

Influences on the Construction of Health News: The Reporting Practices of Local Television News Health Journalists

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Local television news remains a primary news source for Americans and is a key source of consumer health information. This study explores why local television health journalists cover particular topics and assesses why health journalism newsgathering practices often differ from the normative newsgathering practices of general assignment reporters. Fifteen in-depth telephone interviews were conducted with health journalists from varying geographical regions and media markets. Influence from local hospitals and personal interest in a health topic often determined the health content the journalists produced. Journalists said it was difficult to cover health issues in addition to other newsroom responsibilities.

Although online and mobile technology has led to a notable increase in information sources over the past decade, local television news remains a primary news source for Americans with almost half (48%) indicating that they tune in on a typical day (Pew Research Center, 2013). Local television news is also a key source of consumer health information and has the power to raise initial public awareness about a health issue or motivate viewers to seek additional health information or social support (Fox, 2008; Friedman & Tanner, 2007; Newport, 2002; Tanner & Friedman, 2011; Tanner, Friedman, Barr, & Koskan, 2008; Van Slooten, Friedman,

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& Tanner, 2013). At the same time, nearly four of ten Americans (39%) say there is often not enough coverage of health and medical news (Pew Research Center, 2010).

Although studies have evaluated the health content provided by news media (Kim & Willis, 2007; Pribble et al., 2006; Tanner & Friedman, 2011; Tanner, Thrasher, & Blake, 2012; Wang & Gantz, 2010) and explored how health news is reported across media (Hinnant, Len-Rios, & Oh, 2012; Hinnant, Oh, Caburnay, & Kreuter, 2011; Len-Rios et al., 2009; Tanner, 2004; Viswanath et al., 2008), less is known about the health reporting practices of local television news journalists. Although scholars agree that social and institutional pressures inside and outside of a news organization influence the news media and their content decisions (Shoemaker & Reese, 1996), these pressures are often more prevalent in the reporting of health and medical news, due, in part, to the technical nature of the content and reporters' lack of medical expertise (Corbett & Mori, 1999; Tanner, 2004; Viswanath et al., 2008). Local television journalists often face additional pressure during the news gathering process, including finding topics that include compelling video and on camera interviews with expert sources and lay persons who have been affected by the issue being discussed (Smith, Tanner, & Duhé, 2007; Tanner, 2004; Tanner & Smith, 2007). Further, the deadlines faced by local television news journalists now extend beyond the typical television broadcast as news staffers are expected to provide content to mobile and online media platforms and engage their audience through social media (Brown & Collins, 2010; Smith et al., 2007; Pew Research Center, 2013).

Although these factors influence all television journalists across "beats" and expertise, health journalism is unique in that consumers rely heavily on this information to inform their personal- and policy-related health care decisions, translating medical information into lay language (Hinnant & Len-Rios, 2009; Schwitzer, 2009). Therefore, the premise of this research is to gain a better understanding of the work television health journalists do, in an effort to provide recommendations about how to improve the quality of health news coverage, and, in turn, improve consumers' health literacy. Building upon previous research that examined the occupational practices of health journalists (Hinnant et al., 2012; Len-Rios et al., 2009; Tanner, 2004; Viswanath et al., 2008), this study explores why local television health journalists cover particular topics and assesses how health journalism newsgathering practices might differ from the normative newsgathering practices of general assignment or public affairs journalists.

This research draws from the literature on the construction of news (Shoemaker & Reese, 1996) and the public understanding of science and health (Hinnant & Len-Rios, 2009; Logan, 1991; Nutbeam, 2000). Specifically, the current study contributes to the growing body of academic literature on how journalists prioritize and develop health news. Further, since local television news is an important conduit for delivering health messages and raising awareness of an issue in a community (Pollard, 2003; Tanner, Thrasher et al., 2012), study findings might also provide important insights for public health practitioners interested in working alongside

local media to disseminate critical public health information to consumers and to policymakers.

