

reviews

TV

Revealed: the stories that broadcasters did not want to cover

Healthcare reform was a more important issue in the run up to the 2004 US presidential election than it had been since the Clinton administration health reform effort a decade ago. Yet an analysis I carried out suggests that local television news channels—a major source of news for many Americans—virtually ignored health policy in 2004. Viewers were far more likely to see one-sided political ads on health policy topics running during the commercial breaks in newscasts than they were to see independent coverage of health policy issues during the newscast itself.

I monitored health policy news coverage throughout the 2004 election year on three local television stations—each of which won a national award in 2003 for excellence in television journalism. The stations are located in diverse parts of the country—Seattle (KIRO), Chicago (WMAQ), and Tampa (WFLA). I analysed each late night newscast on each station from 1 January to 2 November 2004—326 hours of newscasts. Any story that discussed any of the following themes was counted as a health policy story: health costs, quality, uninsured, managed care, prescription drugs, Medicare, Medic-aid, rationing, resource allocation, chronic illness management, health benefits in labour negotiations, presidential candidates' health plans, and national/state/local healthcare reform.



Candidates' healthcare proposals were conspicuous by their absence from TV coverage of the US presidential election campaign

Credit: AP/BUSH CHENEY 2004

I was shocked by the number of health policy stories, and the time allotted for them. KIRO had only three stories in 10 months, totalling 79 seconds, on any aspect of the George W Bush or John Kerry health proposals in the 2004 presidential campaign. WMAQ had nine stories, totalling less than four minutes, on presidential candidates' health plans. WMAQ had almost twice that many stories (16) on low-carb diet issues, including commercial-like promotions for new products offered by Wendy's, Kentucky Fried Chicken, Starbucks, and Jack Daniels.

WFLA devoted only 84 seconds to the Bush-Kerry health platforms in six stories. Serving the Florida Gulf coast, heavy with senior citizens, WFLA managed only three stories in 10 months on Medicare, totalling less than 2.5 minutes.

It is estimated that 45 million Americans lack health insurance. But in 10 months, these three award winning stations, in their most watched newscasts, covered only one story about the uninsured. That story was about a man with melanoma who lacked health insurance but who won the state lottery.

In two of the three markets analysed, political ads for campaigns for state and federal offices filled the air during newscasts. In Washington state, political ads discussed stem cell research, "government-run" health care, health insurance buying pools, malpractice tort reform, Medicare, diabetes research, stem cell research, abortion, safe water standards, biotech, and cuts to health care for children. In Florida, there were political ads about health related

constitutional amendments, but no late news coverage of them on WFLA. Candidates' ads discussed prescription drug costs, "socialised" health care, and veterans' health benefits. During the featured newscasts on WFLA and WMAQ, viewers heard only candidates' ads on these vital campaign issues, not independent news coverage.

It might not seem possible, from what I found in Tampa, Chicago, and Seattle, to make generalisations about the rest of the country, but I think it is. These are award winning stations in top television markets. And broadcast journalists in all of the smaller markets look up to these industry leaders to see what they should be doing.

Forrest Carr, former news director of WFLA, said in response to my findings, "Issue-based think pieces in the late news will die. Viewership will go in the tank." Carr spoke with me during an in-depth telephone interview in February 2005, before he left his news director position in June 2005. He was the only one of the three news directors of the stations monitored who was willing to talk about the findings.

"Market forces dictate that the 11 pm news must have a higher proportion of faster-paced, night-driven, updated-feeling stories," Carr said, adding, "I have to wonder, can we even afford to do news anymore?"

My own outreach work with broadcast journalists provides some evidence that it does not take much extra time or effort for a local television station to address health policy topics. During the period in which I was monitoring the Seattle, Chicago, and Tampa stations, a graduate student and I also worked with staff at a Minneapolis-Saint Paul television station (KMSP) to help them cover health policy. My time commitment averaged about an hour a week; the graduate student worked 10 hours a week. We only researched and suggested story ideas and possible approaches. We did not write, report, produce, or edit the stories.

From January 2004 until election day, KMSP produced 10 different segments on health policy topics, an average of one a month. Two of the 10 broadcasts were half hour special reports on health policy—not merely 90-120 second news stories. It was an unprecedented commitment with each half hour containing four or five different segments on different health policy topics. KMSP featured these half hour specials during the February and May ratings periods when US television stations try to highlight their best work to impress advertisers. The May half hour health policy segment actually drew far more viewers than prime time network entertainment programming on another channel.

"I'm very proud of our efforts," said KMSP news director Ted Canova. "I think it was very important to air the stories and specials. It gave us a chance to dive in with both feet on deeper medical stories than the cliché `breakthrough or diet of the day.'"

Television news executives need to be convinced that news consumers are interested in health policy topics—that such coverage would not "die" or put viewership "in the tank," as Forrest Carr predicted. The case for quality local television journalism, and for how viewers will respond to such efforts, has already been made by the US Project for Excellence in Journalism (<http://www.journalism.org/resources/research/reports/localTV/2002/quality.asp>). While worrying about declining television news viewership, perhaps news decision makers can be shown that viewers who get what they need from newscasts will come back for more, and that leading the discussion on healthcare reform may be one way to achieve that goal.

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