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Title

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Permalink

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Journal

Jacobs Journal of Community Medicine, 2(2)

Authors

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Publication Date

2024-01-20

Peer reviewed

Research Article

Messaging to the Messengers: An Ethnographic Study of Latino Ethnic Media and Health Reporting in the Los Angeles Community

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Received: 09-12-2016

Accepted: 10-17-2016

Published: 11-09-2016

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Introduction

The importance of the media in health messaging

The media perform an important function—informing and influencing the societal agendas of citizens, community leaders, and policy makers, simultaneously. Media coverage of health topics has been shown to influence public agendas and encourage actions at the policy and community levels [1-5]. Studies in public agenda-setting theory demonstrate that issues which the public thinks are most important are strongly influenced by media exposure and content [6-8]. Multiple studies have delineated the media's power for settings agendas around issues like communication of health risks, marijuana use, chronic kidney disease, and emergency preparedness [9, 10]. These studies point to a link between media agenda setting and the production of applicable legislation, policy and health programming.

The gaps in our understanding of the media—what is lacking?

Poor knowledge about health and wellbeing are related to health disparities, but are often overlooked as insignificant contributors. Ethnic minorities are more likely (than whites) to be victims of preventable, detectable, and treatable diseases, and the benefits of tailored outreach are sorely unexplored [11, 12]. While a great deal of creative and useful research is examining how to create more effective communication strategies and messages, the "Knowledge Gap Hypothesis" model calls for a systematic examination of how social class, race and ethnicity should influence communication strategies in news and health promotion media messaging [11, 13]. Gaining this understanding can have significant implications for the development of more effective health education campaigns for these vulnerable groups, especially among those that remain outside the reach of a complicated health care system and experience

“communication inequality” [11-13].

Filling the gap- approaches to communication inequality

Working with ethnic media is a way to address this communication gap. Ethnic media is defined as communication directed towards a specific ethnic group and often written or broadcast in a language native to the group. Content analyses suggest that health communication differs between mainstream and ethnic media outlets for several reasons [14]. Mainstream media organizations are generally larger, more likely to report scientific research, and have the resources to support trained medical and science reporters. Smaller outlets are more likely to report human-interest stories and to lack the resources to support robust medical and science reporting [15, 16].

Moreover, ethnic media serve a different role than do mainstream media. Ethnic media producers believe their role is to focus on culturally distinct aspects of the news [17, 18]. Given the homogeneity of their audiences, ethnic media outlets may be more likely to discuss health risks and health disparities that are highly salient to their readers. Alternatively, certain beliefs that are widely held among particular ethnic groups, like Latinos, such as cancer fatalism or the taboo nature of discussing cancer, may influence portrayals about such medical issues in ethnic media. As an approach to addressing communication inequality, the next wave of research in health communication must specifically understand how ethnic media function in order to become better partners in health messaging for vulnerable communities.

This multi-stakeholder, multi-venue media case study used a purposive sampling technique to select Latino media reporters and editors to participate in individual in-depth, semi-structured interviews aimed at 1) describing Latino ethnic media’s mechanism to report on health information when covering health issues for their Latino audience, 2) identifying Latino journalists’ perceptions and reporting practices along the continuum of cancer, as a model for stories reflecting issues across the health care system, and 3) examining Latino media’s perceived role and perceptions of the Latino audience, and how these impressions influence the production and angle of health information stories. This study contributes to a key gap in studies of health communication-- understanding the messaging system of Latino health news from the perspective of the ethnic media, a group who crafts messages for a minority population.

Methods

Community Context

This formative study arose from a Los Angeles community-based campaign about cervical cancer prevention for Latinas (CMA Foundation’s Cervical Cancer/HPV Project). Com-

munity discussions with local journalists pointed to a need for better partnerships between health organization and local ethnic media. We interviewed Latino media journalists about their health reporting experiences.

Participant Recruitment

New America Media (NAM) is the country’s first and largest national collaboration and advocate of 2000 ethnic news organizations. Journalists based in Los Angeles were identified for potential interviews through New America Media’s southern California leader network, by way of the aforementioned community campaign.

Participants were recruited by invitational email (Spanish and English) from the list New America Media assembled. Participation criteria were: 1) self-identification as a journalist and 2) having published a health information story in a Latino venue in the last year. Emails were sent in English and Spanish. Overall 101 contacts were identified for possible interview, and 79 e-mails to 79 journalists went through (no “bounce-backs”). Thirty-three interested journalists of the 79 responded back (42%). By the end of the study, 27 journalists had completed an interview between May and October 2011.

