What makes African American health disparities newsworthy? An experiment among journalists about story framing

Amanda Hinnant1*, Hyun Jee Oh2, Charlene A. Caburnay3 and Matthew W. Kreuter3

1School of Journalism, University of Missouri, Columbia, MO 65211, 2Wee Kim Wee School of Communication and Information, Nanyang Technological University, 31 Nanyang Link, Singapore 637718 and 3Brown School of Social Work, Washington University, St. Louis, MO 63130

*Correspondence to: A. Hinnant. E-mail: hinnanta@missouri.edu
Received on March 3, 2011; accepted on August 1, 2011

Abstract

News stories reporting race-specific health information commonly emphasize disparities between racial groups. But recent research suggests this focus on disparities has unintended effects on African American audiences, generating negative emotions and less interest in preventive behaviors (Nicholson RA, Kreuter MW, Lapka C et al. Unintended effects of emphasizing disparities in cancer communication to African-Americans. Cancer Epidemiol Biomarkers Prev 2008; 17: 2946–52). They found that black adults are more interested in cancer screening after reading about the progress African Americans have made in fighting cancer than after reading stories emphasizing disparities between blacks and whites. This study builds on past findings by (i) examining how health journalists judge the newsworthiness of stories that report race-specific health information by emphasizing disparities versus progress and (ii) determining whether these judgments can be changed by informing journalists of audience reactions to disparity versus progress framing. In a double-blind randomized experiment, 175 health journalists read either a disparity- or progress-framed story on colon cancer, preceded by either an inoculation about audience reactions to disparity-framing or an unrelated (i.e. control) information stimuli. Journalists rated the disparity-frame story more favorably than the progress-frame story in every category of news values. However, the inoculation significantly increased positive reactions to the progress-frame story. Informing journalists of audience reactions to race-specific health information could influence how health news stories are framed.

Introduction

Minority groups residing in the United States, including African Americans, Latinos and American Indians, have disproportionately high disease prevalence and mortality rates compared with white Americans (Office of Minority Health, [1]). Research has shown, however, that race-specific health information that emphasizes disparities between blacks and whites has negative effects on African American audiences. In a double-blind randomized experiment, Nicholson et al. [2] found that black adults are more interested in getting screened for cancer after reading about the progress African Americans have made in fighting cancer than after reading stories that emphasize disparities between African Americans and whites. Yet this type of disparity-focused framing is commonplace when journalists report race-specific health information, in both mainstream and black news media [3–6].

This study provides the first empirical assessment of journalists’ perceptions of the newsworthiness of
disparity- and progress-framed health stories, and whether these perceptions can be changed through education about the unintended consequences of disparity framing among African Americans.

Health disparity coverage and effects

Journalists use news values to evaluate information and decide what stories are worth publishing or airing. Research on news values began with Galtung and Ruge’s [7] original list of 12 news values: frequency, threshold, unambiguity, meaningfulness, consonance, unexpectedness, continuity, composition, reference to elite nations, reference to elite persons, personalization and negativity. Gregory and Miller [8] apply Galtung and Ruge’s 12 news values to scientific information, which helps illuminate how the values of frequency, consonance, unexpectedness, continuity, elitism, personalization and negativity could interface with the disparity and progress frames. The values of controversy and conflict appear on other lists of news values [9, 10]. Gregory and Miller [8] point out ‘bad news is certainly more newsworthy than good news’ (p. 113) and the atmosphere of fear and danger is specifically appealing in health news [11]. The value of ‘bad news’ explains why stories focusing on health disparities are more common than stories emphasizing health improvement and progress because the former are immediately salient to journalists with key news values in mind.

Media coverage of health disparities between racial groups also functions from a media management perspective. Sensational and conflict-oriented issues, such as the social injustice implicit in health disparities, are easier to identify and report [12] and may be more attention grabbing to audience members [13] than topics that are positive in nature. Furthermore, failure to inform minorities of their elevated risk of certain health problems could increase health disparities [14]. Conventional wisdom and journalism practice would dictate that more coverage of health disparities is needed to bring both public and individual attention to the problem [15, 16].