Literature Review

Health journalism plays an important role in consumers' health literacy. For example, scholars suggest that the manner in which news media "frame" news content topically and thematically shape people's perceptions of a health-related issue (Entman, 1993; Foster, Tanner, Kim, & Kim, 2014; Kim & Willis, 2007). Research also suggests that health journalists often define their role differently than their general assignment counterparts (Friedman, Tanner, & Rose, 2014; Hinnant & Len-Rios, 2009). Whereas journalism is often defined as a "set of transparent, independent procedures aimed at gathering, verifying, and reporting truthful information of consequence to citizens in a democracy," (Craft & Davis, 2013, pg. 33), health journalists often see themselves as advocates for behavior change or motivators to action, which extends beyond the typical role of information provider. Logan (1991) and Hinnant and Len-Rios (2009) reported that health journalists understand that they have a role in improving quality of life and public health by serving as a liaison between health practitioners and the public. Friedman and colleagues (2014) found that health journalists think that increased collaboration with public health officials, as opposed to maintaining independence from those they cover, would improve the public health information that is provided to their communities. For example, science and health experts contend that information reported by the media is often inaccurate or unclear (Besley & Tanner, 2011). In turn, journalists routinely criticize scientists and health practitioners for lacking the communication skills needed to effectively relay information to the public (Nelkin, 1996; Tanner, 2004).

Construction of Health News

Although mass media serve as agenda setters for important health and other policy issues, transferring these issues from the media to the public's agenda (McCombs & Shaw, 1972), there are also significant influences on the media's agenda. Shoemaker and Reese (1996) emphasized the complexity of the news making process by developing a theoretical framework that examines news media in relation to levels of analysis and allows researchers to systematically examine the factors that influence the construction and production of news (Reese, 2001; Shoemaker & Reese, 1996). These factors include individual, media routines, organizational, extramedia, and ideological factors.

For example, extramedia, organizational, media routines, and personal factors might influence the health newsgathering practices at local television stations. First, *extramedia influences* include sources of information that a journalist might use

in the construction of news content or the audience who receive the content. Expert sources of information, such as doctors, public health officials, or hospital administrators, play a pivotal role in the development of a news report (Len-Rios et al., 2009; Tanner & Friedman, 2011; Tanner, Thrasher et al., 2012; Wanta, 1991). Sources are not only used to provide perspective and add balance to a story (Conrad, 1999), but also might also help journalists generate story ideas and aid in the development of a particular idea (Tanner, 2004). Because health and medical information is often complicated, and journalists' generally lack medical expertise, health journalists are often more dependent on health and medical sources for guidance and explanation about important health issues (Corbett, 1998; Corbett & Mori, 1999; Dennis, 1991; Wallington, Blake, Taylor-Clark, & Viswanath, 2010a).

The audience might also significantly influence the content of local news. Previous studies of health journalists (Friedman, Tanner, & Rose, 2014; Hinnant & Len-Rios, 2009) found that journalists believe it is their role to develop health news content that takes into account the demographic characteristics of their target communities and their market size. Further, as maintained by Friedman and colleagues (2014), health journalists might also be influenced to cover stories that will attract viewers, and therefore advertising dollars, instead of producing health content that is important to health needs of a community.

Organizational factors, such as the type of medium (print versus television) in which news content appears, might also influence the presentation of an issue. Kaniss (1993) found that television journalists often develop stories that can be easily covered rather than those that should be covered (see also Tanner, 2004). Other studies support these findings, suggesting that local television stations are passive in their news discovery and rely heavily on routine news events (i.e., press conferences) and officials for story ideas (Berkowitz, 1987; McManus, 1990). For example, Viswanath and colleagues (2008) found that television journalists were more likely than their print counterparts to rely on general Web sites and press releases for information to include in their health reports.

