

## **Public Relations Practitioners' Relationships with Media *and* Each Other as Moderators of Excellent Health Information and the Local Public Health Agenda**

Elizabeth Johnson Avery, Ph.D. and Ruthann Weaver Lariscy, Ph.D.

*This study addresses part of the process through which health news and information is produced, on routine health information topics, by focusing on the role of public information officers in public health agencies in disseminating health information and their working relationships with health journalists and each other. A cororientational approach was employed; 90 interviews were conducted with local public health information officers and the health journalists who cover their public health beats across the United States. Results reveal high convergence between PIOs and journalists regarding the importance of more routine health issues on the local public health agenda and somewhat disturbing insight into the availed resources and working relationships of practitioners at local, state and federal public health agencies with each other.*

### **Introduction**

The mission of the “Healthy People 2010” plan by the US government is to eliminate or reduce health disparities across all demographic sub-groups in the population (Healthy People 2010). While health crises—Avian flu, SARS, West Nile Virus, Anthrax attacks—rivet the nation’s media attention as they run their course, it is the more routine management of health and wellness issues that occupies the nation’s public health agenda in an ongoing way. Obesity management in children, smoking, alcohol and drug use prevention, diabetes management and high blood pressure medications are topical samples of a continuous cycle of public health information that a citizen may encounter in virtually any medium at any time. The public has a voracious appetite for health news and information, and public health entities and members of the media clamor to fill that need. From 1997-2000, news stories about health-care topics increased 34 percent (Brodie et al 2002). Popular online search engine Google reports accessing for its users more than 4,500 online news sources that report health information (<http://www.google.com/news?topic=health>). Medical breakthroughs, promising drugs, new treatment options and research findings dominate both print and broadcast media news stories (Viswanath 2006; Eggener 1998); a 2002 Project of Excellence in Journalism study reports that health is the single most popular beat in local television newsroom (Potter 2003).

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*Elizabeth Johnson Avery, Ph.D., is Assistant Professor of Public Relations at The University of Tennessee, [ejavery@utk.edu](mailto:ejavery@utk.edu).*

*Ruthann Weaver Lariscy, Ph.D. is Professor of Public Relations at The University of Georgia, [rlariscy@uga.edu](mailto:rlariscy@uga.edu).*

Yet the increase in quantity of health news and information does not necessarily mean that health information consumers are better informed or that the quality of the information they receive is uniformly good. In fact, there are times when the “yo-yo” phenomena in health reporting can leave interested persons more confused about what to do in a given situation than they were previously. This flip-flopping occurs, for example, when consumers are told in one report that a daily glass of red wine is good for them, and a month later a new research report tells them the opposite. Part of this reporting of differential findings can be attributed to the research process itself; part of it, however, is attributable to news reporting that emphasizes contradictory research results and too often reports factually incorrect information (Pribble et al. 2006).

This study addresses part of the process through which health news and information is produced, on routine health information topics, by focusing on the role of public information officers in public health agencies in disseminating health information. Public relations practitioners in public health play a vital role in subsidizing health news and serve as an important liaison between medical experts and journalists (Cho & Cameron, 2007). Yet, despite the crucial role public information officers play in the dissemination of health information and a 2001 call by Kurt Wise for more public relations research in public health, there is a dearth in scholarly literature in the area, particularly with regard to practitioners’ relationships with health journalists. It is important to explore these relationships within a public health context as they may differ from other source-reporter relationships in several ways. First, as Cho and Cameron (2007) note, the complexity of health information may impose nuances on these relationships that may not have been revealed in prior studies of source-journalist relationships. Further, health beats differ from other areas of journalism in that these writers depend more heavily on scientific findings and are under constant pressure to report timely, accurate health information (Weitkamp 2003); yet, few journalists covering health beats have any type of specialized training in health or medical fields (Tanner 2004). These factors may yield increased reliance of health journalists on PIOs compared to more general news reporters given these practitioners’ access to expert medical information. Such dependence gives health sources an inherent advantage when pitching a story idea (Tanner 2004).

Public relations practice in the public health arena has received some scholarly attention; most recently, Cho and Cameron (2007) identified five types of power practitioners working for public health organizations perceived in their relationships with the media: expert, information reward, coercive reward, information coercive, advertising coercive, and influence powers. Results of their study indicate perceived expert power correlates with media job performance and expertise in health, and, to a lesser extent, openness toward media and closeness with reporters. Cho (2006) also found that organizational stability and frequency of contact predicted expert power. In sum, maintaining strong relationships and transparency with media are critical to practitioners’ actual and perceived sense of power in media relationships (Cho & Cameron 2007). Cho and Cameron (2007) assert “additionally, coorientational studies using paired surveys of science/health reporters and their public relations sources would shed future light on the power dynamics and interactional nature of media

relations.” This research supplements that of Cho and Cameron (2007) and Cho (2006) and answers their call for coorientational studies in revealing how contact frequency and quality of relationships and available resources affect the public information officer-health journalist relationship. It also fills a true void in the literature as it provides theory-based prescriptions to improve the relationships between public information officers (PIOs) and the health journalists who cover their stories. In doing so, we highlight how important it is for these two groups to operate from mutual public health agendas to insure that publics receive excellent health information. Specific research questions were developed based on three previous studies and through the review of relevant literature.

