

6-9-2011

Framing Health Care Across the Pond: A comparative content analysis of elite newspapers in the US and UK during the 2009 American health policy debate

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Framing Health Care Across the Pond: A comparative content analysis of elite newspapers in the US and UK during the 2009 American health policy debate

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A Thesis Submitted to The Graduate School at the University of Missouri – St. Louis in partial fulfillment of the requirements for the degree
Master of Arts in Communication

May 2011

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ABSTRACT

This study analyzes content from eight leading newspapers in the United States and United Kingdom during ten months of the 2009 American health care policy debate, identifying emergent issue-specific health care frames that manifest themselves in key framing devices, like metaphors, exemplars, catchphrases, and depictions. This exploratory, quantitative frame analysis is conducted in a cross-cultural context to facilitate generalizable comparisons about how the news media in different countries frame social welfare policy through symbolic and rhetorical elements. A principal component analysis is used to reduce the health care-specific variables into four frames: *access*, *choice*, *rising costs*, and *market competition*. The multivariate analyses of covariance (MANCOVAs) reveal that there was a statistically significant difference by country for the *access frame*, which generally drew attention to the dilemmas facing the uninsured. The British articles feature references to universal health care coverage and the “horror stories” of uninsured Americans more frequently than articles from US papers. The analysis also finds a significant interaction effect for country and ideology on the *choice frame*, which highlighted the problems incurred by government-run health systems. Right-leaning newspapers in the US highlighted critiques of “socialized medicine” and “death panels” more than right-leaning newspapers in the UK. However, and unexpectedly, left-leaning newspapers in the UK emphasized these items more frequently than their counterparts in the US *and* more than right-leaning newspapers in the UK. This research begins to demonstrate that elite British and American newspapers employed different frames to characterize the recent health care debate in the US. These differences likely reflect the political fault lines that define debate regarding major social welfare issues in the two countries.

KEYWORDS: Framing, comparative, health care, content analysis, rhetoric, newspapers, elite press, United States, United Kingdom

To my parents, who taught me to be curious about the world

ACKNOWLEDGEMENTS

I owe incredible debts to many people who helped me bring this thesis to completion. I am forever indebted to my advisor, Dr. Alice Hall, who attentively showed me what academic work really demands and helped me understand how to do it correctly. I am extremely grateful to Dr. Yan Tian, whose encouragement and confidence helped urge me toward pursuing my Ph.D, and to Dr. Jina Yoo, whose critical eye has improved this effort proposal to completion. I would also like to thank the librarians at the University of Missouri – St. Louis’ Thomas Jefferson Library for their diligent help as I sampled hundreds of newspaper articles. Throughout this process, I have relied on immense support and the successes of the project reflect that. However, the faults and failures are all my own.

Without the help of Michael Bordieri and Sarah Geels, I would have never completed this project. They both sacrificed parts of their summer and even larger parts of their sanity to code dozens of articles that were used in the final analysis. Mike, who in many ways has been an intellectual partner, also provided countless hours of free statistical consultation. Sarah, whose patience with me was unmatched, was a source of motivation and thoughtful feedback without which this project never would have gotten off the ground. Finally, my parents have been the biggest intellectual and emotional cheerleaders in my life. They have always been there for me when I needed them and tried to instill a set of values that I continue to strive to live up to. My father never let me forget that the world expected many things from me; and my mother always reminded me of the many things that I had to offer the world. For that, I will be eternally grateful.

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CHAPTER ONE

INTRODUCTION

As 2009 began, political discourse echoed the bygone eras of Franklin Roosevelt's New Deal or Lyndon Johnson's Great Society, instead of the tropes made familiar by the Reagan-Thatcher Revolution. Liberal pundits called for nationalization of the banks (Krugman, 2009) and a resurrection of New Deal-style fiscal and social policies (Alter, 2009; Soller, 2009). A CBS/New York Times poll, conducted just before Barack Obama became the 44th President of the United States, compared attitudes of Americans in 1979 to those in 2009. The results indicated that, in January 2009, 49% of those polled agreed that the government "should provide national insurance," compared to 32% who said it should be "left to private enterprise." The results from the 30 year-old survey indicated the inverse (CBS News/New York Times, 2009). In 2009, it appeared that for the first time in two generations, people in the United States saw government as having a role to play in solving society's problems.

By the beginning of 2010 public opinion had apparently shifted. A Gallup poll showed that during 2009 "conservatism" had outranked "moderate" as the nation's "leading ideology" (Gallup, 2010). The editorial and feature pages became covered with headlines like, "It hasn't been pretty" (Meacham, 2010) and "The trouble with Barack" (*The Economist*, 2010). The nation's loudest grassroots voice, the so-called Tea Party Movement, was born, at least in part, from popular discontent with government intervention.

Manifold political decisions, pressures, and influences contributed to the shift in views about the current government, as well as the rightward turn in beliefs about

government in general. President Obama's health care reform package was certainly among them. Health care was a top issue during the 2008 election (Roper Center for Public Opinion Research, 2009) and was destined to be a prominent part of any subsequent presidential administration. Issue debates like health care often crop up in public discourse as representations of larger philosophical discussions that are in turn tied to differing cultural ideals. By systematically analyzing the news coverage around health care, this paper argues that the debate over reform, which consumed the first year of the Obama Presidency, has served as a proxy for underlying ideological debates about the role of government in solving social problems.

Building on a previous study (Foote, 2010) that qualitatively identified framing devices found in the texts, this study aims to explore the presence of issue-specific frames (starting with the three from the previous study – *access*, *choice*, and *efficiency*), confirm the presence of mutually occurring generic frames (*economic consequences*, *human impact*, and *strategic*), demonstrate how the frames differ systematically across countries, and investigate whether generic cross-issue frames are associated with issue-specific frames in any meaningful way. The broad purpose of this study is to compare patterns across the two countries and explore how particular framing devices resonate with certain cultural themes and rhetorical traditions. By conducting a quantitative cross-cultural content analysis, this research purports to identify how the nations' premier print journalists and commentators draw on specific symbolic devices and ideological frameworks to explain complex policy changes to their readers.

Public discourse around health care provides a good way to understand how public issues resonate with themes and counter-themes entrenched in national political

cultures. Cross-cultural frame comparison is a good way to understand the parameters of debate over recurring public issues. The debate over health care reform in the US, which hit a fever pitch during 2009, is rooted in cultural attitudes, ideals, and values, creating a site for competing frames.

Health Care Reform in the US

Nearly a century ago, former president Teddy Roosevelt made national health coverage a major campaign issue of the Progressive Party (Skocpol, 1995). Since then, it has become a key public policy issue and recurring political theme. President Franklin Delano Roosevelt established a New Deal health plan for the lowest income Americans, in the form of Medicaid (Kearns Goodwin, 1991). In 1945, just seven months into his presidency, Harry S. Truman proposed a national health insurance plan, considered too radical by the Congress (Harry S. Truman Presidential Library, 2009). Lyndon B. Johnson's Great Society extended the social programs of the New Deal, specifically expanding coverage for the elderly (Kearns Goodwin, 1991).

1993-94 reform effort. During the recent incarnations of the debate new terms, definitions, and value-assessments have accumulated and changed along with the policy landscape. Recent reform proposals have conformed to political mood and accommodated new discourse. The current debate over health care reform, which spans more than 15 years, began with President Bill Clinton's 1993 and 1994 proposals for "managed competition," a scheme in which consumers and employers would bargain with insurance companies via large cooperatives (Lieberman, 1993).

The Clinton administration pushed aside a single-payer system from the beginning. Given the political climate that dominated the decade leading up to Clinton's

election, “advisers convinced Clinton that it would be possible to use regional insurance purchasing agencies along with modest new tax subsidies to push the employer-based U.S. health care system toward cost efficiency and universal coverage” (Skocpol, 1995, p. 68). Neologisms like “managed care” described regulated competition schemes that were meant woo middle-class voters who were fearful of losing benefits and concerned most with things like “efficiency” of the market. Despite the out-of-the-gate compromise stance taken by the “New Democrats,” the Republican Party devised a savvy strategy to fight what they saw as the latest attempt to secure universal coverage. Calls against the single-payer system gained popularity during the Reagan administration; but opposition to Democratic reform efforts truly became a form of art when Bill Kristol outlined an “aggressive and uncompromising counterstrategy” to kill the Clinton plan in December 1993 (cited in Skocpol, 1995, p. 76). This strategy intended to use paid and earned media to engender fear about reform and discredit the Clinton proposal.

