FRAMING THEORY, AGENDA BUILDING AND INFORMATION SUBSIDIES: USING THE THREE PARADIGMS OF THE ZOCH AND MOLLEDA MODEL OF MEDIA RELATIONS IN ASSOCIATION PUBLIC RELATIONS

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CHAPTER 1

Introduction/Statement

Framing theory is consistently applied in political science and nonprofit management literature. Its theoretical underpinnings are in mass media communications theory however, with application in public affairs, public relations, and other disciplines. Agenda building, the extension of agenda setting in media relations, and the concept of information subsidies are theories in mass communications, also.

A review of the literature on agenda setting, agenda building, information subsidies, and framing theory shows a strong relationship between the process of agenda building and information subsidies, and framing theory. As Zoch and Molleda (2006) point out “it became obvious ... that each of the areas overlaps the other in informing the practice of media relations” (292).

Message framing in communications is an essential part of the government relations efforts of association public policy committees. And among nonprofit and social service organizations, media advocacy and social marketing is practiced using the tools and tactics of public relations
practice, if not strategies. But in association management, the management function of public relations will have the most efficacy in positioning the association as a unified whole to its varied publics. Using theory-based frame strategy and the process of agenda building and information subsidies in media relations is one way of establishing an association’s public position and policies. This creative professional project will explore the use of these three paradigms in the practice of media relations in association public relations.

**Indiana Public Health Association**

Since the fall of 2007, the Indiana Public Health Association (IPHA) membership of local health departments (LHD) were faced with the prospect of property tax “caps” in Indiana that would affect the revenues of the departments. In addition, efforts are underway for a constitutional amendment to make the tax caps permanent. Since property taxes accounted for 29 percent of the revenue for LHDS, such strict limits on property taxes threatened to strain further the resources of the already under-funded departments and the delivery of public health
services. If the legislation passed, it would go into effect beginning in 2009 and 2010.

Seeking relief, property owners especially demanded the reduction in taxes. Some property owners advocate an elimination of property tax altogether. But, as with almost all ongoing enterprises, politicians claim the cost of doing the business of government continues to rise and so does the cost of delivering public health services to Indiana’s population, even without waste or extravagance.

Ordinary people and policy makers across the state began examining government services to determine cost efficiencies and dollar values to confirm whether or not it needed each government function. Some local officials argued that they were operating as efficiently as possible and that their office or department is essential to public health service. This debate prompted Governor Mitch Daniels to appoint former Governor Joe Kernan and Chief Justice Shepard to head a commission that sought to identify ways that local government can reduce costs and scale down. Public health, historically at the low end in public funding priority, had reason to be concerned about its main source of funding.
With public health funding vulnerable, the IPHA board and the LHD Infrastructure Committee began sponsoring a proactive, public re-education campaign to advocate for public health in Indiana and to communicate about what public health services does in the community, why it is done and how it is done. In its Summer 2008 newsletter, IPHA called attention to new resources that had become available and that would help start the initiative. A new campaign, “This is Public Health,” by the Association of Schools of Public Health (ASPH) was initiated to remind people about how public health services add to quality of life in Indiana communities. At the national level, The American Public Health Association (APHA), of which IPHA is an affiliate, launched its “Get Ready” campaign that would serve to educate people about protecting themselves against the pan flu epidemic, as well as about public health service.

Continuing to address the funding issue proactively, IPHA began an internal dialogue within its membership and among the public health community throughout the state. The IPHA executive director and LHD managers set the agenda for a well-organized, thoughtful discussion to take place in various settings over a 12-18 month period that would
include a variety of interested parties. The desired result was a visionary plan for a public health practice that would meet public expectations of prudent stewardship of resources and deliver public health services efficiently, and to communicate that message to the legislators and the public, at large.

When the General Assembly met again, however, the results of the report the governor had commissioned prompted the legislators to pass the tax cap law and reduce property taxes in Indiana by one-third. By spring of 2009, funding had been cut for LHDs across the state.

Going forward, IPHA needs to increase its funding to offset the impact of the recent laws reducing property taxes. The association is seeking to influence favorable public opinion for public policy that recognizes the essential role of public health services in Indiana. The agenda – now appropriately adjusted – is to raise awareness and influence legislative action for beneficial public health policies and adequate funding. To build this agenda for the media, carefully framed messages would be constructed and a series of information subsidies would be produced to post in a “Media Room” on the IPHA website and to be distributed to newsrooms statewide.
This is a creative professional project being undertaken on behalf of the Indiana Public Health Association (IPHA), a small nonprofit advocating for Indiana local health departments and funded by the Indiana State Department of Health.
CHAPTER 2

Review of Related Literature

Framing Theory

Framing theory offers a possible way to tie elements of rhetorical theory together and the framing paradigm is often used when studying communication in various fields. Hallahan’s in-depth study describes framing theory as a comprehensive way to examine public relations processes in constructing messages (1999). Considering framing a “potentially useful paradigm to examine the strategic creation of public relations messages and audience responses,” Hallahan presented seven different types of framing applicable to public relations: framing of situations, framing of attributes, framing of choices, framing of actions, framing of issues, framing of responsibilities, and framing of news (1999, 208).

In addition to focusing on how messages are designed, framing is linked to the psychological processes people use for examining information, making inferences, and making judgments (Hallahan 1999).

Framing is defined as a way to help construct public views of “social reality,” (Hallahan, 1999, 207). It acts as a window around information, to frame the issue (Dearing, 1996, 33), and serves to narrow the focus, drawing attention to specific
aspects of a subject or idea. Framing can exclude, include and emphasize. Frames define problems, determine the causes, offer solutions, and play a key role in effective public relations practice by helping establish commonly understood “frames of reference” regarding issues or subjects of mutual interest (Hallahan 1999, 207). Framing operates by providing “contextual cues” to guide decision making, by “priming” human memory using association and expectation (Hallahan, 1999, 208).

Framing research explores how the media frame an issue or a problem and how this affects people’s understanding of that issue. McCombs, Shaw and Weaver, 1997, 8)

Framing is the subtle selection of certain aspects of an issue by the media to make them more important and thus to emphasize a particular cause of some phenomenon. (Dearing and Rogers, 1996, 63-64)

While the messages public relations practitioners frame are sometimes intended for internal audiences, as in organizational communications, they are most often constructed for the news media, and in some instances can play a role in converging to set the agenda for the media. “Public relations practitioners who act as sources ... contribute to the framing of a story ... by highlighting or withholding specific information about a subject or issue” (Zoch and Molleda, 2006,283) Framing with the potential for agenda-setting is carried out between news reporters and public relations practitioners. In their
investigation into how journalists relate to public relations practitioners, Sallot and Johnson (2006) noted that “practitioners influence the media agenda, the public agenda and public opinion” and “set, frame, and build considerable portions of the agenda for the news media and the public” (152).

In a case study of the National Basketball Association’s public relations strategy, Fortunato (2000) asserted that practitioners are instrumental in mass media agenda setting in the process of selecting and framing what information contributes to the production of media content. Fortunato noted that the NBA used public relations strategy to “shape mass media content and subsequently public opinion and behavior,” (p. 482).
<table>
<thead>
<tr>
<th>Media Relations Practitioner’s Actions or Thought Process</th>
<th>Adapted From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpreting what is going on in a particular situation.</td>
<td>Bitenson, 1854</td>
</tr>
<tr>
<td>Select and call attention to particular aspects of the described issue or situation, which logically means directing attention away from other aspects.</td>
<td>Etzioni, 1995</td>
</tr>
<tr>
<td>Include or exclude certain keywords, stock phrases, stereotyped images, and sources of information that thematically reinforce clusters of facts or judgments.</td>
<td>Listman, 1993</td>
</tr>
<tr>
<td>Establish common frames of reference about topics or issues of mutual concern.</td>
<td>Hilligian, 1999</td>
</tr>
<tr>
<td>A frame has four functions: (1) to define the problem, or state what the organization is doing with what costs and benefits; (2) to identify what is causing the problem, either within or outside the organization; (3) they make moral judgments about causing the problem; and (4) they suggest or justify solutions to the problem.</td>
<td>Etzioni, 1993</td>
</tr>
<tr>
<td>Use examples, visual images or metaphors.</td>
<td>Gamson &amp; Modigliani, 1980</td>
</tr>
<tr>
<td>Frames can be affected by the journalist who covers a story, and sources used in providing the story.</td>
<td>Nosicki &amp; Pan, 1996</td>
</tr>
</tbody>
</table>

Figure 1: Zoch and Molleda (2006, 299)
McCombs, Shaw and Weaver (1997) presented and defined frames in relation to agenda-setting theory. In their original hypothesis, McCombs and Shaw (1972) tested the transfer of “issue salience from the media agenda to the public agenda,” or the perceived importance of an issue. Based only on exposure, this was termed level one agenda-setting (Fortunato, 2000, 483). As an extension of agenda-setting theory using one-time media exposure as the determinant in what the public thinks about, level two agenda-setting theory asserted that the media can successfully influence how the public thinks about issues. Level-two agenda-setting refers to how a message is framed in its ability to shape how people think about a situation or subject. The NBA employs a “proactive advocate” strategy in providing story or helping frame the story instead of leaving it up to the mass media to interpret events related to the organization (Fortunato, 2000, 484).