### Pilot Studies.

Three pilot tests were conducted prior to this study. The results of these tests are reported elsewhere and are not the focus of the current investigation<sup>1</sup>. They were important steps, however, as they provided both depth discussions and descriptive survey answers from public health information officers and health journalists that revealed important areas for further inquiry. First, both qualitative interviews and a quantitatively analyzed survey of state public health information officers form the foundation for Study 1. Researchers then attended the national conference of the Association of Health Care Journalists, where interviews were conducted, a membership directory was obtained, and the forthcoming electronic survey was endorsed by the organization. The purpose of the depth interviews was to obtain understanding of PIOs' (public information officers) relationships with members of the media in their states and local communities, the dominant health issues in their areas, ongoing public information campaigns on which they work, and various communication strategies they utilize. From the 13 interviews, a survey instrument was developed and sent electronically to 50 state public information officers—identified from the membership directory as the communications campaigns contact person in the respective departments. Thirty-seven (37) PIOs returned the survey; although the numbers are small, the 74% response rate from this highly specialized sampling frame is evidence of their high interest and cooperation.

Findings from the preliminary study include identification of difficulties the information officers encounter in their relationships with members of the media, such as low attendance at public health press conferences, low media interest in ongoing health campaigns and issues, and high media interest in crises and disasters. The only ongoing campaign topic that a majority of PIOs indicated media would cover if asked, or provided with information, dealt with infant protection. The information officers in that study evaluated their relationships with the media positively overall but uniformly would like to see more interaction.

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<sup>1</sup> Lariscy, R.A., Springston, J., & Johnson, E.A., “National Survey of State Department of Health Public Information Officers,” a paper presented to the Public Relations division of the National Communication Association, Chicago, IL, November 2004; Lariscy, R.A., & Johnson, E.A. “Sources of Information for Health Journalists,” which was presented at the annual meeting of the National Communication Association in Chicago, November 2004; and, Lariscy, R.A., Avery, E.J., & Sohn, Y.J., “Health Journalists and Three Levels of Public Information: Issue and Agenda Disparities?,” presented at the International Public Relations Research Conference, Miami, March 2006.

Next, a pilot set of interviews/in-person surveys (Study 2) with 49 health journalists was conducted during the national conference of the Association of Health Care Journalists in March 2004. The purpose of these convenience-sample interviews was to clarify and refine both our research questions and our online survey instrument for the primary component of the third pilot test for the current study. Finally, an online (email) survey was conducted during the summer of 2004 (Study 3) with a systematic random sample of 800 names randomly drawn from the membership directory of the Association of Health Care Journalists. After eliminating responses from in-house corporate publication writers, Internet writers, and public relations persons, a valid sample of 188 health reporters was obtained. Taken together, the results of these three pilot tests informed the generation of measures and questions for the interview guide used in this study; they also revealed important gaps in the literature demanding further investigation.

### Literature.

Public information officers (PIOs) are variously defined as mediators, boundary-spanners, information conduits, and as existing on the margin between journalist and government agency or bureaucracy (Lee 2001). In health, as in other highly specialized fields, the public information officer performs a crucial role of boundary-spanning between the experts, with their often highly technical reports, and the media (Ankley & Curtin 2002). In developing his excellence theory, Grunig (1992) identified boundary spanners as individuals who maintain contacts with both internal and external groups and have as their responsibility to clarify the thoughts and needs of different groups to each other (Leichty & Springston 1996).

### Defining Excellence

In journalists' definitions of excellence there is no mention of public relations or discussion of public information (Pew 2006). The first principle states: "Journalism's first obligation is to the truth" (ibid). Democracy depends on citizens having reliable, accurate facts put in meaningful contexts. While journalism does not pursue truth in an absolutist sense, it must (according to the Pew Excellence project) pursue it in a practical sense. This "journalistic truth" is a process that begins with the assembly and verification of all facts for a story. Further, it is advanced in the online discussion of excellence (ibid) that journalists should be "as transparent as possible about sources and methods so audiences can make their own assessment of the information" (ibid). Accuracy is the foundation of journalistic excellence; the other important conditions (context, interpretation, comment, criticism, etc) fall into place when accuracy is paramount.