Mass media’s influence on the perennial health care debate cannot be overstated, especially during Clinton administration’s reform effort (Jamieson & Cappella, 1998). The effects of paid advertisements on the health care policy process during the Clinton administration is well documented (Jamieson & Cappella Kaid; Tedesco, & Spiker, 1996). “Harry and Louise” emerged as the stars of the Clinton health care debate. Portrayed as elderly yeoman Americans, they appeared around the kitchen table, distraught over the possibility of losing their benefits in the swell of bureaucratic change that the government was proposing (Kaid, Tedesco, & Spiker, 1996). Focus groups of viewer’s interpretation found that the advertisements with the greatest short-term recall (often a measure of salience) centered on “choice” and cautioned fear about the soon-to-

be “billion dollar bureaucracy” (Jamieson & Cappella, p. 125). Preliminary analysis of the news media treatment of the 2009 policy debate observes that these common tropes have not gone away (Foote, 2010).

2009 health care debate. Health care once again became a key election issue in 2008, ranking consistently in public opinion polls as the number two or three concern of most US voters, lagging behind the economy and the Iraq War (Roper Center for Public Opinion Research, 2009). After all the media attention, policy analysis, and lobbying expenditures during the early Clinton years, the 103rd Congress did not take a full floor vote on any bill; the Children’s Health Insurance Program, passed in 1997, was the biggest health care victory to come from the Clinton agenda (Corrigan, 2000). Many of the looming issues – soaring costs, hardships for both sides of the employer-based insurance compromise, tens of millions of people without adequate medical insurance, discrimination based on pre-existing conditions – remained unresolved as the debate arose againsoaring (U.S. Department of Labor, 2009). The campaigns of both Barack Obama and John McCain devised schemes to “overhaul” the US health care system.

During the primary campaign season, two differing problem definitions seemed to emerge. One declared that the employer-based health care system was broken and inadequate, concluding that individuals should be give primary responsibility, choice, and control over their health care insurance. This manifested itself in a general election policy proposal in the form of John McCain’s voucher program that would give tax credits to those without insurance who would want to purchase it in the private market (Sack, Carter, Ellis, Hossain, & McLean, n.d.). The Democrats agreed that the piecemeal employer-based system was the root of the cost-access problems facing the nation’s

health care system. In contrast, the Democratic Party primary discussion centered around the need to provide universal health care coverage equivalent to the plan held by members of the US Congress. Their prescriptions trended toward universal health care coverage, some more than others. Barack Obama, as the general election candidate for the Democratic Party, incorporated many of the schemes into his final plan, which aimed to “establish a new federal health plan for the uninsured” with subsidized premiums, expansion of existing public programs, and a government insurance exchange. Most notably, the original Obama plan, also required that employers provide insurance or pay the government to provide it (Sack et al.).

The Affordable Health Care Act, signed into law on March 23, 2010, turned out to be a piece of compromise legislation that most closely resembled the plan laid out by the Obama for America campaign (Fineman, 2010; Sack et al., n.d.). The mandate to purchase coverage shifted from employers to citizens and the government insurance exchange would only feature private insurers, but an estimated 32 million US citizens and documented residents would obtain health insurance over the next few years, many through considerable expansion of government programs like Medicare and the Children’s Health Insurance Program (Fineman, 2010). The bill privileged a model that requires everyone to have insurance coverage and creates insurance exchange pools (Romano, 2010).

Health Care in the UK

Modern Europe presents a stark contrast to the piecemeal and privatized measures implemented in America, which have commonly involved private insurance companies. Most European countries established publicly sponsored nation health coverage during

the rise of social democratic states in the 1940s, 1950s, and 1960s (Skocpol, 1995). The British National Health Service (NHS) was founded in 1948 as a government provider of health care. Its budget has grown by a factor of ten in over the last half century (National Health Service, 2011). Unlike other national health systems in Europe, the British system is predicated on its members being able to present at government health care facilities and receive care free of charge. These distinct approaches are reflections of differing attitudes toward ideal provision of health services across the Atlantic; arguably, they have deep influence over the general view of government activity as creating or solving social problems.

The British take a detached interest in the American health care system, which is often characterized as oversized and inefficient in cost-per-person outlays (Kettle, 2009). But calls for reform of the British National Health Service were stoked by the recent health care debate in the United States. The United States and the United Kingdom share a unique relationship with reference to the decline of the welfare state in recent decades; decentralization and deregulation were ushered into both the US and UK during the 1980s under Margaret Thatcher and Ronald Reagan. In response, the Democratic Party in the United States and New Labour in the United Kingdom, remade themselves, under Bill Clinton and Tony Blair, respectively, as moderate versions of the parties that dominated the post-war decades (McNair, 1999).

Movements to reform social democratic institutions is spreading throughout continental Europe. The UK and the Conservative-led coalition government have led the public debate about privatization and shrinking central government authority in health care. With this debate emerging during the 2010 parliamentary elections, it is easy to

understand how British politicians got dragged into the US debate over health care reform (Economist, 2010). Republican politicians held up the NHS as a model of monolithic impracticality and waste. This was met in Britain with overwhelming outrage (Barkham, 2009). Despite being used by the Conservative Party, which was positioning itself to win its first election in almost 15 years, the Labour Party and much of the British establishment press came out to defend their health system. The response of the British Members of Parliament reveals the underlying character of attitudes toward the NHS and, by extension, the welfare state. The issue of health care is a central site upon which to exam the implications for understanding how news media reflect the formation and reinforcement of political rhetoric in countries with differing political cultures regarding their societies' major social welfare issues.

CHAPTER TWO

A REVIEW OF FRAMING LITERATURE

Framing research provides a sound conceptual basis for understanding how mass media help define the lenses through which citizens view the dominant political debates of the day. Every culture has a set of stock frames through which people interpret the world (Entman, 1993; Gamson, 2004). According to Edelman (1993), public issues exist in a world of socially constructed meaning, “a kaleidoscope of potential realities, any of which can be readily evoked by altering the ways in which observations are framed and categorized” (p. 232). As journalists construct narratives about news events, they actively and passively select from a repertoire of frames bounded by the culture in which the journalist operates (DeVreese et al., 2001; Van Gorp, 2007). Frames are not simply straightforward arguments or overt claims; they are defined by more subtle representations – salient symbols, concepts, and key words (Entman, 1991) – that tap into existing psychological cues (Iyengar, 1991), or “thought schemata” (Goffman, 1974, p. 21).

Most researchers can agree on Gitlin’s (1980) broad definition: “Frames are principles of selection, emphasis and presentation composed of little tacit theories about what exists, what happens, and what matters” (p. 6). Making salient certain bits of information over others increases the likelihood that actors will remember key information and construct meaning based on their previous social experiences. For journalists and audiences alike, frames are the “central organizing idea... for making sense of relevant events and suggesting what is at issue” (Gamson & Modigliani, 1989, p. 3). Frames do not exist in a vacuum; they emerge as reflections and reinforcements of

cultural themes (Gamson & Lasch, 1983), historical scripts (Pan & Kosicki, 1993), and ideological currents (Entman, 1991).

Longitudinal research has shown that issue-specific frames are generally stable over time, because they are rooted in cultural tropes and ideological positions (Gamson & Modigliani, 1989). Frames both prompt and are triggered by symbolic representations of shared meaning. Word choice, metaphors, exemplars, catchphrases, and arguments that resonate with deeper issue cultures (Gamson & Lasch, 1983) are reinforced and refined by the media into “dominant congruent meanings,” which, in turn define and delimit the way people think about public issues (Entman, 1991, p. 24). Frames not only structure our judgements, but *enable* certain “principles of organization which govern social events” (Goffman, 1974, p. 10). In the broadest terms, frames shape our thinking about human experience, by connecting pre-existing labels, classifications, and associations in meaningful ways. The question of how the producer, text, audience, and culture interact in the framing process remains largely unanswered.