Framing

There are numerous studies on the importance of media framing in the adoption of a targeted health behavior [17–19]. Although gain- and loss-framing research is conceptually similar to progress- and disparity-frame research, the terms gain/progress and loss/disparity are not synonymous. They are different because progress- and disparity-based framing often includes comparisons to other groups (e.g. whites), and gain- and loss-framing centers on health behavior directives within a text. Nonetheless, the concepts and findings from gain/loss-framing research are useful to explore for this study. Research shows that frames emphasizing gains reaped versus losses suffered can affect audience members’ intentions toward behavior [20–23]. Research has not shown gain-framed appeals to be more influential than loss-framed appeals in encouraging cancer-screening behaviors in the general population [24, 25]. Furthermore, Myers et al. [26] and Llewellyn-Thomas [27] found a slight but non-significant advantage to loss framing in promoting colorectal screening.

Minority responses

Frames emphasizing gains minority groups have made in diminishing health disparities (i.e. progress frames) versus those focusing on losses suffered by minorities as compared with whites (i.e. disparity frames) have been shown to affect audience members. Stories that focus on health disparities could influence in minorities’ health information processing and possibly discourage them from taking preventive measures to improve their health status [25, 28]. With African Americans being described as more likely to lose and less likely to win, the effect of this kind of information on African Americans might hinder positive health behaviors [2, 29].

Screening for colorectal cancer (CRC) is an important health behavior for African Americans to adopt because they experience increased CRC incidence and mortality, and they are less likely to be screened [30, 31]. Only 58% of African Americans ages 50 and older report having ever had a colon cancer-screening test, compared with 64% of whites [32], and African Americans die from CRC at a rate
that is 44% higher than in whites [33]. Moreover, cultural dimensions specific to African Americans, such as locus of control, self-efficacy and self-esteem, influence cancer prevention behaviors and responses to mediated messages about screening. These dimensions are factors to consider in communicating health information to African Americans and might specifically affect responses to disparity-framed messages [34–36]. The Nicholson study is the first one to look at African Americans response to disparity and progress framing. Other studies have examined African Americans' reactions to screening messages that use tailoring [37], narratives [38] and appeals to spirituality [34].

**Journalists’ evaluations**

There has been little investigation into how journalists respond to frames and narratives for conveying race-specific health issues to the public. Although journalists are responsible for frame generation, their decisions are also influenced by stories that have already been framed in other media outlets (intermedia agenda setting, see: [39–41]) and in press releases (agenda building, see: [42–44]). Given that progress framing has been shown to be more effective than the disparity framing in encouraging African Americans to take preventive measures against colon cancer [2] and that media play an important role for public health and overcoming health disparities [45], journalistic decision making is worth investigating. Are journalists concerned with improving health outcomes in specific populations? Would knowing about African Americans’ response to different types of framing cause journalists to evaluate stories differently? It is important to understand how journalists make judgments about newsworthiness of stories that offer disparity and progress frames and to explore whether those judgments can be influenced by providing journalists with audience reactions.

To determine health journalists’ assessments of news values based on the type of framing used in a health story, this randomized experiment compared journalists’ reactions with two versions (disparity or progress) of a mock news story about colon cancer. To ascertain whether these assessments fluctuate when journalists know about the deleterious effects of disparity framing, half of the journalists in each condition were inoculated against disparity framing by exposing them to a story that explained its effects on members of the disparate group.

The first hypothesis addresses the need to understand how journalists make judgments about newsworthiness of progress- and disparity-frame stories. Based on the idea that controversy and conflict are two prominent news values that guide journalists’ decisions, the first hypothesis states:

**H1:** Journalists who read a disparity-frame story will give higher news value scores than those who read a progress-frame story regardless of inoculation.

Next, this study hypothesizes that inoculating journalists with the Nicholson findings will influence their news judgments. These findings showed that the disparity frame has a negative effect on African Americans’ affective reaction to the story and a negative effect on their intention to be screened for CRC. Specifically, it is expected that journalists’ preference for the disparity frame would be diminished, and preference for the progress frame would be enhanced if they were to see these findings prior to exposure to a progress- or disparity-frame story.

