

# **Influencing Forces or Mere Interview Sources? How Key Constituencies Shaped Health Care Media Discourse**

CHERYL ANN LAMBERT and H. DENIS WU

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*Cheryl Ann Lambert and H. Denis Wu*

# Influencing Forces or Mere Interview Sources? How Key Constituencies Shaped Health Care Media Discourse

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Q2

*Agenda-building theory explains how groups articulate and transform their interests into issues that garner attention, public approval, and responsiveness from public officials. This study argues that news sources interviewed during the U.S. health care reform debates articulated their interests through strategic use and avoidance of specific tactics. In-depth interviews were conducted with 14 news sources. Narrative analysis of interview transcripts revealed that news sources utilized external messaging, industry networking, distinguishing factors, and continuing education, yet avoided partisan politics, inflammatory language, and emotional appeals. These findings extend agenda-building by suggesting that groups can transfer interests to the public agenda by avoiding certain tactics.*

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*KEYWORDS* media discourse, interview sources, agenda building, narrative analysis

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## INTRODUCTION

The 2012 Supreme Court decision to affirm key tenets of the U.S. health care law (More Law Center, 2012) ended years of politicized debates about the health care reform. Although the reconciled version of the health care bill had passed back in March 2010, critics had been disputing the law's legitimacy since November 2009 when the House of Representatives passed the "Affordable Health Care for America Act." Many critics used the press as their platform, so the media had become a veritable battleground for varied interests vying for space and time to evince their perspectives (Wu & Lambert,

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Q1

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2010). The purpose of the present study is to examine specific strategies news sources utilized to articulate their interests during the 2009–2010 health care reform debates. We argue that news sources used certain tactics and avoided others to shape media coverage. 30

## News Sources

Sources are a vital component of news. Shoemaker and Reese (1996) defined news sources as “external suppliers of raw material, whether speeches, interviews, corporate reports, or government hearings” the media rely on (p. 127). Many historical events, such as Watergate and the Pentagon Papers, hinged on pivotal sources for groundbreaking discoveries. By providing journalists with exclusive, timely information, sources can have a major influence on media content (p. 178). 35 40

The function of sources has become more important than ever. As early as 1996, Shoemaker and Reese asserted that “reporter’s reliance on sources reduces their need for expensive specialists and extensive research” (p. 130). The result appears to be a decline of investigative reporting and increased dependency on select sources (Davis, 2000). Due to increased economic pressure, a decline in editorial resources, and time constraints, reporters recently have changed their news gathering routines (Davis, 2000). According to Fortunato (2005), the drop in media resources is a contributing factor for reporters’ differential use of sources. This change in status has not gone unnoticed by sources, who, in turn, have attempted to further influence the media agenda by shaping information to journalists’ needs (Berger, 2002). 45 50

**Q3**

## LITERATURE REVIEW

Much of the academic literature about news sources focuses on how members of the media utilize sources (e.g., Avery, 2010; Cho, 2006; Curtin & Rhodenbaugh, 2001; Gans, 1979; Tanner, 2004). The limited research addressing sources as influencers can be broadly categorized into three specific approaches sources utilize to shape media coverage: (a) pitching stories to reporters, (b) carefully timing the release of information, and (c) managing issues. Each approach enables these sources to transfer their individual interests to the public agenda. 55 60

Several researchers have found that interest group sources regularly pursue media coverage to advance their causes (e.g., Mastin, 2010; Shoemaker & Reese, 1996; Wanta, 2002). In a U.K.-based study, Davis (2000) found that many noninstitutional organizations have adopted public relations strategies to gain news coverage. Likewise, some sources feed reporters information regularly, preparing events or information specifically tailored for them (Berger, 2002; Shoemaker & Reese, 1996). 65

Research also indicates that sources influence media coverage by carefully timing how they share information. According to Shoemaker and Reese (1996), governmental and business sources make themselves available to the media immediately following significant events. Reporters may view such responsiveness favorably, but their sources are actually utilizing *permanent campaign* (Blumenthal, 1985), a strategy to maximize their media coverage at all times. Likewise, health and medical industry sources that ensure that information is reported in an appropriate time frame (Ankney & Curtin, 2002; Len-Ríos, Hinnant, & Park, 2008) are, in effect, shaping media coverage.