Another study – the Harvard Alcohol Project carried out in the 1980s by Jay A. Winsten – found that the “media advocate working as an issue proponent” from the top-down (Winsten enlisted the aid of former heads of CBS and NBC networks) can push an issue up on the media agenda, especially if the advocate has a marketable ‘product’ as does the NBA,” (Dearing and Rogers, 1996, 27-28).
Basically, the first level of agenda setting deals with the selection of issues by the news media and its impact on the public agenda. Framing deals with the selection of elements within a particular issue. The second level of agenda setting deals with the influence of the particular elements of an issue on the public’s agenda of attributes.

( McCombs, Shaw and Weaver, 1997, 8 )

First- and Second-Level Agenda-Setting and Agenda-Building, Salience and Mass Media

Theoretically, the concepts of agenda-setting, along with agenda building, have been used to examine what determines the salience, or importance, of an issue at any given time on the media agenda; or with agenda building, the public agenda ( Kiousis, Mitrook, Wu and Seltzer, 2006 ). First-level agenda setting asserts that whatever issues or objects are represented most becomes what the public pays the most attention to and adopts as important. Second level agenda setting refers to “object salience” and is linked to framing in suggesting that, not only does media attention influence what people think, but how they think about objects based on what “attributes” are emphasized ( Kiousis, Mitrook, Wu and Seltzer, 2006, 269 ).

Second level agenda building addresses the need to further explore how the media agenda is set and includes object and attribute salience. As NBA President of Television Ed Dresser noted, “media attention doesn’t just happen in a vacuum,”
Hence, the process of agenda building used in public relations includes first level agenda building between media agendas and issue salience and requires that the practitioner not only influence the salience of issues, but make framing decisions that influence the transfer of salience in second level agenda building. That is, what information goes to the news and how is it best presented. Hallahan (1999) referred to the public relations professional as a “frame strategist,” seeking to reach a favorable outcome by determining how best to position attributes, issues, choice, actions, situations, and responsibilities.

The salience of objects and attributes in public relations messages can increase the salience of those elements on the media and public agendas. (Kiousis, Mitrook, Wu and Seltzer, 2006, 269)

**Agenda-Building and Information Subsidies**

Agenda studies have links to political processes and political science (agenda is defined as objects given saliency in media content and in people’s minds) (McCombs, Shaw and Weaver, 1997). Agenda building emerged from political science as a “key concept” and was first defined as the process by which various groups sought to have their interests and demands represented in the policy agenda and taken into consideration by public officials in setting public policy (McCombs, Shaw and Weaver,
The agenda building process is also fluid, as illustrated by Zoch and Molleda (2006, 289).

**Figure 2. Zoch and Molleda (2006, 289)**
As an extension of agenda setting, agenda building asks how or by what process the media is influenced. Where does the media’s information come from? From outside the media, some of the influencers that frame, shape and add to media content as sources of information include special interest groups and public relations campaigns (and media outlets themselves); revenue sources such as “advertisers and audiences;” other social organizations, such as “business and government; the economic environment; and technology” (Shoemaker and Reese (1996, 16). The process is supported by information subsidies customarily distributed to print and broadcast media in a reciprocal relationship between media organizations and public relations practitioners.

The use of information subsidies – primarily news releases, but also fact sheets, backrounders, interviews and press conferences from which the media can formulate credible, timely, newsworthy content – as a means to facilitate agenda building was examined in studies done by Gandy (1982) and Turk (1986). Gandy is commonly credited with furthering the concept of public relations practice as influencing public opinion by aiding the media in what is made known to the public and how it should be perceived or understood.
In her study of the role of Louisiana state government public information officers using information subsidies to influence news content, Turk (1986) was able to show that if the subsidized information was deemed newsworthy, the media would use it and thereby have its agenda set in that subject area.

Using the government example allowed Turk to more easily measure how the use of subsidies can influence the media agenda, when used. In a later study, Curtin (1999) clarified the success of Turk’s findings, noting the nonprofit example of a government agency providing public information as a public service did not face the same obstacles in having their subsidies considered and accepted by the news media. Unlike the skepticism that industry practitioners face, the subsidies provided by the government offices were most often accepted and published without hindrance and did help set the media agenda.

In one 2005 study, Sallot and Johnson found that many journalists feel they are helping a good cause when they use subsidies provided by nonprofits and suggested that practitioners who frame stories with “benefits to society” enable journalists to “feel good” about publishing them. Stories with a local emphasis are essential and receive the most attention. (85)
The newsworthiness of the information, however, remains a requirement for both nonprofit and for-profit organizations (Miller, 2006).

Though journalists rely on personally known and trusted sources, having developed such avenues as part of practicing as a reporter, they also routinely use information subsidies obtained from government offices, industry sources, and medical and scientific communities. Most news stories come from these sources, with government, business and industry having the most impact, and the most credibility as an official source, an important component to whether or not coverage is extended (Nisbet, 2007). Using local newspapers in a study, Weaver and Elliot (1985) found that while selective, journalistic news judgment played a “significant part” in shaping the agenda, a prominent news source has a “major influence” on the media agenda.

A study of agenda building in broadcast news by Berkowitz (1986) added to the foundation laid in earlier works by Gans (1979, 1980), Sigal (1973), Cobb and Elder (1972) and Brown, Bybee, Weardon and Murdock (1982), and which were supported by the findings of Dunwoody (1978) and Epstein (1973) for understanding television and radio newscasters’ reliance on
official information sources, or “routine channels,” with the U.S. government being the largest supplier of subsidies. (16)

Berkowitz sampled five television stations available from cable carrying local and network newscasts and reported the most interesting finding to be the high reliance television journalists had on routine channels and on experts and officials for news reports. He found television had a larger proportion of this reliance than did newspapers.

In yet another study, a month-long case study using local radio stations in New Jersey, researchers looked at what factors were involved in the use of information subsidies and found a two-step process starting with whether or not a subsidy was opened (subsidies came in through the postal service) and, after that, whether or nor it was used. The status and credibility of the source identified on the envelope determined if it would be opened; its content was secondary. Four factors other than size determined the subsidy’s use once it had been opened: source credibility (providing correct, useable information); source ability to provide appropriate, timely content; providing more than just information, but also making news; being powerful and influential enough to be relied upon for a consistent flow of information; being local (Burns, 1997).
<table>
<thead>
<tr>
<th>Components of News</th>
<th>Author(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact on the local community or business sector</td>
<td>Griffin &amp; Darwood, 1995</td>
</tr>
<tr>
<td>Prominence of the news source (This may emphasize to</td>
<td>Weaver &amp; Elliott, 1985</td>
</tr>
<tr>
<td>the media relations practitioner the importance of</td>
<td></td>
</tr>
<tr>
<td>using a manager at the highest possible level from</td>
<td></td>
</tr>
<tr>
<td>whom to obtain quotes)</td>
<td></td>
</tr>
<tr>
<td>Credibility of the news source (A source is more</td>
<td>Gandy, 1982</td>
</tr>
<tr>
<td>credible when he or she has no obvious interest in the</td>
<td></td>
</tr>
<tr>
<td>outcome of an issue, as finding a credible, disinterested</td>
<td></td>
</tr>
<tr>
<td>source may become a priority with some issues)</td>
<td></td>
</tr>
<tr>
<td>Attractiveness of the news source to the targeted</td>
<td>Wanta, 1991</td>
</tr>
<tr>
<td>public)</td>
<td>Berkowitz &amp; Adams, 1990</td>
</tr>
<tr>
<td>Shape the information to fill the journalists’ needs</td>
<td>Old et al., 1995</td>
</tr>
<tr>
<td>Access to company assets can affect story length,</td>
<td></td>
</tr>
<tr>
<td>point of view, and publication of lead paragraphs</td>
<td></td>
</tr>
<tr>
<td>Inclusion of traditional news values, such as</td>
<td></td>
</tr>
<tr>
<td>thoroughness, accuracy, local focus, timeliness, visual</td>
<td></td>
</tr>
<tr>
<td>possibilities (television-Internet), newsworthiness,</td>
<td>See pages 285 and 286 for</td>
</tr>
<tr>
<td>readers’ interests or benefits, avoidance of</td>
<td>a complete list of authors.</td>
</tr>
<tr>
<td>persuasive tactics, and impact</td>
<td></td>
</tr>
<tr>
<td>Quotability of source</td>
<td>Culbertson &amp; Stempel, 1994</td>
</tr>
</tbody>
</table>

**Figure 3:** Zoch and Mollada (2006, 298)
Framing and Agenda-Building in an Environment of Conflicting Agendas

Ohl, Pincus, Rimmer and Harrison’s study (1995) of the role of news releases in an environment of conflicting agendas examined the challenges in agenda building a practitioner may face during a hostile corporate takeover. In the study, the authors compared the press releases of the two companies involved in the takeover to determine the agenda building influence that might emerge. What they found was that each company reached the same results in agenda building with the newspapers they used. Each newspaper article displayed the same point of view expressed in the press release. But while the company that initiated the takeover bid was not readily forthcoming with information and what it did provide was minimal and maintained a neutral frame, the other company responded to media follow up with an eagerness to have its story told, offered more information and made its executives accessible and available for comment. Subsequently, this proactive public relations strategy influenced the news agenda in the company’s favor.

The positive effects reported on framing and agenda building experienced by one company during the hostile corporate takeover crisis, the recent rule theory research by Len-Rios, Hinnant and Park (2008) that confirmed how health journalists favor the
nonprofit practitioner, as well as the Sallot and Johnson study discussed earlier that showed a journalistic soft spot for nonprofits, would lead one to think that in the interest of the public good, practitioners in the public service sector would be unfettered in placing subsidies. Indeed, researchers note that because nonprofit content is often used as is and quoted verbatim, “agenda building is a particularly useful concept in health communication,” and other areas of public service (Oui and Cameron, 2006, 7). The public relations professional working in nonprofits and in government public service is often able to compete with major industry influencers in shaping media agenda. But not always.