**H2:** Inoculation with findings from the Nicholson study will affect differences in how the disparity- and progress-frame stories are evaluated, whereby the disparity-frame story scores will decrease and the progress-frame story scores will increase.

**Method**

**Participants**

One hundred and seventy-five health journalists participated in an online experiment in exchange for a gift card. A national convenience sample of newspaper health journalists was recruited using Bacon’s Media Directory [46]. Among participants, 51 (29.1%) were male and 124 (70.9%) were female, and ages ranged from 22 to 67 (M = 43.63, SD = 11.45). They had an average of about 7 years’ (M = 7.32, SD = 7.265) experience as
health journalists. Sixty-five editors and 110 reporters participated in the experiment, and 52.6% of their media were serving metropolitan audience \((N = 92)\), 42.3% were serving small community audience \((N = 74)\) and 5.1% were serving national audience \((N = 9)\). For level of education, 68.3% graduated from college \((N = 123)\) and 26.1% had a graduate degree \((N = 47)\). A majority of the participants were white (79.9%; \(N = 143)\) and African Americans were the second largest group (5%; \(N = 9)\).

**Design and procedure**

This experiment was a \(2 \times 2\) between-subjects design. A priori power analysis showed that the experiment needed 87 participants in order to gain a power of 0.80.

**Study protocol**

Participants in the study were screened in two ways in order to make sure they were health journalists. First, the sampling population consisted only of those with a title that included ‘health’, ‘medicine’, ‘healthcare’ or ‘fitness and exercise’ in the Bacon’s Media Directory. Second, when recruiting participants, email messages referred to the ‘Health Journalist Survey’. The messages also stated: ‘The results of the survey will help researchers understand how health journalists make news decisions’.

All of the materials were presented to participants online using an Internet survey device. Random assignment was performed separately for reporters and editors. They randomly received four different experiment links via email. This allowed us examine whether the differentiated positions of reporter and editor would have an effect on the dependent variables. There were no significant differences between them \([F (5, 164) = 0.885, P = 0.493]\). After receiving a battery of questions about their publications and their positions at work, the participants received the inoculation on Nicholson findings or a control story. Then they read either the progress-frame story or the disparity-frame story and filled out a post-test questionnaire, measuring their evaluations of the story’s news value. All of the four cells had 35 participants or more. Although there were unequal sizes of participants in each condition, Box’s \(M\) test showed that there was homogeneity of variance \((P = 0.356)\) and Levene’s test also showed that variances for all dependent variables were equal across all treatments \((all P > 0.10)\). Therefore, all 175 journalists were included in the analysis.

**Stimuli**

**Framing stimuli**

The progress- and disparity-frame stimuli were the news stories used in the Nicholson study. According to Nicholson et al. [2], the mock news stories were professionally prepared and modeled in form, style, typology and graphics after ‘USA Today’. The stories were identical in size and appearance and shared the same structural elements: headline, subheadline, sidebar, graphic and pull quote. Seven areas of content were also identical: byline, dateline, source (National Cancer Institute), a quote from former US Surgeon General Dr David Satcher, a list of risk factors associated with lower rates of CRC screening, descriptions of three CRC screening tests and referral to three web and telephone sources of information on CRC and screening. Data on CRC mortality rates [50], interpretation of risk factors and a quote from the same (fictitious) community member varied by study condition. The stories were developed by a team experienced in creating health communication materials for African American audiences, including a content developer, graphic artist and behavioral and social scientists. The two variants of the story are distinguished by their framing and interpretation of the CRC mortality data. In short, they were (i) disparity (headline: ‘Black-White Gap in Colon Cancer Deaths Growing’) and (ii) progress (headline: ‘Blacks Making Great Strides Against Colon Cancer’). Stories were in the 11th grade reading level range and appeared to be scanned from a newspaper.