Public relations' commitment to excellence is articulated in excellence theory (Grunig 1992); the concept is quite different than journalists' definition. In the theory's seminal work, Grunig (1992) delineates eight broad principles that define what excellent public relations is. Excellent public relations is indicated by (1) communication is a

function valued by the top people in an organization; (2) public relations practitioners participate in strategic planning for organizational effectiveness; (3) practitioners perform a management (rather than technical) functions; (4) the organization practices two-way symmetrical decision-making; (5) the organization demonstrates knowledge of research and managerial functions; (6) activist pressures are present on the organization; (7) organizations' have a participative rather than authoritarian culture; and (8) diversity is embodied throughout the organization. The major premise of excellence theory, however, is that the value of communication in an organization primarily lies in its ability to build and maintain relationships with strategic publics (Grunig et al 2002).

In sum, both journalists and public relations practitioners aspire to excellence, although they define it distinctly from each other, and both seek to produce excellent news and information. However, some evidence suggests that the press releases written by practitioners in health are not perceived as excellent by science and health reporters. Weitkamp (2003) found that almost half of health journalists evaluated the news releases they received from public information officers as merely adequate or sufficient to assess whether a story will be seriously considered. Almost 40% of the sample indicated that news releases were void of news value, and 21% of the health journalists said that the releases were written poorly. Only 12% of Weitkamp's (2003) sample said that health news releases were generally well written. Most salient to this study, when asked how the value of public health information subsidies could be improved, almost half of the sample said the releases could be better targeted, and almost one-third of the sample said the news value could be stronger. This research seeks to reveal disparities in the ongoing public health campaign agendas' of journalists and public information officers, which ultimately affects both message targeting and perception of news value, and how these disparities affect the excellence of public health information publics receive.

Much has been written about the mutual interdependence of public information persons and journalists and the importance of cooperative, supportive relationships to the production of this excellent news (Lariscy, Avery & Sohn 2007; Sallot & Johnson 2006a; Sallot & Johnson 2006b). Some research indicates that the quality of the relationship between the supplier of the information subsidy and the journalist is the most critical determinant of message production and, ultimately, effectiveness (Cameron et al 1997; Turk 1986; Turk & Franklin 1987). Relationships between the two groups, while often characterized as mutually dependent, are often rife with conflict, strain, and sometimes as lacking respect, especially in journalists' regards of public relations persons (Sallot and Johnson 2006a; Shin and Cameron 2003; Sallot et al 1998). While some of these studies suggest ways to improve these relationships to enhance news production, there is somewhat scant evidence that change has indeed occurred. Given the strong public desire for health information and the importance of how timely and accurately they receive that information, research must identify how source-reporter relationships, resources and agendas may affect the quality of health information publics receive.

## Public Communication Campaigns

Recently several federal agencies in both Great Britain and the US have stated a renewed interest in achieving policy goals through persuasive public health information campaigns designed to change behaviors (Halpern & Bates 2004; IOMNA 2002). Public health campaigns, like the wider genre of their origin, public communication campaigns, use mass media, messaging and an organized set of communication activities to generate specific behavioral outcomes in a large segment of a population (Rogers & Storey 1987). They are a primary method of promoting positive health behaviors (eating right, exercise, getting mammograms) toward desirable outcomes for individuals and society (Weiss & Tschirhart 1994). Communication is central to these campaigns, and it is regarded by many as playing *the* critical role in advocating preventive health behaviors (IOM 2002; Edgar, Freimuth and Hammond 2003), in educating for early screening and detection (American Cancer Society 2004), and in promoting healthy lifestyle and behaviors (Snyder et al 2002).

Yet, all communication messages and all sources of health messages are not equally effective. In an overview of media use in health campaigns, Salmon and Atkin (2003) argue that the source of public relations messages is of highest importance and that such messages attain greatest media acceptance when sponsored by a highly credible government official or celebrity spokesperson. Echoing the relatively higher credibility of public relations messages that appear in news stories over paid advertising, PSAs, pamphlets and web page messages on the same issue, they indicate that health information that appears in informational news media has greater opportunity to influence beliefs about health consequences. In fact, around half of the United States population reports that the questions and concerns they express to their doctors are the result of something they saw, read or heard in news stories in the media (Tanner 2004); additionally, such messages are more likely to attract the attention of key opinion leaders, to exert an agenda-setting effect, and to ultimately impact policymakers (ibid).