Cognitive psychology and sociology have buttressed the two biggest trends in framing research (Tewksbury, & Scheufele, 2009). Thus contextualized, framing is a process with two sides – construction and interpretation (some call this frame-building and frame-setting; Scheufele, 1999). This theoretical dichotomy tends to also structure the majority of framing research. For those interested in frame construction, framing is a “contest” between competing categorizations and classifications (Gamson & Modigliani, 1989), influenced by ideology (Edelman, 1988) and journalistic practices (Tuchman, 1978). Researchers who experiment with the cognitive and affective outcomes of framing (cf. Iyengar, 1991; Price, Tewksbury, & Powers, 1997) are interested in “frames

of reference” (Sherif, 1967, cited in Tewksbury & Scheufele, 2009). It is important to understand the “effects” of framing in order to emphasize the sociopsychological “value” of analyzing the cultural roots of frames.

Media framing

Communication researchers suggest that framing is different from agenda-setting or priming in that frames tap into a set of existing knowledge, values, and attitudes that neither agenda-setting theory or cognitive priming explicate (Sheufele, 2000). To distinguish framing from other concepts, scholars set out to demonstrate experimentally that the process of media framing influences individual citizens’ interpretations, evaluations, and attitudes (Lee, McLeod, & Shah, 2008; Shen, 2004; Simon & Jerit, 2007). Price, Tewksbury, and Powers (1997) found that messages relevant to experimental subjects (e.g., college students reading about a potential university funding crunch) brought to mind a range of thoughts that were not explicitly primed, but that differences in frames employed affected subjects’ evaluations. Shen and Hatfield Edwards (2005) demonstrated that news frames interact with pre-existing individual values (e.g., humanitarianism and individualism) to shape subjects’ subsequent beliefs and attitudes toward policy proposals about welfare reform. Arguably, these values are integral to the composition of differing political cultures.

Even in the cognitive perspective, framing is essentially a social practice in which meaning is shaped, limited, *and* enabled through the stimulation of psychological schemata. Dietram Scheufele (1999) first conceptualized a multi-level, multi-path process of frame-building, the process of assembling frames, and frame-setting, the interaction between frames and individual interpretation. To unpack these ideas,

Scheufele distinguished between *media frames*, symbolically connected ideas that are embedded in the content, and *audience frames*, the meaning networks that individuals use to glean significance and evaluate messages. Many media effects scholars recognize that framing is a continuous cycle in which news producers and news consumers alike play a part in constructing and interpreting frames (Brewer, 2002; Lee et al., 2008; Simon & Jerit, 2007). The popular frame-building/frame-setting model is a useful way for media effects scholars to understand the complex and dynamic process of embedding frames in news text, cognitive and behavioral effects at individual level, and the overall influence of media on society.

Frame Construction

Framing goes beyond agenda-setting and priming in that journalists construct frames that define problems, imply causes, provide moral evaluations, and point towards a range of potential solutions (Entman 1993). Frame construction scholars maintain that different frames are “sponsored” by political actors, journalists, and other agents, making media content sites of negotiation of meaning, representation, and moral prescription (Gamson, 2004; Benford & Snow, 2000). Journalists, who must define complex political debates in simple packages and are rewarded for doing so (Gamson & Lasch, 1983; Gitlin, 1980), become prime “frame sponsors” within these contests.

Journalists, who are tasked with describing and explaining modern phenomena, are especially prone to concocting and using symbolic devices to simplify concepts for mass local or national audiences. Journalistic institutions therefore play an active role in constructing national narratives for their discursive communities (Hall, 2000; Pan, Lee, Chan, & So, 1999) sponsoring frames vis-a-vis their home country. Cultural metaphors

and historical exemplars can call up schema and scripts that resonate with the deepest values and traditions in a society (Pan et al., 1999). This often reflects a dominant, ideological meaning projected onto the public discourse. Sociologically and critically oriented approaches view the construction of news reporting and commentary as part of a contested discursive process in which shared meaning is created among producers and consumers.

The process of framing constantly builds upon persistent cultural themes to design and convey new conceptual tools that “organize(s) the world both for journalists who report it and, in some important degree, for (those) who rely on their reports” (Gitlin, 1980, p. 7). With complex public policy issues, news media serves to simplify vast quantities of information into graspable categories (Edelman, 1988); journalists, in particular, are rewarded for their ability to distill complex concepts into culturally relevant rhetorical positions (Gamson & Lasch, 1983).

Frames are embedded in media content and made salient through symbolic cursors like word choice, visual images, and arguments (Entman, 1991; Gamson et al., 1992). “Individual frames” are as much a product of social interaction as the frames that journalists conjure up to package and and organize information (Scheufele, 1999). News audiences construct meaning based on noticeable and meaningful “framing devices” that represent stable, underlying cultural themes (Gamson, 2004; Gamson & Modigliani, 1989; Van Gorp, 2007). Shared culture serves as the basis for the interactional process that facilitates the social construction and negotiation of meaning (Delia, Klein, & Burlison, 1979; Hall, 2006; Mead, 1972; Searle, 1964). Thus

conceptualized, culture becomes a constructive and useful lens through which to compare the shaping of frames in news media.

A frame invites the reader to interpret information in a certain way by making associations with constructs that are more readily available in a given social context. Van Gorp (2007) contextualizes the phenomenon of framing as reliant on a “shared repertoire of frames in culture (that) provides the linkage between news production and news consumption” (p. 61). Frame sponsors employ a variety of symbolic representations to connect with stable cultural themes that spring from ingrained social values and beliefs. They operate in the symbolic realm and connect with audiences’ previously constructed mental representations, while tackling a wide variety of contemporary arguments and positions.

Shared meaning is spatially and temporally rooted, but can also transcend these boundaries within a single issue. Gamson and Modigliani’s (1989) analysis of public discourse around the nuclear issue over more than four decades also revealed that a single issue employs multiple frames over time and even “allow(s) for a degree of controversy among those who share a common frame” (p. 3). As such, analysis of framing does not rely on straightforward arguments, but on “interpretive packages” (Gamson & Lasch, 1983; Gamson & Modigliani, 1989) that “carry” the core frame. Framing researchers deconstruct these packages by identifying symbolic devices that serve as a shorthand for the larger frame (Gamson & Lasch, 1983; Van Gorp, 2005).

A signature matrix (Gamson & Lasch, 1983) provides a systematic way to identify latent and manifest meaning through signature elements that serve as “condensing symbols” that display a given “interpretive packages”. These packages, and

their corresponding frames and ideological positions, make up the discourse around particular political issues. “Every package has a *signature*—a set of elements that suggest its core frame and position in a shorthand fashion” (p. 399). The signature elements also serve as shortcuts for audiences to connect with and interpret larger sets of ideas.

Framing Across Cultures

In this section, I summarize some of the framing analysis literature that explores the shifting public discourse in different countries. Many scholars have traced cross-cultural differences to historical, cultural, and ideological roots by examining media texts. This research has clearly demonstrated that news frames vary among national press corps covering the same international event. Some studies have shown the ideological influence on framing in very distinct countries, like China and the United States (Akhavan-Majid & Ramaprasad, 1998) and Japan and the United States (Lee & Yang, 1995). Others have demonstrated the impact of more subtle distinctions of ideology, history, and culture on the framing of news events (Daley & O’Neill, 1991; Pan et al., 1999) and policy debates (Hall, 2000).

When covering foreign events and global issues, news media tend to give prominence to themes that support the national interest (Lee & Yang, 1995) and echo culturally-rooted ideological frames (Akhavan-Majid & Ramaprasad, 1998; Entman, 1991; Hall, 2000). Pan and colleagues (1999) studied a single event, the handover of Hong Kong from the UK to the People’s Republic of China (PRC), by tracing the historical “scripts,” well-known stories or sequences of activity, that print and broadcast outlets drew upon to fashion media narratives about the event. The researchers were

interested in how news media from throughout “Cultural China,” as they referred to Hong Kong, Taiwan, and the PRC, treated the handover in distinct ways. The linguistic devices found in the news texts reflected the narratives that have divided Hong Kong, Taiwan, and the PRC for half a century. Furthermore, the frames reinforced ideas that served each polity’s diplomatic and economic interests. These distinctions are reinforced in studies of multi-national coverage of the most recent international event, the second Iraq War. Kolmer and Semetko (2009) found that the news frames (both valence of coverage and focus on military or political attributes) varied greatly by whether the government of each of the six countries (and Al-Jazeera, a pan-Arab television outlet) supported or opposed military action. In Asian newspaper coverage of the Iraq War, Maslog, Ting Lee, and Shik Kim (2006) found that religion of a country (Muslim and non-Muslim) had the strongest relationship to the type of frame that appeared most frequently (i.e., either support or opposition to the war). International events or protracted global debates tend to stimulate symbolic cross-cultural encounters.