News routines of individual journalists, or of a news organization, influence reporting on an issue, from how the issue is presented, to the prominence the issue receives (Corbett & Mori, 1999; Kim, Carvalho, & Davis, 2010; Lang & Lang, 1983; Tanner, 2004; Tanner & Friedman, 2011; Tanner, Thrasher, and Blake, 2012). The amount of time given to a news report, as well as the placement of that report (i.e., the "lead" story in a television newscast or a front-page story in a newspaper) is based on the traditional news values (e.g., impact, proximity, timeliness, conflict, oddity, prominence, and currency of an event) that news publishers and producers know will appeal to their audience (Shoemaker & Reese, 1996). News staffers must also decide how much time and resources should be spent pursuing particular stories (Gandy, 1982). Although it might appear that media are the first to present a certain topic, it is more likely that media are receiving cues from elsewhere in the social system (Corbett, 2006; Tanner, 2004), including other media outlets or public relations practitioners (Pew Research Center, 2013).

The personal traits of a journalist might also play a role determining health news coverage. In the case of television news health reporting, for example, a journalist might cover a certain issue or topic that is being promoted by a local hospital that is a prominent sponsor or advertiser with the news organization. Personal interest in a particular health topic (e.g., a reporter with young children who is interested in childhood ailments) might also influence a journalist to pursue a particular topic (Tanner, 2004).

The literature on the public understanding of science and health and the occupational practices of health journalists suggests that deeper exploration is needed to assess why health journalists prioritize and develop certain topics, particularly amidst an evolving media landscape that includes producing increasing amounts of health news content across multiple media (Pew Research Center, 2013). Specifically, through in-depth interviews with U.S. local television news health journalists, two broad research questions guide this study: 1) what are the current health news practices of U.S. local television news health reporters and their respective news stations, and 2) what influences (i.e., extramedia, organizational, and personal) television health journalists to generate ideas for health news content and then develop and cover a particular topic? The nature of this study allows for rich data collection on the often-complex nature of health news production (Lindlof & Taylor, 2002; Schwitzer, 2009).

Method

Study Design

Lindlof and Taylor (2002) note that journalists are good subjects for in-depth interview research because they have specialized knowledge of the field and reflectively communicate their experiences. As such, communication researchers often use journalist interviews to explore a wide-range of media-related topics (Attfield & Dowell, 2003; Besley & McComas, 2007; Besley & Roberts, 2010a, 2010b; Tanner, Forde, Besley, & Weir, 2012), including health communication (Hinnant & Len-Rios, 2009; Wallington, Blake, Taylor-Clark, & Viswanath, 2010b). The current study employed a purposive sampling technique to select 15 to 20 local television news health journalists in the US to participate in in-depth, semi-structured interviews aimed at examining their perceptions related to their health news practices and factors that influence them to generate ideas for health news content and then develop and cover a particular topic.

Recruitment

Because there is no existing list of local television news health journalists, to develop our sample frame we first focused on local television news stations in the

US that were diverse in terms of market size and geographic region. We began with a list of all the US-based television news stations, which was obtained from the 2011 edition of the NATPE Guide to North American Media, a comprehensive list of all US local television news outlets offering news (NAPTE Guide to North American Media, 2011). The authors divided media markets into three sub-groups based on Nielsen-defined designated TV market areas (DMAs) (i.e., large [DMAs 1–49], medium [DMAs 50–99], and small [DMAs 100–210] markets). A news station's DMA represents the geographic area in the United States covered by a specific group of television stations and is largely defined by the total number of households using televisions in a given geographical community. Using such sub-groups is common practice in the study of local television news, and previous research has demonstrated that there are often differences by DMAs regarding station resources and journalistic practices and experiences (Smith et al., 2007; Tanner, 2004; Tanner & Friedman, 2011; Tanner, Friedman, Koskan, Barr, 2009; Tanner & Smith, 2007). Therefore, it was important that health journalists from varying DMAs were represented.