## Levels of Bureaucracies

Public health, like many other government programs and initiatives, is organized at multiple levels (vertical structure, local-state-federal) and varies from state to state and region to region (horizontal structure). Consider the overt differences among relationships between small-town public health information officers and local media versus a representative of the Centers for Disease Control and Prevention and a national reporter with the *New York Times*. There are unique distinctions in these relationships based on hierarchical (bureaucratic) structure that are not reflected sufficiently in academic research or popular press. Lariscy, Avery and Sohn (2007) found that, although health journalists did not perceive any significant differences in the value of information subsidized by local, state and federal agencies, they were significantly more likely to initiate contact with local public information officers followed by state and then federal level PIOs. The authors of that study argue that a more

complex and thorough understanding of source-reporter relationships in the health context is needed and that a monolithic, “one-size-fits-all” type of media relations for public information officers is not adequate in the current health news environment to help produce news stories. Findings of the Lariscy, Avery and Sohn (2007) study also suggest some bureaucratic inefficiencies may interfere with source/subsidy-provider relationships. The current study continues to examine the flow of resources and relationships between practitioners at local, state, and federal health departments and health journalists.

Since the late 1960s some research in public administration and public health has sought to determine the government organizational/structural conditions under which public health needs are best accommodated (DeFriese, Hetherington, Brooks, Miller, Jain, Kavalier & Stein 1981; Miller, Brooks, DeFriese, Hetherington & Jain 1977). While the multi-faceted political and funding issues that impact public health decisions inherent in different states and different locales within the same state are beyond the scope of this study, it is important to note that in the second half of the 20<sup>th</sup> century the role of states and communities became one of “assisting the federal government in achieving *federal* objectives, instead of one using federal funds to achieve *state* and *local* objectives (Sundquist & Davis 1969; Agranoff 2001). The achievement of federal objectives in public health is highly dependent on establishing the issues from the national health agencies on the agendas of the state and local health agencies. General discussions of this larger issue are prevalent in public administration (Stevor 1993; Agranoff 1998). Further, the issue is far from “new,” having been intermittently debated in Congress for years (see: Federal-state-local Relations: Federal Departments and Agencies, Hearings Before Subcommittee, 1959, 1965, 1972, 1980). This issue of “who sets the public health agenda—the local community or the federal government—is one that is little touched upon in academic research (Lariscy, Avery & Sohn 2007).

### Research Questions

Based on the findings from the pilot studies and previous research on the relationships between public information officers and journalists, the two professions' definitions of excellence, the acknowledged importance of public relations sources' credibility in health messaging, and potential problems stemming from disparities in health agendas and bureaucratic inefficiencies, the current study examines the following research questions:

RQ1: Do public information campaigns perceived as important on the local public health agenda by PIOs receive written coverage by health journalists?

RQ2: How frequently do PIOs communicate with local media about important local public health campaigns?

RQ3: How frequently do PIOs initiate contact with local or state media about media coverage of a public health issue?

RQ4a: Are there perceived differences between local public health departments' relationships with state and federal public health departments?

RQ4b: Are relationships with state or federal health departments evaluated more positively by PIOs at local public health departments?

RQ5a: Are there perceived differences between quality of resources provided by state and federal public health departments to local PIOs?

RQ5b: Are state or federal resources evaluated more positively by PIOs at local public health departments?

RQ6: Are issues on the local public health agenda determined at the local level?

RQ7: Do local PIOs provide information subsidies to media as directed by a state or federal agency?

## **Methods**

Ninety interviews were conducted with local public health information officers and the health journalists who cover their public health beats in 12 US states plus the District of Columbia. States were purposively selected based on either a fairly recent public health emergency or (in several cases) convenience and accessibility to the researchers.<sup>2</sup> Interviews were conducted by eleven trained Masters and Ph.D. students.

A combination of methods was used to locate participants— searching Internet data bases, five communities were identified in each selected state that allowed the researchers to select communities that met the criteria of possessing both a local (town or county) public health department and a local/area daily newspaper. A modified snowball sampling technique was employed to recruit participants. First, from the Internet we obtained the email addresses and telephone numbers of both the newspaper and public health department offices. From cold contacts via either medium, once either a journalist or a public information officer was reached whose community met the above criteria, determination was made that the responding individual was in fact an appropriate subject (that is, s/he was either an information officer in a local or state-affiliated public health office who regularly deals with members of the media, or, s/he was a reporter in a metropolitan daily newspaper who was a primary individual at that newspaper who wrote public health stories).

If the individual was willing to participate, the interview was conducted via telephone or in some cases by email. The final question was “Could you provide me with a name or names of either (depending on respondent’s category) (1) a journalist at your community newspaper or (2) an information officer at a local, state, or federal public health agency/ that you have dealt with who might be willing to speak with me as

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<sup>2</sup> The twelve states include: Alabama, California, Florida, Georgia, Kansas, Missouri, New York, North Carolina, Pennsylvania, South Carolina, Texas, Virginia, plus the District of Columbia

well?” This method proved successful for generating a sample of which the majority are journalists and public health information officers who have in the past or do currently work together. It is important to note here that we intentionally sought newspaper reporters in communities where there are public health departments; we did not seek reporters who write for national audiences or those who write for magazines or other publications.