Scholars also believe that these cultural differences play themselves out within a single nation, with diverse cultural constituencies, as well. Patrick Daley and Dan O’Neill (1991) analyzed the first two weeks of US news coverage surrounding the Exxon Valdez oil spill of 1989 through the lens of hegemony and minority discourse analysis. Their investigation of three geographically and culturally distinct newspapers (the *Anchorage Daily News*, the *Boston Globe*, and the Native American alternative weekly, the *Tundra Times*) clearly illuminated the function served by key narratives, like the “disaster frame,” to shift the discourse away from questioning energy sources to the “realm of technological inevitability” (p. 53). Despite the range of competing political voices

presented by the two mainstream outlets, the overarching narratives remained consistent when compared to the alternative viewpoint of the *Tundra Times*. Dominant frames and accessible cultural metaphors reinforced the accidental nature of the oil spill and the animals affected as the sole victims. By comparing mainstream news coverage to a publication with undeniably divergent interests, Daley and O'Neill were able to illuminate the narrow purposes served by dominant discourse by uncovering the structure and function of dissimilar news narratives. Cross-cultural studies like this one illustrate the importance of contrasting dominant journalistic characterizations of public issues and events with potential alternative treatments.

Current research evinces that news media outlets do not have to be focused on a specific event, nor do they have to be based in countries with polarized ideological or religious chasms to manifest elements of differing frames (DeVreese et al., 2001; Papacharissi & Oliveira, 2008) or have distinct effects on citizen knowledge and interpretation (Iyengar, Hahn, Bonfadelli, Marr, 2009). Papacharissi and Oliveira (2008) analyzed four newspapers, two from Britain and two from the United States, over a year-long period to find that their treatment of terrorism differed significantly. They combined quantitative computer word mapping with qualitative discourse analysis to reveal that the US framed coverage from a military perspective, whereas the UK more commonly employed a diplomatic focus. Furthermore, episodic coverage of terrorism predominated in the US and thematic coverage appeared more frequently in the UK. These scholars link their conclusions to established notions that “the US press features a pragmatic orientation, in contrast to the sacerdotal orientation of the British press” (p. 59).

Coverage of international affairs can illustrate key differences in issue-specific and generic framing practices across countries.

Generic Frames

Many framing scholars distinguish between “issue-specific” and “generic” frames (DeVreese et al., 2001; Matthes, 2009; Van Gorp, 2007). *Issue-specific frames*, such as those identified by Gamson and Lasch (1983) or Pan et al. (1999), are conceptualized as mental scaffolding that conveys meaning associated with specific topics, or relatively narrow sets of issue, like social welfare problems. The category of *generic frames* refers to those that can be applied across a wide variety of issues, from crime to elections over time and in different cultural contexts (DeVreese et al., 2001). Generic frames are of interest to scholars because they are used most frequently by both media and audiences to define and interpret the world (Neuman, Just, & Crigler, 1992). Some researchers have identified frames that can be applied across issues and endeavor to confirm their presence in a variety of settings and media contexts.

Generic frames have been shown to most broadly and accurately reflect how journalists contextualize news events and give categories to the ways individuals attempt to incorporate those events into their daily world view (DeVreese et al., 2001; Iyengar, 1991; Neuman et al., 1992; Semetko & Valkenburg, 2000). Scholars generally believe that these frames predominate because they are linked to accepted newsroom practices, as well as social, political, and cultural norms that influence news (DeVreese, 2005; DeVreese et al., 2001; Neuman et al., 1992; Semetko & Valkenburg). This has led some researchers to compare how these supposedly stable frames might change from place to place (cf. DeVreese et al., 2001; Peter, Lauf, Semetko, 2004). Most research in this area

is deductive in approach; it attempts to confirm previously postulated frames through a standardized coding scheme (Matthes & Kohring, 2008). This approach is limited in that the frames studied must be “known” ahead of time. However, it offers a uniquely precise way of measuring the existence of broad frames across a large sample set of news coverage. There are four generic frames that are of greatest interest to this study.

The *attribution of responsibility frame* implies a set of relationships between the problem and those responsible for creating the problem, as well as those responsible for solving the problem (De Vreese, 2005). The *conflict frame*, also known as the *strategic frame*, focuses on conflict between entities, strategic gamesmanship among competing sides, and superficial traits over policy specifics (Cappella & Jamieson, 1996). The *economic consequences frame* is applied frequently and to a wide range of issues. It “reflects the preoccupation with ‘the bottom line,’ profit and loss, and wider values of the culture of capitalism” (Neuman et al., 1992, p. 63). The *human impact frame* draws audiences in by adding a human face to the issue at hand. This frame employs stories, vignettes, depictions, and adjectives to show how individuals and groups are affected. It often uses personal portrayals to bring an “emotional angle” into a story (Semetko & Valkenburg, 2000). By presenting the actual or potential affects on individuals and groups, this frame can evoke “feelings of outrage, empathy-caring, sympathy, or compassion” from audiences (Neuman et al, 1992, p. 69).

Health Care Frames

The devices identified in an exploratory, qualitative, inductive analysis of health care coverage (Foote, 2010) provide a starting point for conceptualizing and operationalizing the quantitative measurement of the issue-specific frames in British and

American newspapers. The initial study followed the aforementioned signature matrix model (Gamson & Lasch, 1983) to identify four framing devices and one reasoning device that served as symbolic cues for the context-specific health care frames (Figure 1): 1) *metaphors*, associations to other scenarios; 2) *exemplars*, historical examples; 3) *catchphrases*, single phrases that exemplify the essence of a frame; 4) *depictions*, characterizations of certain archetypes; 5) and *roots* (or attributions), the purported causal dynamic. These devices can be distilled into a “core frame” and a “core position,” summations of the framing devices and reasoning devices, respectively. The three frames (*access*, *choice*, and *efficiency*) correspond to diverse but overlapping definitions of the problem facing the US health care system and the attribution of responsibility. Each frame attempted to answer the fundamental question of what, if anything, is wrong with the US health care system and who is responsible for the root cause.

The *access frame* emphasizes the challenge of ensuring universal access to health care coverage; in the previous study (Foote, 2010), the *access frame* was most apparent in the UK press and was much less prominent in *The New York Times* or *The Washington Post*. In this *choice frames*, the issue concerns how to maintain choice among the many options offered by the best health care system in the world. The *choice frame* was a dominant theme in the US coverage, whereas it was not particularly salient in the UK. The *efficiency* frame, which was seen consistently across all four newspapers, addressed the issue of reining in out-of-control health care costs. Coverage under this frame, which was prevalent in US and UK coverage, was more favorable of a reform project that brought 47 million new “clients” into the system through “healthcare exchanges” (Sullivan, 2009).

Research Questions

The initial study (Foote, 2010) was exploratory in nature, allowing for investigation of the presence of distinct frames in the news coverage of leading newspapers originating from nations with different cultural attitudes toward health care. The textual analysis also explored the resonance of apparent frames with entrenched cultural themes that cut across a variety of issues relevant to the distinct political cultures of the two countries of interest. These three frames and the associated symbolic devices lay the groundwork for a subsequent quantitative analysis of clustering key terms and phrases. The signature matrix laid the groundwork toward identifying a range of potential coding variables that can be analyzed in the current statistical analysis. Most quantitative framing research focuses on article-level deductive approach to verify the existence of well-established frames employed most frequently in the news coverage (Matthes, 2009; Matthes & Kohring, 2005). Inductive frame analysis has generally relied on individual, qualitative analysis of latent, whole frames. Few scholars have quantitatively coded and inductively analyzed groupings of framing devices within particular articles or parts of articles. However, emerging research has inductively identified new issue-specific frames using computer software to explore statistical commonalities among rhetorical and linguistic devices at the propositional level (Van Gorp, 2005; Papacharissi & Oliveira, 2008).

This study uses manual coding to analyze each article to identify whether any generic frames (e.g., *economic consequences*, *human impact*, and *conflict*) or issue-specific frames (*access*, *choice*, *efficiency*) are employed in the news coverage of the 2009 US health care debate. Because the research aims to apply generic frames to a new

context (news coverage about health care) as well as identify frames unique to that context, the study can best be classified as an inductive exploration of these topics and their treatment in a cross-national context. Addressing the following research questions through descriptive and inferential statistical analysis allows for generalization outside of the sample and exploration of whether distinct framing devices differ by country or newspaper in any meaningful way.