Beginning with a list of 50 local television stations, the researchers accessed stations' Web sites and consulted the news teams' biographic information and also made telephone calls to the news stations to identify health journalists. A health journalist was defined as a local news reporter who was identified, or self-identified, as the primary news staffer in charge of health and medical related news content at a television station, whether this job was their sole focus, or in addition to, his or her other reporting duties.

Many stations did not employ a specified health reporter and the authors continued the process of identifying health journalists until they had compiled a list of 30 health journalists working at television stations across the United States. The authors then sent letters in the mail and emails to these journalists, followed up with phone calls, in an effort to seek their participation in the study. After 2 weeks had passed, and only a handful of journalists had responded to the initial email request, the authors added 30 more names to the participant list and sent emails and letters in the mail to the reporters. The authors' goal was to interview 15 to 20 journalists, which is typical for this type of qualitative research and is consistent with previous studies of journalism practice (Attfield & Dowell, 2003; Besley & McComas, 2007; Besley & Roberts, 2010b; Tanner, Forde et al., 2012). In total, 15 responded to the request and were interviewed.

Interview Procedures

Interviews were conducted by telephone between October 2011 and May 2012 by one of three trained moderators. Each interview began with a summary of the project and an informed consent protocol in which participants were promised confidentiality. Next, we proceeded with a set of semi-structured questions, followed by appropriate probing questions (Strauss & Corbin, 1998). At the end of the

interview, several demographic questions were asked. Interviews ranged between 20 and 45 minutes. The Institutional Review Board (IRB) at the authors' university approved recruitment and interview procedures.

Instrument Development

A 24-item interview guide was developed. The complete interview guide was pilot-tested with a health reporter in a medium sized DMA. Question development was guided by the literature related to the construction of news content and the public understanding of science and health, or were modified from previous studies related to the practices and news routines of journalists (Besley & McComas, 2007; Len-Rios et al., 2009; Tanner, 2004; Tanner & Friedman, 2011; Tanner et al., 2008; Tanner et al., 2009) and research focusing on journalism and health literacy (Friedman, Hooker, Wilcox, Burroughs, & Rheaume, 2012; Friedman & Tanner, 2007; Hinnant & Len-Rios, 2009; Hinnant et al., 2012). Sample questions included: How would you describe your role as a health reporter at your television station? What internal factors, such as resources available to cover stories, newsroom philosophy, time, or your personal interest in a story influence your decision-making when it comes to covering a health-related story? How do primary sources of information influence your health news reports?

Qualitative Data Coding and Analysis

Audio recordings of the interviews were transcribed verbatim into Microsoft Word. As per our human subject requirements, participants were promised anonymity. Given the small population, we removed details that might identify individual journalists, including demographics regarding specific geographic area or DMA. Within these constraints, our analysis provides as much contextual detail as possible.

Transcripts were edited to remove personal identifiers and text files were entered into QSR NVivo7 (2010), a qualitative data management program. Interview questions guided codebook development. The initial codebook was used to review one interview transcript and independently assign codes to sections of interview text, modifying and adding codes as needed. This approach was completed with two additional interviews from each group before finalizing the codebook. During this open-coding process, consensus was reached about the definition of each code and a list of codes was agreed upon. All transcripts were then coded with the finalized codebook. Axial coding, or the connecting of codes and identifying relations between codes suggestive of themes (i.e., topics discussed frequently), was also conducted (Strauss & Corbin, 1998). Comparing and contrasting these emerging themes within and across the interviews was also used to detect similarities and differences in the data (Friedman et al., 2014; Tanner, Forde et al., 2012).