The completed sample size goal was 130, based on 10 interviews (50 percent journalists and 50 percent information officers) in 13 geographical areas. We achieved almost 70 percent of our goal using the modified snowball technique. The number of contact calls and emails made to achieve a successful interview varied widely by city/town and by interviewer. The completed sample well represents both groups under study, with slightly more PIOs than journalists. Interviews took place in July 2006. All data were entered into SPSS for analysis. This paper analyzes responses to a series of questions about public health campaigns, contact between the source and reporter, and the working relationships between Public Information Officers at local, state and federal bureaus.

## **Results**

Research question one was written to explore if public information campaigns perceived as important on the local public health agenda by PIOs were receiving written coverage by health journalists. PIOs were asked to indicate if a series of health issues, including mammograms/self-exams, tobacco use, obesity in children, obesity in adults, colon-rectal cancer, other cancers, drugs, alcohol, STDs, teen pregnancy, prevention of heart disease, health lifestyle promotion, infant/child protection, accident prevention, and environmental hazards, were important issues on the local health agenda. A “yes” reply was assigned a value of 1, and “no” replies were coded as a 2. Journalists were asked if they had written a story on any of the above issues in the past 12 months, with the same coding scheme applied to their answers.

A series of crosstab analyses with Pearson’s chi-square tests were conducted in SPSS to answer this research question. Interestingly, no significant differences emerged between the perceived importance by PIOs and subsequent coverage by health journalists on all but one health issue, local drug use [ $\chi^2(1) = 7.111, p = .008$ ]. Table 1 presents the results of crosstab analyses; subsequent analysis of means (see Table 2) revealed that PIOs reported that drugs were significantly more important as a public health issue (1.481) than journalists reported who had covered stories on drugs as a local community issue over the past year (1.514).

**Table 1: Results of Crosstab Analyses: Relationships between Perceived Importance of Public Information Campaigns by PIOs and Coverage by Health Journalists**

Issues	T	DF	Sig.
Mammograms	1.333	1	.248
Tobacco	2.061	1	.151
Obesity (childhood)	.001	1	.973
Obesity (adult)	1.261	1	.261
Colon Cancer	.092	1	.762
Other Cancer	.674	1	.412
Drugs	7.111	1	.008*
Alcohol	.206	1	.650
STDs	.514	1	.473
Teen Pregnancy	.007	1	.933
Heart Disease	.012	1	.912
Lifestyle	2.990	1	.084
Infant Care	1.418	1	.234
Accident Prevention	.009	1	.925
Environmental Hazards	.134	1	.714

\* Indicates a significant relationship.

**Table 2: PIOs and Journalists:  
Means for Importance of Issues on the Local Public Health Agenda**

<b>Issue</b>	<b>PIOs</b>	<b>Journalists</b>
Mammograms	1.264	1.514
Tobacco	1.132	1.432
Obesity (childhood)	1.076	1.243
Obesity (adult)	1.177	1.243
Colon Cancer	1.490	1.541
Other Cancer	1.388	1.162
Drugs	1.481	1.514
Alcohol	1.577	1.595
STDs	1.094	1.417
Teen Pregnancy	1.189	1.568
Heart Disease	1.250	1.171
Lifestyle	1.098	1.139
Infant Care	1.080	1.351
Accident Prevention	1.420	1.588
Environmental Hazards	1.154	1.389

To investigate research question two, public information officers were asked if “in the last month, has any media representative sought information from your office about any public health issue?” About 96 percent ( $n= 51$ ) of PIOs indicated they had been contacted by a media representative in the past month, and only 4 percent ( $n= 2$ ) indicated they had not. Interestingly, when health journalists were asked the same question (“In the last month, have you contacted your local public health department seeking information for a story you are covering?”), 81 percent ( $n=30$ ) answered yes and 19 percent ( $n= 7$ ) answered no. This difference—between PIO reports of media contact and journalists who reported contacting a public health department—was significant [ $\chi^2(1) = 2.898, p = .006$ ]. To further investigate research question two from the PIO perspective, public information officers were asked if—and how frequently—they had contacted a media representative in the past month regarding one of the public health campaigns listed above in response to the question “approximately how many times in the last month have you spoken or communicated with a member of the media on any of these issues.” The variable was analyzed by breaking frequencies into quartiles. The bottom 25 percent (those who had contacted journalists the least) made 3 or fewer media contacts in the past month. The 26-50 percentile contacted journalists between 4 and 6 times. The third quartile, 51-75 percentile, made between 7 and 20 contacts over the previous month. Finally, the highest quartile (76<sup>th</sup> percentile and above) had contacted journalists between 21 and 100 times over the past month. Table 3 presents all of the distributions and percents for each number of media contacts reported.

