The Roles of Audience Characteristics and Journalistic Freedom in Determining News Coverage of the Affordable Care Act

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ABSTRACT

KATIE SHUMAKE: The Roles of Audience Characteristics and Journalistic Freedom in Determining News Coverage of the Affordable Care Act
(Under the direction of: Brian Southwell)

This paper investigates the determinants of news coverage of the Affordable Care Act (ACA). News media have documented agenda setting and framing roles that are affected by resource constraints, characteristics of the news organization that employs journalists, journalists' personal characteristics, and audience characteristics. I conducted a survey of health policy journalists and a content analysis of eight newspapers to determine if relationships exist between journalists' choices of content, frame, and sources and journalists' personal characteristics and organizational characteristics of the news media organization that employs the journalist. I found several significant relationships in the survey and content analysis and concluded that the main drivers behind ACA news coverage were journalists' perceptions of the audience's needs or interests and journalists' perceived freedom to report and frame health stories they find important. This freedom likely results from journalists' levels of education, experience, and the requirement to cover topics other than health policy.

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CHAPTER 1

INTRODUCTION

President Obama signed the Patient Protection and Affordable Care Act (ACA) into law on March 23, 2010 (HealthCare.gov). After many court challenges to the law's controversial individual mandate, which requires every American to buy health insurance or pay a penalty, the Supreme Court upheld the mandate and most of the law's other provisions on June 28, 2012 (Vicini and Stempel, 2012). The law is the most significant health legislation since the implementation of Medicare and Medicaid in 1965 (Vicini and Stempel, 2012). Public opinion of the law has been mixed. The Kaiser Family Foundation reported in March 2012 that 41% of Americans hold favorable views of the ACA, and 40% hold unfavorable views. However, the same poll found that most of the law's components (e.g., mandate that employers provide health insurance, Medicaid expansion, etc.) were supported by a majority of Americans. The one component that was viewed unfavorably was the individual mandate, with 55% of Americans saying they would be disappointed or angry if the individual mandate was upheld (Kaiser Family Foundation, 2012). It is an interesting observation that the ACA as a whole has never received majority support yet the majority views most of the ACA's individual components favorably. There is no consensus as to why this dichotomy exists, but research has shown that public opinion is affected by news coverage (Lecheler and deVreese, 2012). An examination of the ACA's news coverage may provide insight on this issue.

Public perception of the ACA

A 2012 Pew Research Center study examined how media exposure affected Americans' opinions of the ACA. The Pew Research Center found that coverage of the bill peaked in 2009 and drastically decreased in 2010 through 2012 as it was challenged in courts. Most of the coverage focused on the politics (41%) of the bill rather than the content (23%). The study noted that even when coverage of the bill was at its highest "the issue was more of a topic in the opinion part of the media culture, on radio and cable TV talk shows, than elsewhere." The 2012 Kaiser study found that 59% of Americans feel they do not have enough information about the ACA to understand the impact it will have on their individual lives. A 2010 Pew Research Center Study found that terms used by opponents (more government involvement, more taxes with health care reform, rationing health care) were used twice as much in the media than terms used by supporters (more competition, insuring pre-existing conditions, greedy insurance industry). Essentially, "the opponents' attack on big government resonated more in the media than the supporters' attack on greedy insurance firms." The study cited "death panels" as an example of resonant rhetoric. The term emerged in August 2009 after former vice presidential nominee Sarah Palin used it in a Facebook posting and comprised almost one quarter of all health care coverage that month.

The role of journalism

The ideal goal of journalism is to provide citizens with unbiased factual information to inform and engage them in the political process and discourse (Gans, 2010). However, most of the political discourse, including what elected officials hear, comes from individuals

in the media, including journalists, commentators, panel talk shows, and journalist bloggers (Gans, 2010). Journalists play an agenda-setting role regarding the issues that the public finds most important – the more coverage an issue receives, the more important it is perceived by the public (McCombs and Shaw, 1972). Journalists also frame issues by rendering considerations of an issue or event as more important than others, which leads these considerations to be applied when the individual forms an opinion on the topic (Lecheler and deVreese, 2012).

There has been much research regarding how journalists set the agenda and frame stories. Journalists rely on sources, often public relations (PR) practitioners, with whom there is a noted contentious and interdependent relationship (Len-Rios, 2009). This is especially true of public information officers (PIOs; PR practitioners for government agencies), as journalists consider themselves the "watchdog" over government agencies and programs, so they may approach PIOs distrustfully (Avery et al., 2009). Research has shown that PR practitioners serve as significant sources for journalists (Sallot and Johnson, 2006). As such, the interdependent relationship between these two professions serves as a significant influence on both public opinion of issues and the actions of elected officials. As noted previously, many Americans lack the knowledge of how the ACA will affect them personally but have formed opinions on the law. Essentially, they have formed opinions about legislation that they know little about. This represents a failing of health policy journalists and PR practitioners to disseminate factual information about the content of the law. Understanding the determinants of health policy journalists' agenda setting and framing may help inform interactions and build better relationships between PR practitioners and

journalists. Better relationships between these two groups will serve to more effectively inform the public of important legislation.

This paper will examine health policy journalists' reporting on the ACA. Many determinants contribute to a journalist's coverage of an issue, including personal characteristics, available sources, journalistic practices, and characteristics of the news media organization that employs the journalist. This study will examine relationships between the aforementioned determinants and the journalist's choice of content topics, framing, and choice of sources in news coverage of the ACA.

CHAPTER 2

RESEARCH QUESTIONS

1. Is there a discernible relationship between personal characteristics of journalists and characteristics of the news organizations for which journalists work and journalists' self-reported reporting priorities, approaches to, and preferred sources in reporting on the ACA, and thoughts on the quality of overall news coverage of the ACA?

2. Is there a discernible relationship between the personal characteristics of the journalists and choices of content of story, sources, and positive or negative frames in news coverage of the ACA?

3. Is there a discernible relationship between the characteristics of the news organizations for which journalists work and journalists' choices of content of story, sources, and use of positive or negative frames in news coverage of the ACA?

CHAPTER 3

LITERATURE REVIEW

Agenda setting

As mentioned in the introduction, agenda-setting research shows that the more the media cover a topic, the more important it is seen by the public (McCombs and Shaw, 1972). Shoemaker and Reese (1996) and Viswaneth et al. (2008) identified several factors that contribute to agenda setting, which include social norms and values of journalists, organizational constraints such as deadlines and limits of time and space, pressures from social movement organizations and interest groups, reliance on government and community leaders for source and resource usage in newsgathering, and geographical scope of the news medium. Newsworthiness also plays a role in determining what stories and issues journalists choose to cover. Research shows that journalists consider the following to be newsworthy criteria and select stories accordingly: timeliness, accuracy, prominence, proximity, human interest, significance, conflict and controversy (Viwaneth et al., 2008). Viswaneth et al. (2008) found that journalists most often define newsworthiness as the "potential for public impact" and "new information or development." Characteristics of the news organization the journalist works for affect which criteria the journalist considers more important. Local reporters were more likely to report on a story that had a "human-interest angle" compared to national reporters (80.5% vs. 49.5%), and broadcast reporters rated the potential for public impact, new information and development, and ability to provide human interest and local angles as being important newsworthiness criteria more often than print reporters (Viswaneth

et al., 2008). Additionally, Schwitzer et al. (2005) asserted that audience demographics affect the types of stories that a news organization publishes, as news media with a more affluent audience will publish stories that use marketing and promotions that reinforce the audience's values and interests. Some authors have suggested that health journalists should use their agenda setting role to play an educational role by disseminating new research findings, describing conflicting interests of research studies, flawed methodology of studies, and explaining how researchers and policymakers create health policy and medical recommendations (Viswanath et al., 2010; Schwitzer et al., 2005).

Health journalists' agenda-setting role includes health policy. In *Selling Science*, Nelkin (1995) examined the role of the media in influencing health and scientific public policy. She made the following conclusions: the media's power to generate pressure for policy changes may be relatively independent of prevailing public attitudes; media reports have often directly influenced policy; and media can force regulatory agencies to act out of concern for their public image by creating issues out of events. However, coverage on health policy is often lacking. Schwitzer (2005) looked at the lack of coverage paid to health care reform during the 2004 U.S. presidential election by local broadcast news media. He found that TV viewers were much more likely to see biased political ads about health reform rather than balanced and unbiased news stories. He attributed lack of coverage to the assumption that viewers prefer faster-paced and updated-feeling stories, as opposed to stories about complex health policy details. Schwitzer stressed that stories on health policy can be done effectively to engage the viewer, but television news executives need to be convinced that this can be done. He concluded that health journalists have abdicated their agenda-setting role in regards to health policy.

Health journalists consider many factors when deciding which stories to publish, such as topics relevant to the audience, sources, news organizational practices, and newsworthy criteria. Health journalists' agenda-setting role is powerful because it can affect health policy, but policy may be neglected in news coverage because the subject is not fast-paced.

Framing

Framing research explains that the media characterize an issue, which influences public opinion about a topic (Wallington et al., 2010). Framing operates by biasing the cognitive processing of information by individuals so that the frame corresponds to the schematic understanding by the audience, and the audience can interpret the story meaningfully (Hallahan, 1999; Scheufele and Tewksbury, 2007). Complaints of media bias or inaccuracies can often be explained in terms of framing that is inconsistent with an individual's favored frame (Hallahan, 1999). Framing often favors political elites due to their economic and cultural assets, but frames advocated by PR practitioners are balanced with frames supported by other sources to maintain a neutral story frame (Carragee and Roefs, 2004; Len-Rios, 2009). Framing is not meant to deceive audiences, but is used to simplify the complexity of an issue to enable a lay audience to understand in the allotted time or space of the story (Scheufele and Tewksbury, 2007). Considering this, journalists employ frames to resonate with the largest segment of the audience (Hallahan, 1999).

The framing of issues, including health policy, occurs when advocates for issues engage in a process of agenda building that involves mobilizing support, building coalitions, manipulating symbols, and actively seeking publicity in the media (Hallahan, 1999). Hindman (2012) noted that lobbyists engage media advocates to frame issues in partisan

terms, as individuals who "identify with one of the groups in the controversy become more involved with the issues and interpret the message in terms of their group affiliations." News framing of an issue affects knowledge about the issue, especially if the framing signals social and group identification cues to citizens (Hindman, 2012). Hindman (2012) found that knowledge about the components contained within the ACA was primarily a function of political party identification, and that the knowledge gaps of the ACA between political parties grew over time. Individuals who reported that they closely followed discussions in Washington about health care reform were less likely to see the value of the ACA to the individual's family and country, which may be a result of the 2012 Kaiser finding that most ACA news coverage focused on the law's politics rather than content. Framing research also shows that audiences weigh negative information more heavily than positive information, people act to protect themselves, and negative framing might serve as a peripheral cue in processing (Hallahan, 1999).

Previous health reform was attempted in the early-to-mid-90's by the Clinton Administration. Cappella and Jamieson (1997) examined how media coverage of the plan affected public opinion. The authors cited a 1994 Wall Street Journal poll that found that individual components of the Clinton health plan were popular with the public as long as they were not identified as being part of the plan. However, the public viewed the plan unfavorably when identified as the Clinton health plan. This is very similar to the ACA, where the law itself has been perceived unfavorably, but individual components have been rated favorably when not associated with the law. The authors identified two news media frames pertaining to coverage of the Clinton health plan to explain this dichotomy: conflict oriented (focus on the substance of the plan offering critical response, disagreement, and

dismissal but seldom compromise, common ground, or solution) and strategic (readers may view the substance of the plan favorably or unfavorably depending on their ideology). The authors also identified the theory of on-line judgment formation as being involved in the framing process, which refers to the public's judgment of the plan's sponsors affecting their opinion of the plan itself. The authors concluded that when news media treat issues in strategic and conflict-oriented frames, attitudes toward the sponsors of the policy and the policy itself will be undermined, but not necessarily for reasons associated with problems with the policy's content.

Wallington et al. (2010) found that all health journalists regardless of individual or organizational characteristics were equally likely to report that influencing the public's health behavior was an important priority for their health reporting. Journalists from privately-owned media organizations were more likely to say that educating people to make informed decisions and providing entertainment was important for their reporting. Journalists from small organizations (< 30 full-time staff) were more likely to say that developing the public's health and scientific literacy was important and less likely to say that disseminating new, accurate information and providing entertainment was important. Less-educated journalists placed higher priority on educating the public to make informed decisions. Less-experienced journalists were more likely to say that providing entertainment was important. Journalists from small organizations or who have a bachelor's degree or less were less likely to say that economic impact and controversial news information were frames they have used in reporting. Journalists with a bachelor's degree or less and journalists from large news organizations were less likely to say that human interest was a preferred frame. Journalists

with less than 15 years experience and journalists with low occupational autonomy were less likely to say that the need to change personal health behavior was important.

Much like agenda setting, framing is a complex process that relies on several factors, including the journalist's sources and the characteristics of the news audience. Ultimately, framing is a valuable tool in health journalism because it aids audiences in interpreting the information presented according to their values and social identification.

Sources used by health journalists

Health journalists use a variety of sources to inform their stories – academic journals, government officials, researchers, health care practitioners, non-profit and for-profit news releases, among other sources. A symbiotic relationship exists between reporters and sources, as sources need journalists to "articulate their point of view and shape the story for a broad audience," and journalists rely on sources for information to effectively report stories (Viswaneth et al., 2008).

Organizational characteristics of media outlets and personal characteristics of health journalists affect the types of sources that are used. Berkowitz and Adams (1990) looked at the influence of information subsidies in local television news and found that information from non-profits and interest groups were used more frequently, and information from government and business less frequently. Wallington et al. (2010) found that health reporters working in media organizations with less than 30 full-time news and editorial staff were less likely to use government and non-government researchers, less likely to use both government and non-government websites, less likely to use scientific journal articles, and more likely to use news releases. However, journalists from both small and large news organizations were

equally likely to use industry researchers and spokespersons. Respondents for organizations not owned by a public corporation were less likely to use non-government websites, news releases, and scientific journal articles.

Viswanath et al. (2008) surveyed 468 health and medical science reporters and editors representing 463 local and national broadcast and print outlets. The study found that initial ideas for stories most often come from a "news source" (a person with whom the reporter is frequently in contact with to obtain information), with 51.6% of respondents identifying this source, followed by press conferences or press releases (42.7%), and wire service items (41.6%).

Differences were also found between national and local news media. National reporters relied more on scientific journals (64.6%) than local reporters (29.9%) for story ideas. Local reporters relied most on suggestions from a news source (52.1%). Broadcast journalists relied more on suggestions by news sources (62.8%) or wire services (50%) than print reporters (47.9% and 37.6%, respectively). Broadcast journalists were more likely to use scientific journals, and print journalists relied on a variety of sources for initial story ideas, such as human sources, press conferences, and press releases. More than 80% of all reporters contacted health care providers when working on their stories. Local reporters (85%) contacted health care providers and patient advocacy groups (63.3%) more than national reporters (57% and 41.3%). National reporters used scientists and researchers most often. Websites, press releases and scientific journals were the most relied on for news resources across all types of media. Print journalists were more likely to use government websites than broadcast journalists (64.4% vs. 52.3%), while broadcast journalists were more likely to use non-government websites (81.3% vs. 67.2%) and news releases (60.8% vs.

46.9%). National reporters used scientific journals more as a resource than local reporters (71.7% vs. 42.5%).

Personal characteristics of journalists can also be a factor in what sources are used. Wallington et al. (2010) found that health and medical journalists with a bachelor's degree or less were more likely to use government officials as sources, less likely to use non-government researchers and websites, and more likely to use news releases. Journalists with 1 – 15 years' experience were less likely than more experienced journalists to use non-government researchers, more likely to use patient or advocacy organization representatives as sources, more likely to use non-government websites, and more likely to use news releases.

The relationship between journalists and PR practitioners has been extensively studied. One study found that 45% of journalists viewed their relationship with PR professionals as positive, 25% as negative, and 28% as both negative and positive (Sallot and Johnson, 2006). Journalists estimated that 44% of news media content involves contact with PR practitioners, and 84% felt that PR practitioners make valuable contributions to the journalists' work (Sallot and Johnson, 2006). The same study found that most journalists believe building good relationships with PR professionals is important but put the onus on the PR professionals for developing the relationships (Sallot and Johnson, 2006). Turk (1985) studied the influence of information subsidies from PIOs on news coverage and found that newspapers published more stories about an issue if the PIOs supplied more information, stories that contained information provided by PIOs were more likely to reflect positively upon the organization than stories that contained information from non-PIO sources, newspapers more often accepted than rejected information subsidies from PIOs especially if

the subsidy was newsworthy, and agency-initiated subsidies were rejected more often than subsidies provided in response to a journalist's specific request for information.

Health journalists may be wary of PR sources. Lariscy et al. (2010) studied the relationships between health journalists and PIOs at local and state public health departments. The study found that more than half of the surveyed journalists turned to the Internet first to find information about a story and considered online sources to be the most important. Other sources were listed in order of importance: libraries, expert individuals, corporate sources, press packets, and public health departments' PIOs. Most health journalists rated public health department sources as being "not helpful" or "neither helpful nor unhelpful" and were not likely to report contacting these sources. Len-Rios (2009) studied journalists' perceptions of the role of PR in health news agenda building. The study found that non-PR resources were rated as better sources than PR sources, and PR sources were rated higher than medical journals. Journalists were most likely to use news releases if they came from a university, followed by non-profit, U.S. government, PR pitch, and corporate organization. Journalists who were greater audience advocates were more likely to lean toward PR resources. Health policy journalists were also less likely to rely on PR sources.

The type of news organization that employs the health journalist largely determines the types of sources that are used. Individual characteristics of journalists also play a factor in choice of news sources. An important finding is that health policy journalists tend to be wary of PR practitioners and government sources. This wariness may result in insufficient health policy information being reported to the public. As such, it is necessary for PR practitioners

and government sources to develop good relationships with journalists in order to deliver quality health information to the public.

Journalistic and organizational practices and constraints that affect health news coverage

Health news is often determined by the organizational practices and constraints that health journalists face. Wallington et al. (2010) found that journalists working at smaller organizations were less likely to use many common sources and resources typically used in health reporting, with the exception of news releases. The study also found that journalists in small organizations were more likely to report on multiple subjects and less likely to specialize on one topic. Schwitzer (2009) wrote that across all media platforms health is a popular news topic (the 8th most covered), but the number of journalists who cover health has decreased due to shrinking resources, and there are few journalists who have health and medical journalism training who cover health. Journalists who cover health at news media organizations are asked to cover all aspects of health, such as scientific research on treatments and prevention, innovations in running healthcare facilities, policy, health insurance issues, affects of income on health status, prevalence of infectious and chronic diseases, and investigative stories on health issues.

Budget cuts have also affected the types and quality of health news that get produced (Schwitzer, 2009). Journalists noted that there is an emphasis on stories that can be produced quickly, such as stories on medical studies; there are fewer in-depth or complex stories, especially about health policy; and there is more influence by commercial interests on health news (Schwitzer, 2009). Similarly, another study that looked at how media communicate health information related to infectious disease outbreaks partially attributed budget cuts to

explain why television health news reports make sensational claims and lack the data to support these claims, use hyperbole, rely on single sources for stories, and employ brevity in stories that deserved a longer format (Southwell, 2007).

There is also more reliance on PR as a result of budget cuts (Schwitzer, 2009). Reich (2010) observed that more reliance on PR means less journalistic independence, less initiative, and less rigorous news work. However, journalists rely more on PR because of decreased journalistic resources and increased production quotas. Journalists also have an increasingly deskbound journalistic work style because budget cuts have prevented them from traveling to cover stories. The reliance on more PR sources results in fewer opportunities for other sources to gain news access, especially if these sources do not use or cannot afford PR services. However, the study noted that there is a relatively low PR presence in political news, which may be due to political reporters who possess more seniority and who use more sophisticated sourcing practices, and the less mediated nature of politics (e.g., reporters and politicians communicate directly, bypassing spokespersons and assistants).

Schwitzer (2009) reported that many health journalists feel too little time is paid to health policy. A Kaiser/Pew study of health news in 2007 and 2008 found that only 27% of health news focused on health policy or issues in the health care system, such as the uninsured, managed care, or government programs. A survey of members of the Association of Health Care Journalists found that 70% believe there is too little coverage on health policy issues. Among the different media, newspapers were shown to provide the most coverage of health policy. Health policy may lack coverage because there is pressure for “quick hit” stories involving current events instead of long-term trends, and highlighting people, events,

and ideas that are already well known (Southwell, 2007; Schwitzer, 2009). News coverage of health issues is also often short-lived (Southwell, 2007). Another explanation for lack of health policy coverage is that health policy is a national issue, and many news organizations have focused on local stories instead of national issues in hopes to increase viewership and readership (Schwitzer, 2009). In regards to national health policy issues, Schwitzer (2009) detailed that many local television stations used video news releases on the 2004 Medicare Modernization Act that were provided by the government and distributed by CNN. Many stations ran them without analyzing the content because the station was looking to fill airtime.

Constraints faced and values held by health journalists may not be the same as the constraints and values of their sources, which could make for a difficult relationship and result in the public not being properly informed on health issues. Avery et al. (2009) found that there is little overlap between health journalists' and PIO's barriers to disseminating high-quality health care information. The authors asked 90 local and state health journalists and PIOs open-ended questions about the barriers they encounter when trying to disseminate health information, as well as the recommendations they would make to government officials to improve the dissemination of information. The most frequently reported barrier for PIOs were financial barriers. The most frequently reported barrier by health journalists were resource barriers, such as human resources, lack of time and space, and lack of managerial understanding. PIOs were also more likely to report that media apathy, management apathy, and lack of communication are barriers in providing health information to the public. The study found several differences regarding recommendations health journalists and PIOs would make to public health leaders on how PIOs could provide quality health information to

the public. Journalists were more likely to make honesty-based recommendations (recommendations involving truthfulness, information-sharing, and public health department responsiveness); PIOs were more likely to make recommendations based on public education and promotion (public access, campaigns, education, tactics, strategies, community involvement, tech support, media access, language, and culture); and PIOs were more likely to offer recommendations regarding administrative and political issues (industrial partnerships, financial issues, staff/resources, and bureaucracy). The authors concluded that the identification of different barriers and values by both groups present the absence of a "shared vision" in regards to reporting health information, which may be detrimental to media relationships and the quality of health information the public receives.

Of note is that health journalists and PIOs identified different barriers an individual faces in receiving quality health care. Journalists were more likely to identify political barriers, such as funding and administrative issues, and public sphere barriers, such as community apathy. Both groups identified access barriers (lack of transportation, health facilities, etc.) as preventing access to quality health care. Lariscy et al. (2010) found that health journalists and public health PIOs rate various health issues differently in regards to perceived importance. As degree of importance influences the number of stories journalists write about a health issue, public health PIOs may not believe that journalists write about important health topics due to differences in perception of importance.

Despite these time and financial constraints, it is worth noting that the Internet has eased and improved journalists' work by providing a convenient means to identify experts, gather background information, find facts and references, access government and company information, stay abreast of current events, and identify story ideas (Wallington et al., 2010).