Some sources engage in issues management to influence how their interests are transferred to the public agenda. Mastin (2010) found that well-funded individuals and agencies use their resources to extend their outreach, thus expanding media coverage. Other sources manage issues by establishing their expertise. For example, health and medical industry sources assist journalists to report complex information accurately (Ankney & Curtin, 2002; Len-Ríos et al., 2008). Research suggests that interest groups prefer a more direct approach to managing media coverage. Some groups seek to frame media coverage (Mastin, 2010; Shoemaker & Reese, 1996; Wanta, 2002); while others disrupt media coverage of their official political and corporate counterparts (Davis, 2000).

The previous literature leads us to the following research question:

*RQ1:* What strategies did news sources utilize to articulate their interests in the media during the U.S. health care reform debates?

## Theoretical Foundation

Agenda-building theory provides the theoretical foundation for the present study. An agenda refers to “a general set of political controversies that will be viewed as falling within the range of legitimate concerns meriting the attention of the polity” (Cobb & Elder, 1971, p. 905). Originated by Lang and Lang (1959) and extended by Cobb, Ross, and Ross (1976), agenda building explains the process by which groups articulate and transform their interests into issues that garner attention, public approval, and responsiveness from elected officials. Agenda-building involves reciprocal influences stemmed from multiple groups such as policy makers, interest groups, and corporations (Kiousis, Popescu, & Mitrook, 2007). The researchers contend that news conferences, news releases, interviews, and public relations programs can have a profound impact on shaping news content, thus, building the media agenda in society.

During health care reform debates, news sources contributed to shaping media discourse about health care. Expert and external sources can influence

consumer choice of a particular health plan (Walsh & Fitzgerald, 2012). What has not been explored are the specific strategies these sources utilized to articulate their interests, however. Agenda-building theory broadens the range of recognized influences on the public policy-making process (Cobb & Elder, 1971). This theory may help uncover yet unrecognized insights about sources as movers and shakers of health news and policies. 115

## METHOD

After obtaining approval from the Institutional Review Board, the researchers used random sampling to identify news sources that were quoted in health care reform-related national print (*The New York Times* and the *Wall Street Journal*) and broadcast (MSN, CNN, and FOX) news coverage between January 2009 and November 2009. Primary and secondary literature indicates that news sources for health care stories come primarily from the government, public relations, interest groups, medical industries, and insurance firms (e.g., Avery, 2010; Cho, 2006; Mastin, 2010; Shoemaker & Reese, 1996, Tanner, 2004). Thus, the researchers categorized the news sources by industry and used purposive sampling to identify potential participants for in-depth interviews. 120 125

Invitations for interviews were made by telephone or e-mail. Fourteen news sources in the following professional areas agreed to participate: health care interest groups (3), media professionals who were used as sources (3), health and human resources consulting (2), U.S. Congress (2), medical industry professionals (2), health policy expert (1), and health care public relations (1). (See participant profile in Appendix A). 130 135

The researchers developed the data collection instrument, an interview guide with a semistructured design (see Appendix B) on the basis of what needed to be known to address the research question (e.g., Anfar, Brown, & Mangione, 2002). Participants provided informed consent prior to being interviewed. Members of the research team conducted, audio-recorded, and transcribed interviews between November 2010 and March 2011. Each interview lasted from 20 to 40 minutes. Interview participants were assigned numerals and stripped of any identifying information to ensure confidentiality. 140