In a 2003 report appearing in the Journal for Community Health, Hubbell and Dearing report surprising results from community health research funded by the W.K. Kellogg Foundation that they carried out from 1993 through 1997. When the researchers measured journalistic interest in community health initiatives, they found an obligatory response to the information they sent out about the beneficial work being done and received a great deal of favorable coverage. Issue proponents set the agenda on mundane news. But, when conflict and controversy arose the researchers found, to their chagrin, that these types of stories were deemed more newsworthy and made
the front page. Journalists were more actively involved in setting the local media agenda.

Researchers Avery and Lariscy (2007) found that while both the public and the media continue to clamor for health news, giving government public information officers (PIO) an advantage in media relations, there is still a low journalistic interest in ongoing health issues and a preference among even health journalists for breaking news of crisis and disaster. Recently, some scholastic interest in public health public relations has emerged. Cho and Cameron (2007) provided a theoretical framework for improving media relationships when they found that practitioners who were regularly involved with the media as knowledgeable sources of information were able to maintain stronger, more open relationships (Avery and Lariscy 2007, 2-3). The expertise of these practitioners was sought and respected by the media; in turn, the practitioner did a better job cultivating and maintaining media relationships.

**Online Media Rooms**

By the turn of the 21st century, information subsidies that used to be sent to newsrooms by mail in the 80s, and then by fax through the mid-90s, were transmitted almost exclusively by email. Today, such information, still most often in the form of press releases and media kit elements such as *backgrounders,*
fact sheets, and executive bios and photos, is not only sent that way, but also makes up some of the content on organizational websites and is usually found by accessing a “Media Room” or “Press Room” portal. One recent study found media releases to be readily available in website media rooms, along with other supplemental material (Supa and Zoch, 2006, 19). The study showed also that journalists needed more information than what was offered with standard media kit elements and that in order to engage journalists on an ongoing basis, media rooms needed to be content-rich and updated regularly (20).

The availability of visuals has always been an important part of making news and attracting media interest for print and broadcast mediums. Zoch and Supa (2006) found it no less so for electronic mediums. News content from media rooms with - not only downloadable photographs - but also charts and graphs for use by reporters was more likely to be picked up for publication.

The review of the literature shows agenda building is a communication process by which issues are carefully framed into messages intended for the public with a relationship between framing and information subsidies. Starting with Gandy’s call in 1982 to go beyond agenda-setting, the idea of agenda building with accompanying information subsidies has received attention
from scholarly research done by Gandy, Turk, Cobb and Elder, Entman, Hallahan, Kosicki, Cameron, McCombs, Sallot, Turk, Walters, Wanta and Weaver. However, a study linking all three has yet to be done and yet, taken together the literature logically converges on the concept of set (or frame), build, and subsidize information (directly or indirectly) for vigorous application in facilitating media relations in public relations practice.

With the advent of online media rooms and the dynamic interaction the medium offers, the recent changes in newsroom journalism, and the around-the-clock clamor for news content, the public relations strategist has more opportunity than ever to build the media agenda with framed information subsidies that are useful, newsworthy, and easily accessible.
CHAPTER 3

Methodology

Testing the Zoch and Molleda theoretical Model for Media Relations” was beyond the scope of this project, it would take a “multistage research process using both quantitative and qualitative methods,” perhaps lasting as long as one year (2006, 303).

Thus, this media relations project was carried out using the three theoretical paradigms of the model in an attempt to build the public health agenda for the media by producing appropriately framed information subsidies. The subsidized information will make up the content of a new “Media Room” portal on the association’s website, which will be available for media access. Indiana health journalists will be notified of the availability of this central information resource for news stories once the subsidies are posted. Use of the three paradigms provides praxis for conducting media relations.

This is a creative professional project being undertaken on behalf of the Indiana Public Health Association (IPHA), a small nonprofit advocating for Indiana local health departments and funded by the Indiana State Department of Health.
TABLE 10.2  
A Model of Media Relations

<table>
<thead>
<tr>
<th>Proactive information management and issues tracking entail ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Direct communication with organizational sources.</td>
</tr>
<tr>
<td>▶ Identify management positions regarding current or potential issues.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Need to generate an information subsidy starts the process ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Actions or operations will affect a public</td>
</tr>
<tr>
<td>2. A public reacts before the organization, which failed in tracking an issue/crisis</td>
</tr>
<tr>
<td>3. A real-world event produces consequences for the organization</td>
</tr>
<tr>
<td>4. The news media report an issue that involves the organization and publics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proceed with the Internal/external news-gathering process ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Internal: use information file/Intranet-Web site/organizational sources.</td>
</tr>
<tr>
<td>• External: use professional/industry associations, opinion leaders, experts, etc.</td>
</tr>
<tr>
<td>▶ Identify/seek authorization to express organizational viewpoint/position statement</td>
</tr>
<tr>
<td>▶ Produce information subsidy using traditional news values</td>
</tr>
<tr>
<td>▶ Carefully including organizational viewpoint through framing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide news media, interest/grassroots groups with subsidized information ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Be ready/available with framed viewpoint for clarification/further inquiries from the news media.</td>
</tr>
<tr>
<td>▶ Monitor news media and audiences’ responses/reactions.</td>
</tr>
<tr>
<td>▶ Follow up responses/possible generation of a sequence of information subsidies.</td>
</tr>
<tr>
<td>▶ Pay attention to competing sources—The more competing sources, the more difficult is to be heard.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluate the process and outcome to improve the media relations’ efforts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Be sure to assess final interpretations/reactions of affected publics regarding organizational viewpoint.</td>
</tr>
</tbody>
</table>

Figure 4: Zoch and Molleda (2006, 295)
A second method used was to review and study the association’s internal communications materials, including electronic newsletter; membership materials; conference reports; books and pamphlet; planning documents; memorandums and available historical documents relevant to the current practice and activity. A review and study of the external communications was made - which included public records found on the Indiana State Department of Health website (ISDH); the websites of local health departments (LHD); the Centers for Disease Control and Prevention (CDC) other government websites, other association websites.

To acquire the content needed for framing and constructing information subsidies, a document analysis was made of IPHA print materials and electronic materials found on the IPHA website (which is the primary source of outside communication) and on the national APHA website.
CHAPTER 4

Body of the Project

Information Subsidy 1 - Agenda building for funding consideration, direct to public, indirect to legislators

Indiana Public Health Network Advocates Moving Upstream

Real health reform starts with prevention

In his January 2009 State of the State address, Governor Mitch Daniels commended the General Assembly for reducing property taxes by more than one third and adding long-term tax caps. As a result, Indiana legislators slashed the budgets of county local health departments. Some 29 percent of LHD funding comes from local taxes and, in communities across the state, Indiana’s public health agencies lead the frontline defenses for thwarting the progress of diseases such as the sometimes deadly swine flu. The cuts may directly affect service levels in some counties. Such a conflicting agenda has the potential to threaten public safety when it comes to the delivery of critical public health services.

When the public health system is working well, it is hardly noticed – the threat was averted, the crisis avoided, and timely public alerts warned people to take precautions. The Kosciusko
County Health Department is an example of the system working as it should in Indiana. Recently, in response to a reported case of meningococcal disease, the agency mobilized a mass immunization clinic at a local high school. Nine nurses gave vaccinations to 488 students in a preventive intervention that could have saved a number of possible child deaths. In another instance, Marion and Allen Counties working with the Refugee Health Program of the Indiana State Department of Health in 2007 and 2008 were able to screen 3081 mostly Asian refugee arrivals.

It’s not until or unless a new crisis pops up that people become aware of the public health services that are the foundation of all of America’s health system, even though for the last 100 years the U.S. public health system has been largely responsible for prolonging lives.

“Of the 30 years added to our average life span in the last century, 25 of these years can be attributed to public health initiatives,” according to a 2009 report from the Indiana University Center for Health Policy. Citing statistics from the Centers for Disease Control and Prevention, the report notes the eradication of small pox, reduced infant mortality and the gains made in making the health risks of tobacco use known to the public.
Public Health Services

The U.S. public health system is a network of federal, state, local, and territorial health departments, rather than a single agency. With the mandate to protect the population from disease and disaster, public health practitioners and professionals work in health agencies, hospitals, universities and private organizations, and all levels of government, including the military.

State and local public health agencies serve as the foundation of the nation’s public health efforts and now, more than ever, we understand which interventions work and those that have failed.

Speaking this past April at the "National Public Health Week Conference," Judith A. Monroe, M.D., Indiana’s State Health Commissioner, said, “A strong public health agenda will enhance health and reduce health costs.”

Indiana’s public health infrastructure consists of 92 county local health departments. Ten essential services describe the public health activities undertaken in all communities.
Table 1. Ten Essential Public Health Services

1. **Monitor** health status to identify and solve community health problems.
2. **Diagnose and investigate** health problems and health in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships and action to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and ensure the provision of health care when otherwise unavailable.
8. **Ensure** competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** new insights and innovative solutions to health problems.