Table 1
Characteristics of Study Sample (N = 15)

Characteristics	Mean (SD)	N (%)
Reporter age (years)	39.4 (10.2)	
20–30		3 (20.0)
31–40		5 (33.3)
41–50		4 (26.7)
51–60		3 (20.0)
61 years+		0
Education		
Bachelors degree		11 (73.3)
Masters degree		3 (20.0)
Doctoral degree (i.e., PhD/MD)		1 (6.7)
Years in broadcast news	18.6 (10.4)	
1 to 10 years		4 (26.7)
11 to 20 years		4 (26.7)
21 to 30 years		6 (40.0)
30+ years		1 (6.7)
Years at current station	11.5 (8.5)	
1 to 10 years		4 (26.7)
11 to 20 years		4 (26.7)
21+ years		7 (46.7)
Designated Market Area (DMA)		
Small [DMAs 100–210]		5 (33.3)
Medium [DMAs 50–99]		6 (40.0)
Large [DMAs 1–49]		4 (26.7)
Geographical area served		
Northeast		3 (20.0)
Southeast		5 (33.3)
Midwest		5 (33.3)
Southwest		1 (6.7)
West		1 (6.7)

Results

Demographic Characteristics

To answer the research questions, health journalists currently working in local television stations were interviewed. As shown in Table 1, these journalists represented a diverse sample in terms of market size (large, medium and small), geographic region, age, and years of journalism experience. All but one journalist was

female. Regarding education, most had a bachelor's degree and had no specialized training in the science or health field. Journalists often reported that their television station actively promoted them as health reporters.

Prominent themes emerged from the in-depth interviews. These themes included the current practices of local television news health reporters, including the scope and type of health coverage, and the factors that influence (1) the generation of health story ideas, and (2) the development of health news content, including the use of expert sources. While our specific aims focused on these thematic areas, all emergent themes were examined because they provided insight on the practices and experiences of health journalists.

Current Practices of Local TV Health Journalists

Most health journalists said they focus on other duties in the newsroom in addition to their job as their news organization's health reporter. Journalists often said they covered health in addition to other responsibilities at their station, including anchoring, reporting and serving as a meteorologist. For example, a journalist from a small market station stated, "Because I am at a smaller television station, I wear a number of hats and report on a lot of different types of stories so I do not necessarily report on health stories every day, but that is my beat." As mentioned by another journalist, their other, sometimes more primary role, often interfered with health news coverage. "I was struggling to do these reports myself, and at the time I was anchoring four newscasts, the 4, 5, 6, and 11, and it was a lot of work."

Regarding their TV station's commitment to covering health topics, most journalists said their organization was strongly committed to health news coverage while a few journalists perceived their TV stations' commitment as "weak." A journalist from a small market station commented

I would say that we're a very community-based station where we're very active in the community and very community-focused so I think that we might potentially do more personalized health stories as opposed to health news or health headlines about what's going on in the health world.

Yet another said

Well, [health coverage] has considerably gone down over the 23 years that I've been at the station. I wish we did it a lot more, since it affects everybody, whether you are healthy or unhealthy, skinny or fat, and old or young.

The health journalists indicated that they most often work across media platforms at the most basic level, by repurposing television stories for the Web, or posting a television story online without changing story format or content. Journalists less often said that they use social media or write Web-only stories. A journalist from a large market said

The online ones are largely developed via feed packages that were either re-worked or occasionally they are simply new content based on press release that we receive from local hospitals or local medical facilities.

Stated a journalist from a small market station, “All of the stories that the reporters at our station do go up on our Web site immediately following the show, so anyone who missed it or especially the people that are involved in the story can just hop online and see the story again.”

When the journalists use social media and other online resources to provide additional information for their viewers, they most often post additional information through online links, Twitter posts, Facebook posts, live Web chats with health professionals, and PDF attachments. According to a journalist from a large market station,

[Management] encourage us to use blogs and social media, but I have to admit that I’m too busy or at least that’s my excuse, so I do not often use blogs or social media, but I have been known to tweet as frequently as I can remember.