The researcher is the instrument in qualitative research (McCracken, 1988), so the researchers analyzed the study data, the interview transcripts. Participant words gave the researchers insight into their worlds and informed how experiences were interpreted (Daymon & Holloway, 2002). The researchers used narrative analysis, a process which involves gathering documents of individual's self-reported experiences (interview transcripts), organizing the documents based on the meaning that emerges (Creswell, 2013), and grouping data thematically (Riessman, 2005). 145 150

First, the researchers printed out each interview transcript, reading for overall understanding. Then, they read the transcripts line-by-line, writing notes in transcript margins about repeated ideas, words, phrases, or scenarios. Next, the researchers reread their notes and identified recurring concepts to delineate categories. Last, they utilized inductive analysis, alternating between concepts, categories, and the transcripts to allow any themes to emerge prior to the final read-through. 155

## FINDINGS 160

Narrative analysis revealed that some sources utilized specific strategies such as external messaging, industry networking, distinguishing factors, and continuing education. Analysis also revealed that some sources avoided specific strategies such as partisan politics, inflammatory language, and emotional appeals. Details of the analysis follow, along with corresponding participant quotes. 165

### Strategies Sources Utilized

#### EXTERNAL MESSAGING

Some sources were quite adept at facilitating external messaging techniques. They utilized social and electronic media channels, print publications, and public appearances among other avenues. A common thread among source concerns was an abiding interest in meeting each public's needs. Sometimes that public was a member of the media, as indicated in the following quote: "I prepared a lot of media materials for journalists to use. I even shot video packages and edited them to meet TV journalist's needs" (Participant 10). 170 175

Other times the source sought to facilitate messages to multiple publics. These sources chose several venues to reach those publics. According to Participant 4, "we used whatever avenue we could to help our clients and our audiences understand the issues and how they could be impacted." For Participant 4, those avenues included webinars, a dedicated health care page on its company website, and a weekly bulletin—all of which were accessible to reporters and private citizens. Other sources also used more than one media platform for external messaging. The following quotes illustrate the variety of media employed: 180

[We've done] press releases, TV appearances, and radio interviews. And we have a very active email and web presence, social networking presence, and blog. (Participant 7) 185

We use Facebook, we use Twitter, [and] we use weekly interviews on our website. We write a weekly editorial...I use a lot of public appearances, we use telephone town halls. (Participant 9) 190

Participant 12 moderated debates at health care town hall meetings and delivered speeches to medical industry associations. As a result, Participant 12 engaged with citizen publics and influencer publics, leading to the next theme, industry networking.

#### INDUSTRY NETWORKING

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Industry networking was an oft-used approach by sources in the present study. Sources fostered important relationships by attending or actively participating in leading industry events. The next two quotes indicate that active participation often involves public speaking.

I'm speaking at conferences, taking on leadership roles with respect to outside organizations; serving on different boards related to health care benefits...I do a lot of public speaking related to those groups. (Participant 1) 200

I speak out a fair amount to physicians groups about health care reform. (Participant 2) 205

Beyond speaking at such organizations, sources also met important individuals at organizational meetings. Participant 4 recognized the value of such connections: "I think the professional relationships [we] have at very high levels in the various professional associations and organizations that are forums for discussion in our industry are very crucial, and were very important." 210

The context of health care meant that networking took place at congressional offices in Washington, D.C. Sources met regularly with congresspersons during health care debates, as the next quotes illustrate:

Just about every day I'm on Capitol Hill. I talk to at least one US Senator, usually more than one, and then I spend the rest of the day talking to their staff. (Participant 3) 215

I'm up at the statehouse a lot, in Washington once a month if not more. If I'm not meeting with them directly I'm strategizing on how to portray our issues and how best to communicate with them. (Participant 14)

#### DISTINGUISHING FACTORS

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Several sources mentioned distinguishing factors of interacting with members of the media. Factors varied by individual, but some sources recognized their distinctive qualities as interview sources. A few source qualities are identified in the following quotes:

I had some reporters tell me that sometimes people weren't as clear, so they would come back to me to either clarify something or make sure something was right. (Participant 1) 225