*Source: Core Public Health Functions Steering Committee.*
*Available at http://www.cdc.gov/od/ocphp/nppsp/essentialphservices.htm.*
Funding for public health programs comes from a combination of federal, state, and local dollars and private sector contributions. According to a study by the National Association of County and City Health Officials, local health departments receive 29 percent of their funding from local tax revenues, with another 23 percent coming from state revenue. Federal sources account for 20 percent, with Medicaid at 9 percent, Medicare at 2 percent, 6 percent in fees, and another 12 percent from other sources.

A recent report from the Alliance for Health Reform, an advocacy group, notes that nationally the U.S. spends more than 16 percent of the Gross Domestic Product (GDP), or about $2 trillion on treating preventable illness and injury. We spend only 3 percent, or $59 billion, on government public health services, long understood to be our first line of defense against disease and disaster.
Health Reform

So far, there hasn’t been a vigorous discussion about the role of public health in health reform, but a healthy population is important to a nation’s strength and productivity. That is why, when it comes to real health reform, prevention should be first, until it is, the tail is wagging the dog.

Public health’s role is to educate and inform Americans about preventing illness and injury and staying out of the health care system. Yet, health care in the U.S. more often means sick care—expensive, sometimes intrusive and painful, after the fact medical treatment and services for preventable, chronic disease, or avoidable injury.

Real health reform means advocating for the prevention of sickness and injury, rather than simply focusing on how to pay for the needed care once disease or disaster hits. Of course, receiving and being able to pay for needed medical care is imperative. Nevertheless, who wouldn’t like to avoid sickness or injury altogether?
Information Subsidy 4- Agenda building for local interest

**Hoosier Health – Not So Good**

Compared with the national benchmark, Hoosier adults are not as healthy they could be, according to a recent report from the Robert Wood Johnson Foundation. The health of Indiana’s adults ranks 37th among states with an overall rate of 47.8 percent of adults not in very good health. Taking the difference between the 47.8 percent overall rate and a lower 32.1 rank among the state’s most-educated adults, Indiana ranks 38th among the states. Even at this lower rate, Indiana adult health status is still below the national benchmark of 19.0 percent – the lowest rate of less than very good health in any state among non-smoking, college graduates who exercise. In fact, the health status of adults in Indiana did not meet the benchmark, regardless of education, race or ethnicity.

Adult health does vary inside Indiana, however, depending on what level of education one has achieved and by race and ethnicity, according to the study.

Other recent studies have shown that social factors have a tremendous bearing on an individual’s health. Household income, education, and race and ethnicity make an often dramatic difference in how long one will live and how well.
A picture of Hoosiers 24 to 74 show that nearly one quarter of the state’s adults are impoverished or nearly so; more than one third live in middle-income households, with about two-fifths found in higher-income households.

Fifty percent of Hoosier adults have not gone beyond a high school education, 28 percent have some college, and 23 percent are college graduates.
Information Subsidy 5 – Agenda Building for Personal Responsibility and Prevention

Health Care Costs

“According to a report from the Indiana University Center for Health Policy, Indiana spent a total of $33 billion dollars on health care in 2004. This represents 14.4 percent of he gross state product or roughly $1 of every $7 of income generated in the state. These numbers translate to $5,295 spent, on average, on every man, woman, and child in Indiana. Nationwide, the figure is 13.3 percent of income, about 93 cents for every $7 earned. Indiana spending on nursing home and long-term care is especially high.

The Centers for Disease Control and Prevention (CDC) estimates that 133 million Americans live with one or more chronic diseases … and that chronic disease accounts for 70 percent of U.S. deaths and more than 75 percent of health care spending.

The United States can no longer ignore the health system crisis that is affecting the economy and national health status. U.S. medical costs for emergency room, intensive care, and surgery are 16 percent of GNP compared to 6 to 8 percent in other countries and half of what is spent is in the last six months of an individual’s life. America can no longer absorb those costs.
The High Cost of Health Care

**High Costs**

- Per capita spending in 2002 for health care in the United States was 53 percent more than any other country.
- The U.S. spent 15.3 percent of its gross domestic product (GDP) on health care in 2003. Projections show it may reach 18.7 percent of GDP by 2013 and 32 percent by 2030.
- “In 2004, employer health insurance premiums increased by 11.2 percent”—almost four times the rate of inflation.
- Only 2 percent of annual health care spending in the United States goes to preventing chronic disease.

**Quality of Care**

- The United States ranks second to last on 16 health indicators and last in infant mortality out of thirteen developed nations.
- Patients in the United States receive recommended care for health conditions only about half the time.
- Medical error and infections contracted during hospital stays cause more deaths than AIDS, breast cancer, diabetes, auto-accidents and firearms, combined.
- Deaths attributed to medical error are estimated
- Deaths attributable to hospital-acquired infection total 103,000.

*Source: 2004 American College of Emergency Physicians*
In 2007, the Mayo Foundation for Medical Education and Research confirmed “heart disease is the No. 1 worldwide killer of men and women, including in the United States. For example, heart disease is responsible for 40 percent of all the deaths in the United States, more than all forms of cancer combined. Many forms of heart disease can be prevented or treated with healthy lifestyle choices and diet and exercise.”

In a 2006 article for *Health Affairs*, health economist, Dr. Ken Thorpe noted that for the last 20 years, “almost two-thirds of the growth in national spending on health care has resulted from the population’s worsening lifestyle habits and the rise in obesity.”
**Prevention and Chronic Disease**

Preventable causes of death account for about half of all deaths that occurred in the U.S. in 2000, with the leading causes being from diseases related to tobacco use, lack of physical activity, unhealthy diets and abuse of alcohol, according to a 2009 report from the Indiana University Center for Health Policy. Moreover, for every person that dies from one of these chronic diseases, many others have lingering illnesses, causing reduced productivity and diminished quality of life, the report states.

The top priority for 21st century public health is the push to build public awareness on how to take personal responsibility to improve health. Indiana public health officials continue to provide updated guidelines on how Hoosiers can take responsibility for staying or becoming healthier.
Public Health Services

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9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.

10. **Research** new insights and innovative solutions to health problems.

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**The Cost Effectiveness of Prevention**

The United States spends more on health care than any other industrialized nation, ranking 37th in the world between Costa Rica and Slovenia, according to the World Health Organization (WHO). On top of that, the high cost of medical care for disease and disability is crippling the American workforce and the economy.

Some health reform advocates assert that more dollars for prevention would buy better value and save money over time on health care delivery. In a recent policy paper, “Policy Options in Support of High-Value Preventive Care,” commissioned by Partnership for Prevention, Drs. Kurt Strange and Steven Woolf report that “Preventing illness ... is not valued in the United States, but a focus on prevention could markedly alter the effectiveness of the U.S. health care system.” The U.S. system of health care concentrates on treating advanced disease with tests and procedures that aren’t always effective, and spends only 2-3 percent on preventing disease before it advances, according to the report. “This characteristic of the ... health care system is dysfunctional and inefficient,” the authors write.

Chronic diseases accounts for 70 percent of all health care costs in the U.S. and doctors say that many are possibly
preventable with changes in behavior and personal lifestyle among the population. In addition, it’s reported that 38 percent of all deaths can be prevented with physical activity, healthy diets, and avoidance of alcohol abuse and tobacco use. Calling it “compression of morbidity,” the authors note that early detection, preventive medication and immunization can effectively reduce the “severity and frequency” of heart disease and cancer, as well as other causes of diseases and premature death.

So what is the return on investment on public health intervention? Strange and Woolf point out that aside from the health benefits of people feeling better and living longer, spending on proven forms of prevention makes sense economically. They concede some costs are not justified for preventive measures shown to be ineffective, but studies of highly effective disease prevention services, such as childhood immunization and smoking cessation programs, do show much lower costs than the costs for treating disease once it occurs.

In fact, the authors point to the scientific evidence for cost-effective and beneficial clinical and community prevention services that has been documented by several highly-regarded, authoritative groups citing reports from groups such as the Task Force on Community Preventive Services, publishers the Community Guide that tracks “effectiveness, economic efficiency” and
intervention feasibility. Also, the highly regarded, regularly updated, scientifically valid recommendations on effective clinical prevention programs that come from the U.S. Preventive Services Task Force (USPSTF), as well as recommendations on cost-effective clinical services that come from the National Commission on Prevention Priorities. "The body of evidence synthesized in these reports points to a direction we should be heading in," Strange and Woolf write.

Along with urging personal responsibility, such as eating healthy, staying active, washing your hands, and wearing a helmet when biking and a safety belt when driving to help prevent illness and injury, as well as regular clinical screenings like mammograms and colonoscopies, the authors make a compelling case for community health initiatives and rightly so. These after all are the public health interventions on improved sanitation, food and water safety and immunization responsible for the population-wide 66 percent increase in life span since 1900, from 47 years old in 1900 to 78 in 2005, according to a report published in Covering Health Issues, 5th edition.

The authors point out a decline in public health infrastructure and its antiquity. Most emphasis on public health in the last ten years has been on biomedicine and bioterrorism. With the needed investment to facilitate service delivery, however, according to Strange and Woolf, "The payoff is likely
to be substantial if these investments foster building an infrastructure that can work across multiple behaviors and diseases and be integrated with the medical care system.” They further assert that this can be accomplished with an investment in the Centers for Disease Control and Prevention (CDC), and by supporting state and local health departments with block grants for basic infrastructure development.
Evaluators

A series of framed “information subsidies” prepared in an effort to build the agenda for the media regarding current issues in public health is to be evaluated.

1. Brief discussion of evaluator’s credentials (knowledge and experience in subject area)

Both Collette and John are colleagues and public relations professionals practicing as public information officers (PIO) in local public health services.