One theme that emerged was that the Internet had deeply changed the way they researched news stories and reported TV news. For example, journalists said they used the Internet to seek information, connect with interviewees without time and geographic barriers, release news earlier than the routine broadcast news schedule, and provide online access to archived health news stories. A representative quote from a journalist at a small market station was,

It has made it easier in a lot of ways because there are hospitals and health facilities now that also have their own system of generating video and interviews so sometimes if I cannot get to a particular thing, they are able to do it in-house and deliver it to me.

Another small market journalist commented,

I do not have a medical background so when I am doing a story about a condition or something that I do not have knowledge of, it definitely helps me be able to just go online and look up information about whatever disease or condition I am working with.

Generating Health Story Ideas

Journalists reported that they usually acquired health story ideas by reading news releases, from local hospitals, news wires or services, national news, community contacts, Facebook, emails, phone calls, health professionals, medical journals, health magazines, online news, academia, and viewers. According to a journalist from a medium market station, “We paid for a health service to provide the content, and I would just re-record the stories with my voice and edit them to my likings.”

A journalist from a medium market said, "I've got three emails in my inbox right now of people who want me to cover their health related events. And the hospitals contact me on a regular basis. It's an endless stream of issues constantly pouring in."

Developing Health News Content

Once an idea for a story is generated, health journalists indicated that several factors, inside and outside of the newsroom, as well as personal factors, influenced or motivated them to develop this "idea" into actual news content. Themes that emerged included personal interest, topics of concern or that are beneficial to the public, the time or resources it takes to cover an issue, local sources, emotionally compelling content, social media trends, topics on talk shows, and breaking news.

A journalist from a small market station reported,

A lot of what I do is based on my personal interests in a topic or connections that I've made with contacts. And sometimes I don't get to pursue those ideas because we just don't have the resources to cover it. I get to work at 3 a.m. and work until noon, so sometimes my schedule just doesn't allow me to shoot something.

A journalist from a small market station stated, "I like to think about how many people are affected by [an issue] or are currently seeking out information." Another said, "As far as the hospitals go, they can use me to promote certain things, not that I am doing free advertising or something."

Health News Sources

Expert sources of information that were influential in constructing health news reports also emerged as a prominent theme. The journalists said they most often use health professionals, patients, hospital public relations practitioners, academics, the news organization's list of experts, lay people, and local health departments and nonprofits. One journalist from a large market commented

If I don't have [a source] that I can think of then I'll call either a hospital public relations person or one of my trusted public relations sources who have always turned up good doctors and good sources.

A small market journalist stated, "Always a patient, a real person that's not coming with a medical degree or with the doctor title, but then coupling that person with a medical expert or a local professional."

Discussion

As local television news is a primary source of news and health information for most Americans (Brodie, Hamel, Altman, Blendon, & Benson, 2003; Pew Research Center, 2013), the current study examined local television news health journalists' perceptions of their current health reporting practices and the factors that influence them to generate ideas for health news content and then develop and cover a particular topic. As consumers increasingly face a complex and confusing array of health decisions, ranging from personal health choices to decisions about health insurance and the implementation of the Affordable Care Act, local television health journalists, and their corresponding health reports, are important conduits of information who influence their audiences' health literacy and understanding of scientific and medical issues (Friedman et al., 2014; Healthy People 2020, 2010; Logan, 1991; Nutbeam, 2000; Schwitzer, 2009).

Key findings are particularly interesting when addressed through the lens of the literature focusing on the public understanding of science and health, which suggests that health journalists often see themselves as advocates for health behavior change or motivators to action, which extends beyond the typical journalistic role of impartial, information provider. Although television health journalists seem to understand the importance of knowing their target audience to adequately develop stories that are appropriate for the communities they serve (Friedman et al., 2014), journalists in the current study said that they rarely generate story ideas through avenues that assess the needs of their audience. For example, instead of developing enterprise stories, or health stories that are acquired through developing local sources and investigative reporting, the journalists in this study stated that they most often generate ideas for health stories by reading press releases or by covering stories initiated by a local hospital.