**Inoculation stimuli**

The inoculation was a short paragraph about the Nicholson study results. It appeared to the participants
as a Word document on the screen and read like a scientific paper’s abstract but for a lay audience. There was also an image of the front cover of the journal in which the Nicholson story originally appeared (Cancer Epidemiology Biomarkers & Prevention). The control story was adapted from a British Broadcasting Corporation science news report about a study that found that bats avoid flying near street lights. This story was selected because it contains no mention of health or medicine but is about a scientific subject.

**Manipulation check**

We conducted a manipulation check of the inoculation after the post-test questionnaire. Participants were asked to indicate how much they agreed on the following statements: African Americans are more accepting of health news that shows progress or benefits to the black community; African Americans would be more inclined to get preventive care if they knew that African Americans have disproportionately higher risk for certain health problems. Both items were measured with a 7-point Likert scale with 1 being ‘strongly disagree’ and 7 being ‘strongly agree’. The responses for the latter statement were reverse coded. The two items were averaged to a single score. There was a significant mean difference between the inoculation group ($M = 4.06, SD = .90$) and control group ($M = 3.60, SD = .88$) based on a $t$-test analysis ($t[173] = 3.39, P = 0.001$).

**Dependent measures**

Participants were asked to evaluate the assigned news story, either a disparity- or progress-frame story, by indicating how much they agree or disagree with 48 statements on news values. The responses were measured on a 7-point Likert scale with 1 being ‘strongly disagree’ and 7 being ‘strongly agree’. Principal component analysis (PCA) with Varimax rotation was used to determine the number of factors that account for most of the variance. Only factors with eigenvalues greater than 1.0 were selected, and factor loadings with an absolute value of 0.40 or above were considered. With a deletion of 11 items due to cross-loadings and due to small loading values, 37 items were categorized into five factors. They are ‘publishability’, ‘framing’, ‘editorial context’, ‘information-seeking effects’ and ‘salience’. The factors that resulted from the PCA made theoretical sense.

The first dependent variable, ‘publishability’, had 10 items [8–10] that included journalists’ evaluations of the story’s importance, impact and capability to produce follow-up stories ($x = 0.92$). The second variable, ‘framing’, had seven items [8, 9] that assessed journalists’ evaluation of quotes, writing style, focus and facts and background information in the story ($x = 0.88$). The third variable, ‘editorial context’, had six items [8–10, 51] that asked about level of appeal to journalists’ readers, advertisers and owners of their newspapers ($x = 0.81$). The fourth variable, ‘information-seeking effects’, had six items [8, 10] that asked about reliability of the sources cited in the story and evaluation of characteristics that promote readers’ health awareness ($x = 0.79$). The fifth variable, ‘salience’, had eight items [8–10] capturing the news values regarding whether the story would be meaningful and noticeable to readers ($x = 0.70$). Journalists look for issues to cover by scanning what other media and their own organization have covered in the past. In news values literature [8–10], it is important for new stories to be thematically similar to what they have run before, so readers have a framework for understanding the new information [52]. By the same token, salient yet controversial issues can grab the audience’s attention. Therefore, stories that score highly on the salience measure are judged by journalists to make sense within audience schemata and also be noticeable by offering new and different information. The items under each factor were summed for analysis (see Appendix A).

**Data analysis**

The two hypotheses were examined using multivariate analysis of covariance to determine the independent (i.e. main) and combined (i.e. interaction) effects of framing and inoculation on the five dependent variables. Adjustment was made for three covariates, ‘preexisting editorial constraints’, ‘market size’ and ‘age’. It was important to control
for pre-existing editorial constraints, which asked about the influence journalists felt from internal (e.g. staff peers, supervisors) or external (e.g. readers) sources because those influences could affect news judgment. The size of the media organization can also affect criteria for news judgments. Age was deemed important to control because it could determine the status of the journalist and his or her ability to make news judgments. The analysis was preceded by data screening, including deleting participants with outliers and missing values.

The university of Missouri’s Institutional Review Board approved this study.