Collette LaRue DuValle, Director of Communications
Health and Hospital Corporation of Marion County
Indianapolis, Indiana

John Althardt, Public Relations Coordinator
Public Health Information
Marion County Health Department
Indianapolis, Indiana

John is responsible for coordinating media relations for the county local health department.
2. Relations to student and the subject matter

I have known Collette professionally for over twenty years. We practiced together as professional-to-client during the late 80s and early 90s, when the advertising and public relations agency for which I was once of the principals was contracted with the Hoosier Lottery, where she was employed as the Communications Director.

Overall Evaluation of Project

1. Evaluation of the topic: framing theory, agenda building and information subsidies

This creative/professional project was undertaken to explore the use of framing theory, agenda building and information subsidies in the practice of association public relations.

On a scale of 1 to 10, with 10 being the highest and 1 being the lowest, how would you rate the topic choice? Highlight one number in **BOLD**.

1 2 3 4 5 6 7 8 9 10
2. Evaluation of the approach

The student approached the project using a theoretical model of media relations requiring her to first determine the need for an information subsidy and then to conduct a news-gathering process for the information subsidy. The model required the student to seek authorization to express the association’s position on public health issues and then to frame a message giving the association’s viewpoint. The student then produced the information subsidy using traditional news values.

On a scale of 1 to 10, with 10 being the highest and 1 being the lowest, how would you rate the choice of approach? Highlight one number in **BOLD**.

1 2 3 4 5 6 7 8 9 10

3. How would you rate the student’s work on this project as contributing to the body of knowledge in the area of using framing theory, agenda building and information subsidies in media relations based on the following statement? **Mark one with X.**

“"The work on this project adds to the body of knowledge in the field regarding: the use of framing theory, agenda building, and
information subsidy production and distribution in media relations practice as a component of public relations strategic planning and management – with tactics/techniques used in proper context as tools in carrying out a program.”

[ ] No contribution
[ ] Minimal contribution
[ ] Somewhat useful contribution
[ ] Useful contribution
[ ] Very useful contribution
[ ] Somewhat valuable contribution
[ ] Valuable contribution
[ ] Very valuable contribution

5. Evaluation of the body of the project
The student gathered information about national, state, and local public health issues and prepared a series of position papers (information subsidies) for the purpose of framing public health issues and building the agenda for the media. The papers contain information on current topics related to public health in Indiana for reporters to use for news stories. The papers will post to a “Media” portal on the website of the Indiana Public Health Association [www.inpha.org]. A news release was
prepared for statewide distribution to inform the media of the new resource.

How would you rate the following aspects of the information subsidies produced for this project?

a) Quality - Rate the quality of the information subsidy based on the following criteria. Mark X all that apply.

[] Impacts the local community

[] Prominent news source (in high level position)

[] Credible news source (no obvious interest)

[] Includes traditional news values, such as thoroughness, accuracy, local focus, timeliness, visual possibilities (TV, internet), newsworthiness, has interest and benefit to reader, has impact, avoids use of persuasive tactics).

[] The news source is quotable

b) Depth of treatment - Rate the depth of each information subsidy based on the following criteria. Each paper in the series should offer enough depth about each topic to enable a journalist to find 1 to 3 news story ideas. Mark one with X.

[] Not enough material

[] Almost enough material

[] Enough material
c) Coverage – Rate the **coverage** of each information subsidy based on the following criteria. Each paper in the series should have some or all of the following features. Mark X all that apply.

[ ] Graphs

[ ] Numbers/Data

[ ] Charts

[ ] Tables

[ ] Quotes from credible sources

[ ] References to credible sources
CHAPTER 5

Summary and Conclusion

The Indiana Public Health Association, a state-sponsored advocacy group for the local health departments in Indiana’s 92 counties, was aware of its membership’s vulnerability to pending property tax cuts, since 29 percent of LHD funding comes from local taxes. For over a year, IPHA had tracked the issue and actively lobbied Indiana legislators about the need for adequate public health funding. However, in 2008, at the urging of Governor Mitch Daniels, the General Assembly reduced property taxes across the state. By the spring of 2009, county officials had cut funding for local health departments and IPHA found itself needing to communicate directly with the public and indirectly with legislators (direct lobbying had not yielded the desired results) in order to build awareness about the crucial role of public health, though difficult to be heard with the competing interests.

For its media efforts, IPHA relies on a volunteer communications committee, made up of public health practitioners in other areas of the field. And even though it has some advantage working with the media as a government affiliated nonprofit, as was seen in studies of nonprofits and the media by
Sallot and Johnson (2005), Turk (1986) and later Curtin (1999) and especially if the information is newsworthy, as Avery and Lariscy (2007 discovered in their study, as Zoch and Molleda point out—“becoming proficient in media relations is a complex process involving a deep understanding of media routines, interpersonal relations, and message construction; a savvy regard for timing, organizational factors, and news values; good research, both internal and external; awareness of current and potential environmental and public issues; familiarity with organizational stakeholders, publics, and interest group, (2006, 302).

Information Subsidy

In their theoretical “Model for Media Relations,” Zoch and Molleda outline four situations that signal the need for an organization to produce an information subsidy (See Figure 3). One instance is when “a real-world event produces consequences for an organization” and that was now the situation for IPHA and its key public. This media relations project was undertaken to frame and build the public health agenda in Indiana and to produce a series of information subsidies (for example, position papers, press releases, and editorial opinion papers) to be distributed to the media and health journalists across the state.
Once the need for a subsidy is determined, the “news-gathering process” begins. To produce the subsidy, internal and external information sources are accessed (Figure 3, Zoch and Molleda, 2006, 298). Internal sources include organizational intranets and websites, relevant files and other sources. External sources include industry associations, opinion leaders, experts, and professionals.

Other news and information gathering activities for this project included attending the “National Public Health Week” conference to hear public health experts speak and to talk with industry sources, as well as meeting with association management to discuss strategy and framing the association’s viewpoint, and attending monthly meetings at IPHA offices with the Local Health Department Infrastructure Committee to report the media relations project.

Agenda Building
Thirty days into the project, after a Washington, D.C. meeting at the American Public Health Association national headquarters, IPHA would find itself making a rapid adjustment in strategy, from dealing with cuts in local public health funding to taking a position on national health reform and the health care debate that was the current media-to-public agenda. As a state affiliate, IPHA would follow the edits of APHA for second-level
agenda building and the transfer of salience (Kiousis, Mitrook, Wu and Seltzer, 2006; Figure 1. “Dynamic Agenda-Building Process,” Zoch and Mollleda, 2006, 289)

Framing

Framing the message to be used in constructing an information subsidy involves interpreting what is “going on in a particular situation” (Zoch and Mollleda, 2006). Now, the agenda called for framing the public health mission of “prevention” as real “health reform” – rather than “health care reform” – and with it would go messages of “personal responsibility” and “prevention” of illness and injury. Since public health practitioners advocate prevent injury and illness to keep people out of the health care system, IPHA would still be communicating in an “environment of conflicting agendas,” as illustrated by the Ohl, Pincus, Rimmer and Harrison study (1995) of the challenges a practitioner faced during a hostile, corporate takeover.

In constructing the message framework, careful consideration was given to positioning and word choice for framing the subsidy based on the current national debate on “health care reform.” The word “wellness” was to be excluded from the subsidy, based on a two-year study by the Herndon Alliance (HA) retrieved from the association’s files. The study found that for the majority of Americans, the word “wellness” did not resonate, but words
that people did respond to included prevention, choice, and guaranteed, quality affordable health care.

Other words and ideas to exclude were references to cost of health care and cost of insurance, and even though public health is concerned with health disparities, global warming and climate change, those terms were also to be excluded.

**Online Media Rooms**

Historically, an information subsidy has usually meant a news release. Lately, though their usefulness has diminished, according to a recent study (Supa, 2008, 54). This change might call for an updated definition of information subsidies to emphasize they are most often more than a press release, or even an entire media kit, but also photos, charts, graphs, 20-30-60 page white papers, surveys, statistical reports, and many other types of supplemental materials.

More and more, reporters are accessing online media rooms in search of story ideas, and data to include in news stories. This implies that reporters can adopt online media rooms as sources for immediate, newsworthy, credible content and that’s especially useful since “some subsidies are only posted on the corporate website, where journalists are able to access them” (Supa, 2008, 81).
The use of website media rooms holds immense promise for media relations practice in association public relations. Some websites have a link or portal for both a “Media Room” and a “Media Kit,” a setup that exhibits an understanding that a media kit is not enough.

In this dynamic medium, the practitioner frames the message and sets the agenda for its publics in the same way that broadcasters and journalists in print and broadcast newsrooms set the public agenda. When the association’s site content is picked up and used for news stories at traditional media outlets, that practitioner has provided subsidized information. If the information is used as framed, set, and built, the practitioner — the source — has built and set the media agenda.

That doesn’t mean practitioners post content and wait for journalists to download material for a story. Unless the site is being visited for breaking news at to about the association, the practitioner will still need to send e-mails notifying them of the availability of information, make phone pitches, and send an occasional, newsworthy press release inviting them in to access the information.

**Implications**

Zoch and Molleda (2006) point out the “multiple interacting factors” that determine what source will serve as the origin of
a developing agenda. They point out the lack of research done so far on the source by saying, “researchers could add significantly to the public relations body of knowledge ... by focusing ... from the standpoint of the [information] source rather than the [information] receiver.”