**Table 3: Number of PIO Media Contacts in the Last Month**

<b>Valid Number</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
0	3	5.7	5.7
1	3	5.7	11.3
2	2	3.8	15.1
3	8	15.1	30.2
4	3	5.7	35.8
5	5	9.4	45.3
6	5	9.4	54.7
8	1	1.9	56.6
10	7	13.2	69.8
12	2	3.8	73.6
20	2	3.8	77.4
21	1	1.9	79.2
25	3	5.7	84.9
30	3	5.7	90.6
40	1	1.9	92.5
50	3	5.7	98.1
100	1	1.9	100
<b>Total</b>	<b>53</b>	<b>100</b>	<b>100</b>

Research question three was written to reveal how frequently PIOs *initiated* contact with media about a public health issue to receive media coverage and is analyzed through responses to the question, “in the last month, has your office initiated contact with local or state media about a public health issue about which you wish to receive media coverage?” Answers were coded as follows: 1=yes, 2=no, and 3=uncertain. About 87 % of PIOs ( $n= 45$ ) indicated they had initiated contact with local or state media about a public health issue for which they sought coverage, and 7 PIOs (13.5 %) indicated they had not.

The next set of research questions sought to reveal the nature of the working relationships between practitioners at local, state, and federal health departments and the quality of information sources provided by PIOs at each level. Research question 4(a) asked if there were perceived differences between local public health departments’ relationships with state and federal public health departments, and research question 4(b) asked if relationships were evaluated as significantly more positively at either level. With 1 being strongly disagree and 5 being strongly agree, participants were asked to respond to the following statements: “Relationships between local public information officers and those at the state level are excellent” and “Relationships between local public information officers and those at the federal level are excellent.”

A series of paired-sample t-tests was used to reveal differences in the perceived quality of these relationships. There was significant difference between the excellence of the PIOs’ relationships with state and federal level public health departments [ $t(48) = 6.196, p = .000$ ]. To reveal which relationships were perceived more positively, means were analyzed. The mean evaluation of state and local public health departments’ relationships was higher ( $M= 4.082$ ) than the mean evaluation of federal and local public health departments’ relationships ( $M= 3.000$ ), which reveals that state-local relationships were evaluated significantly more positively. Next, a second paired-sample t-test was run to reveal if there were perceived differences between quality of resources provided by state and federal health departments to local PIOs and, if so, which were evaluated more positively by local PIOs. The relationship between federal and state PIOs’ evaluation as an excellent resource for local PIOs was significant [ $t(49) = 3.207, p = .002$ ]; the mean value for state quality as a resource ( $M= 4.100$ ) was lower than the mean value for federal agencies’ value as a resource ( $M= 4.560$ ). Table 4 presents the results of the t-tests, and Table 5 presents means for each variable.

**Table 4: Differences in Federal and State Relationships with Local Public Health Departments and in the Quality of Resources Provided**

Variable	Mean	T	DF	Sig.
State/Federal Relationships	1.082	6.196	48	.000*
State/Federal Resources	.460	3.207	49	.002*

\* Indicates a significant relationship.

**Table 5: Evaluation of State and Federal Relationships and Resources**

Variable	Mean	N	SD
State Relationships	4.0816	48	1.017
Federal Relationships	3.000	49	1.041
State Resources	4.100	50	.974
Federal Resources	4.560	50	.78662

Research question six was asked to reveal the extent of perceived local level control over the issues on the local public health agenda. PIOs were asked to respond to the statement “at the local level we can decide what issues need to have information put out in the community—it is not decided anywhere else,” where 1 indicated “strongly disagree” and 5 indicated “strongly agree.” Analysis of variable frequencies revealed that almost 37 percent of PIOs indicated they “strongly agree” with the statement, about 40 percent “somewhat agree,” 10 percent were neutral, and 12 percent of participants “somewhat disagree.” Interestingly, no participants indicated they strongly disagreed with the above statement. To expand research question six with research question seven, PIOs were asked to respond to the statements “As a local PIO, I provide information to the media as I’m directed to do so from a state agency” and “As a local PIO, I provide information to the media as I’m directed to do so from a federal agency” using the same 1 to 5 scale reported above. The relationship between the two variables, direction from a state and direction from a federal agency, was significant [ $t(46) = 3.436, p = .001$ ]; PIOs indicated that they subsidized more information to media under direction from a state agency ( $M = 2.936$ ) than a federal agency ( $M = 2.436$ ).