Setting

Interviews took place over the telephone, lasted an average of 60 minutes and were audio-recorded. Given the unpredictable nature of a journalists’ schedule, telephone interviewing was a convenient and cost-effective arrangement.

Semi-structured interviews were conducted based on a detailed protocol script. Open- and close-ended questions were combined with other systematic techniques such as free listing, compare/contrast questions, and health-story process vignettes. The principal investigator or a trained research assistant (who are bilingual English-Spanish speakers) conducted all interviews. The interviewed journalists were mailed a \$25 Starbucks gift certificate in appreciation of their time.

Interview Script

Interview items were partially based on a survey instrument developed for the National Cancer Institute’s national survey of US health and medical science reporters and editors and from prior studies exploring similar the topics of health-disparities reporting with local mainstream media [14]. The interview questions were also informed by discussions with study partners.

The interview guide was composed of four primary domains: 1) The interview began with an assessment of how the system of health reporting worked in the Latino media 2) Next, they were asked about specific case vignettes/examples of health stories that journalists were part of, and also about

cases where they were unable to complete the story 3) The next group of questions focused on Latino media’s perceptions about their mission when reporting on Latino health 4) The final set of questions asked about the relationships between health organizations and media partnerships.

The guide was pre-tested in Spanish and in English with 3 Latino journalists from New America Media (our community partner) to assess the appropriateness of length and format, as well as the clarity and scope of questions. The guide was amended until a final version was agreed upon between the UCLA study team, the CMA Foundation and New America Media.

Data Analysis

All interviews were digitally tape-recorded and notes were taken during each interview encounter. The audio files and field reports of each telephone interview were used for analysis. We employed the qualitative data management software, ATLAS.ti Version 6, for initial data organization of journalists’ responses during the interview.

The multi-stage exploratory analysis began by independent reviews of the recordings of conversations and the interview notes to document/transcribe statements with core content. Next, the PI and 2 RA’s went through the core content iteratively, developing a consensus codebook that corresponded to the main topics found in interviews. Codes that described the issues raised during the encounters fell into two thematic areas: “process of health story” and “factors”.

Having completed the encounter codebook, the team returned to the documented core content and used the management software (ATLAS.ti) to mark places where each code occurred in the transcribed interview material. To assure that we captured all instances of a particular topic, two coders read the material, marked the text independently, and compared coding for quality assurance. Inter-rater reliability was assessed for each of the assigned codes using Cohen’s kappa, calculated in Stata statistical software, version 11 (StataCorp, College Station, TX); an iterative coding and analyzing process was used until kappa values were deemed acceptable (at least 0.60). The analysis team collaboratively chose the most representative quotations for each theme.

Verbal consent was obtained before each interview over the phone by the interviewer. Our research was approved by the University of California Los Angeles’ institutional review board (IRB). All procedures followed were in accordance with the ethical standards of the IRB and the Helsinki Declaration of 1975, as revised in 2000.

Results

Participants

A total of 27 individuals with a mean duration of 16.2 years of journalistic experience participated in the interviews. Table 1 describes the group by our stratification variables. The production of health stories by journalist varied widely: from 2 in the last year to 5 health stories per week.

Characteristic	N (%)
Mean Age	42.9 (SD 10.1 years)
Male	12 (48)
Reporter, Editor	15 (56), 12 (44)
Print, Internet, Television, Radio	8 (30), 8 (30), 6 (22), 5 (18)
Foreign-born	20 (74)
Mean Time since immigration if Foreign-born	20.6 (SD 8.5 years)
Spanish as language of personal preference	14 (52)
Spanish as reporting language	20 (74)
Specialization in health stories	16 (59)
Mean Time of reporting experience	16.2 (SD 7.5 years)

Table 1. Descriptive Characteristics of N=27 Latino Media Journalists

Framework

To put the resultant themes in context of a main framework, we present story process and factor themes. Process events are defined as commonly identified action steps in story production, which were concrete and specifically important in achieving the health story. Here, we focus on story factors: barriers or facilitators that influence the production process of the potential story (Figure 1). Early factors influenced “Awareness of health topics” and “Story identification.” Latter factors influenced the subsequent phases of story process: “Decision to do story” and “Development of story idea.”