In fact, local hospitals played a sizeable role in the health journalism practices at the television stations represented in this study. From generating video and interviews and providing this content directly to the stations to present as their own content, to using hospital resources to generate story ideas and provide expert information, hospitals were mentioned time and time again as influential in generating story ideas and with the development of news content. As pointed out in previous health literacy studies (Friedman et al., 2014; Hinnant & Len Rios, 2009), health journalists believe it is important to know their target audience so that they can provide culturally appropriate health news content that their audience can understand. Instead of focusing on audience needs, however, journalists in this study seem to be taking cues from local hospitals about what to cover, how to cover it, and using hospital patients and experts as sources of information in the reports. This finding aligns with previous research suggesting that organizations and individuals with the most influence in a community (e.g., money and power) often shape the media's agenda, regardless of the topic covered (Foster et al., 2014; Len-Rios et al., 2009). As the ratio of public relations workers to journalists has grown significantly as newsrooms have cut staffers (Pew Research Center, 2013; Sullivan,

2011), commercial entities are having increasing success in getting their persuasive messages into the press (Pew Research Center, 2013). Due to the complex nature of health and medical related topics, coupled with overworked health journalists who lack specialized medical training (Corbett, 1998; Corbett & Mori, 1999; Schwitzer, 2009; Tanner, 2004; Wallington et al., 2010a; Wallington et al., 2010b), the current study suggests that local television journalists are increasingly becoming marketers for local hospitals instead of investigators who inform and interpret information and function as independent “watchdogs” for the communities they serve (Craft & Davis, 2013; Kovach & Rosentiel, 2007).

Journalists were also asked about how and why they decide to produce a health report after an idea about a potential topic is generated. The journalists said that personal interest in a health issue, followed by the amount of time and resources it would take to cover a topic, most often influences them to develop a new story. This is contrary to previous research on the construction of news that found that organizational influences (e.g., desires of news managers and resources available to cover a story) often play a larger role than individual influences when deciding which stories to cover (Shoemaker & Reese, 1996). The authors theorize that the personal nature of a health condition or disease (i.e., when a journalist, or a journalist’s family member or close friend, suffers from a particular ailment) might influence coverage of a particular topic, and, in some instances, override organizational influences.

Other key findings show that television news health journalists face many of the same challenges as general assignment reporters (i.e., lack of resources to cover important topics, deadline pressure, and influences on content from expert sources, advertisers, and news managers), but that these challenges may have a greater impact on health journalism coverage, due to its specialized nature, technical and complicated content, and the journalists themselves, who often have no specialized training in health or medicine and are producing health content in addition to other full time duties at their television station (Tanner, 2004; Tanner & Friedman, 2011).

For example, although most respondents said that their station had a “strong” commitment to health journalism in their community, many of the health journalists interviewed said that health reporting was not their primary duty at their station, with many serving as main news anchors for multiple newscasts. Several admitted that it was a “struggle” to cover health-related issues in addition to their other required responsibilities. These findings concur with recent reports on the state of the news and health news media, which show that the news industry, as a whole, and the health news media, are understaffed and unprepared to develop news reports, investigate emerging stories, or adequately examine or question information that they receive (Pew Research Center, 2013; Schwitzer, 2009). With results from this study, and those from previous research (Schwitzer, 2009; Tanner, 2004), indicating that few television news health journalists have specialized training in the health or medical field, the challenges to create substantive and accurate reports might be even greater for journalists focusing on health and medical topics that are often complex in scope and contain technical and academic language and terms.