## Discussion

Given the proliferation of health news and public desire for it, the relationships between health reporters and public relations practitioners at public health departments demand increased scholarly attention. Public information officers must strive to align the local public health agendas of journalists with their own in order to insure their publics receive timely, excellent health information. Given that the majority of publics seek counsel from their doctors based on information they garner in news media (Tanner 2004), the agenda set by practitioners and news media clearly guide and set the local public health agenda. Tanner (2004) argues “how public relations frame their health message to the media may have a direct impact on the public health decisions made by people in the community” (p. 24). In addition to breakdowns at source-reporter relational levels, disparities between issue and campaign agendas may plague the dissemination of quality health news. Thus, PIOs are charged with both maintaining healthy and productive media relationships as well as striving to coordinate the source-reporter agendas in the interest of public health. Previous research (Lariscy, Avery & Sohn 2007) has revealed divergent agendas relating to health crisis issues—specifically avian flu, bioterrorism and SARS—with significant disparities between PIOs’ and journalists’ perceived importance of issues on the local agenda. These troubling findings suggest that incongruous agendas may impair the practitioner’s reach to publics with health information.

This study sought to extend that body of work to more routine health issues, including mammograms/self-exams, tobacco use, obesity in adults and children, colon-rectal cancer, other cancer, drug use, alcohol abuse, teen pregnancy, prevention of heart disease, health lifestyle promotion, infant/child protection, accident prevention and environmental hazards, to reveal if issues perceived as important to the local public health agendas by PIOs are perceived as similarly important and thus receiving written coverage by health journalists. The results of this study are somewhat encouraging for practitioners in public health; they reveal high convergence between PIOs and journalists regarding health issues that could be considered serious yet more day-to-day than larger scale health crises. Journalists and PIOs reported significantly different agendas only with regard to local drug use among all of the local public health campaign topics analyzed.

Interestingly, PIOs recognize local drug use as a significantly more important health issue than do journalists. Stories of drug possession and abuse seem to make their way into the news on a daily basis. Perhaps journalists, in the face of such ‘dramatic’ routine coverage, begin to regard some health issues (with less perceived immediacy and severity) as almost mundane in comparison. Further, Tanner (2004) revealed several factors that work in concert to determine if journalists will cover a particular story; audience interest, provision of video opportunities, and ability to humanize the story with personal anecdotes were the most influential determinants. This suggests a challenge for PIOs who must convince journalists not to prioritize novelty or personalization at the expense of severity in identifying key issues on the local public health agendas. Of course, further complicating the picture, formidable

obstacles are imposed on the public relations practitioner in his or her attempt to humanize a story or provide video opportunities, given the privacy concerns surrounding personal health and medical issues and the understandable public desire to protect that privacy (Tanner 2004). Taken together, however, these results indicate that, while they may have different definitions of excellence, PIOs and journalists do indeed share a commitment to providing quality health stories on health campaigns. The congruity of perceived importance of routine health issues is encouraging; however, these results should be consumed with cautious optimism given the incongruity revealed in the Lariscy, Avery and Sohn (2007) study. Although journalists and practitioners report convergence on setting mutual agendas at the local level for these campaigns, disparity in perceived importance of health crises suggests a breakdown potentially detrimental to public health. In the face of health emergency, publics cannot afford for PIOs and health journalists to operate from divergent agendas, compromising the excellence of health news.

Another intriguing finding from the current study is that the vast majority of PIOs (95%) reported they have been contacted by a media representative in the past month. Interestingly, however, and perhaps yet another indicator of source-reporter relational breakdowns, only 81% of journalists report contacting a practitioner in the same time period, and this difference in contact was statistically significant. Even though they seem to be operating from relatively harmonious agendas, journalists may be reticent to report contact with PIOs. Conversely, PIOs may be overly optimistic in their reports of journalists contacting them. Future research should explore which bias holds true. Quite encouragingly—unless indicative of another bias—PIOs seem to be actively communicating with journalists who cover their local health beats. More than 25% of PIOs in the study report contact with a journalist between 21 and 100 times per month. Even the middle quartiles indicated they communicate with journalists between 4 and 20 times each month. However, the lowest quartile was not maintaining strong lines of communication with health journalists in their communities; one quarter of PIOs in the study initiated three or less contacts per month. On the whole, however, the vast majority of PIOs report initiating media contact in the past month to receive coverage on a local public health issue. Tanner's (2004) study revealed that journalists are most likely to cover a health story if someone personally contacts them with a story idea; in fact, journalists agreed that personal contact is the number one tactic practitioners can use to get their stories on the air. Thus, practitioners must not only contact journalists frequently and maintain strong relationships but may be well advised to initiate personal contact when pitching health stories. Given the highly technical nature of health and medical writing, perhaps email is not the best medium for conveying health stories with the critical human element. Taken together, these results indicate local public health department PIOs are fairly proactive in seeking media attention; however, the jury is still out on the extent to which health journalists are seeking out and using information from local PIOs in their stories.