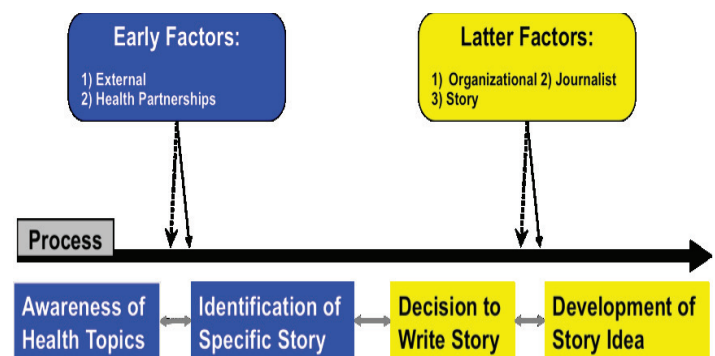


Figure 1. Latino Media Story Framework: Factors and the Process of the potential story

Early Factors- External factors and Health-Communication Partnerships

External factors included availability of Latino-tailored health statistics, perceived social/cultural stigma about certain types of health issues (limiting interviewees for a potential story), events (health fairs, awareness month for a certain health issue), geography (whether the health story is relevant to the local community), and time/urgency (journalist perception of what Latinos need to know now).

Health-communication partnership factors centered on connections, and ways to improve the relationship between the health and journalism worlds. This included statements addressing communication and professional interaction between health professionals and journalists, community outreach by medical/health institutions, the sometimes restrictive gate-keeping by public relations firms for health organizations, and the sponsorship of health stories by medical organizations (receiving a grant from a health organization to be able to dedicate more time to health stories).

Journalists who had a health beat and/or some sort of health-journalism training experience focused on the support for more health journalism fellowships. They saw fellowships as good investments in the production of future quality health information, especially among smaller community journalists who may not have as many health contacts, health information resources, or formal educational experience.

Latter Factors- Organizational

Latter factors influenced the decision to do the story and the development of the story idea. In terms of organizational factors, mission of the organization, and the finances surrounding the organization were important contributors. Journalists noted that a community-serving ethos is more prevalent among smaller and local venues- common in ethnic media. Statements on organizational finances outlined the tensions between meeting a community health mandate and meeting a "bottom line." Journalists expressed that they would like more patience from medical professionals (i.e.- being more flexible about things like interview times/locations) given the limited journalist work staff and resources that they could dedicate to health stories.

Latter Factors- Journalist

On the journalist level, education, resources and journalistic mission were discussed. Journalist education encompassed barriers like journalist health literacy and language (comfort with complex health materials and ease of translation of medical information from English to Spanish). Resource issues such as lack of access to health institutions (health experts and culturally-tailored health materials) were frequently cited as

a cause of walking away from good stories. One reporter commented on the lack of qualified bilingual experts:

"A lot of our experts are like doctors that have their own little practices in Southgate and in the valley, that are not necessarily the best experts to be talking about those issues. But because they give us the access...the results we need, that's who we end up going with. I think that the Spanish media in our community has created these well-known figures that are not really high-profile doctors..."

Factors around journalistic mission centered on the way that Latino ethnic media envisioned their role towards their audience and how that affected story production about health. This included: 1) fulfilling a responsibility, 2) community identification 3) community voice 3) providing a platform for the Latino community that is not available in mainstream media (filling a gap) 4) maintaining the trust of the community and 5) being a bridge between the Latino generations. One reporter touched upon many of these facets:

"The mission is to educate my community; the mission is to inform my community. The mission is to avoid that many people die because they don't have the right information, or because lack of awareness...and to humanize our community. The mainstream...have the power but our community is of no interest to them. We have the numbers, but not the education, so the numbers don't have the power."

Latter Factors- Story

Story factors focused on content and style. Content codes were about choosing content with immediately useable and beneficial information and content that portrayed their targeted demographic. Content choice focused around covering health topics for Latinos that were not perceived as being served in the mainstream media:

"It has to be useful; you can just be repeating the copy that came out somewhere else. The source may be the same for the English channel, but we have to give it a concrete focus for our community...needs to be focused into a tool that is useful and can save a life. The mainstream doesn't guide them: and us, in addition to informing, we try to guide with advice or by listing resources on where people can go."

In terms of health information, journalists gravitated towards stories with a public health or prevention message, with perceived impact. They highlighted content with everyday relevance: stories about common everyday health issues for Latinos. At the forefront of these content discussions are "Latino intersections"...health stories with characteristics or angles around a priority issue to the Latino population. This included choosing health stories with hooks on socioeconomic status (SES), disparities, immigration, family and culture. One young female print reporter described writing a cervical cancer story

in order to address sexual taboos about HPV and also to break the fear of cancer diagnosis and treatment. But she noted how the family angle played into her story:

“...if the message is you can save your daughter’s life, or keep her ability to be a mom in the future...the Latino audience will be receptive to that idea, the message that ‘this is a way of taking care of your family and strengthening your family bond...and that it can be simple and there are resources for you to do that.’”