I think it's part of my willingness to do so and partially also my credibility as a source. And especially with radio, I was capable of answering questions and at least being entertaining while also providing information. (Participant 2) 230

I presented a new way of looking at the issue, a way that involved a moral element to the decision we were going to make about good health care in the country. (Participant 5)

Sometimes it was the *frame* of reference that distinguished a particular source. Participant 6 recognized when a particular perspective held sway: “We were kind of counted on to say something different [than] progressive Democrats would say.” The next quotes illustrate how sources recognized the political focus of health care discourse: 235

We specialized in understanding moderate politics . . . the broad middle of the American electorate. And our advice to the administration was, if you want to get health reform passed, you have to reach people who have insurance. (Participant 6) 240

I try to do my best to take the political debate and political rhetoric to make it a little more user friendly. (Participant 11) 245

Like Participant 11, Participant 12 recognized a characteristic of fairness in judging health care debates especially as it relates to the general public. Despite not being an expert, Participant 12 noted that “in terms of understanding how it was playing to the larger audience—the voting public—people would come to me.” Another source recognized that individual qualifications were no match for organizational (brand recognition) capabilities. The distinguishing elements of the following participant’s organization clearly illustrate this theme: 250

I like to think that I’m an articulate spokesperson and that people do keep coming back to me because I make our case, and I’m forceful and cogent about it. But the only reason they’re coming to me is because I happen to hold the position of President of [an] iconic organization. (Participant 7) 255

#### CONTINUING EDUCATION

Sources used formal and informal means to stay informed about health care. Regardless of the approach, these sources recognized the value of continuous learning on this complex field. The next quotes illustrate some of the more formal methods of continuing education: 260

We did a lot of client meetings and a lot of internal training on a variety of health care issues. (Participant 1) 265



In D.C. interest groups would have teas and lunches where they would bring in somebody from the health staff...and they would talk about what was going on in the bill. That was a way for people here to understand what was going on and where things were headed. (Participant 4)

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Other sources appeared to equate active engagement with continuing education. Their immersion in the health-care industry affords them the breadth and depth of knowledge, as highlighted in the following quotes:

I read my competition, I watch and I listen. (Participant 3)

I have been thinking and reading about this for years. (Participant 13)

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I read a lot, I follow all the health care reform issues in the newspapers. (Participant 14)

One source was especially strategic in staying informed. Participant 3, a broadcast reporter who was sometimes the interviewer and other times the interviewee, used his status as a learning environment. His approach is identified next:

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I tried to find sources that I knew were knowledgeable enough to accurately answer questions, so that I was accurate enough that when the people who knew what was going on would read my stories, they would think I was correct and knew what I was talking about. (Participant 3)

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## Strategies Sources Avoided

### PARTISAN POLITICS

Some sources were quite adept at avoiding partisan politics. Rather than choosing a particular party's perspective, these sources stayed neutral when interacting with reporters. The following quotes illustrate each source's perceived role as providers rather than persuaders:

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We're not advocates or lobbyists and so we're not taking positions on this. We're simply helping our clients understand it. (Participant 1)

I try hard not to advocate for one solution or another, although that inevitably occurs in some media settings. While I have my own opinions, I try to come at this from research or evidence and say, "this is what we know and this is why we know it, and this is what I think is going to occur." (Participant 2)

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Putting it bluntly, Participant 4 said: "We don't take political stances on any of these issues."