The next set of research questions was asked to reveal the working relationships between practitioners at local, state and federal health departments and the quality of information sources provided by PIOs at each level. Source-reporter

relationships and the working models practitioners implement with reporters and publics continue to garner much scholarly attention. This study advances a new stream of research by analyzing the relationships between PIOs at local, state and federal public health departments. Certainly, the excellence of information that flows top-down and bottom-up among practitioners at different levels in public health departments will be contingent on the quality of their working relationships, in much the same way that source-reporter relationships influence the quality of information subsidies and media coverage of news releases (Sallot & Johnson 2006a).

However, scholars in public relations have not paid sufficient attention to this issue. This paper argues that practitioners at local, state and federal levels must practice a two-way symmetric relational model in order to yield the most excellent health news and information to their publics; these relationships must be mutually beneficial for practitioners, be they at large or small health departments. This idea may be met with some resistance, however; Grunig and Grunig (1992) note that the dominant coalition—in this case perhaps practitioners at large federal agencies—may perceive the approach as a threat to their authority. Further, PIOs at federal levels may be reticent to practice this model with local public health department practitioners as it may impair their ability to most hastily meet bureaucratic objectives and expectations. Yet, PIOs must conceptualize their colleagues in public health at all levels as critical publics as they strive to practice this normative model in their relationships with each other.

To illustrate, first, this study revealed a significant difference between the perceived excellence of relationships of local public health department practitioners with state and federal PIOs; state-local practitioner relationships were evaluated as significantly more positive than relationships between practitioners at the local and federal levels. Yet, the perceived quality of resources provided by practitioners at the federal level was evaluated as significantly better than the quality of resources yielded by practitioners at the state level to local PIOs. Thus, it seems that the local-state working relationships are more positive although federal practitioners are perceived as a more valuable resource. Ideally, no relational or resource disparities would exist, and channels between practitioners at all levels would be equally strong.

Further, PIOs were asked to respond to the statements “As a local PIO, I provide information to the media as I’m directed to do so from a state agency” and “As a local PIO, I provide information to the media as I’m directed to do so from a federal agency.” The significant relationship between responses to the two statements revealed that PIOs were subsidizing more information as directed by a state agency. This result is certainly indicative of the bureaucratic shift in public health objectives and truly reflects a top-down chain of command. It seems that federal PIOs are setting the agendas of practitioners at the state level and then, in turn, the local level. Inasmuch as local and state public health departments are to assist the federal government in achieving *federal* objectives, instead of using federal funds to achieve *state* and *local* objectives, and the achievement of federal objectives in public health is highly dependent on *establishing* the issues from the national health agencies on the agendas of the state and local health agencies, the results of this study seem to highlight some

important ramifications of the bureaucratic shift and a need for practitioners at public health departments to practice the two-way symmetrical model.

Federal agency practitioners' attention may be deflected to setting the agenda at the state and local levels to further their own objectives instead of keeping salient issues at the forefront of *local* agenda-setting. Future research should investigate the variables underlying any deficiencies in the state-federal practitioner relationships and in state public health departments' availed resources. As federal agencies (NIH, CDC) have the greatest access to the highest quality of medical information, their relationships with local public health departments must be strengthened to maintain and improve the flow of communication between the two levels of practitioners.

One limitation of this study is that its scope limited participants to practitioners at local public health departments; future research should test these variables with PIOs at state and federal levels to extend these results and possibly reveal new moderators of resources and relationships among practitioners at each level not disclosed in this study.

Further, the bureaucratic shift in objectives may be indicative of broader level concerns for practitioners at local levels, particularly in lesser-funded rural health departments. Certainly, messages from health departments in more metro areas will have more clout at the top level; if local level agendas are to remain on those of the federal practitioners, there must be no disparity in the outlet or strength of each voice. Thus, it seems that practitioners must practice excellence in their communication with each other. The model must be based on two-way symmetrical communication despite the barriers that bureaucracy imposes on those relationships. Practitioners must conceptualize their colleagues at other levels of public health departments as publics whose agendas are completely integral to the overall objective of public health and wellness. Surely, as practitioners we must practice what we preach with both our publics and each other. Feedback and dialog will set the most active and excellent mutual agendas in the best interest of public health—be they at the local, state or federal level.

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