Another reporter used a similar example:

“...for example ‘Take care of yourself against influenza’...but the message for Latinos is different. It has to be ‘This illness can affect your family, your job’...related to the family unit. Everything revolves around our family.”

In terms of story style, journalists mentioned the use of setting the story in a familiar setting (a community health center, a non-sterile looking or sounding environment) to increase audience comfort with the story. Journalists mostly centered on stories conveying personal reality: having a patient face to validate a story or the existence of a disease/health problem, as well as representation of community members and health experts that look like they come from the community (trusted expert). This was highly noted among the TV group. One TV reporter noted,

“You need regular everyday people in stories ‘Oh that is just like my Tia (aunt).’ Latinos are wary of doctors because if they had a bad experience, it is hard for them to forget. So you need to hear from someone that looks like someone you know and trust.”

Story packaging with simple, repeatable messages was commonly mentioned as important. One Spanish radio editor stated that he tried to keep the format of his show similar to Latin American stations, as close to the way he imagines it is done in his audience’s home country so they recognize it and feel familiar with the format, but with content that is new to them. One negative attribute mentioned was having too much technical jargon. One female internet reporter said,

“When you talk about the numbers and stuff like that, that’s how I feel most health problems are reported...you totally forget about it. But if you can show how the problem might make you infertile or affect your marriage, then people can relate to the problem.”

Discussion

Health communication is vital to transmitting important knowledge and promoting wellbeing. It is already established that Latino populations differ in terms of their trust in and use of health information sources in the media, compared from

other populations [19]. Working with ethnic media outlets is a critical element for reaching out to broad racial and ethnic minority groups like Latinos. Our Latino media conversations highlight three key strategies that should be developed: 1) seek out and partner with Latino media 2) bundle and pitch health stories and 3) make existing health information stories more impactful and effective. First, health experts should identify and partner with ethnic media and help to provide more Latino-relevant and Spanish health resources. As mentioned by one reporter, this can be as simple as going to the local larger Latino media source (such as Univision) and asking for the list of local Latino ethnic media; or as well going to an organization like New America Media and asking for the contact information for local ethnic media.

Health care organizations should also make concerted efforts to provide more regular, conscious and directed reports about Latinos (and Latino intersections) to these journalists. Rather than sending blanket emails about topics such as influenza season and vaccination, providers can be useful in helping to frame specific angles that will make the health stories engage their communities. Information should be conveyed to Latino media journalists in a manner that is tailored to a Latino context, and communication between providers and journalists should be frequent and timely. This will enhance the journalists’ awareness of health topics and identification of story idea process points, which will then lead to more health information stories being published.

Knowing that many of these journalists use English as a second language, information should also be provided in Spanish. The journalists will be more comfortable running the story if they don’t have to translate health information from English. We must provide patients from the community to interview (“people who look like my Tia”), health experts from the community who speak the language, look like they come from the Latino community and can relate the medical language to the everyday life of the audience member. As we learned from our conversations, many stories died when the reporter or editor could not find the “trusted expert” or the “face to the disease” that they needed to deliver an important health message or tell an important health story.

Finally, we can better deliver our own media health messages by learning from the way ethnic media packages a story: understanding the cultural hook, framing health issues around family, and other issues of priority to Latinos. One of the main take-away points that journalists made clear was that they saw their job as a mission towards providing beneficial and useable information. Thus, providing actionable, useable and direct information in any health message for Latinos is valued by these journalists and could better facilitate production of a health story. The Latino media are unique in that they see themselves as a mechanism of change and civic engagement in their communities—and these perceptions also impact the storyline process.

There are limitations to this exploratory, qualitative study. The current project is a preliminary study. This project was designed to evaluate Latino ethnic media journalists' perspectives, awareness and barriers on reporting on the health issue of Latinos, and across stories along the cancer care spectrum-- specifically to enhance Latino media health communication around cervical cancer prevention in Latina women living in Los Angeles county. The study therefore deals with a somewhat specific health topic, and is based on a small convenience sample of Latino ethnic media in Los Angeles; the results may not be entirely generalizable to other media populations, health campaigns or geographic regions. Give given a longer and broader study (more data points collective perhaps over a more geographically expansive sampling), future research in this area will produce detailed insight of relevance to mapping public-private partnerships that optimize health outcomes within ethnic communities. However, in reporting of these qualitative conclusions, one nevertheless garners useful immediate notions for health awareness strategies (to be augmented by future, broader, studies).

