study found that practitioners in promoting their messages adopted an advocative strategy or stance towards journalists, and their tactics were two-way asymmetric in spite of some accommodative activities. Yet in communicating racial disparities with an aim to disseminate information that help eliminate disparities, in other words, in viewing journalists as a means to an end, with the end being favorable health outcomes for a certain public, these tactics and stance are aggressive but not unethical. This way this study offers a special prosocial case for the Contingency Theory argument that what is ethical public relations depends on the particular situation.

In the practical dimension, the model of agenda building and its applications to racial disparity communication sheds light on what health communicators could do to

improve public understanding about this issue.

Although public relations practitioners reported a general effectiveness in getting media attention for racial disparities, there is still room for enhancement. Regarding how the media are using public relations materials, for example, it was found that many journalists used those materials only as a lead to gather their own stories or as background materials. In working with the media to getting their key disparity messages covered and enhancing effectiveness in building media agenda qualitatively, public relations practitioners should strive to provide media with the kind of information they need – localized, ethnicity specific and community-oriented news and data.

According to journalists, news tailored to meet specific media needs and serve their target audience is what all media outlets prefer and are more likely to use. It was revealed, “I’m not reporting news just because it’s news. I’m looking for something I think might relate to the audience I’m writing for – what they are interested, what they want to hear”. For local media, this could be “what’s going on with the communities and how people are affected”. To prepare press releases, on top of national data public relations practitioners could “find someone in community who is affected by the condition, or find out where the community is on the rate nationally”, and “make it relevant to real people in community”.

The model of agenda building proposed in this study promises additional practical implications for public relations practitioners. More interactions with journalists outside of regular interviews, such as roundtables or individual contacts, will help practitioners gain insights into their views about racial disparities and what kind of news they need. Thus by enhancing their issue perception and news value congruence with journalists,

practitioners could hope to enhance their effectiveness of building media agenda, as the model suggests. Also, as this study finds out, if practitioners help persuade their organizations to pay more attention to the issue of racial disparities, there is a better chance for them to enhance effectiveness in gaining media attention and shaping the media agenda on this issue.

On the part of the media, there is room for the mainstream newspapers to improve their racial disparities reporting. Frequently journalists talked about the difference between the coverage of racial disparities by black and mainstream media: that black media did a better job because "it's their issue"; that racial disparities were covered more often and more likely to get an in-depth coverage or featured from a humanistic angle in black newspapers. The viewpoints are more or less echoed by the results of content analysis of this study. The number of racial disparity stories in black newspapers greatly outnumbered those in mainstream papers for the chosen sampling frame and period; and black paper stories did approach the issue more from a humanistic angle, featuring ordinary people's survival and advocacy, not just dry figures.

As such what is critical for the mainstream media is more, consistent attention to the issue of racial disparities. This is especially important given the diversifying audience of the media. There are also needs for going into the communities, and getting in-depth, investigative pieces that not only report on figures and problems coming from newly released studies but also solutions. Because it is the ordinary people who experience racial disparities know the problem best, and it is only through attitudinal and behavioral changes of people like them could the problems of racial disparities be addressed.

Black newspapers, meanwhile, could do better by putting out more staff-written

stories that are relevant to their communities, and reducing the number of wire stories or pure informational pieces they're using (the latter accounted for 40% of the black newspaper disparity stories analyzed by this study). Even for statistics instead of relying on national data black newspapers could spend more time seeking localized racial disparity breakdowns, which is more likely to strike a cord with local residents that the black community papers serve. Of course, all these won't be easy if black newspapers can't free themselves from the resource restrains they're tied to. An increasing amount of targeted, localized materials from public relations practitioners could come to help only to a certain degree.

Limitations and Future Directions

Cost and time limits of this study determined that only a fairly small number of participants were included in interviews, and didn't necessarily represent the organizational or geographical diversity that would be present in an ideal study. Regarding media coverage of health disparities by mainstream and black newspapers, this study has to depend on existing data on cancer disparities due to lack of access to black newspapers. Even though cancer disparity is a major aspect of health disparities, the former is not an all-inclusive indicator of the later.

To find a better measurement of agenda building effectiveness than self-reported evaluations by public relations practitioners is also of significant implications. The identification of information subsidies including official sources and triggering events in health disparity media coverage by this study provides a cross-check with self evaluation

of practitioners and journalists' assessment. However, it is still a broad stroke measurement, and a semi-experimental design including media relations intervention (e.g. practitioners sending press release to the media or a public education campaign against health disparities), and pre- and post-intervention measure of media coverage change will offer more precise measure of agenda building effectiveness.

As a next step, the identified media agenda of health disparities and the results of exploratory interviews could help develop close-ended surveys for public relations and journalists regarding health disparity communication. Data gathered this way could be used for regression analysis and correlation to statistically test the hypothesis of the agenda building model. The core question is to identify major predictors of agenda building effectiveness, whether it is the congruence between practitioners and journalists' issue perceptions, news values, organizational variable, or something else.

A deeper level of the role of media in health disparities is concerned about how different health coverage in the black and mainstream media contributes to different health beliefs among black and white readers. Agenda building in this regard helps with narrowing the gap between the health coverage in black and mainstream media. Further studies could explore how public relations practitioners and journalists perceive differences between the health coverage in black and mainstream media, and what they see as a solution to such discrepancies.