Results

The first hypothesis expected that journalists who read the disparity-frame story would have more positive evaluations on news value measures than journalists who read the progress-frame story. There was a significant main effect of the frame on five different news value measures together \(F(5, 164) = 6.176, P < 0.001, \eta^2_p = .158\) (see Table I). About 16% of the total variability in the five different news value measures was accounted for by the difference between the frames. Therefore, H1 was primarily supported.

Specifically, journalists consistently judged the disparity-frame story as more newsworthy than the progress-frame story. Univariate analysis results showed that there was a significant difference between the disparity- and progress-frame stories on the news value measure of publishability \(F(1, 168) = 5.460, P < 0.05, \eta^2_p = 0.031\) and on the salience news value measure \(F(1, 168) = 24.839, P < 0.001, \eta^2_p = 0.129\). Disparity-frame stories were rated significantly higher than progress-frame stories on publishability \(M_{\text{disparity}} = 53.01, \text{SE} = 1.25 \text{ versus } M_{\text{progress}} = 49.09, \text{SE} = 1.12\) and on salience \(M_{\text{disparity}} = 32.57, \text{SE} = 0.75 \text{ versus } M_{\text{progress}} = 27.52, \text{SE} = 0.68\). The other three news value measures, framing, editorial context and information-seeking effects, showed no significant differences between the two frames.

H2 examined whether exposure to the inoculation condition affected differences in how the disparity- and progress-frame stories were evaluated, specifically predicting that the disparity-frame story scores would decrease and the progress-frame story scores would increase. There was a significant interaction effect between inoculation and frame \(F(5, 164) = 2.412, P < 0.05, \eta^2_p = 0.069\). Exposure to the inoculation condition eliminated some differences in how the stories were judged. Inoculation especially affected the news values of publishability and framing. For both news values, the disparity-frame story was more negatively evaluated by participants exposed to the inoculation (publishability: \(M = 51.00; \text{SE} = 1.85\), framing: \(M = 26.27; \text{SE} = 1.43\) compared with those not exposed to the inoculation (publishability: \(M = 55.03; \text{SE} = 1.67\), framing: \(M = 27.02; \text{SE} = 1.29\)). In contrast, the progress-frame story was more positively evaluated by participants exposed to the inoculation (publishability: \(M = 50.44; \text{SE} = 1.71\), framing: \(M = 28.16; \text{SE} = 1.32\)) compared with those not exposed to the inoculation (publishability: \(M = 47.73; \text{SE} = 1.46\), framing: \(M = 22.83; \text{SE} = 1.13\)).

When evaluating disparity news, journalists in the inoculation condition gave lower scores for publishability than journalists in the control condition. When evaluating progress news, journalists in the inoculation condition gave higher scores for publishability than journalists in the control condition (Fig. 1).

When evaluating disparity news, journalists in the inoculation condition gave lower scores for framing than journalists in the control condition. When evaluating progress news, journalists in the inoculation condition gave higher scores for framing than journalists in the control condition (Fig. 2).

Therefore, H2 was supported.

Discussion

Health journalists favored a news story emphasizing racial health disparities in colon cancer between African Americans and whites over a story emphasizing the progress African Americans have made.
What makes health disparities newsworthy?

### Table 1. Effects of inoculation (findings versus none) and frame (progress versus disparity) on five news value measures

<table>
<thead>
<tr>
<th>IV</th>
<th>DF</th>
<th>F</th>
<th>df</th>
<th>P-value</th>
<th>$\eta^2_p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inoculation</td>
<td>1.402</td>
<td>5, 164</td>
<td>0.226</td>
<td>0.041</td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>6.176*</td>
<td>5, 164</td>
<td>0.000</td>
<td>0.158</td>
<td></td>
</tr>
<tr>
<td>Inoculation × frame</td>
<td>2.412*</td>
<td>5, 164</td>
<td>0.038</td>
<td>0.069</td>
<td></td>
</tr>
</tbody>
</table>