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## INFLAMMATORY LANGUAGE

Sources recognized inflammatory language in public discussions about health care, but several chose not to use it. People recognized Participant 1's stance on the heated debate: "I had people tell me that they knew I wasn't going to say anything that was inflammatory or hyperbolic." Why? Because the organization Participant 1 represents decided to avoid such rhetorical devices, as illustrated next: 305

We made a very conscious decision that we were not going to use language or terminology that was in any way inflammatory. If you look at some of the others they would refer to "Obamacare." We don't do that. It's the "Affordable Care Act." That's what we call it and I think people appreciated that. (Participant 1) 310

Appreciation notwithstanding, one source noted that others were successful using inciting tactics during the health care debate. These sources seemed to tailor messages for their own end, as evident in the following quote: "I think [some people] were very skillful at moving it from a thoughtful debate about how do we take on a very, very complex issue to sound bites that reinterpreted the reality to fit their own ideologies" (Participant 8). 315

## EMOTIONAL APPEALS

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Several sources told us they avoided emotional appeals when discussing health care reform. According to these sources, emotional appeals play on people's fears. The next quotes suggest that emotionally charged debate can negatively affect individuals and stifle open discourse:

[Some people] had very value laden ways of getting across what they wanted to get across and their messages tended to validate fears that people had anyway about reform. (Participant 6) 325

When you personalize something in politics it turns it from a logical rational debate to irrational. The more personalized you make something, the more irrational you act in political discourse. That's my experience. (Participant 11) 330

Participant 9 indirectly addressed the importance of avoiding emotional appeals. He focused instead on how he conveyed credibility as a source: "I think with any relationship it is important that people gain trust, you know, do you have a hidden agenda in other words. And I didn't have an agenda" (Participant 9). 335

Although sources in the dataset did not have an agenda, per se, they were clearly engaged in agenda-building efforts during health care reform. Sources articulated their interests through external messaging, industry

networking, distinguishing factors, and continuing education. They 340  
completed the agenda-building process by transforming their interests into  
issues that garnered widespread attention, public approval, and responsive-  
ness from public officials. Notably, sources also articulated their interests by  
steering clear of certain strategies: partisan politics, inflammatory language,  
and emotional appeals. The implications of these findings are discussed in 345  
the next section.

## DISCUSSION

Health care reform was one of the major policies the Obama administration  
pursued in the 2008 election. Given its widespread influence on the nation,  
it is imperative for us to learn how the debate was mediated by the news 350  
process. Findings of the present study indicate that the news sources  
were indeed influencing forces during media coverage of health care  
reform.

One of the ways sources articulated their interests during health care  
reform debates was external messaging, an approach well documented in 355  
the literature (e.g., Mastin, 2010; Shoemaker & Reese, 1996; Wanta, 2002).  
The present study expands previous findings by suggesting that non-interest  
group sources also utilize external messaging to transform their interests onto  
the public agenda.

Like previous research regarding sources preparing information specifi- 360  
cally for journalists, (e.g., Berger, 2002; Shoemaker & Reese, 1996) sources  
told us about making resources available to the media. Sometimes they cre-  
ated video edits, other times they issued weekly bulletins or updated specia-  
lized websites. With the advent of social media, much of the material sources  
shared was also available to private citizens. The combined availability and 365  
accessibility of sorted-out materials enabled sources to transfer their interests  
to media issues.

Industry networking events provided sources a platform to exchange  
and share information with media and target publics. The timing also 370  
ensured that sources would be able to maximize media coverage from these  
key events. Just as governmental and business sources make themselves  
available to the media immediately following significant events (Shoemaker  
& Reese, 1996), the present study suggests that other sources utilize this  
approach as well.

The time-sensitive nature of the health care debate and voting 375  
necessitated consistent updates to public materials. Sources used social and  
electronic media to ensure that media information was reported in an appro-  
priate time frame. Previous research indicates that health and medical indus-  
try sources face the same time-crunch and concerns about media accuracy  
(Ankney & Curtin, 2002; Len-Ríos et al., 2008). 380

The distinguishing factors theme in the present study was minimally evident in previous research. According to Mastin (2010), well-funded individuals and agencies distinguish themselves by extending their media outreach. Other researchers identified expertise as a distinguishing factor among health and medical industry sources in particular (Ankney & Curtin, 2002; Len-Ríos et al., 2008). However, expertise more closely supports the continuing education theme that emerged from the present study. The researchers may have conflated “distinguished” and “differentiated” when analyzing source experiences; thus, this theme may require deeper analysis to unpackage its meaning.