Despite news organizations' push to grow and connect with their digital audience through online, mobile, and social media (Bennett, 2013; Pew Research Center, 2013), health journalists in the current study reported that they rarely disseminate health content beyond their traditional news broadcasts. When digital platforms are used, the Internet is most often used to deliver content at the most basic level, by repurposing television stories for the Web or by posting a television report online without changing the story format or content. Few journalists said they developed Web-only stories or reported using social media to interact with their audience about health topics. This is a missed opportunity for local television news health journalists and the communities they serve. For example, there are numerous advantages to providing health information through digital applications, including the potential for interactive learning, regular availability and timely updates of health content, and the ability to tailor information for different age and ethnic groups (Atkinson & Gold, 2002; Lipp, 2002; Podichetty, Booher, Whitfield, & Biscup, 2006; Tanner & Friedman, 2011). In fact, study findings suggest that local television journalists should expand the reach of local television and present digital health content that is accessible, interactive, and targeted or tailored to communities. Doing so might not only help local television news organizations compete for local news consumers who use mobile platforms and social media, therefore increasing important digital advertising revenue, but also facilitate the meaningful exchange of health information and create important social support networks.

Although results from this study suggest that new media platforms are not used to their potential to deliver local television news health content, journalists said that their personal use of online health resources had dramatically changed how they develop health story ideas and research health topics. Journalists said that they often conduct online research on unfamiliar health topics. They are also able to connect with viewers through email and social media about potential health story ideas that may be of interest to audience members.

Still, there appears to be an interesting disconnect between these journalists and their perceptions of their audience. For example, these journalists understand and acknowledge how the digital landscape has changed their *own* information consumption patterns, but don't seem to fully recognize that the news consumption patterns of their *audience* have also evolved as news consumers increasingly turn to online resources for personalized, on demand news and information. Instead of primarily using online resources to generate story ideas and gather content, these health reporters should increasingly develop their own health reports and content for "online first" audience consumption. In fact, younger viewers are increasingly turning away from local television, with the number of adults under 30 who regularly watch local news dropping from 42% in 2006 to just 28% in 2012 (Pew Research Center, 2013).

There are limitations to this study. Only 15 health journalists were interviewed, which is typical for this type of study (Besley & Roberts, 2010b; Friedman et al., 2014; Tanner, Forde et al., 2012; Van Slooten et al., 2013). As such, results should not be generalized to other populations and findings may not represent the views of health journalists in other communities. Despite the limited number of participants,

the authors were able to identify a diverse sample of health journalists from varying market sizes and geographic regions. Interestingly, all but one health journalist was female. As this may be an institutional factor that is relevant to the presentation of news, future research is warranted in this area.

Despite these limitations, this study has important practical and theoretical implications for health communication and journalism practice. Ideas about health and health behaviors are influenced by the communication, information, and technology that people interact with on a daily basis (Healthy People 2020: Improving the Health of Americans, 2010). Local television news, as the primary source of news and information for most Americans (Brodie et al., 2003; Pew Research Center, 2013), is in a unique position to communicate important health care and public health information to their communities and influence the way these communities view health. Findings from this study suggest that health journalists at local television news stations, however, are struggling to provide pertinent health information that is tailored to their community and disseminated in a manner that is interactive and engaging. Newsgathering practices in the area of health also appear to have different standards than general newsgathering practices in that many health journalists openly work with local hospitals and use hospital resources and materials to develop and produce news content. From a theoretical perspective, our study concurs with previous research on journalism practice and the construction of news content that demonstrates that numerous factors influence the news routines of journalists. The current study suggests, however, that certain extramedia and personal influences might play an even larger role in motivating health journalists' decision making regarding news routines. For example, influence from local hospitals, including sources used for interviews, press releases generated by the hospital, and relationships with hospital public relations often dictate the health stories that the journalists cover and how they are produced. Further, health journalists we interviewed were extremely mindful of how personal interest in a topic is a strong motivator for them to pursue an idea and develop health news content. Future research is needed to investigate the extent that these factors influence the development and delivery of health news content.

Acknowledgments

We thank Lauren Decker Todd and Sara Lamberson, graduates of the Master in Mass Communication Program at the University of South Carolina, for their assistance with data collection and coding.

Funding

This research was funded by a grant from the College of Mass Communications and Information Studies at the University of South Carolina.

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