All these conceptualization and research designs could be applied to study health disparities between other groups of population, and to prosocial topics other than health disparities. This scope of application is actually one of the fundamental requirements of theory building (Glaser & Strauss, 1967), and hence the goal of this study in building the

model of media agenda building.

Table 1. Summary of categories in order of perceived importance.

Constructs & Categories	Times mentioned by Journalists	Times mentioned by PR practitioners	Times mentioned in total
The most important issues in health disparities			
- Awareness & health beliefs	14	2	16
- Access to health care	8	4	12
- Quality of health care	5	1	6
- Differences in health status & outcome	2	2	4
Causes of health disparities			
- Economic factors	25	11	36
- Informational & attitudinal factors	8	7	15
- Cultural & lifestyle factors	10	3	13
- Social factors	8	2	10
- Genetic factors	3	2	5
Solutions to health disparities			
- Healthcare community efforts	9	2	11
- Providing access	2	1	3
- Active public	3	1	4
News Values			
- Writing styles & presentation	7	6	13
- Local & ethnic angle	8	3	11
- Reader's interest & relevancy	7	2	9
Evaluation of health disparity media coverage			
- "Always an issue" vs "shy away"	16	4	20
- "No resources" vs "no will"	15	2	17
- "Subjective" vs "objective"	3	5	8

Table 2. List of propositions and research questions.

P1. The more public relations practitioners and journalists agree on the most important issue in health disparity, the more effective will be the agenda building efforts.
P2. The more public relations practitioners and journalists agree on the causes and solutions of health disparities, the more effective will be the agenda building efforts.
P3. The more public relations practitioners and journalists agree on news values in covering health disparities (use of sources, writing skill/style, localized news), the more effective will be the agenda building efforts.
P4. The more similar public relations practitioners and journalists evaluate the media coverage of health disparities, the more effective will be the agenda building efforts.
P5. Journalists' perceptions of health disparities would more closely reflect the actual media disparity agenda than those of the public relations professionals.

RQ1: Do public relations practitioners and journalists see any conflicts in their relationship?
RQ2: How are these conflicts are managed?
RQ3: Do public relations practitioners in health sectors and journalists see any advantages in escalating conflict for news attention and for impact on news consumers?
RQ4: How does public relations professionals' self-reported effectiveness compare with journalists' evaluations?
RQ5: How does public relations professionals' self-reported effectiveness compare with information subsidies identified in the media content?

Table 3. Summary of results for P1-P4

	P1			**P2**				**P3**				**P4**			
	A	**E**			A	E			A	E			A	E	
Aggregate data	Y	Y	Y	**C**ause **S**olution	Y Y	Y Y	Y Y	**F**actor **S**ource	N Y	Y Y	N Y	**D**iff. **W**hat	N Y	Y Y	N Y
Case 1	Y	Y	Y	C S	N	Y	N	F S	Y Y	Y Y	Y Y	D W	Y Y	Y Y	Y Y
Case 2	Y	N	N	C S	Y	N	N	F S	N Y	N N	Y N	D W	Y	N	N
Case 3	Y	Y	Y	C S	Y Y	Y Y	Y Y	F S	Y N	Y Y	Y N	D W	Y Y	Y Y	Y Y
Case 4	Y	Y	Y	C S	Y	Y	Y	F S	Y Y	Y Y	Y Y	D W			
Case 5	N	Y	N	C S	Y	Y	Y	F S	Y Y	Y Y	Y Y	D W	N Y	Y Y	N Y
Case 6	N	Y	N	C S	Y	Y	Y	F S	N Y	Y Y	N Y	D W			
Case 7	Y	Y	Y	C S	Y Y	Y Y	Y Y	F S	Y N	Y Y	Y N	D W	Y N	Y Y	Y N
Case 8	N	Y	N	C S	N	Y	N	F S	N Y	Y Y	N Y	D W	N	Y	N
Case 9	Y	Y	Y	C S	Y Y	Y Y	Y Y	F S	Y N	Y Y	Y N	D W	N	Y	N

Note:

- In Row 1, A stands for agreement and E stands for effectiveness.
- In Column P2, Cause and Solution is abbreviated as C and S in cell Case 1 through Case 9.
- In Column P3, Factor and Source is abbreviated as F and S in cell Case 1 through Case 9.
- In Column P4, Difference (whether there is a difference between mainstream and minority media coverage of disparities) and What (what are the differences) is abbreviated as D and W in cell Case 1 through Case 9.
- For Agreement, Y means public relations practitioners agreed with journalists, N means they didn't agree.
- For Effectiveness, Y means public relations practitioners reported effective agenda building efforts, N means they reported ineffectiveness.
- For P1-P4, Y means propositions are supported, N means propositions not supported.

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VITA

Before going back to graduate school in 2001, Qi Qiu had worked in different areas of the communication industry in Beijing, China, firstly with a national newspapers then a couple of international public relations agencies. The practical experience in journalism and public relations provided her with rich resources and unique insights in the following five years of study and research at the Missouri School of Journalism.

Along the journey of pursuing the Master's and the doctoral degree, Qiu gradually found her niche in public relations research, thanks to the directions from and co-working experiences with her advisor, Dr. Glen Cameron, and other faculty members. Under the umbrella of communicating prosocial causes, Qiu became especially interested in the strategies in disseminating cultural specific health information, which inspired this dissertation project.

Upon graduation Qiu will continue to work in the area of health communication, in her new role as a researcher, teacher and communicator.