**DV**

<table>
<thead>
<tr>
<th>IV</th>
<th>DF</th>
<th>F</th>
<th>df</th>
<th>P-value</th>
<th>$\eta^2_p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frame</td>
<td>5.460*</td>
<td>1, 168</td>
<td>0.021</td>
<td>0.031</td>
<td></td>
</tr>
<tr>
<td>Framing</td>
<td>0.784</td>
<td>1, 168</td>
<td>0.377</td>
<td>0.005</td>
<td></td>
</tr>
<tr>
<td>Editorial context</td>
<td>0.221</td>
<td>1, 168</td>
<td>0.639</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Information-seeking effects</td>
<td>2.097</td>
<td>1, 168</td>
<td>0.149</td>
<td>0.012</td>
<td></td>
</tr>
<tr>
<td>Salience</td>
<td>24.839*</td>
<td>1, 168</td>
<td>0.000</td>
<td>0.129</td>
<td></td>
</tr>
<tr>
<td>Inoculation × frame</td>
<td>4.018*</td>
<td>1, 168</td>
<td>0.047</td>
<td>0.023</td>
<td></td>
</tr>
<tr>
<td>Publishability</td>
<td>5.494*</td>
<td>1, 168</td>
<td>0.020</td>
<td>0.032</td>
<td></td>
</tr>
<tr>
<td>Framing</td>
<td>0.205</td>
<td>1, 168</td>
<td>0.651</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Editorial context</td>
<td>2.106</td>
<td>1, 168</td>
<td>0.149</td>
<td>0.012</td>
<td></td>
</tr>
<tr>
<td>Information-seeking effects</td>
<td>1.316</td>
<td>1, 168</td>
<td>0.253</td>
<td>0.008</td>
<td></td>
</tr>
</tbody>
</table>

Using multivariate analysis of covariance, Covariates are preexisting editorial constraint, market size and age.

*P < 0.05.

in lowering this risk. However, showing health journalists information about the possible unintended consequences of disparity information for African American audiences largely eliminated their preference for the disparity story.

The inoculation condition reduced journalists’ favorable perceptions of certain news values for the disparity-frame story and increased favorable ratings of the progress-frame story. Specifically, journalists who had the Nicholson inoculation evaluated the framing news value of the progress-frame story significantly higher than the journalists who were not inoculated. Because the inoculation educated journalists about the effects of framing and how stories with positive emphasis resonate more with readers, it was reassuring to see that this knowledge had a direct effect on their evaluations of the framing of the progress-frame story. These
findings suggest that gathering and sharing rigorous empirical evidence about journalistic effects may change the practices of some journalists. Moreover, the current study is unique in that experimental research among journalists is relatively rare (three notable exceptions: [53–55]).

In this study, audience reception information seemed to have a pro-social effect of making health journalists consider the negative effects of running news emphasizing racial disparities. The idea of stimulating a pro-social effect in journalists conflicts with the journalistic tenet of reporting on the news from a neutral standpoint [56–59], which is an important principle if not a universally maintained one. On the other hand, media scholars and sociologists generally question the existence of 'objectivity' [57], which would cause journalists to be detached from audiences and their reactions. In fact, this neutrality regarding a story’s consequences is not what the public expects, as Lantz and Lanier [60] conclude: ‘Journalists’ primary concern is accurate, clear reporting, with secondary concern for a story’s consequences. Journalists consider themselves primarily reporters rather than educators, but the public expects reporting to contain an education element’ ([60]; p. 1310).

In making judgments about newsworthiness, journalists could be considering their influence on public opinion and on policymakers [56, 61]. For example, journalists might see progress framing as diminishing the urgency of health disparities, making it easier for policymakers to re-direct attention and funding away from health disparities. Journalists’ emphasis on disparities could be strategic in that they are thinking about outcomes in the public arena beyond those that directly impact the individual reader or viewer.

It is unclear how generalizable the findings are in terms of their applicability to other message topics besides CRC. Variations were controlled by random assignment of participants, and there is nothing unique to the participants that would distinguish them from the universe of health journalists.