However, even though most health journalists view the Internet's effect on health journalism favorably, most have had to take on web responsibilities (such as blogging and implementing multimedia web features) that has taken away some of the time and attention formerly paid to researching and writing stories (Schwitzer, 2009).

Journalists work on tight deadlines in financially strapped organizations. Unfortunately, decreasing resources in the journalism field have altered journalistic practices. This is especially true for health journalists who are often required to cover diverse health topics, such as health policy and research findings for innovative medical treatments. As such, health policy journalists often cover more areas than health policy, which decreases the amount of time that is spent reporting on health policy. As a result of budget cuts, journalists are prevented from traveling to cover stories and must rely on sources that they can access while at a desk. News coverage favors stories that are current and understandable to the public. Thus, the complex details of health policy are often eschewed in favor of more short-term stories. These constraints and practices may result in the public not receiving up-to-date information on health policy developments.

Conclusion

Multiple factors determine what is covered in health policy news and the extent of that coverage. These factors include the size of the news organization, if the news organization is broadcast or print, the geographical scope of the news organization, audience characteristics, relationships between journalists and sources, and the journalist's training. Often, the same factors that affect the health journalist's agenda-setting role also affect the

health journalist's framing of the issue. These factors must be considered when evaluating news coverage of the ACA.

CHAPTER 4

METHODS

Journalist recruitment

I sent an anonymous online survey to healthy policy journalists on the Association of Health Care Journalists listserv to address RQ 1. The target population was health policy journalists working for any media outlet, including national and local outlets and print, radio, broadcast, and new media outlets. I requested only journalists who cover the health policy beat and who have covered the ACA to participate. A copy of the recruitment letter can be found in Appendix 1.

Survey

The survey assesses the following dependent variables for RQ 1: sources used to report about the ACA, choice of content topics in reporting about the ACA, which were termed "priorities" in the survey are referred to as such in the results section, choice of framing the ACA in news stories, which were termed "approaches," and thoughts on overall news coverage of the ACA. I used the terms "priorities" and "approaches" after a veteran journalist who has completed many research studies about the journalism profession suggested that they would elicit better responses than "content topics" or "framing."

The survey measures the following independent variables: the journalist's level of education, years experience as a journalist, freedom to choose which stories to cover, freedom to choose which aspects of a story to emphasize, media type of news organization

that employs the journalist, public or private ownership of the news organization, number of full-time reporting and editorial staff employed at the organization, and audience education and socioeconomic status (SES) of the news organization. The survey can be found in Appendix 2. I derived the survey questions largely from Wallington et al. (2010) due to the similarities in research questions and study population.

I created the survey in Qualtrics and analyzed the results in SPSS using independent samples t-tests. In order to measure the mean differences, I posited one subcategory of an independent variable against the independent variable's other subcategories in order to determine if relationships existed with dependent variables. For example, audience SES has the subcategories low, middle, and high. To examine the effect of low audience SES, I compared it against a single grouping of both middle and high audience SES.

Content analysis

I addressed RQ 2 and RQ 3 by analyzing articles published in national and local print outlets. I selected print to simplify the content analysis because of time constraints. I selected three national and five local outlets, which represented each of the five U.S. regions (Northeast, Southeast, Northwest, Southwest and Midwest). I chose outlets based on their daily circulation ranking by the Alliance for Audited Media. I coded the top three circulated newspapers in the U.S. as the three national outlets. Selected national newspapers were: The Wall Street Journal, USA Today and The New York Times. I determined the five local outlets by selecting newspapers that ranked below 50 and that were the highest circulated newspaper for the corresponding U.S. region. The local outlets and their corresponding regions were: The Hartford Courant (Northeast), The Times-Picayune (Southeast), The

Fresno Bee (Northwest), The Oklahoman (Southwest) and The Columbus Dispatch (Midwest).

I analyzed articles published between March 23, 2010 and August 1, 2012. I chose this date range because March 23, 2010 is the date the ACA was signed into law, and August 1, 2012 is about a month after the June 28, 2012 Supreme Court ruling on the constitutionality of the ACA. As the study date of the 2010 and 2012 Pew Research studies ended with the ACA being signed into law, I chose a study date after the law was signed in order to gather new information on news coverage as the law was implemented and faced various court challenges.

I analyzed framing, content of the stories, and sources and quotes used in the stories (dependent variables) in the context of the journalists' personal characteristics and organizational characteristics of the news organization (independent variables) that employs the journalist. I initially derived frames from the 2010 Pew Research Center study and modified and expanded them to reflect the March 23, 2010 – August 1, 2012 study period. I modified and expanded frames throughout the analysis based on utilized frames seen in the sample. Whenever I modified frames, I reanalyzed previously analyzed stories to coincide with the new guidelines. I coded seven positive frames: (1) ACA extends coverage to those who would not be able to get coverage otherwise; (2) ACA improves quality of care; (3) ACA helps businesses provide health insurance; (4) ACA will decrease healthcare costs and/or spending; (5) ACA will regulate private health insurance practices to favor consumer; (6) ACA will provide more consumer choice; and (7) ACA is constitutional. I coded seven negative frames: (1) ACA is unconstitutional; (2) ACA will hurt businesses; (3) ACA will lead to higher healthcare costs and/or spending; (4) ACA will cause people to lose jobs; (5)

ACA will increase taxes; (6) ACA will lead to less consumer choice; and (7) ACA means bigger/more intrusive government. Like the frames, I modified and expanded content categories based on content covered in the stories. Content categories include: (1) Political strategy/debate; (2) Individual mandate; (3) Medicaid expansion; (4) Health exchanges; (5) Law's provisions (other); (6) Economic/social consequences; and (7) Law is divisive among the public.

I coded frames and content the same way: '1' denoted a mention, '2' denoted secondary frame/content and '3' denoted the primary frame/content. Sources used in the story were coded as falling within one of these categories: government official, advocate, researcher, health professional, business owner, citizen, and health insurance representative. I coded sources with a '0' to denote that the source was not used or a '1' to denote that the source was used. Appendix 2 contains detailed information on how coding was conducted.

I measured intercoder variability by having one other coder code a sample of 10 stories. There was 76% similarity between the two coders for content topics, 86% for frames, and 93% for quotes and sources.

I used the America's News database to search for the local newspapers and USA Today, and Proquest to search for The Wall Street Journal and The New York Times. Search terms included: "affordable care act" and "obamacare." I sorted the results were by relevance. I excluded stories if they were not related to the ACA or if they were opinion pieces about the ACA. Due to time constraints, I only coded the first 100 relevant stories. Most newspapers fell under this limit except for The Wall Street Journal.

I did not survey journalists directly, as I expected that few would agree to participate in a non-anonymous survey and have their work analyzed, as it could result in allegations of

bias, which would harm the journalist's career. As such, information about personal characteristics was limited to what could be found in a publically available biography. The personal characteristics that I looked at include level of education, years experience working as a journalist, and if the journalist covers other topics in addition to health policy. I analyzed news organizations that the journalists work for using the following characteristics: (a) private or public ownership of the news organization; (b) number of full-time news and editorial staff employed by the organization; (c) local or national media outlet; (d) U.S. region; and (e) audience SES.

I used ANOVA and Chi-Square tests in SPSS to analyze the content analysis data. I used ANOVA to measure the degree of mention (e.g., content topics and frames that used the 0 – 3 scale), and Chi-Square to analyze sources, as this category had a binary coding scheme. I also used Chi-Square tests to measure whether a content topic or frame was mentioned or not mentioned without respect to degree of mention. Stories that I coded with '0' retained that coding, while stories coded with '1,' '2,' or '3' were all given a '1' coding in the Chi-Square analysis. Chi-Square analyses made it possible to look at the absolute number of times an audience was exposed to a content topic or frame, and the ANOVA analyses made it possible to see which topics the journalist focused on.

CHAPTER 5

RESULTS

Survey

Profile of respondents

38 individuals started the survey, 29 of which completed. Most respondents worked in print (42%), followed by other (32%), and the web (22%). The "other" answers consisted of wire service, print/web, all of the above, and freelance. A full list of responses can be found in Appendix 4. 59% worked for a national organization, and 15% worked for a local organization. Of the local outlets, 42% worked in the Northwest, followed by the Midwest (25%), Southeast (17%), Northeast (8%), and Southwest (8%). 78% reported that the organization is privately owned. The number of full-time news and editorial staff ranged from four to 2,000. Of the 24 journalists who responded to this question, 17 reported a number less than 50, four reported a number between 50 and 150, and three reported a number higher than 150. 59% of respondents said their audience SES was high, 38% said middle, and 3% said low. Finally, 81% of journalists reported that the average educational status of their audience is a bachelor's degree or higher.

Most journalists reported that they had graduate or professional degrees (42%) or bachelor's degrees (55%). Most journalists had 16 to 30 years (38%), followed by 0 to 15 years (34%), and more than 30 years of experience (28%). 78% of journalists covered health topics other than health policy. These health topics included public health, clinical science, and health technology. A full list of responses can be found in Appendix 4. 54% of

journalists said they have 'a lot' of freedom to report on health stories they feel are important, 39% said they have 'some' freedom and 7% said they have 'little' freedom. Likewise, 57% said they have 'a lot' of freedom to determine which aspects of a health story should be emphasized (aka, which frames to choose), 36% have 'some' and 7% have 'little' freedom.

Journalists' personal characteristics and preferred sources

Results of t-tests showed primarily significant results for personal characteristics and choice of a PR practitioner or news release from the government as sources. These characteristics include 16 to 30 years of journalistic experience and the journalist's perceived level of freedom to choose which health stories to report and how to frame the stories they do report. Whether the journalist covers topics other than health policy was related to using a PR practitioner from a non-profit as a source. No personal characteristic was more likely than another to affect preferred sources. Tables of significant results can be found in Appendix 5 and present the t values, degrees of freedom (df), p-value, and 95% confidence interval (CI) of the significant results.

Journalists' personal characteristics and reporting priorities

Results of the t-tests showed that "disseminating information about social consequences of the law" is the priority most affected by journalists' personal characteristics and is significantly affected by journalist's level of education (college or graduate) and freedom to choose frames of news stories (a lot). Journalist education (college, graduate) was

the personal characteristic that most affected journalists' reporting priorities. Appendix 5 contains the significant results for personal characteristics and reporting priorities.

Journalists' personal characteristics and most often used reporting approaches

Social impact was the approach most affected by journalists' personal characteristics and is influenced by level of education (college or graduate) and freedom to choose approaches (a little or a lot). A little freedom to report on important health stories and a little freedom to choose approaches for stories were the two personal characteristics that most determined journalists' most often used approaches. These results are presented in Appendix 5.

Journalists were asked to explain why they chose to use their most often employed approach. Of the 24 responses, 17 said that they choose frames based on what their audience would find useful or interesting, and five focused on what the journalist personally felt was important or interesting to warrant coverage. A full list of responses can be found in Appendix 6.

News organization characteristics and journalists' preferred sources

There were no significant results for news organization characteristics and journalists' preferred sources. A few results approached significance. A high audience SES was almost significant regarding using news releases from non-profit organizations as sources (-1.995 (25), $p = 0.057$). An average audience education of a bachelor's degree was almost significant regarding using PR practitioners working for the government as sources (-2 (26), $p = 0.056$).

News organization characteristics and journalists' reporting priorities

"Disseminating information about the law's provisions" was the reporting priority most affected by organizational characteristics (other type of media, Southwest local media outlet). A Northeast location of a local outlet influenced three reporting priorities (disseminating information about economic consequences of the law, disseminating information about social consequences of the law, and disseminating information about the partisan debate over the law) and was the organizational characteristic that most affected journalists' reporting priorities. Appendix 7 details the significant results.

News organization characteristics and journalists' most often used reporting approaches

Human interest was the approach most affected by organizational characteristics (national or local, middle audience SES, high audience SES, and average audience education of a bachelor's degree). The only other approach affected was overall state of U.S. health care, which had one significant relationship regarding location of a local outlet in the Southwest. No organizational characteristic affected use of approaches over any other. Appendix 7 contains these results.

Journalists' thoughts on overall coverage of the ACA

Most journalists (64%) regarded overall news coverage of the ACA as 'fair.' 18% considered the coverage 'poor,' and 18% considered it 'good.' No one selected 'excellent.' The only significant relationship for journalists' thoughts on overall news coverage of the ACA occurred if the journalist had a graduate degree (-2.49 (25), $p = 0.02$).

Journalists were asked to provide their thoughts on overall ACA coverage, of which a full list of responses can be found in Appendix 8. Of the 20 responses, nine expressed that coverage of the partisan debate led to less-than-excellent coverage. Seven responses contained complaints that the media did not grant enough coverage to the law's provisions that would affect everyday life, which led to a lack of understanding and spread of misinformation about the law among the public, and four responses mentioned how coverage of the partisan debate led to a lack of knowledge about the ACA among the public. Four responses discussed that either a lack of newsroom resources, the nature of covering judicial proceedings, reliance on biased sources, and lack of education about the law among journalists who covered it as reasons why ACA coverage was lacking. Finally, two responses disparaged the quality of regional reporting.

Content Analysis

Number of stories analyzed

A total of 406 stories were coded. The number of stories coded for each newspaper was 34 for The Hartford Courant, 61 for The Columbus Dispatch, 61 for The Oklahoman, 41 for The Times-Picayune, 22 for The Fresno Bee, 26 for USA Today, 61 for The New York Times, and 100 for The Wall Street Journal.

Journalists' personal characteristics and content topics of news stories

Whether the journalist covers other topics in addition to health policy was the most influential personal characteristic regarding the content topics of news stories about the ACA. This variable affected "political debate," "individual mandate," "law's provisions

(other)," and "economic and social consequences." "Political debate" was also affected by "journalist education," and "law's provisions (other)" was affected by "journalist experience."

Tukey HSD post-hoc tests showed that significant differences exist between the different levels of journalistic experience, with the most experienced journalists being more likely to cover "health exchanges" and "law's provisions (other)." There were no significant differences between the levels of education. Post-hoc tests for "topics other than health policy" were not conducted because it only had two categories and was not suitable for post-hoc tests. However, an examination of the means shows that journalists who cover topics other than health policy are more likely to cover the "political debate" and "individual mandate," and less likely to cover "law's provisions (other)" and "economic/social consequences."

Significant results of Chi-Square that compared mentions and non-mentions showed that journalists with more than 30 years of experience were more likely to report on the "law's provisions (other)," and journalists with 16 to 30 years were less likely. Journalists who cover topics other than health policy were more likely to report on the "political debate" and the "individual mandate," and less likely to report on the "law's provisions (other)," "health exchanges," and "economic/social consequences." Significant results of ANOVA and Chi-Square tests for journalists' personal characteristics can be found in Appendix 9.

Journalists' personal characteristics and frames

"Covers topics other than health policy" was the personal characteristic that most affected framing of the ACA (seven frames), followed by "journalist education" (five

frames), and "journalist experience" (three frames). Of the frames, "regulates private health insurance practices" and "means bigger/more intrusive government" were the frames most influenced by personal characteristics (journalist education, journalist experience, covers topics other than health policy), followed by "ACA is constitutional" (journalist experience, covers topics other than health policy), "decreases healthcare costs and/or spending (journalist education, covers topics other than health policy), and "helps businesses provide health insurance" (journalist education, covers topics other than health policy).

Tukey post-hoc tests found significant differences between "bachelor's" and "graduate," with "graduate" having the greatest mean and "some college" the least for most frames except for "means bigger/more intrusive government," where this relationship was reversed, and "leads to less consumer choice," where "some college" had the greatest mean and "bachelor's" the least. Significant differences for "journalist experience" were found between the levels of experience, with "more than 30" having the greatest mean and "16 to 30" the least for all frames except "means bigger/more intrusive government," where "16 to 30" had the greatest mean and "0 to 15" the least.

Chi-Square tests of mentions and non-mentions showed that increased journalist education was related to the frames "ACA will help businesses provide insurance" and "ACA will decrease healthcare costs and/or spending," and less education was related to the frame "ACA means bigger/more intrusive government." More than 30 years of experience was most related to "ACA will regulate private health practices to favor consumer" and "ACA is constitutional" and "16 – 30 years of experience" was most related to the frame "ACA means bigger/more intrusive government." Journalists who only cover health policy were more likely to use the frames "ACA improves quality of care," "ACA will help

businesses provide insurance," "ACA will decrease healthcare costs and/or spending," and "ACA will regulate private health insurance practices to favor the consumer." Journalists who cover other topics were more likely to use "ACA is constitutional," "ACA is unconstitutional," and "ACA means bigger/more intrusive government." Significant results are presented in Appendix 10.

Journalists' personal characteristics and sources

Chi-Square tests showed that "health insurance industry representative" was the source most affected by journalists' personal characteristics (journalist education, journalist experience, covers topics other than health policy). "Journalist education," "journalist experience," and "covers topics other than health policy" affected the same number of sources. Journalists with a graduate degree were more likely to use a citizen and health insurance industry representative as sources. Journalists with more experience were more likely to use a researcher and less likely to use a health insurance industry representative as sources. Journalists who only cover health policy were more likely to use a healthcare professional and health insurance industry representative as sources. Significant results are presented in Appendix 11.

News organization characteristics and content of stories

*"*U.S. region (local)" was the most influential organizational characteristic in determining the content of stories (six topics), followed by "audience SES" (four topics), "national or local outlet" and "number of employees" (three topics each), and "ownership of the organization" (two topics). "Individual mandate" was the content topic most influenced

by organizational characteristics (audience SES, U.S. region (local), national or local, number of employees, ownership of organization), followed by "political debate" (audience SES, U.S. region (local), national or local, number of employees), "law's provisions (other)" (audience SES, U.S. region (local), national or local), "economic/social consequences" (audience SES, number of employees), "law is divisive among public" (U.S. region (local), ownership of organization), "Medicaid expansion" (U.S. region (local)), and "health exchanges" (U.S. region (local)).

Tukey HSD post-hoc tests showed significant differences for the "political debate" and "individual mandate" topics between different audience SES's, with "high audience SES" having the greatest mean and "low audience SES" the least, and for "law's provisions (other)," with "low audience SES" having the greatest mean and "middle audience SES" having the least.

Post-hoc significant differences occurred between several different U.S. regions. These include "political debate," with Midwest having the greatest mean and Northeast having the smallest mean, which means that the Midwest employed the content topic to the highest degree out of all U.S. regions and the Northeast the lowest, "individual mandate," with Northwest having the greatest mean and Northeast having the least, "law's provisions (other)," with Northeast having the greatest mean and Midwest the least. "Medicaid expansion," with Northeast having the greatest mean, and "low is divisive among public," with Northwest having the greatest mean and Southeast the least.

Post-hoc tests found significant differences between levels of the number of full-time employees. "Political strategy" showed "1150 – 2500 employees" having the greatest mean and "135 – 250 employees" the least, "individual mandate," with "1150 – 2500 employees"

having the greatest mean and "135 – 250" the least, "economic/social consequences," with "1150 – 2500 employees" having the greatest mean and "400 – 750 employees" the least.

The Chi-Square analyses of mentions and non-mentions revealed that as audience SES increased, mentions of "political strategy," "individual mandate," and "Medicaid expansion" increased. A split was seen in "law's provisions (other)," where "low audience SES" was most likely to result in a mention and "middle audience SES" was the least likely to result in a mention. A similar split was seen in "economic and social consequences," where "high audience SES" was most likely to result in a mention and "middle audience SES" was least likely to result in a mention.

The Midwest and Southwest were most (and equally) likely to mention "political strategy" while the Northeast was least likely. The Northwest was most likely to mention the "individual mandate" and the Southwest the least likely. The Northwest was most likely to mention the "Medicaid expansion" and the Northeast the least likely. The Northeast was most likely to mention "law's provisions (other)" and the Midwest the least likely. The Northwest was most likely to mention "law is divisive with the public" and the Southeast the least likely.

National outlets were more likely than local outlets to mention the "individual mandate," "law's provisions (other)," and "economic/social consequences." The higher the number of full-time employees, the more likely that the organization would report on "political strategy," "individual mandate," "economic/social consequences," and "law is divisive with public." Publically-owned organizations were more likely to mention the "individual mandate," "Medicaid expansion," "law's provisions (other)," "economic/social

consequences," and "law is divisive with public." Significant ANOVA and Chi-Square results can be found in Appendix 12.

News organization characteristics and frames

"U.S. region (local)" was the most influential organizational variable in determining framing of the ACA (seven frames), followed by "audience SES" (six frames), "number of full-time employees" (four frames), "ownership of organization" (three frames), and "national or local" (two frames). "ACA is constitutional" and "ACA is unconstitutional" were influenced by each organizational variable. "Means bigger/more intrusive government" was affected by three variables (audience SES, U.S. region (local), ownership of organization), "economic/social consequences" was affected by "audience SES" and "number of full-time employees," "helps businesses provide health insurance" was affected by "audience SES" and "U.S. region (local)," "regulates private health insurance practices" was affected by "audience SES" and "U.S. region (local)," and "improves quality of care" was affected by "U.S. region (local)."

Post-hoc tests showed significant differences for five frames for audience SES. Low audience SES had the highest means for the frames "helps businesses provide insurance" and "regulates private health insurance" and the lowest means for "ACA is constitutional," "ACA is unconstitutional," and "means bigger/more intrusive government." High audience SES had the highest means for the frames "ACA is constitutional" and "ACA is unconstitutional." Middle audience SES had the lowest means for "helps businesses provide insurance" and "regulates private health insurance" and the highest mean for "means bigger/more intrusive government."

Post-hoc significant differences were seen between several different regions for five frames. For "helps businesses provide insurance" and "regulate private health insurance," the Northeast had the greatest mean and the Northwest had the least. This relationship was reversed for the "ACA is constitutional" and "ACA is unconstitutional" frames. For "ACA means bigger/more intrusive government," the Southwest had the greatest mean and the Northeast had the least. There were no significant post-hoc results for the "decreases healthcare costs/spending" and "improves quality of care" frames.

Post-hoc tests for number of full-time employees found significant differences for four frames. For "extends coverage to individuals who would not otherwise receive it" and "decreases healthcare costs/spending," "1150 – 2500 employees" had the greatest mean and "400 – 750 employees" the least. Of note is that "135 – 250 employees" was not significantly different in the post-hoc tests for these frames. For "ACA is constitutional" and "ACA is unconstitutional," "1150 – 2500 employees" had the greatest mean and "135 – 250 employees" the least.

For variables where post-hoc tests could not be performed, national organizations and private news organizations were both more likely to use the "ACA is constitutional" and "ACA is unconstitutional" frames. Public news organizations were more likely to use the "means bigger/more intrusive government" frame.

Chi-Square tests showed that the higher the audience SES, the more likely that the frames "ACA is constitutional" and "ACA is unconstitutional" were used. Low audience SES was most likely to result in the frames "ACA will help businesses provide insurance" and "ACA will regulate private health insurance" being used, while "middle audience SES" was least likely to result in use of these frames. Middle audience SES was more likely to

result in the "ACA means bigger/more intrusive government" frame being used and "low audience SES" was least likely.