One could argue that sources’ efforts at continuing education are a thinly disguised attempt to frame media coverage. After all, interest groups regularly try to frame media coverage (Mastin, 2010; Shoemaker & Reese, 1996; Wanta, 2002) in part through establishing their expertise. But the strategies that sources avoided—partisan politics, inflammatory language, and emotional appeals—were only evident in one previous research study about sources. Davis (2000) found that some sources sought to disrupt media coverage of their official and corporate counterparts. We contend that avoiding certain strategies may also shape news content, thus, building the media agenda in society.

### Limitations

This study would benefit if its list of interviewees could be expanded in order to obtain a comprehensive picture of the media sources that contributed to political discourse. The most influential and perhaps most frequently used source of all, the White House, is not included. Also missing is the close circle of policy-making staff and consultants that the Obama administration relied on. Even though the health industries (e.g., pharmaceuticals and hospitals) could be one of the major constituencies influenced by the health care bill, their input was also not included in the present study. Therefore, expansion of the interview pool would be necessary for future research in this area.

### Conclusion

This study revealed insights about how news sources shaped the health care policy debate. Analysis indicates that some sources utilized specific strategies such as external messaging, industry networking, distinguishing factors, and continuing education. Our interviews also indicate that some sources avoided specific strategies such as partisan politics, inflammatory language, and emotional appeals. Agenda-building theory broadens the range of recognized influences on the public policy-making process (Cobb & Elder, 1971). We argue that avoidance strategies can be an equally powerful means of influence.

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## APPENDIX A: INTERVIEW GUIDE

### [DEMOGRAPHIC QUESTIONS]

Complete job title

[STUDY QUESTIONS]

490

1. When did you first become interested in health care issues?
2. How do you convey your interest in health care issues professionally? (Public appearances? Personal blogs/websites? Issuing statements? Other approach?)
3. You were quoted in the media during the health care reform debate. Why do you think the media contacted and quoted you? 495
4. How (else) do you believe the media chose their interview sources for their coverage of health care reform? Why?
5. If you had to estimate, how much time do you typically spend interacting with members of the media (New media, broadcasters, and/or print publications)? 500
6. Did the amount of time you spent interacting with the media increase, decrease, or stay the same during the health care reform discussions? Why?
7. How would you rate the importance of media coverage when it comes to health care? Why? 505
8. How would you rate the importance of professional relationships when it comes to health care? Why?

9. If you had to estimate, how much time do you typically spend interacting with government officials (House, Senate, etc.)? 510
10. Did the amount of time you spent interacting with government officials increase, decrease, or stay the same during the health care reform discussions? Why?
11. Why do you believe health care reform has been such a lightning rod for public debate; i.e., what led to spirited town hall meetings, vocal protests, and such passionate public responses? 515
12. How involved were you in any of those passionate discussions?
13. To what extent did public debate about health care influence the eventual vote—if at all?
14. Which of the following media sources do you believe had the most influence during the health care reform debate: Government officials; Pharmaceutical companies; Physicians groups; Citizens; Public relations professionals; Someone else. 520
15. Why do you believe their level of influence was so substantial?
16. One final question: Is there anything else you would like share with me about health care reform and media coverage that we have not covered already? 525

Thank you very much for your time!

#### APPENDIX B: PARTICIPANT PROFILE

Numerical code	Professional area
Participant 1	Health and human resources consulting
Participant 2	Health and human resources consulting
Participant 3	Interest group director
Participant 4	Print media professional
Participant 5	Health and human resources public relations
Participant 6	U.S. Congressperson
Participant 7	Interest group director
Participant 8	Interest group director
Participant 9	State health policy director
Participant 10	U.S. Congressperson
Participant 11	Health care public relations practitioner
Participant 12	Broadcast media professional
Participant 13	Broadcast media professional
Participant 14	Broadcast media professional