Three theoretical paradigms were used for this project in an attempt to frame a fluid issue, build the public health agenda for the media in an environment of conflicting agendas, and produce a series of information subsidies for posting to an association website, which, if they were not newsworthy, would at least be useful. An announcement will be sent out, inviting journalists to visit the new “Media Room” on the site and the framed subsidies will need to be accessible, and an association spokesperson will have to be ready to speak with the media on behalf of the association.

This is the media relations process using the three theories of the Zoch and Molleda “Model for Media Relations.” The implications of its use, along with the internet, and current develops in the newspaper industry indicate that practitioners have a much greater opportunity for building the agenda and framing issues as they wish and reaching key publics with their messages.
Future Research

Zoch and Molleda note that each of the three theories used for this project can support research studies individually and that additional theories can be developed “to underpin further studies in organizational culture and its relationship to media relations, message construction, source-reporter and organization-public relationships,” and what types of information studies are not effective. And so they would.
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Evaluation of Information Subsidy 1 – Health Reform

1. Evaluation of the body of the project.
The study gathered information about national, state, and local public health issues and prepared a series of topic papers (information subsidies) for the purpose of sharing the association’s viewpoint on public health issues and catalyzing the agenda for the media. The papers contain information for reporters to use for news stories on current topics related to public health. The papers will appear on a “Media” portal on the website of the Indiana Public Health Association (www.inpha.org). A news release will be prepared for statewide distribution to inform the media of this new resource.

How would you rate the following aspects of information subsidy 1 produced for this project?

a) Quality – Rate the quality of information subsidy 1 based on the following criteria. Mark X on all that apply.

- Good use of language
- Permanently meaningful source (to high level source)
- Credible news source (to obvious source)
- Includes traditional news values, such as thoroughness, accuracy, balance, focus, timeliness, visual possibilities
- Calm, consistent, not overwhelming
- The news source is demolished

b) Depth of treatment - Rate the depth of treatment for information subsidy 1 based on the following criteria. Each paper in the series should offer enough depth that the reporter enables journalists to find 1 to 3 news story ideas. Mark one with X.

- Not enough material
- Almost enough material
- Enough material
- Too much material

b) Coverage – Rate the content of the topic of information subsidy 1 based on the following criteria. Each paper in the series should have some of all of the following features. Mark X on all that apply.

- Graphs
- Numbers
- Date
- Charts
- Tables
- Quotes from credible sources
- References to credible sources

Thank You

Sunny Bryant
Indiana Public Health Network Advocates Moving Upstream

Real health reform starts with prevention

Covering the uninsured and modernizing America’s health care system are urgent priorities, but they are not enough. Simply put, in the absence of a radical shift toward prevention and public health, we will not be successful in containing medical costs or improving the health of the American people.

Barack Obama’s Plan for a Healthy America

In his January 2009 State of the State address, Governor Mitch Daniels commended the General Assembly for reducing property taxes by more than one third and adding long-term tax caps. As a result, Indiana legislators slashed the budgets of county local health departments. Some 29 percent of LHD funding comes from local taxes and, in communities across the state, Indiana’s public health agencies lead the front line defenses for thwarting the progress of the sometimes-deadly swine flu. The cuts may directly affect service levels in some counties. Such a conflicting agenda has the potential to threaten public safety when it comes to the delivery of critical public health services.

When our public health system is working well, we hardly notice — the threat was averted, the crisis avoided, and timely public alerts warned us to take precautions.

Kosciusko County Health Department is an example of the system working as it should in Indiana. Recently, in response to a reported case of meningococcal disease, the agency mobilized a mass immunization clinic at a local high school. Nine nurses gave vaccinations to 488 students in a preventive intervention that could have saved a number of possible child deaths. In another instance, Marion and Allen Counties working with the Refugee Health Program of the Indiana State Department of Health in 2007 and 2008 were able to screen 3081 mostly Asian refugee arrivals.

It’s not until or unless a new crisis pops up that we become aware of the public health services that are the foundation of all of America’s health system, even though for the last
100 years the U.S. public health system has been largely responsible for prolonging our lives.

"Of the 30 years added to our average life span in the last century, 25 of these years can be attributed to public health initiatives," according to a 2009 report from the Indiana University Center for Health Policy. Citing statistics from the Centers for Disease Control and Prevention, the report notes the eradication of smallpox, reduced infant mortality and the gains made in making the health risks of tobacco use known to the public. As they component toward a socially community.
Information: 52

Public Health Services
The U.S. public health system is a network of federal, state, local, and territorial health departments, rather than a single agency. With the mandate to protect the population from disease and disaster, public health practitioners and professionals work in health agencies, hospitals, universities and private organizations, and all levels of government, including the military.

State and local public health agencies serve as the foundation of the nation's public health efforts and now, more than ever, we understand which interventions work and those that have failed.

Speaking this past April at the "National Public Health Week Conference," Judith A. Monroe, M.D., Indiana's State Health Commissioner, said, "A strong public health agenda will enhance health and reduce health costs."

Indiana's public health infrastructure consists of 92 county local health departments. Ten essential services describe the public health activities undertaken in all communities.

Table 1: Ten Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and ensure the provision of health care when otherwise unavailable.
8. Ensure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research new insights and innovative solutions to health problems.


Sherry Bryant
Funding for public health programs comes from a combination of federal, state, and local dollars and private sector contributions. According to a study by the National Association of County and City Health Officials, local health departments receive 23 percent of their funding from local tax revenues, with another 23 percent coming from state revenue. Federal sources account for 20 percent, with Medicaid at 9 percent, Medicare at 2 percent, 6 percent in fees, and another 12 percent from other sources.

A recent report from the Alliance for Health Reform, an advocacy group, notes that nationally the U.S. spends more than 16 percent of the Gross Domestic Product (GDP), or about $2 trillion on treating preventable illness and injury. We spend only 3 percent, or $59 billion, on government public health services, long understood to be our first line of defense against disease and disaster.

###
Hoosier Health — Not So Good

Compared with the national benchmark, Hoosier adults are not as healthy as they could be, according to a recent report from the Robert Wood Johnson Foundation. The health of Indiana’s adults ranks 37th among states with an overall rate of 47.8 percent of adults not in very good health. Taking the difference between the 47.8 percent overall rate and a lower 32.1 rank among the state’s most-educated adults, Indiana ranks 31st among the states. Even at this lower rate, Indiana adult health status is still below the national benchmark of 19.0 percent—the lowest rate of less than very good health in any state among non-smoking, college graduates who exercise. In fact, the health status of adults in Indiana did not meet the benchmark, regardless of education, race or ethnicity.

Adult health does vary inside Indiana, however, depending on what level of education one has achieved and by race and ethnicity, according to the study.

Other recent studies have shown that social factors have a tremendous bearing on an individual’s health. Household income, education, and race and ethnicity make an often dramatic difference in how long one will live and how well.

A picture of Hoosiers 24 to 74 show that nearly one quarter of the state’s adults are impoverished or nearly so; more than one third live in middle-income households, with about two-fifths found in higher-income households.

Fifty percent of Hoosier adults have not gone beyond a high school education, 28 percent have some college, and 23 percent are college graduates.

###
Evaluation for Information Subsidy 4 — Hoosier Health

1. Evaluation of the body of the project

   The student gathered information about national, state, and local health issues and produced a series of topic papers (information subsidies) for the purpose of framing the association's viewpoint on public health issues and building the agenda for the media. The papers condense information for reportage to the news media on current topics related to public health. The papers will post to a "Media" portal on the website of the Indiana Public Health Association (www.mdphs.org). A news release will be prepared for statewide distribution to inform the media of this new resource.

   How would you rate the following aspects of information subsidy 4 produced for this project?

   a) Quality — Rate the quality of information subsidy 4 based on the following criteria. Mark X on all that apply.

      X Assumptions
      [ ] Preeminent news source (ideally, high-level position)
      [ ] Current news source (not obvious interest)
      [ ] Unbiased treatment (news values, such as thoroughness, accuracy, balance, fairness, visual presentation, etc.)
      [ ] The news source is reliable

   b) Depth of treatment — Rate the depth of treatment for information subsidy 4 based on the following criteria. Each paper in the series should offer sufficient depth of the topic to enable a journalist to find 1 to 3 news story ideas. Mark one with X.

      [ ] Not enough material
      [ ] Almost enough material
      X Enough material
      [ ] Too much material

   a) Coverage — Rate the coverage of the topic of information subsidy 4 based on the following criteria. Each paper in the series should have some or all of the following features. Mark X on all that apply.

      [ ] Graphs
      [ ] Numbers/data
      [ ] Charts
      [ ] Tables
      [ ] Quotes from credible sources
      [ ] References to credible sources

   Thank You

   Sherry Bryan
Overall Evaluation of Project

1. Evaluation of the topic: framing theory, agenda-building and information subsidies
This creative/professional project was undertaken to explore the use of framing theory, agenda-building and information subsidies in the practice of association public relations.

On a scale of 1 to 10, with 10 being the highest and 1 being the lowest, how would you rate the topic choice?
Highlight one number in BOLD.

1 2 3 4 5 6 7 8 9 10

2. Evaluation of the approach
The student approached the project using a theoretical model of media relations requiring her to first determine the need for an information subsidy and then to conduct a news-gathering process for the information subsidy. The model required the student to seek authorization to express the association's position on public health issues and then to frame a message giving the association's viewpoint. The student then produced the information subsidy using traditional news values.

On a scale of 1 to 10, with 10 being the highest and 1 being the lowest, how would you rate the choice of approach? Highlight one number in BOLD.