The Northwest region was most likely to use the "ACA improves quality of care" and the Southwest the least likely, the Northwest was also most likely to result in use of the "ACA is constitutional" and "ACA is unconstitutional" frames, while the Northeast was least likely to result in use of these frames. The Northeast region was most likely to use the "ACA will help businesses provide insurance" frame and the Southwest was least likely. The Northeast was also more likely to use the "ACA will regulate private health insurance" frame and the Northwest the least likely. The Southeast region was most likely to use the "ACA will lead to higher healthcare costs and/or spending" frame and the Northwest the least likely. The Southwest region was most likely to use the "ACA means bigger/more intrusive government" frame and the Northeast the least likely.

Organizations with 1150 - 2500 full-time employees were most likely to use the "ACA extends coverage to people who would not get coverage otherwise" and "ACA will decrease healthcare costs and/or spending" frames and organizations with 400 – 750 employees were the least likely. A higher number of employees was related to use of the "ACA is constitutional" or "ACA is unconstitutional" frames. National outlets were more likely to use the "ACA is constitutional" and "ACA is unconstitutional" frames. Publically owned organizations were more likely to use the "ACA means bigger/more intrusive government," "ACA is constitutional" and "ACA is unconstitutional" frames. Significant ANOVA and Chi-Square results can be found in Appendix 13.

News organization characteristics and sources

Chi-Square analyses found that "U.S. region (local)" proved to be the organizational variable that most affected the use of sources, and "health insurance industry representative" was the source most affected by organizational variables. The analyses showed that "low audience SES" was most likely to result in "business representative" and "health insurance industry representative" being used as sources with "middle audience SES" being the least likely to uses these sources. The Midwest was the region most likely to use an "advocate (supports or opposes ACA)" as a source and the Southwest the least likely. The Northeast was more likely to use a "business representative" or "health insurance industry representative" as sources and the Midwest the least likely. National outlets were more likely to use a "health insurance industry representative" as a source. Organizations with "135 – 250 employees" were more likely to use an "advocate (supports or opposes ACA)" as a source and organizations with 400 – 750 employees the least. Finally, organizations with "1150 – 2500 employees" were more likely to use a "researcher" as a source and organizations with 400 – 750 employees the least. Significant ANOVA and Chi-Square results can be found in Appendix 14.

Differences between ANOVA and Chi-Square

A few relationships were different for ANOVA and Chi-Square. These are detailed in table 1. Relationships found significant in ANOVA but not Chi-Square reflect relationships that occurred due to a high or low extent of mention of the content topic or frame. Relationships found significant in Chi-Square but not ANOVA reflect relationships that occurred due to an absolute number of mentions of the content topic or frame.

Significant Relationships in ANOVA But Not Chi-Square	
Content	1. Journalist Education - Political Strategy/Debate
	2. Journalist Experience - Health Exchanges
	3. U.S. Region (local) - Health Exchanges
	4. National or Local - Political Strategy/Debate
Frames	1. Journalist Education - Regulates Private Health Insurance Practices to Favor Consumer; ACA Will Lead to Less Consumer Choice
	2. Audience SES - ACA extends coverage to individuals who otherwise would not be able to afford it; ACA helps businesses provide insurance
Significant Relationships in Chi-Square But Not ANOVA	
Content	1. Journalist Experience – Law's Provisions (Other)
	2. Covers Topics Other Than Health Policy - Health Exchanges
	3. Audience SES - Medicaid Expansion
	4. U.S. Region (local) - Economic and Social Consequences
	5. Number of Full-Time Employees - Law is Divisive Among Public
	6. Ownership - Medicaid Expansion; Law's Provisions (other); Law is Divisive Among Public
Frames	1. U.S. Region (local) - ACA will lead to higher healthcare costs and/or spending

Table 1. Differences in significant relationships between Chi-Square and ANOVA

CHAPTER 6

SUMMARY OF RESULTS

For the content analysis, all independent variables had at least one significant relationship with a dependent variable for story content, frames, and sources. Almost all dependent variables had at least one significant relationship with an independent variable with the exception of four negative frames (hurts businesses, increases healthcare costs/spending, will cause people to lose jobs, and increases taxes) and one source (government official). Tables 2 – 5 summarize the significant relationships found in the ANOVA content analysis.

Significant relationships were far scarcer for the survey and are summarized in tables 6 and 7. In the survey, all reporting priorities had at least one significant relationship with a dependent variable, however not all independent variables had significant relationships (covers topics other than health policy, audience education, audience SES, national or local, ownership and number of employees). All reporting approaches had significant relationships aside from economic impact. Independent variables for approaches that did not have significant relationships include: journalist experience, type of media, ownership, and number of employees. In regards to sources, the following sources presented no significant relationships: PR practitioner – non-profit, PR practitioner – for-profit, and academic researcher. Independent variables that presented no significant relationships include: journalist education, type of media, national or local, and ownership. Journalists' thoughts on

overall coverage of the ACA are not summarized, as there was only one significant relationship (journalist graduate education).

A few significant relationships were reinforced between the ANOVA content analysis and survey. There were no overlapping relationships for the survey and relationships significant in Chi-Square but not ANOVA. The Southwest was significantly less likely to report on the law's provisions according to the survey, and the content analysis found that it was rated fourth and third out of five regions in reporting on the individual mandate and law's provisions (other), respectively. The survey found that the Southwest region was less likely to use the approach "overall state – U.S. healthcare." A similar finding occurred with the content analysis frame "regulates private health insurance practices in favor of the consumer," which would likely involve an evaluation of U.S. healthcare practices in reporting the frame, where the Southwest was ranked fourth in reporting this frame. Finally, an interesting finding regarding sources found that journalists who wrote for an audience with a middle SES were more likely than journalists who wrote for either a low or high audience SES to use a news release from a non-profit as a source according to the survey and least likely to use a business representative as a source according to the content analysis, thus showing a preference for non-profit sources and less inclination towards for-profit sources.

A few results from the survey and content analysis contradicted each other. The survey found that the Northeast and Southwest were significantly less likely to use a news release from a for-profit organization as a source compared to the other regions, but the content analysis found that the Northeast was most likely to use a business representative as a source and the Southwest was the third most likely. The Northeast was significantly more likely to report on the political debate over the law according to the survey, but was the

region least likely to report on the topic according to the content analysis. Journalists with a bachelor's degree were more likely to report on social impact according to the survey, and journalists with a bachelor's degree were more likely to use the frame "bigger/more intrusive government," which could be considered social impact, as a bigger government would affect daily life. However, journalists with a bachelor's degree were less likely to use other frames in the content analysis that could be considered social impact: "less consumer choice," "helps businesses provide health insurance," and "regulates private health insurances to favor consumer." Additionally, journalists who only cover health policy were more likely to report on controversial provisions of the law according to the survey, but the content analysis showed that they were less likely to report on the law being constitutional or unconstitutional, which was a controversial aspect of the law.

<table>
<tr><th colspan="8">Is There a Significant Relationship Between the Independent Variable and Dependent Variable?</th></tr>
<tr><th></th><th colspan="7">Dependent Variable</th></tr>
<tr><th>Independent Variable*</th><th>Pol. Deb.</th><th>Ind. Man.</th><th>Med Exp.</th><th>Health Exch.</th><th>Law's Prov. (Other)</th><th>Economic / Social Conseq.</th><th>Law is Divisive</th></tr>
<tr><td>Journalist Education</td><td>YES</td><td rowspan="4">NO</td><td rowspan="4">NO</td><td rowspan="4">NO</td><td rowspan="4">NO</td><td rowspan="4">NO</td><td rowspan="4">NO</td></tr>
<tr><td>Some College</td><td>Not sig.</td></tr>
<tr><td>Bachelor's</td><td>Not sig.</td></tr>
<tr><td>Graduate</td><td>Not sig.</td></tr>
<tr><td>Journalist Experience</td><td rowspan="4">NO</td><td rowspan="4">NO</td><td rowspan="4">NO</td><td>YES</td><td>YES</td><td rowspan="4">NO</td><td rowspan="4">NO</td></tr>
<tr><td>Less Than 15 Years</td><td>3</td><td>2</td></tr>
<tr><td>16 - 30 Years</td><td>2</td><td>3</td></tr>
<tr><td>More Than 30 Years</td><td>1</td><td>1</td></tr>
<tr><td>Covers Topics Other Than Health</td><td>YES</td><td>YES</td><td rowspan="2">NO</td><td rowspan="2">NO</td><td>YES</td><td>YES</td><td rowspan="2">NO</td></tr>
</table>

Policy?							
Yes	1	1			2	2	
No	2	2			1	1	
National or Local?	YES	YES			YES		
National Organization	1	1	NO	NO	1	NO	NO
Local Organization	2	2			2		
U.S. Region (if local)	YES	YES	YES	YES	YES		YES
Northeast	5	5	5	Not sig.	1		Not sig.
Midwest	1	Not sig.	Not sig.	Not sig.	5	NO	Not sig.
Southwest	2	4	Not sig.	Not sig.	3		Not sig.
Southeast	3	Not sig.	1	Not sig.	Not sig.		5
Northwest	Not sig.	1	Not sig.	Not sig.	4		1
Audience SES	YES	YES			YES	YES	
Low	3	3	NO	NO	1	Not sig.	NO
Middle	2	2			3	Not sig.	
High	1	1			2	Not sig.	
Number of Employees	YES	YES				YES	
135 to 250	3	3	NO	NO	NO	Not sig.	NO
400 to 750	Not sig.	2				3	
1150 to 2500	1	1				1	
Ownership		YES					YES
Private	NO	2	NO	NO	NO	NO	2
Public		1					1

***** *Independent variables are broken up by their subcategories and ranked according to their means with 1 denoting the subcategory with the greatest mean. "Not sig." in these subcategories denotes that the subcategory mean was not significantly different from any other subcategory, however the ranking of means takes in to account all subcategory means and not just significantly different means*

Table 2. Summary of significant and non-significant relationships between independent and dependent variables for content topics of content analysis

Is There a Significant Relationship Between the Independent Variable and the Dependent Variable?	
	Dependent Variable - Positive Frame

Independent Variable*	Ext. Cov.	Imp. Qual. of Care	Helps Bus. Provide Ins.	Dec. Health Costs / Spend.	Reg. Priv. Health Ins. to Favor Cons.	Provide More Cons. Choice	Consti.
Journalist Education	NO	NO	YES	YES	YES	NO	NO
Some College			Not sig.	Not sig.	Not sig.		
Bachelor's			2	2	2		
Graduate			1	1	1		
Journalist Experience	NO	NO	NO	NO	YES	NO	YES
Less Than 15 Years					2		2
16 - 30 Years					3		3
More Than 30 Years					1		1
Covers Topics Other Than Health Policy?	NO	YES	YES	YES	YES	NO	YES
Yes		2	2	2	2		1
No		1	1	1	1		2
National or Local?	NO	NO	NO	NO	NO	NO	YES
National Org.							1
Local Org.							2
U.S. Region (if local)	NO	YES	YES	YES	YES	NO	YES
Northeast		Not sig.	1	Not sig.	1		5
Midwest		Not sig.	4	Not sig.	3		Not sig.
Southwest		Not sig.	4	Not sig.	4		4
Southeast		Not sig.	2	Not sig.	2		3
Northwest		Not sig.	5	Not sig.	5		1
Audience SES	YES	NO	YES	NO	YES	NO	YES
Low	Not sig.		1		1		3
Middle	Not sig.		3		3		2
High	Not sig.		2		2		1
Number of Employees	YES	NO	NO	YES	NO	NO	YES

135 to 250	Not sig.			Not sig.			3
400 to 750	3			3			2
1150 to 2500	1			1			1
Ownership	NO	NO	NO	NO	NO	NO	YES
Private							1
Public							2

***** *Independent variables are broken up by their subcategories and ranked according to their means with 1 denoting the subcategory with the greatest mean. "Not sig." in these subcategories denotes that the subcategory mean was not significantly different from any other subcategory, however the ranking of means takes in to account all subcategory means and not just significantly different means*

Table 3. Significant and non-significant relationships between independent and dependent variables of positive frames from content analysis

Is There a Significant Relationship Between the Independent Variable and the Dependent Variable?							
	Dependent Variable - Negative Frame						
Independent Variable*	**Unconsti.**	**Hurt Bus.**	**Inc. Health Costs / Spend.**	**Lose Jobs**	**Inc. Taxes**	**Less Cons. Choice**	**Big Govt**
Journalist Education	NO	NO	NO	NO	NO	YES	YES
Some College						1	Not sig.
Bachelor's						3	2
Graduate						2	3
Journalist Experience	NO	NO	NO	NO	NO	NO	YES
Less Than 15 Years							3
16 - 30 Years							1
More Than 30 Years							2
Covers Topics Other Than Health Policy?	YES	NO	NO	NO	NO	NO	YES
Yes	1						1
No	2						2
National or Local?	YES	NO	NO	NO	NO	NO	NO
National Org.	1						

Local Org.	2						
U.S. Region (if local)	YES	NO	NO	NO	NO	NO	YES
Northeast	5						5
Midwest	Not sig.						3
Southwest	Not sig.						1
Southeast	Not sig.						2
Northwest	1						4
Audience SES	YES	NO	NO	NO	NO	NO	YES
Low	3						3
Middle	2						1
High	1						2
Number of Employees	YES	NO	NO	NO	NO	NO	NO
135 to 250	3						
400 to 750	2						
1150 to 2500	1						
Ownership	YES	NO	NO	NO	NO	NO	YES
Private	1						2
Public	2						1

***** *Independent variables are broken up by their subcategories and ranked according to their means with 1 denoting the subcategory with the greatest mean. "Not sig." in these subcategories denotes that the subcategory mean was not significantly different from any other subcategory, however the ranking of means takes in to account all subcategory means and not just significantly different means*

Table 4. Significant and non-significant relationships between independent and dependent variables for negative frames of content analysis

Is There a Relationship Between the Independent Variable and the Dependent Variable?							
	Dependent Variable						
Independent Variable*	**Govt.**	**Adv.**	**Res.**	**Health Pro.**	**Bus. Rep.**	**Citizen**	**Health Ins. Ind. Rep.**
Journalist Education	NO	NO	NO	NO	NO	YES	YES
Some College						1	1
Bachelor's						3	3
Graduate						2	2
Journalist Experience	NO	NO	YES	NO	NO	NO	YES

Less Than 15 Years			3				1
16 - 30 Years			2				2
More Than 30 Years			1				3
Covers Topics Other Than Health Policy?	NO	NO	NO	YES	NO	NO	YES
Yes				2			2
No				1			1
National or Local?	NO	NO	NO	NO	NO	NO	YES
National Org.							1
Local Org.							2
U.S. Region (if local)	NO	YES	NO	NO	YES	NO	YES
Northeast		2			1		1
Midwest		1			5		5
Southwest		5			3		4
Southeast		4			4		3
Northwest		3			2		2
Audience SES	NO	NO	NO	NO	YES	NO	YES
Low					1		1
Middle					3		3
High					2		2
Number of Employees	NO	YES	YES	NO	NO	NO	NO
135 to 250		1	2				
400 to 750		3	3				
1150 to 2500		2	1				
Ownership	NO	NO	NO	NO	NO	NO	YES
Private							2
Public							1

***** *Independent variables are broken up by their subcategories and ranked according to their means with 1 denoting the subcategory with the greatest frequency in the Chi-Square*

Table 5. Significant and non-significant relationships between independent and dependent variables for sources/quotes for content analysis

Is There a Significant Relationship Between the Independent Variable and Dependent Variable?									
	Dependent Variable								
	Reporting Priority				Reporting Approach				
Independent Variable*	**Law's Prov.**	**Econ. Conse.**	**Social Conse.**	**Partisan Deb.**	**Social Imp.**	**Econ. Imp.**	**Controv. Prov.**	**Human Int.**	**Overall State - U.S. Healthcar**
Individual									
Journalist Education	NO	YES	YES	NO	YES	NO	NO	NO	NO
Some College		NO	NO		NO				
Bachelor's		YES (+)	YES (+)		YES (+)				
Graduate		YES (-)	YES (-)		YES (-)				
Journalist Experience	NO	NO	NO	YES	NO	NO	NO	NO	NO
Less Than 15 Years				NO					
15 - 30 Years				YES (+)					
More Than 30 Years				NO					
Covers Topics Other Than Health Policy?	NO	NO	NO	NO	NO	NO	YES	NO	NO
Yes							YES (-)		
No							YES (+)		
Freedom to Report Important Health Stories	YES	NO	NO	NO	NO	NO	YES	NO	YES
A Little	YES (-)						YES (-)		YES (-)
Some	NO						NO		NO
A Lot	NO						NO		NO
Freedom to Choose Frames	NO	NO	YES	NO	YES	NO	YES	NO	NO
A Little			NO		YES (-)		YES (-)		

Some			NO		NO		NO		
A Lot			YES (+)		YES (+)				
Organization									
Type of Media	YES	NO	NO	NO	NO	NO	NO	NO	NO
Print	NO								
TV / Radio	NO								
Web	NO								
Other	YES (-)								
Audience Education	NO	NO	NO	NO	NO	NO	NO	YES	NO
High School								NO	
Associate's								NO	
Bachelor's								YES (-)	
Audience SES	NO	NO	NO	NO	NO	NO	NO	YES	NO
Low								NO	
Middle								YES (+)	
High								YES (-)	
National or Local?	NO	NO	NO	NO	NO	NO	NO	YES	NO
National								YES (-)	
Local								YES (+)	
U.S. Region (Local)	YES	YES	YES	YES	NO	NO	NO	NO	YES
Northeast	NO	YES (-)	YES (-)	YES (+)					NO
Midwest	NO	NO	NO	NO					NO
Southwest	YES (-)	NO	NO	NO					YES (-)
Southeast	NO	NO	NO	NO					NO
Northwest	NO	NO	NO	NO					NO
Ownership	NO	NO	NO	NO	NO	NO	NO	NO	NO
Private									
Public									
Number of Employees	NO	NO	NO	NO	NO	NO	NO	NO	NO
Less Than 50									
51 to 150									
More Than									

150										

***** *Independent variables are broken up by their subcategories. YES denotes that the subcategory was found to be significant in the t-test that posited the subcategory against the other subcategories in the independent variable. A "+" denotes that the subcategory's mean was higher than the mean of the combined subcategories, and a "-" denotes that the subcategory's mean was lower than the mean of the combined subcategories*

Table 6. Significant and non-significant relationships between independent and dependent variables of preferred content topics and frames self-reported by journalists in online survey

Is There a Significant Relationship Between the Independent Variable and Source?											
	Source										
Ind. Variable*	**Govt.**	**Wire Serv.**	**Other Journ./ News Org.**	**News Rel. - Govt.**	**News Rel. - Non-Profit**	**News Rel. - For-Profit**	**PR Pract. - Govt.**	**PR Pract. - Non-Profit**	**PR Pract. - For-Profit**	**Res. Jour.**	**Acad Res.**
Individual											
Journalist Education	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Some College											
Bachelor's											
Graduate											
Journalist Experience	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO
Less Than 15 Years								NO			
15 - 30 Years								YES (+)			
More Than 30 Years								NO			
Covers Topics Other Than Health Policy?	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO
Yes							YES (+)				
No							YES (-)				

Freedom to Report Important Health Stories	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO
A Little				NO							
Some				YES (+)							
A Lot				YES (-)							
Freedom to Choose Frames	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO
A Little				YES (-)							
Some				YES (+)							
A Lot				NO							
Organization											
Type of Media	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Print											
TV / Radio											
Web											
Other											
Audience Education	NO	NO	YES	NO	YES	NO	NO	NO	NO	NO	NO
High School			NO		NO						
Associate's			YES (+)		YES (+)						
Bachelor's			NO		YES (-)						
Audience SES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO
Low					NO						
Middle					YES (+)						
High					NO						
National or Local?	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
National											
Local											
U.S. Region	YES	NO	NO	NO	NO	YES	YES	NO	NO	YES	NO

(Local)											
Northeast	YES (-)					NO	YES (-)			NO	
Midwest	NO					NO	NO			NO	
Southwest	NO					NO	YES (-)			YES (-)	
Southeast	NO					NO	NO			YES (+)	
Northwest	NO					YES (-)	NO			NO	
Ownership											
Private	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Public											
Number of Employees		YES									
Less Than 50	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
51 to 150		NO									
More Than 150		YES (+)									

***** *Independent variables are broken up by their subcategories. YES denotes that the subcategory was found to be significant in the t-test that posited the subcategory against the other subcategories in the independent variable. A "+" denotes that the subcategory's mean was higher than the mean of the combined subcategories, and a "-" denotes that the subcategory's mean was lower than the mean of the combined subcategories*

Table 7. Significant and non-significant relationships between independent and dependent variables of preferred sources self-reported by journalists in online survey

CHAPTER 7

DISCUSSION

RQ 1 asked if relationships exist between personal characteristics of journalists and characteristics of the news organizations for which journalists work and journalists' thoughts on the overall news coverage of the ACA, self-reported reporting priorities and approaches in reporting on the ACA, and preferred sources. RQ 1 is answered by data gathered from the online survey distributed to journalists who covered the ACA. Results showed several significant relationships between journalists' personal characteristics and choice of sources, and reporting priorities and approaches. Only one significant relationship was found between these characteristics and journalists' thoughts on overall ACA coverage. The journalist's level of education and perceived freedom to choose which health stories to report on and which approaches to use were the personal characteristics most associated with reporting priorities and approaches. Journalist's experience and if the journalist covers topics other than health policy also had significant effects. It can be concluded that personal characteristics affected reporting decisions by journalists on the ACA. Future studies that explore the relationship between perceived freedom and reporting choices should investigate why some journalists feel they have more freedom, as research on the determinants of perceived freedom would shed more light on how coverage of health policy (as well as other areas) could be improved and help potential sources in establishing relationships with journalists. It is also possible that perceived freedom results from a combination of other independent variables that were measured in the survey.

Generally, organizational characteristics did not affect choice of sources, frames, and priorities to the extent of individual characteristics as found in the survey. The U.S. region a local outlet is located was the most influential organizational characteristic. A few other significant results occurred in regards to the organization being national or local, audience SES, audience education, and type of media (other). The organizational characteristics that were found significant reflected audience characteristics rather than the structure of the news organization. This lines up with the majority of journalists in the survey saying their framing choices stemmed from their audience's needs and interests and may partly explain the predominant negative framing of the ACA. As public opinion of the ACA is considered unfavorable, journalists may have framed the law negatively in order to retain their audiences' interest.

Limitations exist due to the survey's small sample size, which makes it less likely that the results are generalizable to all health policy journalists and that also limits the power of statistical tests. A content analysis was not performed to corroborate the journalist's answers in regards to their preferred frames, content topics, and sources. These variables are subjected to the typical errors due to self-reporting, such as social desirability and faulty memory.