RQ1a: What generic frames appear in prestige newspaper coverage of the 2009 health care debate?

RQ1b: What issue-specific frames appear in prestige newspaper coverage of the 2009 health care debate?

RQ2a: Do the frames differ significantly by country (US/UK)?

RQ2b: Do the frames differ significantly by ideology (Left/Right)?

RQ3: Are issue-specific health care frames associated with generic frames that appear in the same coverage?

These questions seek to survey the presence of issue-specific and generic frames in the US and UK press and to understand the associations between them. By implication, the study explores the connection between larger narratives about social welfare issues and resonant national traditions, values, and ideologies. The results can help academics further conceptualize how important social issues are understood in media discourse and why that discourse might differ in particular cultural contexts. It is also the hope of the author to contribute to the current research on frame-building by building upon previous qualitative approaches to quantitatively operationalize issue-specific frames and bridge the divide between inductive and deductive approaches to frame analysis.

CHAPTER THREE

METHODOLOGY

The current research project conducted a quantitative content analysis of 200 prestige newspaper articles, editorials, and opinion pieces to explore whether issue-specific and generic frames differ by country and whether the patterns of appearance of health care frames are in any way associated with those of generic, cross-issue frames. Over the course of five months the primary researcher collaborated with additional coders to define, revise, and implement a coding scheme and protocol designed to identify specific manifest and latent components of underlying frame constructs. The data resulting from the coding of agreed upon framing devices was later interpreted using factor analytic and inferential statistic techniques to shed light on overall trends.

Research Sample

A census of all news coverage in the US and UK was impossible, so the current research focused on a comparative purposive sample of eight prestige, national newspapers – four in the US (*The New York Times*, the *San Francisco Chronicle*, the *Wall Street Journal*, the *Washington Post*) and four in the UK (*The Daily Telegraph*, the *Financial Times*, the *Guardian*, and the *Independent*). This purposive sample focused on prestige, agenda-setting newspapers, often cited for their newsgathering ability and trickle-down effect (Akhavan-Majid & Ramaprasad, 1998; Sinclair, 1982). A disproportionate stratified sample was selected at random from the thousands of articles that have appeared in these eight newspapers. A probability sample allowed for inference to the larger population of elite newspapers in the United States and United Kingdom. Furthermore, selection of a disproportionate sample provided a substantive research

sample from each country. In the researcher's estimation, coverage in some US newspapers outweighed that of some UK publications by as much as 10-to-1. Due to this imbalance, a simple random sample would have likely not provided enough articles for comparison.

Even though the debate over health care reform in the US pervaded news discourse across all media, newspapers serve as an appropriate research space because of their unique role in covering and shaping policy discussions in Western democracies. Newspapers have historically been regarded as the upper-echelon media outlets in cultural (Friedland, Shah, Lee, Rademacher, Atkinson, and Hove, 2007; Janssen, Kuipers, & Verbood, 2009), political (Benoit et al., 2005; Sinclair, 1982), and economic (Iyengar, 1991; DeVreese, 2001) senses. This has been true in continental Europe (DeVreese, 2001), Great Britain (Sinclair, 1982), and the United States (Friedland et al., 2007). Even though readership has declined worldwide over the past decade (Janssen et al., 2009), newspapers are still regarded as the "media of record... that set the agenda for other outlets in the areas of politics, finance, and culture" (Friedland et al., p. 11). Furthermore, Hollihan (2001) asserts that "for national political news coverage, the most thorough, comprehensive, and substantive information regarding political campaigns, political issues, and public policies is available to readers of comprehensive large city daily papers" (cited in Benoit et al., 2005, p. 356).

In both the US and the UK publications of this caliber are also known as "national" newspapers. They are comprehensive in coverage, circulation, and in mission. This is easy to see with many of the British daily broadsheet newspapers (McNair, 1999; Sinclair, 1982). But in the US, prestige newspapers tend to be major city dailies that

have national reach, because they “reflect the views of national decision-makers as well as local concerns” (Pollock & Yulis, 2004, p. 283). There are a couple of exceptions to this model in the US: The *Wall Street Journal*, national financial daily; and *USA Today*, a national daily launched three decades ago to fill the void of a solely national newspaper.

In addition to *USA Today* and the *Wall Street Journal*, other national newspapers in the US and the UK are recognized for their on-the-ground reporting, especially in an age of increasing recycled content (McNair, 1999). Scholars often sample elite national newspapers, like the *Daily Telegraph*, the *Financial Times*, the *Guardian*, the *Independent*, the *Los Angeles Times*, the *New York Times*, the *Observer*, the *San Francisco Chronicle*, the *Times of London*, and the *Washington Post*, because they serve an increasingly rare newsgathering function, in addition to the traditional and vibrant gatekeeper role (cf. Akhavan-Majid & Ramaprasad, 1998; Benoit et al., 2005; Papacharissi & Oliveira, 2008; Pollock & Yullis, 2004; Sinclair, 1982). These news institutions, among select others, are most likely to have active Washington D.C. bureaus (Riffe et al., 2008); thus they are more likely to include policy analysis in their coverage (Benoit et al., 2005). For the British case in this study, elite national newspapers are much more likely to cover international issues and events (Papacharissi & Oliveira; Peter et al., 2004). Because elite newspapers have “high readership and are influential in setting the tone for coverage in their respective countries” (Papacharissi & Oliveira, p. 59), this class of news outlet has been used deliberately in research concerning both public discourse in the UK and the US.

Selection of the purposive sample for the current study follows the conceptual criteria outlined above above. The eight newspapers sampled are well-respected, daily

publications (all with affiliated Sunday editions) that have a marked influence on the world of politics, business, and culture on the national and world stage. All eight newspapers are consistently at the top in their respective nations in terms daily circulation and readership (Audit Bureau of Circulation, 2009; World Association of Newspapers, 2007). These publications not only have high readership, but stretch beyond the metropolitan borders of their provenance. None of the newspapers featured in this study can be called purely “local” publications and all have noteworthy national readership, with some reaching international audiences through circulation and syndication of content (Akhavan-Majid & Ramaprasad, 1998; Maslog et al., 2006; Papacharissi & Oliveira, 2008). All of the British and American newspapers rank among the top 10 circulating newspapers in their respective countries (Audit Bureau of Circulations; World Association of Newspapers).

The selected newspapers are well-known for their original political reporting; as such they are often used in academic analyses of public policy news coverage (Akhavan-Majid & Ramaprasad, 1998; Papacharissi & Oliveira; Peter et al., 2004). All of the sampled newspapers appear in broadsheet format, which can be distinguished from the more sensational, but highly popular tabloid format (McNair, 1999). This is much more important distinction in Europe and the UK where the framing of political issues and topic selection is affected. Specifically, non-tabloids (e.g., broadsheets and Berliners) have more foreign and political news coverage in general (Semetko & Valkenburg, 2000). Each of the four chosen British publications actively fielded reporters in the United States during the 2009 health care debate; many of the British articles sampled were first-hand accounts and analysis of the ongoing policy debate, whereas others were

nationally aimed commentary on the topic. The American newspapers included in the sample all have Washington bureaus that produced original reporting and commentary on the national health care debate.