1 2 3 4 5 6 7 8 9 10

3. How would you rate the student's work on this project as contributing to the body of knowledge in the area of using framing theory, agenda-building and information subsidies in media relations based on the following statement? Mark one with X.

"The work on this project adds to the body of knowledge in the field regarding: the use of framing theory, agenda-building, and information subsidy production and distribution in media relations practice as a component of public relations strategic planning and management - with tactics/techniques used in proper context as tools in carrying out a program."

- No contribution
- Minimal contribution
- Somewhat useful contribution
- Useful contribution
- Very useful contribution
- Somewhat valuable contribution
- Valuable contribution
- Very valuable contribution

Thank You
Information Subsidy 5 – Agenda Building for “Prevention”

Health Care Costs

“According to a report from the Indiana University Center for Health Policy, Indiana spent a total of $33 billion dollars on health care in 2004. This represents 14.4 percent of the gross state product or roughly $1 of every $7 of income generated in the state. These numbers translate to $5,295 spent, on average, on every man, woman, and child in Indiana. Nationwide, the figure is 13.3 percent of income, about 93 cents for every $7 earned. Indiana spending on nursing home and long-term care is especially high.

The Centers for Disease Control and Prevention (CDC) estimates that 133 million Americans live with one or more chronic diseases … and that chronic disease accounts for 70 percent of U.S. deaths and more than 75 percent of health care spending.

The United States can no longer ignore the health system crisis that is affecting the economy and national health status. U.S. medical costs for emergency room, intensive care, and surgery are 16 percent of GNP compared to 6 to 8 percent in other countries and half of what is spent is in the last six months of an individual’s life. America can no longer absorb those costs.

The High Cost of Health Care

<table>
<thead>
<tr>
<th>High Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per capita spending in 2002 for health care in the United States was 53 percent more than any other country.</td>
</tr>
<tr>
<td>The U.S. spent 15.3 percent of its gross domestic product (GDP) on health care in 2003. Projections show it may reach 18.7 percent of GDP by 2013 and 32 percent by 2030.</td>
</tr>
<tr>
<td>“In 2004, employer health insurance premiums increased by 11.2 percent”—almost four times the rate of inflation.</td>
</tr>
<tr>
<td>Only 2 percent of annual health care spending in the United States goes to preventing chronic disease.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>The United States ranks second to last on 16 health indicators and last in infant mortality out of thirteen developed nations.</td>
</tr>
<tr>
<td>Patients in the United States receive recommended care for health conditions only about half the time.</td>
</tr>
<tr>
<td>Medical error and infections contracted during hospital stays cause more deaths than AIDS, breast cancer, diabetes, auto-accidents and firearms, combined.</td>
</tr>
<tr>
<td>Deaths attributed to medical error are estimated</td>
</tr>
<tr>
<td>Deaths attributable to hospital-acquired infection total 103,000.</td>
</tr>
</tbody>
</table>

Source: 2004 American College of Emergency Physicians
In 2007, the Mayo Foundation for Medical Education and Research confirmed, “heart disease is the No. 1 worldwide killer of men and women, including in the United States. For example, heart disease is responsible for 40 percent of all the deaths in the United States, more than all forms of cancer combined. Many forms of heart disease can be prevented or treated with healthy lifestyle choices and diet and exercise.”

In a 2006 article for *Health Affairs*, health economist, Dr. Ken Thorpe noted that for the last 20 years, “almost two-thirds of the growth in national spending on health care has resulted from the population’s worsening lifestyle habits and the rise in obesity.”

# # #
Evaluation for Information Subsidy 5

1. Evaluation of the body of the project
The student gathered information about national, state, and local public health issues and prepared a series of topic papers (information subsidies) for the purpose of framing the association’s viewpoint on public health issues and building the agenda for the media. The papers contain information for reporters to use for news stories on current topics related to public health. The papers will post to a “Media” portal on the website of the Indiana Public Health Association [www.inpha.org]. A news release will be prepared for statewide distribution to inform the media of this new resource.

How would you rate the following aspects of information subsidy 1 produced for this project?

a) Quality – Rate the quality of information subsidy 1 based on the following criteria. *Mark X on all that apply.*

- [x] Impacts the local community
- [x] Prominent news source (in high level position)
- [x] Includes traditional news values, such as thoroughness, accuracy, local focus, timeliness, visual possibilities (TV, internet), newsworthiness, has interest and benefit to reader, has impact, avoids use of persuasive tactics).
- [x] The news source is quotable

b) Depth of treatment - Rate the depth of treatment for information subsidy 1 based on the following criteria. Each paper in the series should offer enough depth about the topic to enable a journalist to find 1 to 3 news story ideas. *Mark one with X.*

- [] Not enough material
- [] Almost enough material
- [x] Enough material
- [] Too much material

c) Coverage – Rate the coverage of the topic of information subsidy 1 based on the following criteria. Each paper in the series should have some or all of the following features. *Mark X on all that apply.*

- [] Graphs
- [x] Numbers/Data
- [] Charts
- [x] Tables
- [x] Quotes from credible sources
- [x] References to credible sources

Thank You
Prevention and Chronic Disease

Preventable causes of death account for about half of all deaths that occurred in the U.S. in 2000, with the leading causes being from diseases related to tobacco use, lack of physical activity, unhealthy diets, and abuse of alcohol, according to a 2009 report from the Indiana University Center for Health Policy. Moreover, for every person that dies from one of these chronic diseases, many others have lingering illnesses, causing reduced productivity and diminished quality of life, the report states.

At the top of the agenda for 21st century, public health is the push to build public awareness on how to take personal responsibility to improve health. Indiana public health officials continue to provide updated guidelines on how Hoosiers can take responsibility for staying or becoming healthier.

# # #
Evaluation for Information Subsidy 6

1. Evaluation of the body of the project
The student gathered information about national, state, and local public health issues and prepared a series of topic papers (information subsidies) for the purpose of framing the association’s viewpoint on public health issues and building the agenda for the media. The papers contain information for reporters to use for news stories on current topics related to public health. The papers will post to a “Media” portal on the website of the Indiana Public Health Association [www.inpha.org]. A news release will be prepared for statewide distribution to inform the media of this new resource.

How would you rate the following aspects of information subsidy 1 produced for this project?

a) Quality – Rate the quality of information subsidy 1 based on the following criteria. Mark X on all that apply.

- [x] Impacts the local community
- [ ] Prominent news source (in high level position)
- [x] Credible news source (no obvious interest)
- [ ] Includes traditional news values, such as thoroughness, accuracy, local focus, timeliness, visual possibilities (TV, internet), newsworthiness, has interest and benefit to reader, has impact, avoids use of persuasive tactics).
- [x] The news source is quotable

b) Depth of treatment – Rate the depth of treatment for information subsidy 1 based on the following criteria. Each paper in the series should offer enough depth about the topic to enable a journalist to find 1 to 3 news story ideas. Mark one with X.

- [ ] Not enough material
- [ ] Almost enough material
- [x] Enough material
- [ ] Too much material

c) Coverage – Rate the coverage of the topic of information subsidy 1 based on the following criteria. Each paper in the series should have some or all of the following features. Mark X on all that apply.

- [ ] Graphs
- [x] Numbers/Data
- [ ] Charts
- [ ] Tables
- [x] Quotes from credible sources
- [x] References to credible sources

Thank You
The Cost Effectiveness of Prevention

The United States spends more on health care than any other industrialized nation, ranking 37th in the world between Costa Rica and Slovenia, according to the World Health Organization (WHO). On top of that, the high cost of medical care for disease and disability is crippling the American workforce and the economy.

Some health reform advocates assert that more dollars for prevention would buy better value and save money over time on health care delivery. In a recent policy paper, “Policy Options in Support of High-Value Preventive Care,” commissioned by Partnership for Prevention, Drs. Kurt Strange and Steven Woolf report that “Preventing illness … is not valued in the United States, but a focus on prevention could markedly alter the effectiveness of the U.S. health care system.”

The U.S. system of health care concentrates on treating advanced disease with tests and procedures that aren’t always effective, and spends only 2-3 percent on preventing disease before it advances, according to the report. “This characteristic of the … health care system is dysfunctional and inefficient,” the authors write.

Chronic diseases accounts for 70 percent of all health care costs in the U.S. and doctors say that many are possibly preventable with changes in behavior and personal lifestyle among the population. In addition, it is reported that 38 percent of all deaths can be prevented with physical activity, healthy diets, and avoidance of alcohol abuse and tobacco use. Calling it “compression of morbidity,” the authors note that early detection, preventive medication and immunization can effectively reduce the “severity and frequency” of heart disease and cancer, as well as other causes of diseases and premature death.

So what is the return on investment on public health intervention? Strange and Woolf point out that aside from the health benefits of people feeling better and living longer, spending on proven forms of prevention makes sense economically. They concede some costs are not justified for preventive measures shown to be ineffective, but studies of highly effective disease prevention
services, such as childhood immunization and smoking cessation programs, do show much lower costs than the costs for treating disease once it occurs.

In fact, the authors point to the scientific evidence for cost-effective and beneficial clinical and community prevention services that has been documented by several highly-regarded, authoritative groups citing reports from groups such as the Task Force on Community Preventive Services, publishers the Community Guide that tracks “effectiveness, economic efficiency” and intervention feasibility. Also, the highly regarded, regularly updated, scientifically valid recommendations on effective clinical prevention programs that come from the U.S. Preventive Services Task Force (USPSTF), as well as recommendations on cost-effective clinical services that come from the National Commission on Prevention Priorities. “The body of evidence synthesized in these reports points to a direction we should be heading in,” Strange and Woolf write.