RQ 2 asked if there is a discernible relationship between the personal characteristics of the journalists and choice of content of story, sources, and positive or negative frames in news coverage. Results from both the ANOVA and Chi-Square analyses showed that whether the journalist covers topics other than health policy was the most influential personal characteristic regarding the content and framing of news stories about the ACA. Journalist experience was seen as having significant effects on content topics in both ANOVA and Chi-Square tests, and both journalist experience and education had effects on framing in both

ANOVA and Chi-Square tests, with journalist education being more influential. All three personal characteristics equally affected sources used in ACA coverage according to both ANOVA and Chi-Square. Chi-Square analyses showed that journalists with more experience or who only covered health policy were more likely to cover the "law's provisions (other)," "health exchanges," and "economic/social consequences," while journalists with less experience or who covered additional subjects were more likely to report on the "individual mandate" and "political strategy/debate." Additionally, ANOVA and Chi-Square analyses found that journalists with higher education or who only covered health policy were more likely to use positive frames, and journalists with less education or who covered topics other than health policy were more likely to use negative frames. This was generally true of journalist experience as journalists with more than 30 years of experience were more likely to frame the ACA positively but those with 16 – 30 years of experience were less likely to use positive frames than journalists with less than 15 years of experience.

According to previous research, the "individual mandate" and "political strategy/debate" topics were the most covered, and negative framing of the ACA was preferred over positive framing in overall ACA news coverage (Pew Research Center, 2010, 2012). Results of the content analysis show that these topics and framing may be related to less journalist education, less journalist experience, and the requirement that the journalist cover other topics in addition to health policy. There are several reasons that these relationships may exist. Journalists who are required to cover several topics face time constraints and may have to rely on wire services and other journalists and publications to determine the content and framing of their reporting. Journalists with less experience may not have developed strong relationships with sources or acquired the journalistic freedom needed

to cover topics other than topics that are currently considered newsworthy, such as the individual mandate and partisan debate. Journalists with less education may also face the same issues regarding level of journalistic freedom. These limitations may create a negative feedback loop – the less a content topic or frame is already covered by the media, the less likely it will ever be covered because constraints on journalistic freedom prevent journalists from being able to examine new content areas and frames of a subject and so must report information that has already been reported by the media.

It is worth noting that the survey found two discrepancies in regards to personal characteristics – journalists who only cover health policy were more likely to report on controversial provisions, and journalists with a bachelor's degree were more likely to report on social impact. These discrepancies may be related to the surveyed journalists interpretation of "controversial provisions" and "social impact." Journalists who only cover health policy may have chosen "controversial provisions" because it was the choice most related to the content of the law and less related to the law's politics. Similarly, the discrepancy regarding "social impact" may arise from surveyed journalists' interpretations of what constitutes a "social impact" approach as opposed to the "social impact" frames used in the content analysis.

Journalists with more education, who only cover health policy, or with less experience were more likely to use a health insurance industry representative as a source. Journalists with more education were more likely to use a citizen as a source. Journalists who only cover health policy topics were more likely to use a healthcare professional as a source. Journalists with more experience were more likely to use a researcher as a source. Of note is that one of the survey responses indicated that journalists who cover the ACA lack education

about the law, which supports the findings in Schwitzer (2009) that pointed out that many journalists tasked with covering health policy have little knowledge of the area. The use of health insurance industry representatives as a prominent source by journalists with more education and who only cover health policy may be reflective of the journalist's awareness of the complexity of the U.S. healthcare system and need for a source well-versed on the healthcare system. This may also be reflected by journalists with more experience preferring researchers and journalists who only cover health policy topics being more likely to use a healthcare professional, as each of these sources would have substantial knowledge about the healthcare system and effects of the ACA. In regards to journalists with less experience being more likely to use health insurance industry representatives over more experienced journalists, this may be because less experienced journalists have not formed relationships with other types of sources. It is reasonable to think that health insurance industry representatives are more available to the press, and thus less-experienced journalists, because health insurance companies typically have bigger PR departments than healthcare organizations and academia due to being a for-profit private industry. Conversely, the PR departments of healthcare organizations or researchers may be non-existent or under-funded, and so may be less available to journalists who have not established trusted relationships with the source. The use of a citizen by journalists with more education may reflect more journalistic freedom granted to more educated journalists. As getting the "common man's" perspective on the law represents a departure from the "individual mandate" and "political strategy/debate," it can be assumed that journalists had to go into the field to find subjects to interview and did not follow the lead of a wire service, news release, or another news organization, which journalists with less freedom may be more likely to do.

RQ 3 asked if there is a discernible relationship between the characteristics of news organizations for which journalists work and journalists' choices of content of story, sources and using positive or negative frames in news coverage of the ACA. Notably, the sample size for each organizational independent variable ranges from 1 – 5 different newspapers, so results should be interpreted cautiously and with the knowledge that they may not be generalizable. The U.S. region that a local news organization is located in was shown to be the strongest predictor of story content and frames, with audience SES being the second most influential variable for story content and framing. These results echo the finding of the survey that ACA coverage was determined partly by audience characteristics. As each region was represented by only one newspaper, results may not reflect accurate relationships for each region. In order to further explore this relationship, future content analyses should be extended to include multiple newspapers from each region.

Audience SES was a strong determinant in ACA coverage. The lower the audience SES the less likely that political topics and frames were covered and more likely that topics and frames about provisions and benefits of the law were covered. Worth noting is that the "individual mandate" and "Medicaid expansion," which are relevant topics to this audience, were least associated with low audience SES, possibly due to the politicized coverage of both topics. Audiences with a high SES were most associated with the "ACA is constitutional" and "ACA is unconstitutional" frames, and audiences with a middle SES were most associated with the "ACA means bigger/more intrusive government" frame and least associated with "helps businesses provide health insurance" and "regulates private health insurance for consumer." As these audiences are less likely to benefit from the ACA provisions, they may be more interested in the political nature of the law. However, it is

unclear why audiences with a high SES are not the least likely if there is a trend based on affluence.

Whether the organization was national or local, the number of full-time employees, and ownership of the news organizations were the least influential variables, but some significant relationships occurred. National organizations were more likely to report on the "political debate/strategy," "individual mandate," and "law's provisions (other)" and use the frames "ACA is constitutional" and "ACA is unconstitutional." These topics and frames may have been chosen because they would have involved national topics and regulations, and thus been more appropriate for a national audience. Of note is that these two frames were also most likely to be covered by organizations with the most full-time employees or that were publically owned, two independent variables that were largely composed of national organizations. Due to the related nature of these variables, it is difficult to draw any concrete conclusions. Future studies should consider national or local, number of full-time employees, and organization ownership as related variables and control for them when analyzing organizational relationships.

The use of sources as a relationship of organizational characteristics was more influential than that of individual characteristics. Some of these relationships can be explained by outside variables. For example, the Northeast was the most likely to quote a health insurance industry representative, but this is likely due to the headquarters of several major health insurance companies being located in Connecticut, the state used to represent the Northeast region, which would mean that local journalists have easier access for use as sources. The Northeast audience SES was coded as low, which may explain why low audience SES was most strongly linked to use of a health insurance industry representative as

a source. Organizations with a higher number of employees were more likely to use a researcher as a source and those with a lower number were more likely to use an advocate. It can be assumed that larger organizations have more resources and may have been able to establish trusted relationships with researchers. Advocates are often from smaller organizations and have better luck establishing relationships with smaller news organizations, which may explain why smaller organizations were more likely to use advocates as sources.

As noted in the results summary, a few discrepancies were found between the survey and content analysis in regards to U.S. region. However, due to the small sample size in both the survey and content analysis for U.S. region, it is difficult to draw any conclusions about a particular region. It is much safer to conclude that the significant results found in both point to the importance of audience characteristics in determining health policy coverage.

Limitations for the content analysis include that the study population only consisted of print journalists, so results may not be generalizable to radio and/or broadcast journalists. Data about journalists and news organizations were gathered from public records accessed via Internet searching. Data were taken from organization websites and journalist biographies, however it is possible that the information was out-of-date or inaccurate. It is assumed that this data is in the ballpark of the correct figures but not assumed to be completely accurate. Also, some data could not be found, particularly data related to journalist experience and education, which may have affected the results. Other variables were more readily accessible, such as information about the news organization or if the journalist covers topics other than health policy, so these variables may be better represented in the data set. Only eight organizations were coded for, which may affect the

generalizability of results of the organizational variables. Finally, results do not control for independent variables in order to isolate the effect one variable.

Considering the results from both the survey and content analysis, this study concludes that content topics, framing, and sources used in ACA news coverage may be a result of the journalist's perceptions of the audience's needs and interests and the journalist's latitude to report on topics and frames that he feels are important, which is likely related to the journalist's level of education and experience and requirement to cover topics in addition to health policy. Further research should be conducted on how journalists determine the needs and interests of their audiences as a relationship of the journalist's freedom to report and frame stories.

CHAPTER 8

IMPLICATIONS

News coverage of the ACA is likely indicative of coverage of health policy as a whole. Thus, health policy coverage is predictable as a result of variation in audience characteristics and journalistic freedom. As the burden is on PR practitioners to establish relationships with journalists, this study advises that practitioners should first tailor their pitches to journalists in anticipation of that journalist's audience's needs and interests in order to provide journalists with relevant information. Following this, practitioners should anticipate the journalist's individual needs by taking into account if the journalist covers topics other than health policy and level of experience and education in order to become a trusted and reliable source to the journalist. These considerations will help create more harmonious relationships between journalists and PR practitioners and provide the public with better information to help them become more educated on health policy issues.

APPENDICES

Appendix 1. Recruitment Letter

Subject: Journalism Master's Student Requesting Participation in a Short Online Survey

My name is Katie Shumake, and I am a Master's student at UNC-Chapel Hill who is conducting a study that examines news coverage of the Affordable Care Act. You have received this request asking for your participation in an online survey because you are listed as a member of the Association of Health Care Journalists. This study will be conducted under the guidance of a faculty adviser, Brian Southwell, whose contact information is provided below.

The purpose of this research study is to determine how personal characteristics of the journalist and organizational characteristics of the news outlet affect health policy coverage. The survey takes about 10 – 15 minutes to complete. During the survey you will be asked questions about your professional experience, characteristics of the news outlet that you are employed by, and your priorities and sources in reporting about the Affordable Care Act. Your participation may help inform future research on the media's coverage of health policy. All of the data you enter will be stored anonymously, and you can stop the survey at any time.

You can access the survey by following this link:
https://unc.qualtrics.com/SE/?SID=SV_0VWirOMnRTh1tfn

The deadline for responses is April 22.

Thank you for your participation in this survey, and please contact me if you have any questions or comments.

Best,
Katie

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Appendix 2. Online Survey Disseminated to Health Policy Journalists

Survey for Health Policy Journalists Who Covered the ACA	
1	What type of news organization do you work for? (a) Print (b) TV (c) Web (d) Radio (e) Other (if other, what type of organization is it?)
2	Is the organization a local or national media outlet? (a) Local (b) National
3	If you work for a local outlet, what area of the country is your news organization located? (a) Northeast (b) Southeast (c) Midwest (d) Northwest (e) Southwest
4	What is the ownership of the organization? (a) Public corporation whose shares are traded on an exchange (b) Organization is owned by a group or chain
5	What is the number of full-time news and editorial staff employed by the organization?
6	How would you describe the average socioeconomic status of the audience of your news organization? (a) Low (b) Middle (c) High
7	How would you describe the average educational status of the audience of your news organization? (a) Less than high school (b) High school (c) Associate's degree (d) Bachelor's degree or higher
8	What is your level of education? (a) Less than high school

	(b) High school (c) Some college (d) Associate's degree (e) Bachelor's degree (f) Graduate or professional degree
9	How long have you worked as a journalist?
10	Do you cover other health topics besides health policy?
11	(if yes to number 10) What health topics other than health policy do you cover?
12	How much freedom do you have to report on health stories that you feel are important? (a) None (b) A little (c) Some (d) A lot
13	How much freedom do you have to determine which aspects of a health story should be emphasized? (a) None (b) A little (c) Some (d) A lot
14	How important are the following sources and resources to you in reporting about the Affordable Care Act (ACA)? Please rate them from 1 to 5, with 1 being least important and 5 being most important. Please note that different choices can be rated the same. (a) Government official (b) Wire service (c) Other journalist/news organization (d) News release from the government (e) News release from a non-profit organization (f) News release from a for-profit organization (g) Public relations practitioner from the government (h) Public relations practitioner from a non-profit organization (i) Public relations practitioner from a for-profit organization (j) Research journal (k) Academic researcher
15	How important are the following priorities to you in reporting about the ACA? Please rate them from 1 to 5, with 1 being least important and 5 being most important. Please note that different choices can be rated the same.

	(a) Disseminating information about the law's provisions (b) Disseminating information about economic consequences of the law (c) Disseminating information about social consequences of the law (c) Disseminating information about the partisan debate over the law
16	How often did you choose the following approaches when reporting about the ACA? Please select never, rarely, sometimes, often, or all of the time. (a) Social impact (e.g., number of individuals expected to gain insurance, effect on delivery of medical care, etc.) (b) Economic impact (i.e., impact on businesses, government, the U.S. economy, healthcare costs and spending) (c) Controversial provisions (d) Human interest (i.e., information about individuals and how the law relates to everyday life) (e) Overall state of U.S. health care
17	Regarding the approach you most often chose when reporting on the ACA, why did you choose this approach?
18	Did you think that overall news coverage across the country on the ACA was: (a) Poor (b) Fair (c) Good (d) Excellent
19	Why do you feel this way? Is there anything you would have changed about the ACA coverage? If so, what?

Appendix 3. Codebook for Content Analysis

Criteria of coded stories:

-- Stories classified into three groups: stories where ACA was the main topic, stories where ACA was discussed but was not the main topic, stories that mentioned ACA tangentially
-- Stories where ACA was the main topic normally mention the law in the headline or first sentence
-- Stories where ACA was not the main topic primarily include stories about funds from the ACA being used to build local community centers – the focus is on the community center with only a brief mention of its funding source. These stories were coded using "1" for content and frames - quotes in these stories were only coded if the quote specifically mentioned the ACA (e.g., stories included that featured projects funded by ACA were funded with a "1" in "ACA improves quality of care")
-- Stories excluded that mentioned ACA tangentially (e.g., mentioning that a politician opposed the law but not going into further detail of his opinion or the content of the law)

Rules for coding content:

-- Primary story topic coded with "3" - takes up the majority of discussion in the story
-- Secondary topics ("2") are topics that were discussed less than the primary topic but were allotted more than a single mention (normally more than one or two lines)
-- Mentions ("1") were not focal points of the story but were still given a small amount of the story - normally only a single line or less than 1/4 of the story

Specifics:
-- Political Strategy/Debate: Discussion of politicians who oppose or support law, judicial challenges (including judicial challenges to individual mandate and Medicaid expansion), proposed amendments to invalidate law, how politicians running for office can use court rulings to increase chances of election. Political strategy/debate is the primary content topic over the law's provisions when more text is dedicated to discussing support/opposition to the law rather than other aspects of the law.
-- Individual Mandate: Discussion of the mandate that requires all citizens to have health insurance
-- Medicaid Expansion: Discussion of the ACA's provision that will expand Medicaid to low-income individuals previously not eligible for Medicaid
-- Health Exchanges: State-run marketplaces required by the ACA that will help citizens shop for private health insurance. Many states refused to set one up, which would result in the federal government setting up a health exchange for the state without input from the state
-- Law's Provisions (other): All other provisions that are not the individual mandate, Medicaid expansion, or health exchanges, such as no limit on lifetime caps, increasing the age to 26 that children can stay on parents' health insurance, credits that encourage businesses to offer employee health insurance, penalties faced by businesses that don't offer employee health insurance, tax on tanning beds, and Accountable Care Organizations
-- Economic/Social Consequences: Includes discussion of macro effects (normally this is accompanied by statistics), such as how many people will now be eligible, the effects on

healthcare spending or the deficit, and discussion of how effects on business will affect economy
-- Law is Divisive Among Public: Discusses how public opinion on the law is divided and is likely to include interviews from citizens about their support or opposition to the law

Rules for coding frames:

For stories where ACA was the main topic:
-- Primary frame determined by what the majority of the story is dedicated to and coded with a "3" (normally the primary frame is mentioned in the headline and first sentence)
-- Secondary frames ("2") were also discussed but not to the extent of the primary frame but more than mentions (aka, given more than one or two lines)
-- Mentions ("1") included if topic mentioned once - normally a single line or less than 1/4 of the story
-- Stories where there was no predominant frame were coded with "2"'s (i.e., more than one frame where each was given same amount of space in story)

Specifics:
-- Extends Coverage to Those Who Would Not Get it Otherwise: Includes ban on denying those with pre-existing conditions and ban on lifetime caps and Medicaid expansion
-- Improves Quality of Care: Accountable Care Organizations, funds granted to communities in order to build new health centers
-- Helps Businesses Provide Health Insurance: Credits and incentives offered to businesses so that they will provide employee health insurance
-- Will Decrease Healthcare Costs and/or Spending: Includes discussion the ACA being deficit neutral
-- Will Regulate Private Health Insurance Practices to Favor Consumer: Insurers must be specifically named (e.g., naming the practice that is being regulated without noting that it is a private insurance practice will not be coded)
-- Will Provide More Consumer Choice: Positive discussion of health exchanges
-- ACA is Constitutional: Arguments and court rulings that the ACA is constitutional
-- ACA is Unconstitutional: Arguments and court rulings that he ACA is unconstitutional
-- Will Hurt Businesses: Includes raising taxes on businesses and penalties incurred by businesses for not offering health insurance
-- Will Lead to Higher Healthcare Costs and/or Spending: Does not include deficit neutral projections of ACA
-- Will Cause People to Lose Jobs: Businesses required to offer health insurance would downsize in order to maintain profits
-- Will Increase Taxes: Includes raising taxes on citizens
-- Will Lead to Less Consumer Choice: Will decrease people's choices for health insurance or health care
-- Means Bigger/More Intrusive Government: Will expand the role of government

Rules for quotes:
-- Quotes are coded with either a "1" (source was quoted, regardless of how many sources of that type were quoted) or "0" (source was not quoted)

-- Stories that do not feature the ACA are not coded for quotes unless quote specifically mentions ACA
-- Sources that are not specifically named (e.g., "Opponents say…") are not coded
-- Government Official: Includes elected or appointed officials, and individuals running for office
-- Advocate: Includes both advocates for and against the ACA
-- Researcher: Research reports counted as researchers, even if they are released by advocacy groups. Lawyers counted as researchers.
-- Healthcare Professional: Health professional takes precedence over advocate, citizen, or business owner
-- Business Owner/Representative: An individual who owns a business or a lobbyist for businesses
-- Citizen: An individual who does not fit in any of the above categories and is quoted to get the “common man’s” perspective
-- Health Insurance Industry Representative: Employees, lobbyists, or PR practitioners for the health insurance industry

Appendix 4. Profile of Survey Respondents

	Type of News Outlet				
	Print	**TV**	**Radio**	**Web**	**Other**
Number	15	1	1	8	12
Percent	41%	3%	3%	22%	32%
	National or Local Outlet				
	National	**Local**			
Number	22	15			
Percent	59%	41%			
	U.S. Region of Local Outlet				
	Northeast	**Southeast**	**Midwest**	**Northwest**	**Southwest**
Number	1	2	3	5	1
Percent	8%	17%	25%	42%	8%
	Ownership of News Organization				
	Public	**Private**			
Number	7	25			
Percent	22%	25%			
	Average Socioeconomic Status of Audience				
	Low	**Middle**	**High**		
Number	1	12	19		
Percent	3%	38%	59%		
	Average Educational Status of Audience				
	Less than high school	**High school**	**Associate's degree**	**Bachelor's or higher**	
Number	0	3	3	26	
Percent	0%	9%	9%	81%	
	Years of Experience				
	0 - 15	**16 - 30**	**30+**		
Number	9	12	11		
Percent	28%	38%	34%		
	Level of Education				

	High school	Some college	Associate's degree	Bachelor's degree	Graduate or professional degree
Number	0	1	0	17	13
Percent	0%	3%	0%	55%	42%
	Covers Topics Other Than Health Policy				
	Yes	**No**			
Number	25	7			
Percent	78%	22%			
	Freedom to Report on Important Health Stories				
	None	**Little**	**Some**	**A Lot**	
Number	0	2	11	15	
Percent	0%	7%	39%	54%	
	Freedom to Emphasize Aspects of Health Stories				
	None	**Little**	**Some**	**A Lot**	
Number	0	2	10	16	
Percent	0%	7%	36%	57%	

	Health Topics Covered Other Than Health Policy
1	It could be anything, but I also write hard news, sports and entertainment features.
2	Public health (immunizations, social determinants of health, medical research, patient safety)
3	Research, patient stories, social determinants of health
4	FDA, clinical science
5	HIT, business strategies of health care providers and health plans, patient engagement, Medicare, Medicare Advantage, clinical labs, quality of care, patient safety, among other topics
6	breaking news, mental health, health advocacy
7	clinical, industry, organizational
8	Technology in healthcare, hospital procedures, safety of patients and staff
9	Business housing healthcare (i.e. everything!) and Capitola city government. Editors want people not policy stories * the stories must have a strong local angle or they are not worth writing... These days, only a very large publication or a trade health publication would have 1 reporter dedicated solely to health policy
10	the business of health care, the health of health systems, etc
11	Medical advances, health trends, medical trends, business of health care, community health
12	Any topic of interest to physician readers.