The selected publications were also balanced ideologically, with two right-leaning newspapers and two left-leaning newspapers from each country:

| <u>United States</u> | <u>Circulation</u> | <u>Ideological Slant</u> |
|--------------------------------------|--------------------|--------------------------|
| • <i>The Wall Street Journal</i> | (2,050,000) | Right |
| • <i>The New York Times</i> | (1,150,000) | Left |
| • <i>The Washington Post</i> | (725,000) | Right-center |
| • <i>The San Francisco Chronicle</i> | (450,000) | Left-center |

(Bennett, Lawrence, & Livingston, 2006; Gentzkow & Shapiro, 2010; World Association of Newspapers, 2007)

| <u>United Kingdom</u> | <u>Circulation</u> | <u>Ideological Slant</u> |
|--------------------------|--------------------|--------------------------|
| • <i>Daily Telegraph</i> | (815,000) | Right |
| • <i>Financial Times</i> | (395,000) | Right-center |
| • <i>The Guardian</i> | (311,000) | Left |
| • <i>The Independent</i> | (190,000) | Left-center |

(Audit Bureau of Circulations, 2009; McNair, 1999; Patterson, 1998)

Ideological positioning of each newspaper was assessed and assigned based on a review of literature regarding ideological slant in newspaper coverage (Bennett, Lawrence, & Livingston, 2006; Gentzkow & Shapiro, 2010; McNair, 1999; Patterson, 1998; Porpora, Nikolaev, & Hagemann, 2010). In the UK, ideological position of the newspaper is generally agreed upon and does not differ from opinion pieces to news stories (McNair, 1999; Patterson, 1998). In contrast, newspapers in the US purport to be “objective” in their reporting and “balanced” in their editorial content. Economic researchers have sought to establish “demand-driven” indices of ideological slant in US news media based on correlational analysis of political campaign contributions of reporters, editors, and

publishers of various newspapers, as well as the general voting preference of the newspapers' readership (Gentzkow & Shapiro, 2010). Communication scholars tend to analyze the predominance of certain value-laden terms or "labels" across various publications to uncover bias in reporting, analysis, and opinion (Bennett et al., 2006; Porpora et al., 2010). This scholarship has supported the categorization laid out above and used during analysis of this study's data.

Time Period

This study analyzed content about the US health care debate that appeared in the aforementioned eight newspapers between November 6, 2008 and September 9, 2009. The time period bookends a generative phase of policy debate, in which a wide range of ideas are discussed and proposals put forward. The period of the present study ranges from the end of the 2008 election cycle (marked in the media by the appointment of former Chief of Staff Rahm Emmanuel) to the beginning of the legislative negotiating periods floor discussions, and official votes. This process occurred first with the House in the fall and then in the Senate in the early winter. Legislative activity before the August recess was limited to bill drafting in committees, the function of which is mainly generative and provoked a large amount of public discussion about the implications of various proposals. Because this generative period began with the widest set of possible legislative options on the table, it also reflected the greatest range of themes represented in the media frames.

Articles about the health care reform debate appeared frequently on the pages of elite British and American newspapers during the first nine months of 2009. Most articles appeared in the summer months leading up to the congressional recess in August.

In the US, coverage spiked in the month of June (see Figure 2). Seventy-nine percent of the articles sampled randomly for this study from the four US newspapers were published between June and September 2009. Only 21 percent of the articles appeared in the previous seven months sampled in this study. Only two articles in the US sample came from the last two months of 2008, following the election.

The British press followed a similar pattern, but the increase in coverage was delayed until July, after anti-reform advocates in the US began accusing the Democrats and the White House of promoting the creation of government “death panels” to regulate end-of-life procedures. In the month after, coverage more than doubled in the British press, with almost half the total articles sampled from the UK appearing in August. In mid-August, some Republican politicians invoked the British NHS as an example of how government-run health care can fail patients. This created a flurry of activity among British pundits and politicians (Barkham, 2009).

Procedure

The identification, selection, review, coding, and re-coding of the 200 article sample took place over the course of five months, with data tabulation and analysis happening concurrently. Newspaper articles were sampled using a combination of the LexisNexis and ABI/Inform databases. Searches returned articles published between November 6th, 2008 and September 9th, 2009 (both dates are inclusive), using the terms “health care” and “reform” within the “headline, lead paragraph, & indexing” fields. Because some newspapers, namely those published in the United States were expected to have hundreds of articles, separate searches were conducted for each daily newspaper

(and affiliated Sunday paper). This procedure ensured that no single search exceeded the 5000 article return limit for the LexisNexis and ABI/Inform interfaces.

Articles were classified as “codable” (Kennis, 2009, p. 397) or “fit for inclusion” (Papacharissi & Oliveira, 2008, p. 60) if more than one-third of its total length devoted to some aspect of current or future health care policy and practice (as opposed to an article about Obama’s first hundred days in office that uses health care policy as a minor example among many policy initiatives). This definition allowed the research to survey a broad set of news accounts and perspectives, particularly those in which debate over potential health care legislation was tied to larger economic and political trends; these articles, which were important to the tone and direction of public discourse on health care, might have been excluded in more narrowly defined samples. Letters-to-the-editor and any pieces under 100 words were eliminated.

In order to maintain the breadth of the search while identifying a reasonable sample for analysis, a random sample of an equivalent number of articles from each newspaper was chosen. A random integer generator was used to select the disproportionate stratified probability sample (RANDOM.ORG, n.d.). By selecting the articles at random from the larger search results of each newspaper, the sample remained representative and the integrity of variation that exists in the population of prestige British and American newspaper coverage was maintained (Riffe et al., 2008). The more dangerous possibility would have been to delimit the potential range of articles by restricting the definition of the search.

Content analysts maintain that reliability should be established in at least two separate instances during the data collection process – in a pilot phase to ensure that the

coding protocol in place is reliable and usable; as well as through a final assessment conducted as an independent analysis of a sub-set of the full sample, thus demonstrating that the protocol used is consistently measuring the same phenomena for different analysts (Neundorf, 2002; Riffe et al., 2008).

Despite these recommendations, meta-analyses have found that even in the past decade more than a quarter of content analyses published in *Journalism & Mass Communication Quarterly* have not reported reliability statistics, with fewer than 20% of those that did assessing reliability on a random sub-sample (Riffe et al., p. 154). Matthes (2009) recently found in a review of 131 framing studies that more than half did not report reliability; of those that did, 70 percent reported either simple percentage agreement statistics or Holsti's method of calculating percentage agreement (p.358).

In this experience, establishing an initial reliability at the beginning of the data collection process allowed the primary researcher to troubleshoot any problems and confirm that the coding scheme is dependable, reproducible, and consistent, in other words, reliable (Neuendorf, 2002).

Researchers generally agree that a sub-sample between 10 and 20 percent of the total sample is an appropriate proportion for establishing intercoder reliability (Neuendorf, p. 158) Some argue a lower limit of 5 percent and an upper limit of 25 percent, depending on total sample size (Riffe et al., 2008, p. 143). In this study, pilot reliability tests were conducted on a sub-sample of 32 articles, 16 percent of the total sample of 200. Four articles were chosen from each newspaper at random, using the aforementioned random number generation process at the beginning of the full sampling

procedure (RANDOM.ORG, n.d.).¹ Thus, each set of four articles served as the first 16 percent of the 25-article sample collected from each newspaper. The data collected by the primary researcher during the pilot reliability phase was also used in the full data set; that is, the 32 articles that comprised the pilot sample were later used in the full sample of 200 articles.

Three coders (hereafter referred to as Coders A, B, and C) content-analyzed the selected samples and reliability sub-samples from June 2010 to August 2010. Coder A, the author and primary researcher, analyzed the full sample of 200 articles and trained Coders B and C to cross-code sub-samples for the purpose of establishing reliability, both before and after the full coding took place. Training was conducted no more than a week before the coding of each reliability sample and involved a fifteen-minute explanation of the protocol and coding variables, combined with a practice coding session of no fewer than four articles. During each session, the supplementary coders (B and C) asked questions of Coder A and made suggestions for clarification of the protocol and the coding scheme. Coder A then made subsequent revisions reflecting the discussion and agreed-upon changes to the general instruction.

Articles were assigned a country code (1 for US and 2 for UK) as well as an ideological code (1 for left, 2 for left-center, 3 for right-center, and 4 for right), based on the pre-determined attribution of their publications. Each coder also noted the publication date and number of words, which were clearly present in the LexisNexis and ABI/Inform

¹ Pilot reliability was originally performed on 40 articles, four from each of the ten newspapers that were slotted to be reviewed. During the development of the coding protocol and analytical design, it was determined that an eight-newspaper sample would be more appropriate for ideological matching of the sample. Thus, the eight articles that corresponded to these two newspapers (*USA Today* and the *Times of London*) were simply omitted from the reliability sampling that had already been performed, in addition to their pre-exclusion from the full sample. All pilot reliability scores are reported for the eight-newspaper, 32 article sub-sample.

indexing summaries provided with each article. Finally, coders were asked to make a distinction between the section, or type, or article, categorizing it as either “news,” “comment/editorial,” or “other.”²

After Coder A had independently analyzed the 32-article pilot sample, two volunteer coders, Coder B and Coder C analyzed the identical sub-sample of 32 articles, on two separate and subsequent occasions. The number of variables being measured only changed to *exclude* certain frame items or entire frame scales; no framing variables were added in between the first and second pilot reliability phases. As such, it was deemed appropriate to include the initial pilot data (32 units) in the full data set (200 units); Coder A’s data was then the data analyzed in the subsequent analysis. As detailed in the following chapter, during the practice and reliability phases, articles were reviewed and practice-coded to ensure the appropriateness of the coding scheme. Significant revisions and clarifications were made in between the pilot reliability test and the subsequent final reliability test, performed on 43 separate articles taken from the remainder of the full sample not coded previously by the reliability coders.