Along with urging personal responsibility, such as eating healthy, staying active, washing your hands, and wearing a helmet when biking and a safety belt when driving to help prevent illness and injury, as well as regular clinical screenings like mammograms and colonoscopies, the authors make a compelling case for community health initiatives and rightly so. These after all are the public health interventions on improved sanitation, food and water safety and immunization responsible for the population-wide 66 percent increase in life span since 1900, from 47 years old in 1900 to 78 in 2005, according to a report published in Covering Health Issues, 5th edition.

The authors point out a decline in public health infrastructure and its antiquity. Most emphasis on public health in the last ten years has been on biomedicine and bioterrorism. With the needed investment to facilitate service delivery, however, according to Strange and Woolf, “The payoff is likely to be substantial if these investments foster building an infrastructure that can work across multiple behaviors and diseases and be integrated with the medical care system.” They further assert that this can be accomplished with an investment in the Centers for Disease Control and Prevention (CDC), and by supporting state and local health departments with block grants for basic infrastructure development. # # #
Evaluation for Information Subsidy 7

1. Evaluation of the body of the project

The student gathered information about national, state, and local public health issues and prepared a series of topic papers (information subsidies) for the purpose of framing the association’s viewpoint on public health issues and building the agenda for the media. The papers contain information for reporters to use for news stories on current topics related to public health. The papers will post to a “Media” portal on the website of the Indiana Public Health Association [www.inpha.org]. A news release will be prepared for statewide distribution to inform the media of this new resource.

How would you rate the following aspects of information subsidy 1 produced for this project?

a) Quality – Rate the quality of information subsidy 1 based on the following criteria. *Mark X on all that apply.*

[x] Impacts the local community
[x] Prominent news source (in high level position)
[ ] Credible news source (no obvious interest)
[ ] Includes traditional news values, such as thoroughness, accuracy, local focus, timeliness, visual possibilities (TV, internet), newsworthiness, has interest and benefit to reader, has impact, avoids use of persuasive tactics).
[x] The news source is quotable

b) Depth of treatment - Rate the depth of treatment for information subsidy 1 based on the following criteria. Each paper in the series should offer enough depth about the topic to enable a journalist to find 1 to 3 news story ideas. *Mark one with X.*

[ ] Not enough material
[ ] Almost enough material
[x] Enough material
[ ] Too much material

c) Coverage – Rate the coverage of the topic of information subsidy 1 based on the following criteria. Each paper in the series should have some or all of the following features. *Mark X on all that apply.*

[ ] Graphs
[x] Numbers/Data
[ ] Charts
[ ] Tables
[x] Quotes from credible sources
[x] References to credible sources

Thank You
Overall Evaluation of Project

1. Evaluation of the topic: framing theory, agenda-building and information subsidies

This creative/professional project was undertaken to explore the use of framing theory, agenda-building and information subsidies in the practice of association public relations.

On a scale of 1 to 10, with 10 being the highest and 1 being the lowest, how would you rate the topic choice? **Highlight one number in BOLD.**

1 2 3 4 5 6 7 8 9 10

2. Evaluation of the approach

The student approached the project using a theoretical model of media relations requiring her to first determine the need for an information subsidy and then to conduct a news-gathering process for the information subsidy. The model required the student to seek authorization to express the association’s position on public health issues and then to frame a message giving the association’s viewpoint. The student then produced the information subsidy using traditional news values.

On a scale of 1 to 10, with 10 being the highest and 1 being the lowest, how would you rate the choice of approach? **Highlight one number in BOLD.**

1 2 3 4 5 6 7 8 9 10

3. How would you rate the student’s work on this project as contributing to the body of knowledge in the area of using framing theory, agenda-building and information subsidies in media relations based on the following statement? **Mark one with X.**

“The work on this project adds to the body of knowledge in the field regarding: the use of framing theory, agenda-building, and information subsidy production and distribution in media relations practice as a component of public relations strategic planning and management - with tactics/techniques used in proper context as tools in carrying out a program.”

- [] No contribution
- [] Minimal contribution
- [] Somewhat useful contribution
- [x] Useful contribution
- [] Very useful contribution
- [] Somewhat valuable contribution
- [] Valuable contribution
- [] Very valuable contribution

Thank You
Overall Evaluation of Project

1. Evaluation of the topic: framing theory, agenda-building and information subsidies
This creative/professional project was undertaken to explore the use of framing theory, agenda-building and information subsidies in the practice of association public relations.

On a scale of 1 to 10, with 10 being the highest and 1 being the lowest, how would you rate the topic choice? Highlight one number in **BOLD**.

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On a scale of 1 to 10, with 10 being the highest and 1 being the lowest, how would you rate the choice of approach? Highlight one number in **BOLD**.

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[] No contribution
[] Minimal contribution
[] Somewhat useful contribution
[X] Useful contribution
[] Very useful contribution
[] Somewhat valuable contribution
[] Valuable contribution
[] Very valuable contribution

Thank You
Appendix C

The Indiana Public Health Association (IPHA) is a national affiliate of the American Public Health Association (APHA), based in Washington, D.C. A membership organization of 30,000 individuals and 20,000 state and local affiliates, APHA represents more than 50 fields of public health and related areas concerned with issues such as disease control, children’s health, tobacco control, environmental and international health, and bioterrorism.

IPHA formed over 60 years ago, in 1946. Its mission is to provide a network partnership for public health professionals and members of the public that have an interest in the health of the people of Indiana. It promotes public health services through educational programs for public health practitioners, training, and research, careers in public health, disease prevention education and wellness, and advocates for public health services through communication with key leaders in government, industry and the community.

Funded by the Indiana State Department of Health
Appendix D

What Does the Local Health Department Do in Your Community?

Your local health department (LHD)—you may know it as your local “health department” or “public health department”—is a leader in improving the health and well-being of your community. This fact sheet describes the roles performed by LHDs in communities throughout the United States.

- **Protects you from health threats, the everyday and the exceptional.** Your LHD guards multiple fronts to defend you from any health threat, regardless of the source, and works tirelessly to prevent disease outbreaks. Your LHD makes sure the tap water you drink, the restaurant food you eat and the air you breathe are all safe. It’s ready to respond to any health emergency—be it bioterrorism, SARS, West Nile Virus or an environmental hazard.

  “Not content with merely a “clipboard” role checking for compliance with regulations, Marquette County (MI) food service health inspectors organize and conduct classes to advise restaurant managers how best to meet current food safety standards. These inspectors are resources as well as enforcers.”
- **Educates you and your neighbors about health issues.** Your LHD gives you information that allows you to make healthy decisions every day, like exercising more, eating right, quitting smoking or simply washing your hands to keep from spreading illness. They provide this information through public forums in your community, public service announcements in the media, programs in schools, health education in homes and clinics, and detailed Web sites. During a public health emergency, your LHD provides important alerts and warnings to protect your health.

  "Effective health education can be fun and can promote creativity and self-esteem. Marquette County (MI)’s Health Education Division sponsors annual school-based tobacco control billboard contests. Kids’ winning designs are displayed on highway billboards throughout the county."

- **Provides healthy solutions for everyone.** Your LHD offers the preventive care you need to avoid chronic disease and to help maintain your health. It provides flu shots for the elderly and helps mothers obtain prenatal care that gives their babies a healthy start. Your LHD also helps provide children with regular check-ups, immunizations, and good nutrition to help them grow and learn.
“Health professionals and seniors know that foot problems are a major source of disability. Every month, public health nurses hold foot care clinics at every senior center in Marquette County (MI). The nurses examine feet for problems, refer clients for assistance, and provide counseling on how to avoid disease complications and discomfort and “be a friend to your feet.”

- Advances community health. Your LHD plays a vital role in developing new policies and standards that address existing and emerging challenges to your community’s health while enforcing a range of laws intended to keep you safe. Your LHD is constantly working—through research and rigorous staff training—to maintain its unique expertise and deliver up-to-date, cutting-edge health programs.

“Treatment for HIV/AIDS has evolved rapidly during the last several years. The staff of the Marquette County (MI) health department keeps up to date in preventing the spread of this awful epidemic through periodic, state-run training sessions.”

Source: National Association of County and City Health Officials (www.naccho.org)
FOR IMMEDIATE RELEASE
For information, contact IPHA at (317)221-2392 or @inpha.org

Essential Public Health Services are Key Components in Health Reform

Indianapolis — Indiana Public Health Association, the advocacy group for local health departments, is gearing up for a public health awareness campaign to highlight the role of public health services in health reform. IPHA is the leading advocate for public health in Indiana and provides services to local health departments in 92 counties across the state.

Public health is the watchdog over health-related crises serving to avoid disease and disaster before it happens. IPHA Executive Director, Jerry King says, “The work we do is essential to people’s well-being … we need to be more effective at raising awareness about how our work is essential to the population’s health,”

According to the American Public Health Association, investing in public health is possibly the single most effective act that will reduce the costs of medical treatment for preventable sickness and accidents.

“Prevention is hard to see, unless we look at what might have happened if we hadn’t caught it first,” says King. “We want to take action before people contract a disease or before the disaster. Our health care system is designed around sickness and disease, rather than health and well-being. But, the mission of Indiana’s public health system is to keep Hoosiers safe and healthy. We want to keep people out of the hospital,” says King.

IPHA is an affiliate of American Public Health Association (APHA), headquartered in Washington, D.C.