13	Drug development, licensing, M&A news
14	nutrition & weight control, health quality & safety, health insurance, health care costs
15	Employment and business dealings of local hospitals, public health breaking news, crime, local zoning.
16	General health and wellness issues
17	scientific research, public health, business of healthcare, infectious diseases, health insurance
18	personal and self care
	Other News Organizations
1	wire service
2	Print/Web
3	weekly, largest bilingual Spanish/English in the nation
4	Online
5	Daily newspaper w 24/7 website
6	both weba dn print
7	all of the above
8	freelance
9	multiple other, I'm an independent journalist
10	Freelance for multiple print and web outlets

Appendix 5. Survey Significant Results for Personal Characteristics

Significant results of t-tests evaluating journalists' personal characteristics and preferred sources

Journalist Experience: 16 to 30 Years of Experience vs. All Other Levels of Experience				
Source	**t (means)**	**df**	**p-value**	**95% CI**
PR Practitioner – Government	2.806 (3.11 vs. 2.21)	26	0.009	(0.297, 1.925)
Covers vs. Doesn't Cover Topics Other Than Health Policy				
Source	**t (means)**	**df**	**p-value**	**95% CI**
PR Practitioner – Non-Profit	2.332 (2.59 vs. 1.5)	26	0.028	(0.129, 2.052)
Some Freedom to Report on Important Health Stories vs. All Other Levels of Freedom				
Source	**t (means)**	**df**	**p-value**	**95% CI**
News Release – Government	2.826 (4.18 vs. 2.82)	26	0.009	(-0.37, 2.346)
A Lot of Freedom to Report on Important Health Stories vs. All Other Levels of Freedom				
Source	**t (means)**	**df**	**p-value**	**95% CI**
News Release – Government	-2.127 (2.4 vs. 2.62)	26	0.043	(-2.077, -0.036)
A Little Freedom to Choose Frames for Stories vs. All Other Levels of Freedom				
Source	**t (means)**	**df**	**p-value**	**95% CI**
News Release – Government	-2.072 (1.5 vs. 3.5)	26	0.048	(-3.984, -0.016)
Some Freedom to Choose Frames for Stories vs. All Other Levels of Freedom				
Source	**t (means)**	**df**	**p-value**	**95% CI**
News Release – Government	3.052 (4.3 vs. 2.83)	26	0.005	(-0.479, 2.454)

Significant results of t-tests evaluating journalists' personal characteristics and reporting priorities

Journalist Education: Bachelor's vs. All Other Levels of Education				
Reporting Priority	**t (means)**	**DF**	**p-value**	**95% CI**
Disseminating information about economic consequences of the law	3.937 (4.67 vs. 3.25)	25	0.001	(0.676, 2.158)
Disseminating information about social consequences of the law	1.973 (4.2 vs. 3.25)	25	0.06	(-0.042, 1.942)
Journalist Education: Graduate or Professional Degree vs. All Other Levels of Education				
Reporting Priority	**t (means)**	**DF**	**p-value**	**95% CI**
Disseminating information about economic consequences of the law	-3.984 (3.18 vs. 4.63)	25	0.001	(-2.189, -0.697)
Disseminating information about social consequences of the law	-2.081 (3.18 vs. 4.19)	25	0.048	(-2.001, -0.10)

Journalist Experience: 16 to 30 Years of Experience vs. All Other Levels of Education				
Reporting Priority	**t (means)**	**DF**	**p-value**	**95% CI**
Disseminating information about the partisan debate over the law	2.055 (2.78 vs. 1.79)	26	0.05	(0, 1.977)
A Little Freedom to Report on Important Health Stories vs. All Other Levels of Education				
Reporting Priority	**t (means)**	**DF**	**p-value**	**95% CI**
Disseminating information about the law's provisions	-2.339 (2.5 vs. 4.27)	26	0.027	(-3.324, -0.215)
A Lot of Freedom to Choose Frames for Stories vs. All Other Levels of Education				
Reporting Priority	**t (means)**	**DF**	**p-value**	**95% CI**
Disseminating information about social consequences of the law	1.752 (4.06 vs. 3.17)	26	0.092	(-0.155, 1.947)

Significant results of t-tests evaluating journalists' personal characteristics and most often used reporting approaches

Journalist Education: Bachelor's vs. All Other Levels of Education				
Reporting Approach	**t (means)**	**DF**	**p-value**	**95% CI**
Social Impact	2.108 (4.07 vs. 3.42)	25	0.045	(0.015, 1.285)
Journalist Education: Graduate or Professional Degree vs. All Other Levels of Education				
Reporting Approach	**t (means)**	**DF**	**p-value**	**95% CI**
Social Impact	-2.267 (3.36 vs. 4.06)	25	0.032	(-1.334, -0.064)
Covers vs. Doesn't Cover Topics Other Than Health Policy				
Reporting Approach	**t (means)**	**DF**	**p-value**	**95% CI**
Controversial Provisions	-2.588 (3.14 vs. 4.17)	26	0.016	(-1.849, -0.212)
A Little Freedom to Report on Important Health Stories vs. All Other Levels of Freedom				
Reporting Approach	**t (means)**	**DF**	**p-value**	**95% CI**
Controversial Provisions	-3.371 (1.5 vs. 3.5)	26	0.002	(-3.22, -0.78)
Overall State of U.S. Health Care	-2.808 (2.0 vs. 3.69)	26	0.009	(-2.931, -0.453)
A Little Freedom to Choose Approaches for Stories vs. All Other Levels of Freedom				
Reporting Approach	**t (means)**	**DF**	**p-value**	**95% CI**
Social Impact	-2.11 (2.5 vs. 3.81)	26	0.045	(-2.581, -0.034)

Controversial Provisions	-2.245 (2.0 vs. 3.46)	26	0.033	(-2.8, -0.123)
A Lot of Freedom to Choose Approaches for Stories vs. All Other Levels of Freedom				
Reporting Approach	**t (means)**	**DF**	**p-value**	**95% CI**
Social Impact	2.617 (4.06 vs. 3.25)	26	0.015	(0.174, 1.451)

Appendix 6. Survey Respondents' Reasons for Choosing Preferred Frames

1	My news organization focuses on the impact of health policy on business and the economy.
2	Only really interesting in the context of larger issues.
3	Our readers are surgeons, device manufacturers and Wall Street analysts
4	for our audience, mainly farmworking immigrants, the economic impact is most important.
5	Human interest puts faces and names -- and thus, relevance -- to my ACA coverage. Data and analysis as the backdrop to real-life, real-time people dealing with the ACA makes for compelling coverage. Data and analysis alone is simply eye-glazing.
6	We choose to focus on the local aspects of the ACA's implementation.
7	We are pegging our stories to what is of most interest to our audience
8	I try to choose what's most compelling for readers, such as what strategies will be needed to implement the ACA and what the various stakeholders, such as employers, physicians, health plans, and hospitals, are doing to prepare for Jan. 1, 2014.
9	I write for doctors, so I have to cover it from how it affects them professionally
10	Including PPACA in my reporting on hospital and healthcare issues to point out the changes that are being implemented and proposed has enabled readers to see proactical application of the law. Often, the staff reader has no idea what the law has done to change their facility's policies and procedures; they see the change without knowing the source.
11	Our newspaper and website strive to provide stories about local impact, so that means talking with local people who have gone without health insurance, local health care providers such as doctors, clinics and hospitals, and local employers. Pitches about policy debates are not of interest unless we know the change contemplated or enacted will have a local impact. If people are going to have to buy health insurance, the firs thing they ask is: What will it cost? So until we have that information, and can ask people how the cost affects their choices, it's not a story worth spending time researching.
12	We report on what matters most to our readers, which is generally who it will help, who it will hurt, who pays, who wins, who loses.
13	I try to find people affected. I believe that helps engage readers' interest and makes the impact of policy more tangible.
14	all the same weight
15	We write for the healthcare industry.
16	Because I feel social impact is the most important and relevant topic.
17	I work for a publication whose mission is to give consumers information to empower themselves in the marketplace. We do not do political analysis. Therefore everything I write is directed at that audience of consumers.
18	Human interest is almost the most important, because human angles draw people into the stories and get them to at least try to understand all of the complicated provisions of the Affordable Care Act.
19	Our readers are health care providers, so they're interested in how the ACA will affect them and their practices.
20	I look for something newsworthy, and try to relate it to our audience.
21	I try to always bring policy stories down to the individual level, and include real people's circumstances, as I believe that communicates complex information most clearly.

22	I mostly do long-form journalism about health care innovation and social change. The most important contribution I can make as a journalist to the larger discussion is to report in detail on the effects of change on people and delivery systems at the end of the food chain, so to speak, where the policy tweek actually plays out and affects people's lives. I find great stories at the intersection of policy theory and implementation reality.
23	Cerry picking and /or mis-use or non use of all the relevant factsas it realtes to healthcare expenses
24	In fiscal year 2012, Richard Bracken, chairman and CEO of Nashville, Tenn.-based Hospital Corporation of America, recorded total compensation exceeding $46.3 million â€" one of the highest, single-year amounts ever doled out to a for-profit hospital executive. The figures come from HCA's proxy filing with the U.S. Securities and Exchange Commission, released today. Mr. Bracken's base salary remained stable year-over-year, totaling roughly $1.39 million, but his vested stock options exploded. Because HCA performed well financially, Mr. Bracken's stock appreciation right awards totaled $11.8 million, and he also recorded almost $22 million in other vested stock options. The remainder of his compensation package was comprised of cash incentives ($3.36 million) and pension/deferred earnings ($7.8 million). Overall, the $46.3 million payday was more than eight times his compensation from FY 2011, when he earned $5.7 million but did not vest any stock. R. Milton Johnson, HCA's president and CFO, was the second-highest-paid HCA executive for 2012. He earned $27.2 million in total compensation. That included a base salary of $891,650, $1.44 million in cash bonuses, $3.63 million in deferred earnings, $5.58 million in stock appreciation right awards and more than $15.7 million in other vested stock options. Mr. Johnson's compensation this past year dwarfed the total from 2011, when he earned $2.76 million. The next three highest-compensated HCA officers were President of Operations Samuel Hazen, National Group President Charles Hall and President of Operations and Service Lines Group A. Bruce Moore Jr. Mr. Hazen earned $16.9 million, third-most among HCA leaders. Mr. Hall made $12.9 million, while Mr. Moore earned $9.7 million. In FY 2012, HCA posted more than $1.6 billion in profit, and its revenue surged 11.2 percent to more than $33 billion. HCA is the largest for-profit acute-care hospital operator in the country, with 162 hospitals under its ownership.

Appendix 7. Survey Significant Results for News Organization Characteristics

Significant results for news organization characteristics and journalists' reporting priorities

Other Type of Media vs. All Other Types of Media (Print, Radio, TV, Web)				
Reporting Priority	**t (means)**	**DF**	**p-value**	**95% CI**
Disseminating information about the law's provisions	-2.488 (3.5 vs. 4.5)	26	0.02	(-1.826, -0.174)
Northeast vs. All Other U.S. Regions				
Reporting Priority	**t (means)**	**DF**	**p-value**	**95% CI**
Disseminating information about economic consequences of the law	-6.2 (1.0 vs. 4.44)	8	0	(-4.726, -2.163)
Disseminating information about social consequences of the law	-4.498 (1.0 vs. 4.44)	8	0.002	(-5.21, -1.679)
Disseminating information about the partisan debate over the law	2.953 (5.0 vs. 2.11)	8	0.018	(0.633, 5.145)
Southwest vs. All Other U.S. Regions				
Reporting Priority	**t (means)**	**DF**	**p-value**	**95% CI**
Disseminating information about the law's provisions	-6.957 (1.0 vs. 4.67)	8	0	(-4.882, -2.451)

Significant results for news organization characteristics and journalists' most often used reporting approaches

National vs. Local				
Reporting Approach	**t (means)**	**DF**	**p-value**	**95% CI**
Human Interest	-3.003 (3.0 vs. 4.09)	26	0.006	(-1.838, -0.344)
Southwest vs. All Other U.S. Regions				
Reporting Approach	**t (means)**	**DF**	**p-value**	**95% CI**
Overall State of U.S. Health Care	-2.749 (1.0 vs. 3.56)	8	0.025	(-4.699, -0.412)
Audience SES: Middle vs. All Other Levels of Audience SES				
Reporting Approach	**t (means)**	**DF**	**p-value**	**95% CI**
Human Interest	2.884 (4.1 vs. 3.0)	25	0.008	(0.314, 1.886)
Audience SES: High vs. All Other Levels of Audience SES				
Reporting Approach	**t (means)**	**DF**	**p-value**	**95% CI**
Human Interest	-3.15 (2.94 vs. 4.09)	25	0.004	(-1.907, -0.399)

Audience Education: Bachelor's vs. All Other Levels of Audience Education				
Reporting Approach	**t (means)**	**DF**	**p-value**	**95% CI**
Human Interest	-2.439 (3.22 vs. 4.4)	26	0.022	(-2.179, -0.186)

Appendix 8. Survey Respondents' Thoughts on Overall News Coverage of the ACA

1	Polls indicate public awareness of the law and its requirements and benefits is low. I fault local newspapers and television networks, who by and large have done a poor job explaining the law, a shortcoming that hasn't been mitigated by excellent coverage by national news organizations (including mine).
2	Coverage seemed to focus on people yelling, partisan proclamations and very little presentation of non partisan evidence. Media outlets probbly know their readers well and gave them what they wanted to hear about.
3	seemed regional is some respect, meaning I didn't see enough detailed coverage. there could be more.
4	I'd like to see -- and try to do this myself -- less input from politicians/government officials and more examples of how the ACA affects real people. Journalists could benefit from learning about the ACA through their own research, not just through the lens of non-profits, PR hired guns and news releases from the DHSS. There are knowledgeable, credible, independent sources out there among policy analysts, patients, physicians and employers. We need to work harder to find those sources without the targeted aim of PR pros.
5	There was good reporting on the act, but some of the myths were pernicious and I think these have been difficult for large media outlets to combat. Our audience is mostly people involved in politics and the health care industry, most of whom have a better understanding of the act's provisions.
6	I can't believe so many people think the ACA is bad for our country. It is not a panacea and many people will see costs rise but it the ACA is certainly necessary. We needed to find a way to get more people covered by health insurance and Obama and Congress did so, but the debate was so partisan for ridiculous reasons (the Republicans don't want Obama to succeed because that's bad for Republicans). Therefore, many people got this message: Obama and the ACA are bad and the ACA will wreak havoc on the economy. As a result, too few got the good news about the ACA: that we need to get people covered so they don't go bankrupt when they inevitably get sick and so that they don't use the ER as their only access to health care.
7	I don't think enough was done to show how it can improve coverage for so many. I think referring to it as Obamacare sets it up to be negative no matter what, so I don't think that's objective coverage.
8	The majority of the PPACA coverage in the media has been on the controversial subjects, using the "he said, she said" approach. This builds interest among people (click bait) without giving them the practical advantages/disadvantages of the implementation of the law. More is heard about repealing it than implementing it, about challenging it than using it to your advantage. The partisanship of the responses to the law have clouded the importance of it to the general public. Conservative media and opponents have created a strong image that often flies in the face of the actual law and its provisions. Pro-PPACA is almost nonexistant so people get a one-sided view of it with minimum clarity on the actual value proposition. When people hear about the things that directly impact them, they approve but still react negatively to the overall bill. Media brainwashing? Close.

9	Here's an example. A local hospital is shutting down a satellite campus where 280 people work and 80 good-paying jobs will be lost. The hospital says the decision is due in part to ACA and the desire to avoid overlap in services offered at this location with services offered by other health providers. I am checking on a tip from a reader that a big doctor group is no longer accepting patients with Medicare because of the ACA. I am sure the legislators or staffers who wrote the ACA did not anticipate these sorts of consequences.
10	I believe too much of the media behaved as though they had to give equal weight to both sides in the debate, although one side often proved irrational and factually wrong.
11	Too politicized, too black and white and not enough shades of grey. Not enough attempts to take the complicated and boil it down so people will recognize the changes when they see them. Not enough examination of how the insurance companies stand to win, and consumers will pay higher prices if they are not poor or disabled. Not enough impact stories about the middle class, and financial impact.
12	It emphasized the insurance piece of it. While that is important, it failed to cover it well, or in the kind of human detail that people would need, for example, to know about health insurance exchanges, especially given a recent survey that shows that 90% of Americans still don't know that these will start in just a few months. More importantly, it has failed to explain how the ACA is expected to change the quality of the healthcare the public receives in this country. The nation as a while still believes tha tmore care is better, when in fact, the opposite may be closer to the truth. Healthcare often causes harm -- infections, errors, lost time from work or activities -- and in other ways we are only beginning to understand.
13	No.
14	I interact constantly with consumers in my job and have seen firsthand how coverage emphasizing the political divisions over the law has confused and alarmed them. It has been in effect for more than three years and yet consumers, despite their earnest efforts, have enormous difficulty distinguishing the facts from the apocalyptic lies deliberately circulated by the law's opponents and, in my opinion, amplified by the "dogfight" news coverage. What people really need is practical information about how the law affects them. That's rare to find, especially on tv and in mainstream newspapers.
15	More details of the law need to be written about, but most newsrooms are so limited because of cutbacks in recent years.
16	Most journalists don't understand most complicated issues. So what you get--whether it's healthcare, transportation, or finance--is superficial and generally uninformed coverage. Worse, most go into a story with a preconceived idea of where they'll end up, so they write the story to conform to that preconception.
17	There was a little too much "he said, she said" reporting, and not enough factual analysis.
18	Given the politics, especially over the last year when ACA's survival hinged on two major unpredictable events--the Supreme Court ruling and Obama's reelection---it was hardly possible for daily journalists to cover ACA other than a breaking news story. I expect coverage going forward to hone in on actual effects of the law's provisions, and the process of refining it as states, local communities, health care institutions and the health care workforce chart different paths to compliance.

19	rad the Affordable Heath care Act. It has been published and you will find that very few people interpret and or understand this law. also coverage is limited to what lobbiests want us to know. Look into the salaries of CEO's of not for profit hospitals provided by Medicare dollars. Most exceed millions of dollars just for one CEO . 80% of the healthcare costs are spent on the last 30 days of ones life for those patient over 75 years of age. Perhaps this expenditure shoudl be analyzed for efficacy of treatment ordered? Our infection rate within hospitals is out of control. This underreproting is another misuse of public inforamtion. While infections are reproted only selected bacterial strains are published while other types are swept under the radarsuch as C-Dif.
20	Well if the above organization can make that much money implementing health care why is the US goernment going broke? ir better yet are we funding his salary?

Appendix 9. Content Analysis Significant Results for Personal Characteristics – Content Topics

Significant results of journalists' individual characteristics and content topic

Journalist Education				
Content		**df**	**F**	**Sig.**
Political Debate	Between Groups	2	3.489	0.032
	Within Groups	297		
	Total	299		
Journalist Experience				
Content		**df**	**F**	**Sig.**
Health Exchanges	Between Groups	2	5.708	0.004
	Within Groups	284		
	Total	286		
Law's Provisions (other)	Between Groups	2	5.437	0.005
	Within Groups	284		
	Total	286		
Topics Other Than Health Policy				
Content		**df**	**F**	**Sig.**
Political Debate	Between Groups	1	31.135	< 0.001
	Within Groups	378		
	Total	379		
Individual Mandate	Between Groups	1	9.206	0.003
	Within Groups	378		
	Total	379		
Law's Provisions (Other)	Between Groups	1	37.976	< 0.001
	Within Groups	378		
	Total	379		
Economic/ Social Consequences	Between Groups	1	10.37	0.001
	Within Groups	378		
	Total	379		

Tukey HSD post-hoc tests for significant ANOVA results of journalist personal characteristics and ACA content topics

Tukey HSD Post-Hoc Tests for Journalists' Experience and Content							
Content	**Years of Experience**		**Mean Difference**	**Std. Error**	**Sig.**	**Lower 95% CI**	**Upper 95% C**
Health	0 to 15	16 to 30	-.376*	0.117	0.004	-0.65	-0

Exchanges		More Than 30	-0.023	0.121	0.98	-0.31	0.2
	16 to 30	0 to 15	.376*	0.117	0.004	0.1	0.6
		More Than 30	.353*	0.134	0.024	0.04	0.6
	More Than 30	0 to 15	0.023	0.121	0.98	-0.26	0.3
		16 to 30	-.353*	0.134	0.024	-0.67	-0.0
Law's Provisions (Other)	0 to 15	16 to 30	.523*	0.176	0.009	0.11	0.9
		More Than 30	-0.04	0.181	0.973	-0.47	0.3
	16 to 30	0 to 15	-.523*	0.176	0.009	-0.94	-0.1
		More Than 30	-.564*	0.201	0.015	-1.04	-0.0
	More Than 30	0 to 15	0.04	0.181	0.973	-0.39	0.4
		16 to 30	.564*	0.201	0.015	0.09	1.0

Tukey HSD Post-Hoc Tests for Journalists' Education and Content

Content	Education		Mean Difference	Std. Error	Sig.	Lower 95% CI	Upper 95% C
Political Debate	Some College	Bachelor's	-1.02	0.637	0.248	-2.52	0.4
		Graduate	-0.622	0.647	0.602	-2.15	0
	Bachelor's	Some College	1.02	0.637	0.248	-0.48	2.5
		Graduate	0.397	0.178	0.068	-0.02	0.8
	Graduate	Some College	0.622	0.647	0.602	-0.9	2.1
		Bachelor's	-0.397	0.178	0.068	-0.82	0.0

* The mean difference is significant at the 0.05 level.