After pilot reliability was established, Coder A analyzed the 168 articles remaining in the full sample, using the final coding protocol. Then, a sample of 43 articles (22 percent of the full sample) was randomly selected from the final 168 articles. This ensured that none of the articles in the pilot sample were included in the selection of the final reliability sub-sample. Unlike the initial reliability sample, this set of articles was chosen at random, indiscriminantly of newspaper or country, but ended up with an

² Coders initially attempted to mark the section in which the article originally appeared, according to its listing in the electronic databases. But the suggested categories proved neither to be exhaustive nor mutually exclusive; thus the options were simplified before the full sample was coded. The final reliability for the type of article reported almost perfect agreement beyond chance ($K=.95$; Holsti’s=.98).

almost even split in both categories, which serves as a good indication of true randomness. The articles were selected using randomly generated integers that corresponded with the row number assigned by Microsoft Excel. The final sub-sample was then independently coded by Coder C to verify final reliability. In total, Coder C blindly coded 38% of the full sample (75 of 200 articles) with generally acceptable results (reported in the next chapter).

CHAPTER FOUR

MEASURES

For this particular study, 15 framing variables survived the reliability process (see Appendix A for a summary list of the final 15 items analyzed). The full sample of 200 articles was coded along a total of 36 finalized data points (see Appendix B for the final coding protocol, used to code the full sample and final reliability sample; see Appendix C for the original codebook of 38 items, constructed before the pilot reliability). Twenty-nine of the items were binary, categorical questions about the presence or absence of framing and reasoning devices (10 generic frame questions, adapted from Semetko & Valkenburg [2000] and 19 health care frame questions); the other seven were background variables used to categorize the origin and general content of each news or opinion piece (e.g., article and publication numbers, country of publication, date of publication, ideology of publication, section of paper, and word count). The latter seven variables were collected at each of the five stage coding process – practice and training, pilot reliability testing, coding of the full sample, and the final reliability check.

The framing questions changed dramatically during the development and clarification of the coding protocol and were finalized after much deliberation before the coding of the full sample (see Appendices B and C to review the evolution of the protocol; refer to Appendix A for all subsequent references to the framing items.). The process resulted in the consistent collection of 29 framing variables across all articles sampled, 15 of which were incorporated into the final data analysis, after the final reliability test.

A final reliability check was performed by Coder C after Coder A had analyzed the remaining 168 articles in the full sample. Coder C cross-coded 43 articles randomly selected from the remaining general pool of 168. An analysis of all 29 framing variables resulted in *kappas* ranging from .10 to 1.00 with a mean score of .52 ($SD = .19$). Holsti's coefficient measured percent agreement at .82 ($SD = .10$) for the average of all items, which ranged from .61 to 1.00 (see Table 1). The generic framing items performed particularly poorly in the Cohen's *kappa* test ($M = .432$, $SD = .08$). Not a single generic framing item recorded a *kappa* above .6; scores ranged from .3 to .53. Dropping the 10 generic framing items provided the best solution. They were not used in further analysis.

Of the 22 original health care-specific framing items, 15 items were deemed moderately reliable, according to Landis and Koch (1977), whose standard has made its way into common practice, cited by Banerjee and colleagues (1999), Neuendorf (2002), and most recently by Benoit and colleagues (2005). The seven health care items that were eliminated along with all of the generic items failed to meet the same criteria of moderate intercoder reliability. Ultimately, using these items would have yielded dubious statistical inferences and dropping them strengthened the final reliability.

The adjusted mean *kappa* scores for the remaining 15 items rose to .65 ($SD = .17$), with individual items ranging from .40 all the way up to 1.00; all but five items scored above .58 (*kappa*) in the final reliability. The mean *kappa* score is within what Landis and Koch designated as "substantial," anything between .61 and .80, with .81 to 1.00 representing "almost perfect agreement" (p. 165). The 15 health care items also met a minimum standard for percent agreement of 70 percent. Ten of the items scored above .85, using Holsti's method; the average for all 15 items was .86 ($SD = .09$). So given the

exploratory nature of the study in general and the untested nature of the health care-specific frames, it was appropriate to proceed in analyzing the 15 remaining framing variables.

CHAPTER FIVE

RESULTS

The first set of research questions (RQ1a and RQ1b) concerned which frames existed in the newspaper coverage of health care. Identification and interpretation of these frames allow for intelligible analysis of the themes in news coverage in the US and UK, featured in subsequent research questions. RQ1a was not answered, because the original generic framing items did not progress past the final reliability phase. Principal component analysis was used in this study because the primary goal was to abstract constructs that represented underlying variables and compute a composite score for each latent frame variable. The goal of component analysis is simply to reduce data to meaningful construct variables. This particular study has highlighted certain symbolic and rhetorical elements that resonate with hypothetical frame constructs that emerged in previous research (Foote, 2010). A principal component analysis revealed the patterns in which they can be classified together by extracting components based on the amount of variance that each accounts for before exhausting maximized variance to be explained by interpretable components (Revelle, 2011). In turn, interpretation of those groupings revealed the underlying frame constructs represented by the manifest variables.

A preliminary principal component analysis was performed, using *oblimin* rotation (a *varimax* rotation was also performed and revealed similar results) to assess the suitability of the data to this type of analysis. Eleven of 15 items correlated with at least one other item above .30. Sample size is another important precursor of suitability, or factorability. Starting the analysis with the 15 variables and 200 cases yielded a ratio of 1:13 (variables : cases), well within the acceptable range (Comrey & Lee, 1992). The

Kaiser-Meyer-Olkin measure of sampling adequacy was .62, above the recommended value of .60 (Comrey & Lee). Bartlett's test of sphericity was significant ($\chi^2 (105) = 421.12, p = .00$). The anti-image correlation matrix diagonals were all over .50, further indicating an adequate sample. Finally, the communalities were all above .40. These results suggested that the principal component analysis was appropriate for the present data.

A three-component solution was indicated from the initial scree test and using Kaiser's criterion, in which any worthwhile component must exceed the value potentially added by a single variable, an eigenvalue of 1.00 (Comrey & Lee, 1992). Those results with strong major loadings, generally measured by a minimum standard of loading above .50 onto a single component, with no cross-loadings above .30 were considered more interpretable (Revelle, 2010). Comrey and Lee (1992) call the variables that have major loadings solely on a single factor, "pure-factor data variable(s)" (p. 207), offering a more precise breakdown of their guidelines (Figure 3). In general, loadings above .70 are excellent and below .30 are poor.

The four-component solution accounted for 49 percent of the variance and yielded four distinct and intelligible components. The rotated structure matrix for the four-component solution was screened for items that were loading onto multiple components. These items that did not load "purely" onto a component were removed ("CC," "DD," "S," "V"). All the other eleven items had a primary loading of at least .55, the recommended criterion value. Only one of these items had a cross-loading above .30 ("R"), however this item had cross-loading of .37 with a strong primary loading of .68, considered "very good" by Comrey & Lee (1992). Item "R," measuring the mention of

catastrophic health and financial “horror stories” from those without insurance, was kept in the data set for the subsequent analyses.

After removing the four items, a principal component analysis of the remaining 11 items, using *oblimin* rotation, was conducted. All of the previous assumptions were met (Comrey & Lee, 1992). The Kaiser-Meyer-Olkin measure of sampling adequacy was .59, approaching the accepted standard of .60. Bartlett’s test of sphericity was significant ($\chi^2(55) = 291.99, p = .00$). The anti-image diagonals were over .50. Only one of the three models had a majority of their communalities score above .60, the four-component solution. A two and three-component solution were explored and did not perform as well as the others.