In terms of other limitations, a comparison control group or matched cohort (group from the mainstream media or another ethnic media group) was not included in the design of this study. However, results of specific domains can be compared to prior literature results to assess for consistent themes and experiences of Latino ethnic media versus other journalist populations. These findings were also utilized for the development of a Latino media toolkit within our aforementioned communication campaign about Latina cervical cancer prevention. Similar toolkits (guiding providers on how to effectively engage ethnic media) have appeared following the roll out and enrollment process of the Affordable Care Act (ACA), responding to a demand to reach out to communities of color who lacked health care insurance [20, 21].

In conclusion, it is important to understand how ethnic media can best educate and mobilize the Latino audience to action with regards to healthy living. Ethnic media communicators offer an important avenue for health information delivery to a vulnerable group in the United States, where people may live outside the health system and obtain their health information from non-medical sources. One experienced reporter said it best: "If it's a turn-key type of deal, it will certainly be easier for you [the medical world] to get these stories published, get what you think is important information out to our community...kind of figuring out what are the limiting factors for us. I'm not saying to do the whole job for us, not at all, but let's work together to develop a consistent and streamlined process to get the key elements together." Only then can we chip away at the issue of "communication inequality" and better address health disparities in this population.

References

1. McCombs M, Shaw D. The agenda-setting function of mass media. *Public Opinion Quarterly*. 1972, 36(2): 176-187.
2. Gans HJ. *Deciding what's news: a study of CBS Evening News, NBC Nightly News, Newsweek and Time*. New York: Pantheon Books. 1979.
3. Kitzinger J, Reilly J. The rise and fall of risk reporting: media coverage of human genetics research, 'False Memory Syndrome' and Mad Cow Disease'. *European Journal of Communication*. 1997, 12: 319-350.
4. Larsson A, Oxman AD, Carlineg C, Herrin J. Medical messages in the media- barriers and solutions to improving medical journalism. *Health Expect*. 2003, 6(4): 323-331.
5. Hodgetts D, Chamberlain K, Scammell K, Karapu R, Waimarie NL. Constructing health news: possibilities for a civic-oriented journalism. *Health*. 2008, 12(1): 43-66.
6. Dunwoody S & Griffin R. Structural pluralism and media accounts of risk. In D. Demers & K. Viswananth, eds. *Mass media, social control, and social change*. Ames: Iowa State University Press. 1999: 139-158.
7. Iyengar S & Kinder DR. *News that matters: Television and American opinion*. Chicago, IL: University of Chicago Press. 1997.
8. McCombs M. *Setting the agenda- The mass media and public opinion*. Malden, MA: Blackwell Publishing, Inc. 2004.
9. Chapman S, Lupton D: *The fight for public health: principles and practice of media advocacy*. London: BMJ Publishing. 1994.
10. *Healthy People 2010*, US Dept of Health and Human Services, 2000.
11. Viswanath K, Emmons KM. Message Effects and Social Determinants of Health. *Journal of Communication*. 2006; 56(S1): S238-S264.
12. Taylor-Clark KA, Mebane FE, SteelFisher GK & Blenchdon RJ. News of disparity: Content analysis of news coverage of African American healthcare inequalities in the USA, 1994-2004. *Social Science & Medicine*. 2007, 65(2): 405-417.
13. Amzel A, Ghosh C. National newspaper coverage of minority health disparities. *Journal of the American Medical Association*. 2007, 99(10): 1120-1125.
14. Stryker JE, Fishman J, Emmons KM, Viswanath K. Cancer risk communication in mainstream and ethnic newspapers. *Prev Chronic Dis*. 2009, 6(1): A23.

15. Nelkin D. *Selling science: how the press covers science and technology*. New York (NY): W.H. Freeman, 1995.
16. MacDonald M, Hoffman-Goetz L. Cancer coverage in newspapers serving large and small communities in Ontario. *Can J Public Health*. 2001, 92(5): 372-375.
17. Kreuter MW, McClure S. The role of culture in health communication. *Annu Rev Public Health*. 2004, 25: 439-455.
18. Viswanath K, Arora P. Ethnic media in the United States: an essay on their role in integration, assimilation, and social control. *Mass Communication and Society*. 2000, 3(1): 39-56.
19. Clayman ML, Manganello JA, Viswanath K, Hesse BW, Arora NK. Providing Health Messages to Hispanics/Latinos: Understanding the Importance of Language, Trust in Health Information Sources, and Media Use. *Journal of health communication*. 2010, 15(Suppl 3): 252-263.
20. Enroll America. *Engaging Ethnic Media to help spread your message*.
21. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2012 and 2013 Current Population Survey (CPS: Annual Social and Economic Supplements).