Significant Chi-Square results of mentions and non-mentions of content topics related to journalists' personal characteristics

Journalist Experience				
Law's Provisions (Other)				
		No Mention	**Mention**	**Total**
0 to 15 Years	Count	69	64	133
	% of IV	51.9%	48.1%	100%
16 to 30 Years	Count	54	27	81
	% of IV	66.7%	33.3%	100%
More Than 30 Years	Count	34	39	73
	% of IV	46.6%	53.4%	100%
Total	Count	157	130	287
	% of IV	54.7%	45.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	7.053	2	0.029	

Covers Topics Other Than Health Policy

Political Strategy				
		No Mention	Mention	Total
Covers Topics Other Than Health Policy	Count	115	165	280
	% of IV	41.1%	58.9%	100%
Only Covers Health Policy	Count	70	30	100
	% of IV	70%	30%	100%
Total	Count	185	195	380
	% of IV	48.7%	51.3%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	24.683	1	< 0.001	
Individual Mandate				
		No Mention	Mention	Total
Covers Topics Other Than Health Policy	Count	177	103	280
	% of IV	63.2%	36.8%	100%
Only Covers Health Policy	Count	77	23	100
	% of IV	77%	23%	100%
Total	Count	254	126	380
	% of IV	66.8%	33.2%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	6.318	1	0.012	
Health Exchanges				
		No Mention	Mention	Total
Covers Topics Other Than Health Policy	Count	230	50	280
	% of IV	82.1%	17.9%	100%
Only Covers Health Policy	Count	73	27	100
	% of IV	73%	27%	100%
Total	Count	303	77	380
	% of IV	79.7%	20.3%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	3.812	1	0.051	
Law's Provisions (Other)				
		No Mention	Mention	Total
Covers Topics Other Than Health Policy	Count	177	103	280
	% of IV	63.2%	36.8%	100%
Only Covers Health Policy	Count	37	63	100
	% of IV	37%	63%	100%
Total	Count	214	166	380
	% of IV	56.3%	43.7%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	20.582	1	< 0.001	

Economic and Social Consequences				
		No Mention	**Mention**	**Total**
Covers Topics Other Than Health Policy	Count	222	58	280
	% of IV	79.3%	20.7%	100%
Only Covers Health Policy	Count	66	34	100
	% of IV	66%	34%	100%
Total	Count	288	92	380
	% of IV	75.8%	24.2%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	7.088	1	0.008	

Appendix 10. Content Analysis Significant Results for Personal Characteristics – Frames

Significant ANVOA results of journalists' personal characteristics and framing of the ACA

Journalist Education				
Frames		**df**	**F**	**Sig.**
Helps businesses provide health insurance	Between Groups	2	4.444	0.013
	Within Groups	297		
	Total	299		
Decreases healthcare costs and/or spending	Between Groups	2	5.219	0.006
	Within Groups	297		
	Total	299		
Regulates private health insurance practices	Between Groups	2	5.312	0.005
	Within Groups	297		
	Total	299		
Leads to less consumer choice	Between Groups	2	5.053	0.007
	Within Groups	297		
	Total	299		
Means bigger/more intrusive government	Between Groups	2	5.734	0.004
	Within Groups	297		
	Total	299		
Journalist Experience				
Frames		**df**	**F**	**Sig.**
Regulates private health insurance practices	Between Groups	2	4.68	0.01
	Within Groups	284		
	Total	286		
ACA is constitutional	Between Groups	2	5.249	0.006
	Within Groups	284		
	Total	286		
Means bigger/more intrusive government	Between Groups	2	4.715	0.01
	Within Groups	284		
	Total	286		
Covers Topics Other Than Health Policy				
Frames		**df**	**F**	**Sig.**
Improves quality of care	Between Groups	1	8.993	0.003
	Within Groups	378		
	Total	379		
Helps businesses provide health insurance	Between Groups	1	6.344	0.012
	Within Groups	378		
	Total	379		

Decreases healthcare costs and/or spending	Between Groups	1	21.71	< 0.001
	Within Groups	378		
	Total	379		
Regulates private health insurance practices	Between Groups	1	31.567	< 0.001
	Within Groups	378		
	Total	379		
ACA is constitutional	Between Groups	1	5.135	0.024
	Within Groups	378		
	Total	379		
ACA is unconstitutional	Between Groups	1	5.441	0.02
	Within Groups	378		
	Total	379		
Means bigger/more intrusive government	Between Groups	1	8.025	0.005
	Within Groups	378		
	Total	379		

Tukey HSD post-hoc tests of significant ANOVA results of journalists' personal characteristics and frames

Tukey HSD Post-Hoc Tests for Journalists' Education and Frames							
Frames	**Audience**		**Mean Difference**	**Std. Error**	**Sig.**	**Lower 95% CI**	**Upp 95%**
Helps businesses provide health insurance	Some College	Bachelor's	-0.063	0.221	0.956	-0.58	0
		Graduate	-0.244	0.224	0.521	-0.77	0
	Bachelor's	Some College	0.063	0.221	0.956	-0.46	0
		Graduate	-.181*	0.062	0.01	-0.33	-0
	Graduate	Some College	0.244	0.224	0.521	-0.28	0
		Bachelor's	.181*	0.062	0.01	0.04	0
Decreases healthcare costs and/or spending	Some College	Bachelor's	-0.117	0.283	0.91	-0.78	0
		Graduate	-0.367	0.287	0.41	-1.04	0
	Bachelor's	Some College	0.117	0.283	0.91	-0.55	0
		Graduate	-.250*	0.079	0.005	-0.44	-0
	Graduate	Some College	0.367	0.287	0.41	-0.31	1
		Bachelor's	.250*	0.079	0.005	0.06	0
Regulates private health insurance practices	Some College	Bachelor's	-0.22	0.346	0.801	-1.03	
		Graduate	-0.522	0.351	0.299	-1.35	0
	Bachelor's	Some College	0.22	0.346	0.801	-0.6	1
		Graduate	-.303*	0.097	0.005	-0.53	-0
	Graduate	Some College	0.522	0.351	0.299	-0.31	1
		Bachelor's	.303*	0.097	0.005	0.08	0
Leads to less	Some College	Bachelor's	.361*	0.114	0.005	0.09	0

consumer choice		Graduate	.356*	0.115	0.006	0.08	0
	Bachelor's	Some College	-.361*	0.114	0.005	-0.63	-0
		Graduate	-0.005	0.032	0.984	-0.08	0
	Graduate	Some College	-.356*	0.115	0.006	-0.63	-0
		Bachelor's	0.005	0.032	0.984	-0.07	0
Means bigger/more intrusive government	Some College	Bachelor's	0.546	0.532	0.56	-0.71	
		Graduate	1.011	0.54	0.148	-0.26	2
	Bachelor's	Some College	-0.546	0.532	0.56	-1.8	0
		Graduate	.465*	0.149	0.005	0.11	0
	Graduate	Some College	-1.011	0.54	0.148	-2.28	0
		Bachelor's	-.465*	0.149	0.005	-0.81	-0

Tukey HSD Post-Hoc Tests for Journalists' Experience and Frames

Frames	Years of Experience		Mean Difference	Std. Error	Sig.	Lower 95% CI	Upp 95%
Regulates private health insurance practices	0 to 15	16 to 30	.290*	0.109	0.022	0.03	0
		More Than 30	-0.049	0.113	0.902	-0.31	0
	16 to 30	0 to 15	-.290*	0.109	0.022	-0.55	-0
		More Than 30	-.338*	0.125	0.019	-0.63	-0
	More Than 30	0 to 15	0.049	0.113	0.902	-0.22	0
		16 to 30	.338*	0.125	0.019	0.04	0
ACA is constitutional	Less Than 15	16 to 30	.315*	0.11	0.012	0.06	0
		More Than 30	-0.039	0.113	0.938	-0.31	0
	16 to 30	Less Than 15	-.315*	0.11	0.012	-0.57	-0
		More Than 30	-.353*	0.125	0.014	-0.65	-0
	More Than 30	Less Than 15	0.039	0.113	0.938	-0.23	0
		16 to 30	.353*	0.125	0.014	0.06	0
Means bigger/more intrusive government	Less Than 15	16 to 30	-.478*	0.165	0.011	-0.87	-0
		More Than 30	-0.018	0.171	0.994	-0.42	0
	16 to 30	Less Than 15	.478*	0.165	0.011	0.09	0
		More Than 30	.460*	0.189	0.041	0.01	0
	More Than 30	Less Than 15	0.018	0.171	0.994	-0.38	0
		16 to 30	-.460*	0.189	0.041	-0.91	-0

* The mean difference is significant at the 0.05 level.

Significant Chi-Square results of mentions and non-mentions of frames related to journalists' personal characteristics

Journalist Education				
Positive Frame - ACA Will Help Businesses Provide Insurance				
		No Mention	**Mention**	**Total**
Some College	Count	5	0	5

	% of IV	100%	0%	100%
Bachelor's	Count	197	8	205
	% of IV	96.1%	3.9%	100%
Graduate or Professional	Count	79	11	90
	% of IV	87.8%	12.2%	100%
Total	Count	281	19	300
	% of IV	93.7%	6.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	7.641	2	0.022	
Positive Frame - ACA Will Decrease Healthcare Costs and/or Spending				
		No Mention	**Mention**	**Total**
Some College	Count	5	0	5
	% of IV	100%	0%	100%
Bachelor's	Count	191	14	205
	% of IV	93.2%	6.8%	100%
Graduate or Professional	Count	74	16	90
	% of IV	82.2%	17.8%	100%
Total	Count	270	30	300
	% of IV	90%	10%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	8.895	2	0.012	
Negative Frame - ACA Means Bigger/More Intrusive Government				
		No Mention	**Mention**	**Total**
Some College	Count	2	3	5
	% of IV	40%	60%	100%
Bachelor's	Count	133	72	205
	% of IV	64.9%	35.1%	100%
Graduate or Professional	Count	76	14	90
	% of IV	84.4%	15.7%	100%
Total	Count	211	89	300
	% of IV	70.3%	29.7%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	13.718	2	0.001	
Journalist Experience				
Positive Frame - ACA Will Regulate Private Health Insurance Practices to Favor Consumer				
		No Mention	**Mention**	**Total**
15 Years and Less	Count	112	21	133
	% of IV	84.2%	15.8%	100%
16 to 30 Years	Count	75	6	81
	% of IV	92.6%	7.4%	100%

More Than 30 Years	Count	56	17	73
	% of IV	76.7%	23.3%	100%
Total	Count	243	44	287
	% of IV	84.7%	15.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	7.5	2	0.024	
Positive Frame - ACA is Constitutional				
		No Mention	**Mention**	**Total**
0 to 15 Years	Count	107	26	133
	% of IV	80.5%	19.5%	100%
16 to 30 Years	Count	76	5	81
	% of IV	93.8%	6.2%	100%
More Than 30 Years	Count	57	16	73
	% of IV	78.1%	21.9%	100%
Total	Count	240	47	287
	% of IV	83.6%	16.4%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	8.772	2	0.012	
Negative Frame - ACA Means Bigger/More Intrusive Government				
		No Mention	**Mention**	**Total**
0 to 15 Years	Count	101	32	133
	% of IV	75.9%	24.1%	100%
16 to 30 Years	Count	48	33	81
	% of IV	59.3%	40.7%	100%
More Than 30 Years	Count	54	19	73
	% of IV	74%	26%	100%
Total	Count	203	84	287
	% of IV	70.7%	29.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	7.263	2	0.026	

Covers Topics Other Than Health Policy				
Positive Frame - ACA Improves Quality of Care				
		No Mention	**Mention**	**Total**
Covers Topics Other Than Health Policy	Count	265	15	280
	% of IV	94.6%	5.4%	100%
Only Covers Health Policy	Count	87	13	100
	% of IV	87%	13%	100%
Total	Count	352	28	380
	% of IV	92.6%	7.4%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	

Pearson Chi-Square	6.309	1	0.012	
Positive Frame - ACA Will Help Businesses Provide Insurance				
		No Mention	**Mention**	**Total**
Covers Topics Other Than Health Policy	Count	266	14	280
	% of IV	95%	5%	100%
Only Covers Health Policy	Count	89	11	100
	% of IV	89%	11%	100%
Total	Count	355	25	380
	% of IV	93.4%	6.6%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	4.316	1	0.038	
Positive Frame - ACA Will Decrease Healthcare Costs and/or Spending				
		No Mention	**Mention**	**Total**
Covers Topics Other Than Health Policy	Count	262	18	280
	% of IV	93.6%	6.4%	100%
Only Covers Health Policy	Count	80	20	100
	% of IV	80%	20%	100%
Total	Count	342	38	380
	% of IV	90.0%	10.0%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	15.079	1	< 0.001	
Positive Frame - ACA Will Regulate Private Health Insurance Practices to Favor Consumer				
		No Mention	**Mention**	**Total**
Covers Topics Other Than Health Policy	Count	253	27	280
	% of IV	90.4%	9.6%	100%
Only Covers Health Policy	Count	73	27	100
	% of IV	73%	27%	100%
Total	Count	326	54	380
	% of IV	85.8%	14.2%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	18.209	1	< 0.001	
Positive Frame - ACA is Constitutional				
		No Mention	**Mention**	**Total**
Covers Topics Other Than Health Policy	Count	220	60	280
	% of IV	78.6%	21.4%	100%
Only Covers Health Policy	Count	88	12	100
	% of IV	88%	12%	100%
Total	Count	308	72	380
	% of IV	81.1%	18.9%	100%
	Value	**df**	**Asymp. Sig. (2-**	

			sided)	
Pearson Chi-Square	4.265	1	0.039	
Negative Frame - ACA is Unconstitutional				
		No Mention	**Mention**	**Total**
Covers Topics Other Than Health Policy	Count	210	70	280
	% of IV	75%	25%	100%
Only Covers Health Policy	Count	88	12	100
	% of IV	88%	12%	100%
Total	Count	298	82	380
	% of IV	78.4%	21.6%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	7.359	1	0.007	
Negative Frame - ACA Means Bigger/More Intrusive Government				
		No Mention	**Mention**	**Total**
Covers Topics Other Than Health Policy	Count	188	92	280
	% of IV	67.1%	32.9%	100%
Only Covers Health Policy	Count	84	16	100
	% of IV	84%	16%	100%
Total	Count	272	108	380
	% of IV	71.6%	28.4%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	10.292	1	0.001	

Appendix 11. Content Analysis Significant Results for Personal Characteristics – Sources

Significant Chi-Square results of journalists' personal characteristics and use of sources

Journalist Education				
Citizen				
		No Mention	**Mention**	**Total**
Some College	Count	2	3	5
	% of IV	40%	60%	100%
Bachelor's	Count	193	12	205
	% of IV	94.1%	5.9%	100%
Graduate or Professional	Count	82	8	90
	% of IV	91.1%	8.9%	100%
Total	Count	277	23	300
	% of IV	92.3%	7.7%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	20.487	2	< 0.001	
Health Insurance Industry Representative				
		No Mention	**Mention**	**Total**
Some College	Count	4	1	5
	% of IV	80%	20%	100%
Bachelor's	Count	194	11	205
	% of IV	94.6%	5.4%	100%
Graduate or Professional	Count	74	16	90
	% of IV	82.2%	17.8%	100%
Total	Count	272	28	300
	% of IV	90.7%	9.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	12.07	2	0.002	
Journalist Experience				
Researcher				
		No Mention	**Mention**	**Total**
0 to 15 Years	Count	130	3	133
	% of IV	97.7%	2.3%	100%
16 to 30 Years	Count	74	7	81
	% of IV	91.4%	8.6%	100%
More Than 30 Years	Count	64	9	73
	% of IV	87.7%	12.3%	100%
Total	Count	268	19	287
	% of IV	93.4%	6.6%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	

Pearson Chi-Square	8.482	2	0.014	
Health Insurance Industry Representative				
		No Mention	**Mention**	**Total**
0 to 15 Years	Count	111	22	133
	% of IV	83.5%	16.5%	100%
16 to 30 Years	Count	75	6	81
	% of IV	92.6%	7.4%	100%
More Than 30 Years	Count	69	4	73
	% of IV	94.5%	5.5%	100%
Total	Count	255	32	287
	% of IV	88.9%	11.1%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	7.417	2	0.025	

Covers Topics Other Than Health Policy				
Healthcare Professional				
		No Mention	**Mention**	**Total**
Covers Topics Other Than Health Policy	Count	264	16	280
	% of IV	94.3%	5.7%	100%
Only Covers Health Policy	Count	86	14	100
	% of IV	86%	14%	100%
Total	Count	350	30	380
	% of IV	92.1%	7.9%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	6.957	1	0.008	
Health Insurance Industry Representative				
		No Mention	**Mention**	**Total**
Covers Topics Other Than Health Policy	Count	270	10	280
	% of IV	96.4%	3.6%	100%
Only Covers Health Policy	Count	69	31	100
	% of IV	69%	31%	100%
Total	Count	339	41	380
	% of IV	89.2%	10.8%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	57.592	1	< 0.001	

Appendix 12. Content Analysis Significant Results for News Organization Characteristics – Content Topics

Significant ANOVA results of organizational characteristics and ACA content topics

Audience SES				
Content		**df**	**F**	**Sig.**
Political Debate	Between Groups	2	10.978	< 0.001
	Within Groups	403		
	Total	405		
Individual Mandate	Between Groups	2	7.952	< 0.001
	Within Groups	403		
	Total	405		
Law's Provisions (other)	Between Groups	2	10.388	< 0.001
	Within Groups	403		
	Total	405		
Economic/ Social Consequences	Between Groups	2	3.127	0.045
	Within Groups	403		
	Total	405		
U.S. Region (Local)				
Content		**df**	**F**	**Sig.**
Political Debate	Between Groups	4	5.177	0.001
	Within Groups	214		
	Total	218		
Individual Mandate	Between Groups	4	2.814	0.026
	Within Groups	214		
	Total	218		
Medicaid Expansion	Between Groups	4	3.111	0.016
	Within Groups	214		
	Total	218		
Health Exchanges	Between Groups	4	2.361	0.054
	Within Groups	214		
	Total	218		
Law's Provisions (other)	Between Groups	4	4.585	0.001
	Within Groups	214		
	Total	218		
Law is Divisive Among Public	Between Groups	4	2.312	0.059
	Within Groups	214		
	Total	218		
National or Local				
Content		**df**	**F**	**Sig.**

Political Strategy/Debate	Between Groups	1	3.466	0.063
	Within Groups	404		
	Total	405		
Individual Mandate	Between Groups	1	14.285	< 0.001
	Within Groups	404		
	Total	405		
Law's Provisions (other)	Between Groups	1	6.166	0.013
	Within Groups	404		
	Total	405		
Number of Employees				
Content		**df**	**F**	**Sig.**
Political Debate	Between Groups	2	3.796	0.023
	Within Groups	403		
	Total	405		
Individual Mandate	Between Groups	2	6.9	0.001
	Within Groups	403		
	Total	405		
Economic/ Social Consequences	Between Groups	2	5.06	0.007
	Within Groups	403		
	Total	405		
Ownership of News Organization				
Content		**df**	**F**	**Sig.**
Individual Mandate	Between Groups	1	20.345	< 0.001
	Within Groups	404		
	Total	405		
Law is Divisive Among Public	Between Groups	1	4.218	0.041
	Within Groups	404		
	Total	405		

Tukey HSD post-hoc tests for significant ANOVA results of organizational characteristics and content topics

Tukey HSD Post-Hoc Tests for Audience SES and Content							
Content	**Audience SES**		**Mean Difference**	**Std. Error**	**Sig.**	**Lower 95% CI**	**Upper 95% C**
Political Strategy/Debate	Low	Middle	-1.117*	0.261	< 0.001	-1.73	-0
		High	-1.209*	0.261	< 0.001	-1.82	-0
	Middle	Low	1.117*	0.261	< 0.001	0.5	1.7
		High	-0.091	0.145	0.804	-0.43	0.2
	High	Low	1.209*	0.261	< 0.001	0.6	1.8

		Middle	0.091	0.145	0.804	-0.25	0.4
Individual Mandate	Low	Middle	-0.197	0.156	0.416	-0.56	0.
		High	-.481*	0.156	0.006	-0.85	-0.
	Middle	Low	0.197	0.156	0.416	-0.17	0.
		High	-.284*	0.087	0.003	-0.49	-0.
	High	Low	.481*	0.156	0.006	0.11	0.
		Middle	.284*	0.087	0.003	0.08	0.
Law's Provisions (Other)	Low	Middle	.846*	0.223	< 0.001	0.32	1.
		High	0.414	0.223	0.151	-0.11	0.
	Middle	Low	-.846*	0.223	< 0.001	-1.37	-0.
		High	-.432*	0.124	0.002	-0.72	-0.
	High	Low	-0.414	0.223	0.151	-0.94	0.
		Middle	.432*	0.124	0.002	0.14	0.
Economic/Social Consequences	Low	Middle	0.386	0.182	0.087	-0.04	0.
		High	0.198	0.182	0.522	-0.23	0.
	Middle	Low	-0.386	0.182	0.087	-0.81	0.
		High	-0.188	0.101	0.151	-0.43	0.
	High	Low	-0.198	0.182	0.522	-0.63	0.
		Middle	0.188	0.101	0.151	-0.05	0.

Tukey HSD Post-Hoc Tests for U.S. Region (Local) and Content

Content	Years of Experience		Mean Difference	Std. Error	Sig.	Lower 95% CI	Upper 95% C
Political Debate	Northeast	Midwest	-1.221*	0.293	< 0.001	-2.03	-0.
		Southwest	-1.188*	0.293	0.001	-1.99	-0.
		Southeast	-.989*	0.317	0.018	-1.86	-0.
		Northwest	-0.874	0.375	0.138	-1.9	0.
	Midwest	Northeast	1.221*	0.293	< 0.001	0.41	2.
		Southwest	0.033	0.248	1	-0.65	0.
		Southeast	0.232	0.276	0.918	-0.53	0.
		Northwest	0.346	0.34	0.847	-0.59	1.
	Southwest	Northeast	1.188*	0.293	0.001	0.38	1.
		Midwest	-0.033	0.248	1	-0.71	0.
		Southeast	0.2	0.276	0.951	-0.56	0.
		Northwest	0.314	0.34	0.888	-0.62	1.
	Southeast	Northeast	.989*	0.317	0.018	0.12	1.
		Midwest	-0.232	0.276	0.918	-0.99	0.
		Southwest	-0.2	0.276	0.951	-0.96	0.
		Northwest	0.114	0.362	0.998	-0.88	1.
	Northwest	Northeast	0.874	0.375	0.138	-0.16	1
		Midwest	-0.346	0.34	0.847	-1.28	0.
		Southwest	-0.314	0.34	0.888	-1.25	0.

		Southeast	-0.114	0.362	0.998	-1.11	0.8
Individual Mandate	Northeast	Midwest	-0.257	0.159	0.492	-0.69	0.
		Southwest	-0.043	0.159	0.999	-0.48	0.
		Southeast	-0.131	0.173	0.943	-0.61	0.
		Northwest	-.583*	0.204	0.037	-1.14	-0.
	Midwest	Northeast	0.257	0.159	0.492	-0.18	0.
		Southwest	0.213	0.135	0.51	-0.16	0.
		Southeast	0.126	0.15	0.918	-0.29	0.
		Northwest	-0.326	0.185	0.397	-0.84	0.
	Southwest	Northeast	0.043	0.159	0.999	-0.39	0.
		Midwest	-0.213	0.135	0.51	-0.58	0.
		Southeast	-0.087	0.15	0.978	-0.5	0.
		Northwest	-.539*	0.185	0.032	-1.05	-0.
	Southeast	Northeast	0.131	0.173	0.943	-0.34	0.
		Midwest	-0.126	0.15	0.918	-0.54	0.
		Southwest	0.087	0.15	0.978	-0.33	0
		Northwest	-0.452	0.197	0.149	-0.99	0.
	Northwest	Northeast	.583*	0.204	0.037	0.02	1.
		Midwest	0.326	0.185	0.397	-0.18	0.
		Southwest	.539*	0.185	0.032	0.03	1.
		Southeast	0.452	0.197	0.149	-0.09	0.
Medicaid Expansion	Northeast	Midwest	-0.092	0.148	0.971	-0.5	0.
		Southwest	-0.076	0.148	0.986	-0.48	0.
		Southeast	-.448*	0.16	0.043	-0.89	-0.
		Northwest	-0.366	0.189	0.299	-0.89	0.
	Midwest	Northeast	0.092	0.148	0.971	-0.31	0
		Southwest	0.016	0.125	1	-0.33	0.
		Southeast	-0.356	0.139	0.082	-0.74	0.
		Northwest	-0.274	0.171	0.5	-0.75	0
	Southwest	Northeast	0.076	0.148	0.986	-0.33	0.
		Midwest	-0.016	0.125	1	-0.36	0.
		Southeast	-0.373	0.139	0.061	-0.76	0.
		Northwest	-0.291	0.171	0.439	-0.76	0.
	Southeast	Northeast	.448*	0.16	0.043	0.01	0.8
		Midwest	0.356	0.139	0.082	-0.03	0.
		Southwest	0.373	0.139	0.061	-0.01	0.
		Northwest	0.082	0.182	0.991	-0.42	0.
	Northwest	Northeast	0.366	0.189	0.299	-0.15	0.8
		Midwest	0.274	0.171	0.5	-0.2	0.
		Southwest	0.291	0.171	0.439	-0.18	0.
		Southeast	-0.082	0.182	0.991	-0.58	0.
Health Exchanges	Northeast	Midwest	-0.194	0.174	0.797	-0.67	0.
		Southwest	-0.243	0.174	0.628	-0.72	0.
		Southeast	0.118	0.188	0.97	-0.4	0.
		Northwest	0.219	0.222	0.861	-0.39	0.8

	Midwest	Northeast	0.194	0.174	0.797	-0.28	0.6
		Southwest	-0.049	0.147	0.997	-0.45	0.3
		Southeast	0.313	0.164	0.317	-0.14	0.7
		Northwest	0.414	0.202	0.247	-0.14	0.9
	Southwest	Northeast	0.243	0.174	0.628	-0.23	0.7
		Midwest	0.049	0.147	0.997	-0.36	0.4
		Southeast	0.362	0.164	0.181	-0.09	0.8
		Northwest	0.463	0.202	0.152	-0.09	1.0
	Southeast	Northeast	-0.118	0.188	0.97	-0.64	0
		Midwest	-0.313	0.164	0.317	-0.76	0.1
		Southwest	-0.362	0.164	0.181	-0.81	0.0
		Northwest	0.101	0.215	0.99	-0.49	0.6
	Northwest	Northeast	-0.219	0.222	0.861	-0.83	0.3
		Midwest	-0.414	0.202	0.247	-0.97	0.1
		Southwest	-0.463	0.202	0.152	-1.02	0.0
		Southeast	-0.101	0.215	0.99	-0.69	0.4
Law's Provisions (Other)	Northeast	Midwest	1.025*	0.245	< 0.001	0.35	1
		Southwest	.730*	0.245	0.027	0.05	1
		Southeast	0.72	0.266	0.056	-0.01	1.4
		Northwest	.909*	0.313	0.033	0.05	1.7
	Midwest	Northeast	-1.025*	0.245	< 0.001	-1.7	-0.3
		Southwest	-0.295	0.207	0.614	-0.87	0.2
		Southeast	-0.305	0.231	0.68	-0.94	0.3
		Northwest	-0.115	0.285	0.994	-0.9	0.6
	Southwest	Northeast	-.730*	0.245	0.027	-1.4	-0.0
		Midwest	0.295	0.207	0.614	-0.28	0.8
		Southeast	-0.01	0.231	1	-0.65	0.6
		Northwest	0.18	0.285	0.97	-0.6	0.9
	Southeast	Northeast	-0.72	0.266	0.056	-1.45	0.0
		Midwest	0.305	0.231	0.68	-0.33	0.9
		Southwest	0.01	0.231	1	-0.63	0.6
		Northwest	0.19	0.303	0.971	-0.64	1.0
	Northwest	Northeast	-.909*	0.313	0.033	-1.77	-0.0
		Midwest	0.115	0.285	0.994	-0.67	0
		Southwest	-0.18	0.285	0.97	-0.96	0
		Southeast	-0.19	0.303	0.971	-1.02	0.6
Law is Divisive Among Public	Northeast	Midwest	0.029	0.134	1	-0.34	0
		Southwest	0.029	0.134	1	-0.34	0
		Southeast	0.176	0.145	0.742	-0.22	0.5
		Northwest	-0.324	0.171	0.326	-0.79	0.1
	Midwest	Northeast	-0.029	0.134	1	-0.4	0.3
		Southwest	< 0.001	0.113	1	-0.31	0.3
		Southeast	0.148	0.126	0.77	-0.2	0
		Northwest	-0.352	0.156	0.16	-0.78	0.0
	Southwest	Northeast	-0.029	0.134	1	-0.4	0.3

		Midwest	< 0.001	0.113	1	-0.31	0.
		Southeast	0.148	0.126	0.77	-0.2	0
		Northwest	-0.352	0.156	0.16	-0.78	0.
	Southeast	Northeast	-0.176	0.145	0.742	-0.58	0.
		Midwest	-0.148	0.126	0.77	-0.5	0
		Southwest	-0.148	0.126	0.77	-0.5	0
		Northwest	-.500*	0.165	0.023	-0.95	-0.
	Northwest	Northeast	0.324	0.171	0.326	-0.15	0.
		Midwest	0.352	0.156	0.16	-0.08	0.
		Southwest	0.352	0.156	0.16	-0.08	0.
		Southeast	.500*	0.165	0.023	0.05	0.