**Future research and practice**

What role, if any, do journalists see for reporting progress information in health news? Would journalists be amenable to integrating progress information into stories with a disparity emphasis? What effect, if any, would progress information have on readers and viewers when combined with disparity information in the same story? Gaining a deeper understanding of journalists’ perceptions and practices and of audience reactions to framing race-specific health information will help determine the feasibility of changing journalistic practice. Because, the framing news value, which was referenced directly in the Nicholson inoculation, did show change in measurement by the journalists who were inoculated, it would be worth addressing other newsworthiness variables in the exposure condition.

Additionally, examining these frames as they relate to audiences served could add a helpful perspective. Although this study took into account whether the publications served minority audiences, targeting journalists who serve African American readers would be a valuable comparison. Moreover, this study captured the race of the journalist, but minorities were a statistically insignificant number of the total. About 80% were white, which is comparable to the findings of Viswanath et al. [62] that found 93% of health and medical journalists to be white. It would also be ideal to show journalists other types of cancer that show racial disparities, other health problems, or disparities between other racial groups. For example, there are widening gaps between racial groups in diabetes diagnoses with the CDC expecting to see a 363% increase in prevalence among African American males from 2000 to 2050 (compared with a 148% increase predicted for Caucasian males) [32]. Examining journalists’ response to other health phenomena would allow for a broader comparison about the framing of disparity news.

Future research could also explore whether calling journalists’ attention to the newsworthiness of progress news in health disparities would have an effect on how they evaluate the news. For example, the relative uniqueness of a story is an important news value. Based on this value, one could argue that health progress in racial minority groups is unexpected, especially given the history of health disparities among African Americans, so progress-frame stories (if appropriate) would be a better ‘newsier’ news angle.
For health care providers, one implication is recognizing how their African American patients are likely to respond to media messages. Providers could be messengers of the progress-frame message, knowing that it is not what journalists prefer or what audiences see. Health educators, in their promotion and disease prevention activities, can also provide a progress-frame message when interviewed by journalists. Moreover, focusing individuals’ attention away from people not being screened can help avoid the demotivating effect that kind of information can have on screening intentions [63].

Finally, health journalists and public relations practitioners in health-related organizations should understand that the way they frame their stories could have unintended effects. Journalists are likely writing disparity-frame stories because that is how news has typically been framed and because of the compelling differences between racial groups. Journalists likely believe they are doing a service exposing these disparities. But this study shows that if journalists are provided with information that indicates that this way of framing can have negative consequences, it triggers a response such that the progress-frame stories are not viewed as un-newsworthy and might be considered anew within news-making processes.

Funding

This study was supported by a grant from the National Cancer Institute’s Centers of Excellence in Cancer Communication Research program (CA-P50-95815).

Conflict of interest statement

None declared.

References

What makes health disparities newsworthy?


Appendix A. Items of dependent variables

Publishability

- The story’s angle would work in my newspaper.
- This story is important to cover.
- This story would have an impact.
- My readers would care about this story.
- I could see this story leading to follow-up stories.
- This story is newsworthy.
- This story would appeal to me.
- My newspaper would run this story or a story about this subject.
- I personally would be inclined to run this story or a story about this subject.
- I think this story ought to be published.

Framing

- I would have sought out different types of information to emphasize.
- The lead paragraph for this story is good.
- I like the writing style.
- This story feels one-sided.
- The quotes in this story could be better.
- The focus of this story should be changed.
- Enough facts and background information are included in this story.

Editorial context

- This story offers a human-interest appeal.
- This story feels local or could be made to be local.
- My readers would identify with people in the story.
- This story would appeal to readers.
- This story would appeal to the owners of my newspaper.
- This story would appeal to advertisers.

Information-seeking effects

- The sources in the story seem reliable.
- The people in the story are important to cover.
- Readers would understand this story.
- Based on what this story says about colon cancer, it is very important people get a colon cancer screening test.
- This story demonstrates that colon cancer is an important health problem.
- This story would be helpful to readers in having conversations with doctors.

Salience

- We have run other stories that are similar to this.
- I often encounter information like this.
- This story has been done by other media outlets.
- We have done this story.
- Readers already know about this subject.
- This story would challenge the beliefs held by my readers.
- This story offers shock value.
- This story is controversial.