Tukey HSD Post-Hoc Tests for Number of Full-Time Employees and Content

Content	Years of Experience		Mean Difference	Std. Error	Sig.	Lower 95% CI	Upper 95% C
Political Debate	135 to 250	400 to 750	-0.233	0.161	0.317	-0.61	0.
		1150 to 2500	-.537*	0.195	0.017	-1	-0.
	400 to 750	135 to 250	0.233	0.161	0.317	-0.15	0.
		1150 to 2500	-0.304	0.185	0.23	-0.74	0.
	1150 to 2500	135 to 250	.537*	0.195	0.017	0.08	
		400 to 750	0.304	0.185	0.23	-0.13	0.
Individual Mandate	135 to 250	400 to 750	-0.146	0.095	0.275	-0.37	0.
		1150 to 2500	-.426*	0.115	0.001	-0.7	-0.
	400 to 750	135 to 250	0.146	0.095	0.275	-0.08	0.
		1150 to 2500	-.281*	0.109	0.028	-0.54	-0.
	1150 to 2500	135 to 250	.426*	0.115	0.001	0.16	0
		400 to 750	.281*	0.109	0.028	0.02	0.
Economic/Social Consequences	135 to 250	400 to 750	0.088	0.11	0.702	-0.17	0.
		1150 to 2500	-0.311	0.133	0.052	-0.62	< 0.0
	400 to 750	135 to 250	-0.088	0.11	0.702	-0.35	0.
		1150 to 2500	-.399*	0.126	0.005	-0.7	-0
	1150 to 2500	135 to 250	0.311	0.133	0.052	< 0.001	0.
		400 to 750	.399*	0.126	0.005	0.1	0

* The mean difference is significant at the 0.05 level.

Significant Chi-Square results of mentions and non-mentions of content topics related to organizational characteristics

Audience SES				
Political Strategy				
		No Mention	**Mention**	**Total**
Low SES	Count	29	5	34
	% of IV	85.3%	14.7%	100%
Middle SES	Count	89	96	185
	% of IV	48.1%	51.9%	100%
High SES	Count	83	104	187
	% of IV	44.4%	55.6%	100%
Total	Count	201	205	406
	% of IV	49.5%	50.5%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	19.527	2	< 0.001	
Individual Mandate				
		No Mention	**Mention**	**Total**
Low SES	Count	28	6	34
	% of IV	82.4%	17.6%	100%
Middle SES	Count	138	47	185
	% of IV	74.6%	25.4%	100%
High SES	Count	109	78	187
	% of IV	58.3%	41.7%	100%
Total	Count	275	131	406
	% of IV	67.7%	32.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	14.942	2	0.001	
Medicaid Expansion				
		No Mention	**Mention**	**Total**
Low SES	Count	33	1	34
	% of IV	97.1%	2.9%	100%
Middle SES	Count	157	28	185
	% of IV	84.9%	15.1%	100%
High SES	Count	150	37	187
	% of IV	80.2%	19.8%	100%
Total	Count	340	66	406
	% of IV	83.7%	16.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	6.31	2	0.043	
Law's Provisions (Other)				
		No Mention	**Mention**	**Total**
Low SES	Count	14	20	34

	% of IV	41.2%	58.8%	100%
Middle SES	Count	128	57	185
	% of IV	69.2%	30.8%	100%
High SES	Count	93	94	187
	% of IV	49.7%	50.3%	100%
Total	Count	235	171	406
	% of IV	57.9%	42.1%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	18.689	2	< 0.001	
Economic and Social Consequences				
		No Mention	**Mention**	**Total**
Low SES	Count	26	8	34
	% of IV	76.5%	23.5%	100%
Middle SES	Count	155	30	185
	% of IV	83.8%	16.2%	100%
High SES	Count	131	56	187
	% of IV	70.1%	29.9%	100%
Total	Count	312	94	406
	% of IV	76.8%	23.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	9.857	2	0.007	
U.S. Region (Local)				
Political Strategy				
		No Mention	**Mention**	**Total**
Northeast	Count	29	5	34
	% of IV	85.3%	14.7%	100%
Midwest	Count	27	34	61
	% of IV	44.3%	55.7%	100%
Southwest	Count	27	34	61
	% of IV	44.3%	55.7%	100%
Southeast	Count	22	19	41
	% of IV	53.7%	46.3%	100%
Northwest	Count	13	9	22
	% of IV	59.1%	40.9%	100%
Total	Count	118	101	219
	% of IV	53.9%	46.1%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	18.285	2	0.001	
Individual Mandate				
		No Mention	**Mention**	**Total**
Northeast	Count	28	6	34

	% of IV	82.4%	17.6%	100%
Midwest	Count	42	19	61
	% of IV	68.9%	31.1%	100%
Southwest	Count	51	10	61
	% of IV	83.6%	16.4%	100%
Southeast	Count	33	8	41
	% of IV	80.5%	19.5%	100%
Northwest	Count	12	10	22
	% of IV	54.5%	45.5%	100%
Total	Count	166	53	219
	% of IV	75.8%	24.2%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	10.337	4	0.035	
Medicaid Expansion				
		No Mention	**Mention**	**Total**
Northeast	Count	33	1	34
	% of IV	97.1%	2.9%	100%
Midwest	Count	55	6	61
	% of IV	90.2%	9.8%	100%
Southwest	Count	56	5	61
	% of IV	91.8%	8.2%	100%
Southeast	Count	30	11	41
	% of IV	73.2%	26.8%	100%
Northwest	Count	16	6	22
	% of IV	72.7%	27.3%	100%
Total	Count	190	29	219
	% of IV	86.8%	13.2%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	15.466	4	0.004	
Law's Provisions (Other)				
		No Mention	**Mention**	**Total**
Northeast	Count	14	20	34
	% of IV	41.2%	58.8%	100%
Midwest	Count	45	16	61
	% of IV	73.8%	26.2%	100%
Southwest	Count	41	20	61
	% of IV	67.2%	32.8%	100%
Southeast	Count	28	13	41
	% of IV	68.3%	31.7%	100%
Northwest	Count	14	8	22
	% of IV	63.6%	36.4%	100%
Total	Count	142	77	219
	% of IV	64.8%	35.2%	100%

	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	10.864	4	0.028	
Law is Divisive with Public				
		No Mention	**Mention**	**Total**
Northeast	Count	32	2	34
	% of IV	94.1%	5.9%	100%
Midwest	Count	57	4	61
	% of IV	93.4%	6.6%	100%
Southwest	Count	58	3	61
	% of IV	95.1%	4.9%	100%
Southeast	Count	41	0	41
	% of IV	100%	0%	100%
Northwest	Count	16	6	22
	% of IV	72.7%	27.3%	100%
Total	Count	204	15	219
	% of IV	93.2%	6.8%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	17.812	4	0.001	
National or Local				
Individual Mandate				
		No Mention	**Mention**	**Total**
National	Count	109	78	187
	% of IV	58.3%	41.7%	100%
Local	Count	166	53	219
	% of IV	75.8%	24.2%	100%
Total	Count	275	131	406
	% of IV	67.7%	32.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	15.151	1	< 0.001	
Law's Provisions (Other)				
		No Mention	**Mention**	**Total**
National	Count	93	94	187
	% of IV	49.7%	50.3%	100%
Local	Count	142	77	219
	% of IV	64.8%	35.2%	100%
Total	Count	235	171	406
	% of IV	57.9%	42.1%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	9.444	1	0.002	

Economic and Social Consequences				
		No Mention	Mention	Total
National	Count	131	56	187
	% of IV	70.1%	29.9%	100%
Local	Count	181	38	219
	% of IV	82.6%	17.4%	100%
Total	Count	312	94	406
	% of IV	76.8%	23.2%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	8.993	1	0.003	

Number of Full-Time Employees				
Political Strategy				
		No Mention	Mention	Total
135 to 250	Count	78	58	136
	% of IV	57.4%	42.6%	100%
400 to 750	Count	90	93	183
	% of IV	49.2%	50.8%	100%
1150 to 2500	Count	33	54	87
	% of IV	37.9%	62.1%	100%
Total	Count	201	205	406
	% of IV	49.5%	50.5%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	8.021	2	0.018	
Individual Mandate				
		No Mention	Mention	Total
135 to 250	Count	103	33	136
	% of IV	75.7%	24.3%	100%
400 to 750	Count	127	56	183
	% of IV	69.4%	30.6%	100%
1150 to 2500	Count	45	42	87
	% of IV	51.7%	48.3%	100%
Total	Count	275	131	406
	% of IV	67.7%	32.3%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	14.419	2	0.001	
Economic and Social Consequences				
		No Mention	Mention	Total
135 to 250	Count	110	26	136
	% of IV	80.9%	19.1%	100%
400 to 750	Count	148	35	183

	% of IV	80.9%	19.1%	100%
1150 to 2500	Count	54	33	87
	% of IV	62.1%	37.9%	100%
Total	Count	312	94	406
	% of IV	76.8%	23.2%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	13.592	2	0.001	
Law is Divisive with Public				
		No Mention	**Mention**	**Total**
135 to 250	Count	130	6	136
	% of IV	95.6%	4.4%	100%
400 to 750	Count	164	19	183
	% of IV	89.6%	10.4%	100%
1150 to 2500	Count	74	13	87
	% of IV	85.1%	14.9%	100%
Total	Count	368	38	406
	% of IV	90.6%	9.4%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	7.347	2	0.025	
Ownership of News Organization				
Individual Mandate				
		No Mention	**Mention**	**Total**
Private	Count	154	43	197
	% of IV	78.2%	21.8%	100%
Public	Count	121	88	209
	% of IV	57.9%	42.1%	100%
Total	Count	275	131	406
	% of IV	67.7%	32.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	19.08	1	< 0.001	
Medicaid Expansion				
		No Mention	**Mention**	**Total**
Private	Count	174	23	197
	% of IV	88.3%	11.7%	100%
Public	Count	166	43	209
	% of IV	79.4%	20.6%	100%
Total	Count	340	66	406
	% of IV	83.7%	16.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	5.899	1	0.015	

Law's Provisions (Other)				
		No Mention	Mention	Total
Private	Count	128	69	197
	% of IV	65%	35%	100%
Public	Count	107	102	209
	% of IV	51.2%	48.8%	100%
Total	Count	235	171	406
	% of IV	57.9%	42.1%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	7.897	1	0.005	
Economic and Social Consequences				
		No Mention	Mention	Total
Private	Count	163	34	197
	% of IV	82.7%	17.3%	100%
Public	Count	149	60	209
	% of IV	71.3%	28.7%	100%
Total	Count	312	94	406
	% of IV	76.8%	23.2%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	7.472	1	0.006	
Law is Divisive with Public				
		No Mention	Mention	Total
Private	Count	188	9	197
	% of IV	95.4%	4.6%	100%
Public	Count	180	29	209
	% of IV	86.1%	13.9%	100%
Total	Count	368	38	406
	% of IV	90.6%	9.4%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	10.355	1	0.001	

Appendix 13. Content Analysis Significant Results for News Organization Characteristics – Frames

Significant ANOVA results for news organizational characteristics and ACA framing

Audience SES				
Frames		**df**	**F**	**Sig.**
Extends coverage to those who would not receive it otherwise	Between Groups	2	1.052	0.35
	Within Groups	403		
	Total	405		
Helps businesses provide health insurance	Between Groups	2	10.267	< 0.001
	Within Groups	403		
	Total	405		
Regulates private health insurance practices	Between Groups	2	12.609	< 0.001
	Within Groups	403		
	Total	405		
ACA is constitutional	Between Groups	2	9.037	< 0.001
	Within Groups	403		
	Total	405		
ACA is unconstitutional	Between Groups	2	9.244	< 0.001
	Within Groups	403		
	Total	405		
Means bigger/more intrusive government	Between Groups	2	7.813	< 0.001
	Within Groups	403		
	Total	405		
National or Local				
Frames		**df**	**F**	**Sig.**
ACA is constitutional	Between Groups	1	16.354	< 0.001
	Within Groups	404		
	Total	405		
ACA is unconstitutional	Between Groups	1	14.511	< 0.001

	Within Groups	404		
	Total	405		
U.S. Region (Local)				
Frames		**df**	**F**	**Sig.**
Improves quality of care	Between Groups	4	2.725	0.03
	Within Groups	214		
	Total	218		
Helps businesses provide health insurance	Between Groups	4	4.643	0.001
	Within Groups	214		
	Total	218		
Decreases healthcare costs and/or spending	Between Groups	4	2.499	0.044
	Within Groups	214		
	Total	218		
Regulates private health insurance practices	Between Groups	4	7.663	< 0.001
	Within Groups	214		
	Total	218		
ACA is constitutional	Between Groups	4	4.649	0.001
	Within Groups	214		
	Total	218		
ACA is unconstitutional	Between Groups	4	2.429	0.049
	Within Groups	214		
	Total	218		
Means bigger/more intrusive government	Between Groups	4	7.431	< 0.001
	Within Groups	214		
	Total	218		
Number of Full-Time Employees				
Frames		**df**	**F**	**Sig.**
Extends coverage to those who would not receive it otherwise	Between Groups	2	3.427	0.033
	Within	403		

	Groups			
	Total	405		
Decreases healthcare costs and/or spending	Between Groups	2	4.76	0.009
	Within Groups	403		
	Total	405		
ACA is constitutional	Between Groups	2	9.657	< 0.001
	Within Groups	403		
	Total	405		
ACA is unconstitutional	Between Groups	2	8.06	< 0.001
	Within Groups	403		
	Total	405		
Ownership of News Organization				
Frames		**df**	**F**	**Sig.**
ACA is constitutional	Between Groups	1	24.957	< 0.001
	Within Groups	404		
	Total	405		
ACA is unconstitutional	Between Groups	1	17.556	< 0.001
	Within Groups	404		
	Total	405		
Means bigger/more intrusive government	Between Groups	1	5.411	0.021
	Within Groups	404		
	Total	405		

Tukey HSD post-hoc results of significant ANOVA results for news organizational characteristics and ACA frames

Tukey HSD Post-Hoc Tests for Audience SES and Frames							
Frames	**Audience**		**Mean Difference**	**Std. Error**	**Sig.**	**Lower 95% CI**	**Upp 95%**
Extends coverage to those who would not receive it otherwise	Low	Middle	0.28	0.211	0.381	-0.22	0
		High	0.171	0.211	0.697	-0.33	0
	Middle	Low	-0.28	0.211	0.381	-0.78	0
		High	-0.109	0.117	0.621	-0.39	0

	High	Low	-0.171	0.211	0.697	-0.67	0
		Middle	0.109	0.117	0.621	-0.17	0
Helps businesses provide health insurance	Low	Middle	.387*	0.085	< 0.001	0.19	0
		High	.329*	0.085	< 0.001	0.13	0
	Middle	Low	-.387*	0.085	< 0.001	-0.59	-0
		High	-0.058	0.047	0.438	-0.17	0
	High	Low	-.329*	0.085	< 0.001	-0.53	-0
		Middle	0.058	0.047	0.438	-0.05	0
Regulates private health insurance practices	Low	Middle	.640*	0.132	< 0.001	0.33	0
		High	.455*	0.131	0.002	0.15	0
	Middle	Low	-.640*	0.132	< 0.001	-0.95	-0
		High	-.186*	0.073	0.031	-0.36	-0
	High	Low	-.455*	0.131	0.002	-0.76	-0
		Middle	.186*	0.073	0.031	0.01	0
ACA is constitutional	Low	Middle	-0.201	0.154	0.396	-0.56	0
		High	-.503*	0.154	0.003	-0.87	-0
	Middle	Low	0.201	0.154	0.396	-0.16	0
		High	-.302*	0.086	0.001	-0.5	-
	High	Low	.503*	0.154	0.003	0.14	0
		Middle	.302*	0.086	0.001	0.1	
ACA is unconstitutional	Low	Middle	-0.33	0.168	0.122	-0.72	0
		High	-.620*	0.167	0.001	-1.01	-0
	Middle	Low	0.33	0.168	0.122	-0.06	0
		High	-.291*	0.093	0.005	-0.51	-0
	High	Low	.620*	0.167	0.001	0.23	1
		Middle	.291*	0.093	0.005	0.07	0
Means bigger/more intrusive government	Low	Middle	-.771*	0.209	0.001	-1.26	-0
		High	-.495*	0.209	0.048	-0.99	< 0.
	Middle	Low	.771*	0.209	0.001	0.28	1
		High	.277*	0.116	0.046	< 0.001	0
	High	Low	.495*	0.209	0.048	< 0.001	0
		Middle	-.277*	0.116	0.046	-0.55	< 0.

Tukey HSD Post-Hoc Tests for U.S. Local Region and Frames

Frames	U.S. Region (Local)		Mean Difference	Std. Error	Sig.	Lower 95% CI	Upp 95%
Improves quality of care	Northeast	Midwest	0.091	0.081	0.797	-0.13	0
		Southwest	0.189	0.081	0.141	-0.03	0
		Southeast	0.157	0.088	0.388	-0.09	
		Northwest	-0.067	0.104	0.968	-0.35	0
	Midwest	Northeast	-0.091	0.081	0.797	-0.32	0
		Southwest	0.098	0.069	0.611	-0.09	0
		Southeast	0.066	0.077	0.912	-0.15	0
		Northwest	-0.158	0.095	0.455	-0.42	
	Southwest	Northeast	-0.189	0.081	0.141	-0.41	0
		Midwest	-0.098	0.069	0.611	-0.29	0

		Southeast	-0.032	0.077	0.993	-0.24	0
		Northwest	-0.256	0.095	0.056	-0.52	< 0.
	Southeast	Northeast	-0.157	0.088	0.388	-0.4	0
		Midwest	-0.066	0.077	0.912	-0.28	0
		Southwest	0.032	0.077	0.993	-0.18	0
		Northwest	-0.224	0.101	0.174	-0.5	0
	Northwest	Northeast	0.067	0.104	0.968	-0.22	0
		Midwest	0.158	0.095	0.455	-0.1	0
		Southwest	0.256	0.095	0.056	< 0.001	0
		Southeast	0.224	0.101	0.174	-0.05	
Helps businesses provide health insurance	Northeast	Midwest	.392*	0.103	0.002	0.11	0
		Southwest	.392*	0.103	0.002	0.11	0
		Southeast	.368*	0.112	0.01	0.06	0
		Northwest	.396*	0.132	0.025	0.03	0
	Midwest	Northeast	-.392*	0.103	0.002	-0.68	-0
		Southwest	< 0.001	0.087	1	-0.24	0
		Southeast	-0.024	0.097	0.999	-0.29	0
		Northwest	0.004	0.12	1	-0.33	0
	Southwest	Northeast	-.392*	0.103	0.002	-0.68	-0
		Midwest	< 0.001	0.087	1	-0.24	0
		Southeast	-0.024	0.097	0.999	-0.29	0
		Northwest	0.004	0.12	1	-0.33	0
	Southeast	Northeast	-.368*	0.112	0.01	-0.68	-0
		Midwest	0.024	0.097	0.999	-0.24	0
		Southwest	0.024	0.097	0.999	-0.24	0
		Northwest	0.028	0.128	1	-0.32	0
	Northwest	Northeast	-.396*	0.132	0.025	-0.76	-0
		Midwest	-0.004	0.12	1	-0.33	0
		Southwest	-0.004	0.12	1	-0.33	0
		Southeast	-0.028	0.128	1	-0.38	0
Decreases healthcare costs and/or spending	Northeast	Midwest	0.104	0.128	0.927	-0.25	0
		Southwest	0.284	0.128	0.176	-0.07	0
		Southeast	0.309	0.139	0.173	-0.07	0
		Northwest	0.382	0.164	0.137	-0.07	0
	Midwest	Northeast	-0.104	0.128	0.927	-0.46	0
		Southwest	0.18	0.108	0.457	-0.12	0
		Southeast	0.206	0.121	0.435	-0.13	0
		Northwest	0.279	0.149	0.334	-0.13	0
	Southwest	Northeast	-0.284	0.128	0.176	-0.64	0
		Midwest	-0.18	0.108	0.457	-0.48	0
		Southeast	0.025	0.121	1	-0.31	0
		Northwest	0.098	0.149	0.964	-0.31	0
	Southeast	Northeast	-0.309	0.139	0.173	-0.69	0
		Midwest	-0.206	0.121	0.435	-0.54	0
		Southwest	-0.025	0.121	1	-0.36	0

		Northwest	0.073	0.158	0.99	-0.36	0
	Northwest	Northeast	-0.382	0.164	0.137	-0.83	0
		Midwest	-0.279	0.149	0.334	-0.69	0
		Southwest	-0.098	0.149	0.964	-0.51	0
		Southeast	-0.073	0.158	0.99	-0.51	0
Regulates private health insurance practices	Northeast	Midwest	.634*	0.137	< 0.001	0.26	1
		Southwest	.666*	0.137	< 0.001	0.29	1
		Southeast	.545*	0.148	0.003	0.14	0
		Northwest	.765*	0.175	< 0.001	0.28	1
	Midwest	Northeast	-.634*	0.137	< 0.001	-1.01	-0
		Southwest	0.033	0.116	0.999	-0.29	0
		Southeast	-0.088	0.129	0.96	-0.44	0
		Northwest	0.131	0.159	0.923	-0.31	0
	Southwest	Northeast	-.666*	0.137	< 0.001	-1.04	-0
		Midwest	-0.033	0.116	0.999	-0.35	0
		Southeast	-0.121	0.129	0.882	-0.48	0
		Northwest	0.098	0.159	0.972	-0.34	0
	Southeast	Northeast	-.545*	0.148	0.003	-0.95	-0
		Midwest	0.088	0.129	0.96	-0.27	0
		Southwest	0.121	0.129	0.882	-0.23	0
		Northwest	0.22	0.169	0.692	-0.25	0
	Northwest	Northeast	-.765*	0.175	< 0.001	-1.25	-0
		Midwest	-0.131	0.159	0.923	-0.57	0
		Southwest	-0.098	0.159	0.972	-0.54	0
		Southeast	-0.22	0.169	0.692	-0.68	0
ACA is constitutional	Northeast	Midwest	-0.253	0.141	0.379	-0.64	0
		Southwest	-0.04	0.141	0.999	-0.43	0
		Southeast	-0.112	0.153	0.948	-0.53	0
		Northwest	-.668*	0.18	0.002	-1.16	-0
	Midwest	Northeast	0.253	0.141	0.379	-0.13	0
		Southwest	0.213	0.119	0.382	-0.11	0
		Southeast	0.141	0.133	0.827	-0.22	0
		Northwest	-0.416	0.164	0.085	-0.87	0
	Southwest	Northeast	0.04	0.141	0.999	-0.35	0
		Midwest	-0.213	0.119	0.382	-0.54	0
		Southeast	-0.072	0.133	0.982	-0.44	0
		Northwest	-.629*	0.164	0.001	-1.08	-0
	Southeast	Northeast	0.112	0.153	0.948	-0.31	0
		Midwest	-0.141	0.133	0.827	-0.51	0
		Southwest	0.072	0.133	0.982	-0.29	0
		Northwest	-.557*	0.174	0.013	-1.03	-0
	Northwest	Northeast	.668*	0.18	0.002	0.17	1
		Midwest	0.416	0.164	0.085	-0.03	0
		Southwest	.629*	0.164	0.001	0.18	1
		Southeast	.557*	0.174	0.013	0.08	1

ACA is unconstitutional	Northeast	Midwest	-0.213	0.163	0.688	-0.66	0
		Southwest	-0.377	0.163	0.145	-0.83	0
		Southeast	-0.293	0.177	0.464	-0.78	0
		Northwest	-.591*	0.209	0.04	-1.16	-0
	Midwest	Northeast	0.213	0.163	0.688	-0.24	0
		Southwest	-0.164	0.138	0.758	-0.54	0
		Southeast	-0.08	0.154	0.986	-0.5	0
		Northwest	-0.378	0.19	0.273	-0.9	0
	Southwest	Northeast	0.377	0.163	0.145	-0.07	0
		Midwest	0.164	0.138	0.758	-0.22	0
		Southeast	0.084	0.154	0.982	-0.34	0
		Northwest	-0.214	0.19	0.792	-0.74	0
	Southeast	Northeast	0.293	0.177	0.464	-0.19	0
		Midwest	0.08	0.154	0.986	-0.34	
		Southwest	-0.084	0.154	0.982	-0.51	0
		Northwest	-0.298	0.201	0.576	-0.85	0
	Northwest	Northeast	.591*	0.209	0.04	0.02	1
		Midwest	0.378	0.19	0.273	-0.14	
		Southwest	0.214	0.19	0.792	-0.31	0
		Southeast	0.298	0.201	0.576	-0.26	0
Means bigger/more intrusive government	Northeast	Midwest	-.666*	0.239	0.046	-1.32	-0
		Southwest	-1.158*	0.239	< 0.001	-1.82	-
		Southeast	-.717*	0.259	0.048	-1.43	< 0.
		Northwest	-0.094	0.306	0.998	-0.93	0
	Midwest	Northeast	.666*	0.239	0.046	0.01	1
		Southwest	-0.492	0.202	0.111	-1.05	0
		Southeast	-0.051	0.226	0.999	-0.67	0
		Northwest	0.572	0.278	0.242	-0.19	1
	Southwest	Northeast	1.158*	0.239	< 0.001	0.5	1
		Midwest	0.492	0.202	0.111	-0.06	1
		Southeast	0.441	0.226	0.292	-0.18	1
		Northwest	1.064*	0.278	0.002	0.3	1
	Southeast	Northeast	.717*	0.259	0.048	< 0.001	1
		Midwest	0.051	0.226	0.999	-0.57	0
		Southwest	-0.441	0.226	0.292	-1.06	0
		Northwest	0.623	0.295	0.219	-0.19	1
	Northwest	Northeast	0.094	0.306	0.998	-0.75	0
		Midwest	-0.572	0.278	0.242	-1.34	0
		Southwest	-1.064*	0.278	0.002	-1.83	-
		Southeast	-0.623	0.295	0.219	-1.44	0

Tukey HSD Post-Hoc Tests for Number of Full-Time Employees and Frames

Frames	**Number of Full-Time Employees**		**Mean Difference**	**Std. Error**	**Sig.**	**Lower 95% CI**	**Upp 95%**
Extends coverage to those who would not	135 to 250	400 to 750	0.068	0.127	0.857	-0.23	0

receive it otherwise		1150 to 2500	-0.31	0.155	0.112	-0.67	0
	400 to 750	135 to 250	-0.068	0.127	0.857	-0.37	0
		1150 to 2500	-.378*	0.147	0.028	-0.72	-0
	1150 to 2500	135 to 250	0.31	0.155	0.112	-0.05	0
		400 to 750	.378*	0.147	0.028	0.03	0
Decreases healthcare costs and/or spending	135 to 250	400 to 750	0.161	0.069	0.052	< 0.001	0
		1150 to 2500	-0.056	0.083	0.779	-0.25	0
	400 to 750	135 to 250	-0.161	0.069	0.052	-0.32	< 0.(
		1150 to 2500	-.217*	0.079	0.018	-0.4	-0
	1150 to 2500	135 to 250	0.056	0.083	0.779	-0.14	0
		400 to 750	.217*	0.079	0.018	0.03	
ACA is constitutional	135 to 250	400 to 750	-0.155	0.093	0.224	-0.37	0
		1150 to 2500	-.495*	0.113	< 0.001	-0.76	-0
	400 to 750	135 to 250	0.155	0.093	0.224	-0.07	0
		1150 to 2500	-.340*	0.108	0.005	-0.59	-0
	1150 to 2500	135 to 250	.495*	0.113	< 0.001	0.23	0
		400 to 750	.340*	0.108	0.005	0.09	0
ACA is unconstitutional	135 to 250	400 to 750	-.368*	0.102	0.001	-0.61	-0
		1150 to 2500	-.402*	0.124	0.004	-0.69	-0
	400 to 750	135 to 250	.368*	0.102	0.001	0.13	0
		1150 to 2500	-0.034	0.117	0.954	-0.31	0
	1150 to 2500	135 to 250	.402*	0.124	0.004	0.11	0
		400 to 750	0.034	0.117	0.954	-0.24	0

* The mean difference is significant at the < 0.05 level.

Significant Chi-Square results for mentions and non-mentions of frames related to news organizational characteristics

Audience SES				
Positive Frame - ACA Will Help Businesses Provide Insurance				
		No Mention	**Mention**	**Total**
Low SES	Count	28	6	34
	% of IV	82.4%	17.6%	100%
Middle SES	Count	178	7	185
	% of IV	96.2%	3.8%	100%
High SES	Count	173	14	187
	% of IV	92.5%	7.5%	100%
Total	Count	379	27	406
	% of IV	93.3%	6.7%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	9.282	2	0.01	
Positive Frame - ACA Will Regulate Private Health Insurance Practices to Favor Consumer				
		No Mention	**Mention**	**Total**
Low SES	Count	23	11	34
	% of IV	67.6%	32.4%	100%
Middle SES	Count	172	13	185
	% of IV	93%	7%	100%
High SES	Count	156	31	187
	% of IV	83.4%	16.6%	100%
Total	Count	351	55	406
	% of IV	86.5%	13.5%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	18.449	2	< 0.001	
Positive Frame - ACA is Constitutional				
		No Mention	**Mention**	**Total**
Low SES	Count	33	1	34
	% of IV	97.1%	2.9%	100%
Middle SES	Count	162	23	185
	% of IV	87.6%	12.4%	100%
High SES	Count	137	50	187
	% of IV	73.3%	26.7%	100%
Total	Count	332	74	406
	% of IV	81.8%	18.2%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	18.586	2	< 0.001	

Negative Frame - ACA is Unconstitutional				
		No Mention	Mention	Total
Low SES	Count	34	0	34
	% of IV	100%	0%	100%
Middle SES	Count	156	29	185
	% of IV	84.3%	15.7%	100%
High SES	Count	132	55	187
	% of IV	70.6%	29.4%	100%
Total	Count	322	84	406
	% of IV	79.3%	20.7%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	20.374	2	< 0.001	

Negative Frame - ACA Means Bigger/More Intrusive Government				
		No Mention	Mention	Total
Low SES	Count	32	2	34
	% of IV	94.1%	5.9%	100%
Middle SES	Count	117	68	185
	% of IV	63.2%	36.8%	100%
High SES	Count	140	47	187
	% of IV	74.9%	25.1%	100%
Total	Count	289	117	406
	% of IV	71.2%	28.8%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	15.64	2	< 0.001	

U.S. Region (Local)

Positive Frame - ACA Improves Quality of Care				
		No Mention	Mention	Total
Northeast	Count	29	5	34
	% of IV	85.3%	14.7%	100%
Midwest	Count	56	5	61
	% of IV	91.8%	8.2%	100%
Southwest	Count	60	1	61
	% of IV	98.4%	1.6%	100%
Southeast	Count	39	2	41
	% of IV	95.1%	4.9%	100%
Northwest	Count	16	6	22
	% of IV	72.7%	27.3%	100%
Total	Count	200	19	219
	% of IV	91.3%	8.7%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	15.739	4	0.003	

Positive Frame - ACA Will Help Businesses Provide Insurance				
		No Mention	Mention	Total
Northeast	Count	28	6	34
	% of IV	82.4%	17.6%	100%
Midwest	Count	58	3	61
	% of IV	95.1%	4.9%	100%
Southwest	Count	60	1	61
	% of IV	98.4%	1.6%	100%
Southeast	Count	39	2	41
	% of IV	95.1%	4.9%	100%
Northwest	Count	21	1	22
	% of IV	95.5%	4.5%	100%
Total	Count	206	13	219
	% of IV	94.1%	5.9%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	10.64	4	0.031	

Positive Frame - ACA Will Regulate Private Health Insurance Practices to Favor Consumer				
		No Mention	Mention	Total
Northeast	Count	23	11	34
	% of IV	67.6%	32.4%	100%
Midwest	Count	56	5	61
	% of IV	91.8%	8.2%	100%
Southwest	Count	58	3	61
	% of IV	95.1%	4.9%	100%
Southeast	Count	36	5	41
	% of IV	87.8%	12.2%	100%
Northwest	Count	22	0	22
	% of IV	100%	0%	100%
Total	Count	195	24	219
	% of IV	89.0%	11.0%	100%
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	21.478	4	< 0.001	

Positive Frame - ACA is Constitutional				
		No Mention	Mention	Total
Northeast	Count	33	1	34
	% of IV	97.1%	2.9%	100%
Midwest	Count	52	9	61
	% of IV	85.2%	14.8%	100%
Southwest	Count	57	4	61
	% of IV	93.4%	6.6%	100%
Southeast	Count	38	3	41

	% of IV	92.7%	7.3%	100%
Northwest	Count	15	7	22
	% of IV	68.2%	31.8%	100%
Total	Count	195	24	219
	% of IV	89.0%	11.0%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	14.719	4	0.005	
Negative Frame - ACA is Unconstitutional				
		No Mention	**Mention**	**Total**
Northeast	Count	34	0	34
	% of IV	100%	0%	100%
Midwest	Count	55	6	61
	% of IV	90.2%	9.8%	100%
Southwest	Count	51	10	61
	% of IV	83.6%	16.4%	100%
Southeast	Count	34	7	41
	% of IV	82.9%	17.1%	100%
Northwest	Count	16	6	22
	% of IV	72.7%	27.3%	100%
Total	Count	190	29	219
	% of IV	86.8%	13.2%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	10.626	4	0.031	
Negative Frame - ACA Will Lead to Higher Healthcare Costs and/or Spending				
		No Mention	**Mention**	**Total**
Northeast	Count	27	7	34
	% of IV	79.4%	20.6%	100%
Midwest	Count	46	15	61
	% of IV	75.4%	24.6%	100%
Southwest	Count	51	10	61
	% of IV	83.6%	16.4%	100%
Southeast	Count	24	17	41
	% of IV	58.5%	41.5%	100%
Northwest	Count	20	2	22
	% of IV	90.0%	9.1%	100%
Total	Count	168	51	219
	% of IV	76.7%	23.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	11.884	4	0.018	
Negative Frame - ACA Means Bigger/More Intrusive Government				
		No Mention	**Mention**	**Total**

Northeast	Count	32	2	34
	% of IV	94.1%	5.9%	100%
Midwest	Count	41	20	61
	% of IV	67.2%	32.8%	100%
Southwest	Count	32	29	61
	% of IV	52.5%	47.5%	100%
Southeast	Count	25	16	41
	% of IV	61%	39%	100%
Northwest	Count	19	3	22
	% of IV	86.4%	13.6%	100%
Total	Count	149	70	219
	% of IV	68.0%	32.0%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	21.798	4	< 0.001	

National or Local				
Positive Frame - ACA is Constitutional				
		No Mention	**Mention**	**Total**
National	Count	137	50	187
	% of IV	73.3%	26.7%	100%
Local	Count	195	24	219
	% of IV	89%	11%	100%
Total	Count	332	74	406
	% of IV	81.8%	18.2%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	16.85	1	< 0.001	
Negative Frame - ACA is Unconstitutional				
		No Mention	**Mention**	**Total**
National	Count	132	55	187
	% of IV	70.6%	29.4%	100%
Local	Count	190	29	219
	% of IV	86.8%	13.2%	100%
Total	Count	322	84	406
	% of IV	79.3%	20.7%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	16.073	1	< 0.001	

Number of Full-Time Employees				
Positive Frame - ACA Extends Coverage to People Who Would Not Get Coverage Otherwise				
		No Mention	**Mention**	**Total**
135 to 250	Count	75	61	136

	% of IV	55.1%	44.9%	100%
400 to 750	Count	118	65	183
	% of IV	64.5%	35.5%	100%
1150 to 2500	Count	39	48	87
	% of IV	44.8%	55.2%	100%
Total	Count	232	174	406
	% of IV	57.1%	42.9%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	9.633	2	0.008	
Positive Frame - ACA Will Decrease Healthcare Costs and/or Spending				
		No Mention	**Mention**	**Total**
135 to 250	Count	118	18	136
	% of IV	86.8%	13.2%	100%
400 to 750	Count	175	8	183
	% of IV	95.6%	4.4%	100%
1150 to 2500	Count	73	14	87
	% of IV	83.9%	16.1%	100%
Total	Count	366	40	406
	% of IV	90.1%	9.9%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	11.755	2	0.003	
Positive Frame - ACA is Constitutional				
		No Mention	**Mention**	**Total**
135 to 250	Count	123	13	136
	% of IV	90.4%	9.6%	100%
400 to 750	Count	151	32	183
	% of IV	82.5%	17.5%	100%
1150 to 2500	Count	58	29	87
	% of IV	66.7%	33.3%	100%
Total	Count	332	74	406
	% of IV	81.8%	18.2%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	20.244	2	< 0.001	
Negative Frame - ACA is Unconstitutional				
		No Mention	**Mention**	**Total**
135 to 250	Count	123	13	136
	% of IV	90.4%	9.6%	100%
400 to 750	Count	138	45	183
	% of IV	75.4%	24.6%	100%
1150 to 2500	Count	61	26	87
	% of IV	70.1%	29.9%	100%

Total	Count	322	84	406
	% of IV	79.3%	20.7%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	16.448	2	< 0.001	
Ownership of News Organization				
Positive Frame - ACA is Constitutional				
		No Mention	**Mention**	**Total**
Private	Count	180	17	197
	% of IV	91.4%	8.6%	100%
Public	Count	152	57	209
	% of IV	72.7%	27.3%	100%
Total	Count	332	74	406
	% of IV	81.8%	18.2%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	23.649	1	< 0.001	
Negative Frame - ACA is Unconstitutional				
		No Mention	**Mention**	**Total**
Private	Count	174	23	197
	% of IV	88.3%	11.7%	100%
Public	Count	148	61	209
	% of IV	70.8%	29.2%	100%
Total	Count	322	84	406
	% of IV	79.3%	20.7%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	18.952	1	< 0.001	
Negative Frame - ACA Means Bigger/More Intrusive Government				
		No Mention	**Mention**	**Total**
Private	Count	130	67	197
	% of IV	66%	34%	100%
Public	Count	159	50	209
	% of IV	76.1%	23.9%	100%
Total	Count	289	117	406
	% of IV	71.2%	28.8%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	5.03	1	0.025	

Appendix 14. Content Analysis Significant Results for News Organization Characteristics – Sources

Significant Chi-Square results of news organizational characteristics and use of sources in stories about the ACA

Audience SES				
Business Representative				
		No Mention	**Mention**	**Total**
Low SES	Count	28	6	34
	% of IV	82.4%	17.6%	100%
Middle SES	Count	175	10	185
	% of IV	94.6%	5.4%	100%
High SES	Count	173	14	187
	% of IV	92.5%	7.5%	100%
Total	Count	376	30	406
	% of IV	92.6%	7.4%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	6.295	2	0.043	
Health Insurance Industry Representative				
		No Mention	**Mention**	**Total**
Low SES	Count	23	11	34
	% of IV	67.6%	32.4%	100%
Middle SES	Count	180	5	185
	% of IV	97.3%	2.7%	100%
High SES	Count	161	26	187
	% of IV	86.1%	13.9%	100%
Total	Count	364	42	405
	% of IV	89.7%	10.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	31.959	2	< 0.001	
U.S. Region (Local)				
Advocate (Supports or Opposes ACA)				
		No Mention	**Mention**	**Total**
Northeast	Count	25	9	34
	% of IV	73.5%	26.5%	100%
Midwest	Count	35	26	61
	% of IV	57.4%	42.6%	100%
Southwest	Count	56	5	61
	% of IV	91.8%	8.2%	100%
Southeast	Count	37	4	41
	% of IV	90.2%	9.8%	100%
Northwest	Count	19	3	22

	% of IV	86.4%	13.6%	100%
Total	Count	172	47	219
	% of IV	78.5%	21.5%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	27.212	4	< 0.001	
Business Representative				
		No Mention	**Mention**	**Total**
Northeast	Count	28	6	34
	% of IV	82.4%	17.6%	100%
Midwest	Count	60	1	61
	% of IV	98.4%	1.6%	100%
Southwest	Count	57	4	61
	% of IV	93.4%	6.6%	100%
Southeast	Count	39	2	41
	% of IV	95.1%	4.9%	100%
Northwest	Count	19	3	22
	% of IV	86.4%	13.6%	100%
Total	Count	203	16	219
	% of IV	92.7%	7.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	9.97	4	0.041	
Health Insurance Industry Representative				
		No Mention	**Mention**	**Total**
Northeast	Count	23	11	34
	% of IV	67.6%	32.4%	100%
Midwest	Count	61	0	61
	% of IV	100%	0%	100%
Southwest	Count	60	1	61
	% of IV	98.4%	1.6%	100%
Southeast	Count	39	2	41
	% of IV	95.1%	4.9%	100%
Northwest	Count	20	2	22
	% of IV	90.9%	9.1%	100%
Total	Count	203	16	219
	% of IV	92.7%	7.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	39.657	4	< 0.001	
National or Local				
Health Industry Representative				
		No Mention	**Mention**	**Total**

National	Count	161	26	187
	% of IV	86.1%	13.9%	100%
Local	Count	203	16	219
	% of IV	92.7%	7.3%	100%
Total	Count	364	42	406
	% of IV	89.7%	10.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	4.734	1	0.03	

Number of Full-Time Employees				
Advocate (Supports or Opposes ACA)				
		No Mention	**Mention**	**Total**
135 to 250	Count	97	39	136
	% of IV	71.3%	28.7%	100%
400 to 750	Count	163	20	183
	% of IV	89.1%	10.9%	100%
1150 to 2500	Count	63	24	87
	% of IV	72.4%	27.6%	100%
Total	Count	323	83	406
	% of IV	79.6%	20.4%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	18.583	2	< 0.001	
Researcher				
		No Mention	**Mention**	**Total**
135 to 250	Count	127	9	136
	% of IV	93.4%	6.6%	100%
400 to 750	Count	177	6	183
	% of IV	96.7%	3.3%	100%
1150 to 2500	Count	75	12	87
	% of IV	86.2%	13.8%	100%
Total	Count	379	27	406
	% of IV	93.3%	6.7%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	10.501	2	0.005	

Ownership of News Organization				
Health Insurance Industry Representative				
		No Mention	**Mention**	**Total**
Private	Count	183	14	197
	% of IV	92.9%	7.1%	100%
Public	Count	181	28	209
	% of IV	86.6%	13.4%	100%

Total	Count	364	42	406
	% of IV	89.7%	10.3%	100%
	Value	**df**	**Asymp. Sig. (2-sided)**	
Pearson Chi-Square	4.321	1	0.038	

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