The two-component solution explained only 34 percent of the variance and only two of 11 communalities scored above .55. The three-component solution returned six communalities above .55 and explained 49 percent of the variance. Three clear components exist, but the scree plot (Figure 4) suggests a four-component solution maximizing more of the variance. The fourth component is the last component with an Eigenvalue greater than 1.00. Moreover, with 11 items, the four-component solution the primary loadings of each variable increase over those in the three-component solution. In spite of initial indications and previous theoretical explanations (Foote, 2010), it appears that the data is most easily interpretable under a four-component solution (see Table 2).

Health Care Frames

The component labels suggested by previous research on the 2009 health care debate (Foote, 2010) suited the first two extracted components (see Table 3 for the fully-labeled factor loadings; cf. Appendix A for the full wording of each item listed below by

the corresponding letter). The *access frame*, embodied in this data by references to universal coverage, “millions” of uninsured, and “horror stories” from the uninsured, accounted for the greatest variance (18 percent). The label represents a nice fit between the variables (“P,” “Q,” and “R”) and the original conceptual definition, in which the core problem facing the US health care system was lack of access to health insurance due to financial need. This was characterized by catchphrases like “47 million uninsured” to convey the severity of the human impact of this public policy issue. Furthermore, a key depiction emerged of families living on the edge of debt because they didn’t have health care. Politicians and journalists relayed “horror stories” from key exemplars.

The second component, comprised of items “U,” “W,” and “Y,” clearly aligned with the formerly applied *choice frame*. This label was applied to the three items that negatively discussed health care “rationing,” “death panels,” government “takeovers,” and “socialized medicine.” The original frame was defined by the way health care reform efforts were portrayed as infringing upon patients’ choice. The *choice frame* was anchored in the idea that the US health care system is in trouble primarily because of the reform efforts, which would force the private sector to compete, erode consumer choice, and set up dangerous “rationing” regimes. Examples of inefficient government-involvement in health care, including cost of US programs like Medicare, the quality or timeliness of care in the NHS in Britain, and other negative references to bureaucracy were accompanied the notable catchphrases associated with the *choice frame*.

Components III and IV were less conceptually evident than the first two factors. Essentially, they seemed to represent two disparate parts of the *efficiency frame*: The problem, rising costs, is underscored in the third frame; the solution, increased

competition for new health care customers, is the common theme in the fourth frame. The third component contained items (“Z,” “EE,” and “HH”) that, within the sample of news coverage, often raised concerns about the rise in health care costs in the United States. Some items, which are not included in the final factor solution, present the problem of inflated health care costs as related to corporate influence or unmanageable premiums. So as to present an alternative definition of the problem, the third component contains three items that focus on the poor management of health care spending embodied by “Cadillac” or “gold-plated” health care plans, the need to “ration” health care treatment to control costs, and reference to the financial burden added by reform proposals. Unlike the other two frames, the *rising costs frame* seems agnostic to the question of *solving* the problems facing the US health care system. Health care reform is contextualized within the larger economic crisis and often emphasizes looming problem of the federal deficit, as when mentioning the cost of reform proposals themselves. The characterizing tone of the frame is to call out inefficiencies that burden an overtaxed health care system, like plans that offer generous health benefits.

The solution-oriented fourth component presented catchphrases, exemplars, and metaphors that promote market exchanges to widen the pool of health care consumers and foster competition among insurers. The two items that loaded onto this component (“FF” and “GG,”) are the only remaining items that include reference to the noteworthy “public option,” the Obama administration’s proposed government-run insurance broker, intended to “force” private insurers to compete with a publicly-administered entity. In the *market competition frame*, the problem of expensive health care could be solved by bringing new “clients” into the system, promoting collective buying power, and

encouraging competition among insurers. This frame included references to health care models (e.g., “cooperatives,” “nonprofits,” etc.) and rhetorical devices (“exchanges,” “clients,” “consumers,” etc.) that emphasized an inherent efficiency of client-based care.

Framing Across Countries

Composite scores were then created for each of the four components, heretofore referred to as frames. This calculation of the multi-item scale score was made based on the mean of the aforementioned items, which mathematically loaded primarily on each frame and made conceptual sense. The sum of the major frame items were divided by the number of items that had a primary loading onto that frame. In other words:

$$(\text{VAR1} + \text{VAR2} + \text{VAR3}) / 3 = Z$$

In this case, *Z* represents the composite score, which ranged in all cases from .00 to 1.00. These served as the operational dependent variables for each unit of analysis (i.e., each article). A high score on the *access frame* scale indicated that the article suggested that access to universal health care was a key part of the debate. A high score on the *choice frame* indicated that the story suggested that reform efforts were assaulting patients’ choice. A high score on the *rising costs frame* suggested that the article raised concerns about the expense of the health care system. A high score on the *market competition frame* indicated that the article presented market-based solutions to the health care problem, including favorable view toward the public option. In sum, two of the frames from the previous study (Foote, 2010) were maintained, the *access frame* and the *choice frame*; and two new but related frames emerged, the *rising costs* and *market competition* frames.

The second set of research questions (RQ2a and RQ2b) asked whether the emergent frames differed significantly by the country of origin and the ideological position of the newspaper. A multivariate analysis of covariance (MANCOVA) was used to control for potential confounding variables while comparing groups of cases on multiple outcomes being measured, the four frames that resulted from the factor analysis. The main independent variable was country of the newspaper; ideology of the newspaper was considered a potential moderating factor. Word count was introduced as a covariate to ensure that the effects of the independent variables on the frame measures were not confounded by the number of words in each article. Inferential statistics allowed the research to demonstrate that significant difference was more than 95 percent likely that the variation between the country and ideology do not vary by chance, because the threshold for significance was set at $p < .05$. Follow up ANCOVAs revealed the exact nature of difference for each significant dependent variable.

Prior to the evaluation of the research questions, the data set was screened for accuracy, missing data, and the match between the distributions of the data set and the assumptions of multivariate statistical analysis. Scores on the four frames were slightly correlated with one another, and tolerance was not exceeded, scores and ranged from $r = .02$ between the *access frame* and the *rising costs frame*, to $.12$ between the *access frame* and the *market competition frame*. Box's test of equality of covariance matrices was non-significant confirming that the assumption of homoscedasticity had been met, $F(30, 105621.08) = .997, p = .471$. Thus, all 200 cases were retained for analysis.

A MANCOVA was conducted to explore the relationship between country of newspaper and ideology of newspaper on four framing scales (*access frame, choice*

frame, rising costs frame, market competition frame) after controlling for word count.

After adjusting for word count, a significant main effect was found for country of newspaper, $F(4, 192) = 8.211, p = .00, \eta^2 = .15$. While significant, this effect was somewhat modest, with country accounting for 15 percent of the overall variance. There was also a significant interaction effect between country of newspaper and ideological slant of newspaper after adjusting for word count, $F(4, 192) = 5.483, p = .00$ partial $\eta^2 = .10$. There was no significant main effect for ideology found.

The effect of country was significant for the *access frame*, $F(1, 195) = 32.725, p = .00$ partial $\eta^2 = .14$. On average British prestige newspapers ($M = .50, SE = .03$) contained the *access frame* more frequently than American prestige newspapers ($M = .22, SE = .03$). No significant interaction effect was found for country and ideology on the *access frame* or the *market competition frame* (Table 4).

Table 5 presents the results of the post hoc analysis to determine the exact nature of the difference between country and ideology on *choice frame* and *rising costs frame*, after adjusting for word count. In order to perform follow up tests in SPSS, four dummy, categorical variables were created, representing all possible conditions in the interaction effect (US LEFT, US RIGHT, UK LEFT, UK RIGHT). An ANCOVA was run with Tukey's and Bonferroni's follow up tests of significance. They yielded very similar results, with the former presented below.

The interaction between country and ideology was significant on the *choice frame* $F(1, 195) = 17.543, p = .00$ partial $\eta^2 = .08$. Thus, for the *choice frame* neither of these factors could be considered separately, only in combination. A Tukey's HSD follow up analysis of the interaction revealed that there was a significant difference between left-

leaning newspapers in the US (the *New York Times*, the *San Francisco Chronicle*) ($M = .23$, $SE = .05$) and right-leaning newspapers in the US (the *Wall Street Journal*, the *Washington Post*) ($M = .46$, $SE = .05$), $p = .002$.

Conservative American newspapers appeared to feature the choice frame more frequently in the sample than liberal American newspapers. Right-leaning American newspapers also appeared to differ significantly from those leaning to the right in Great Britain. Conservative slanted newspapers in the US ($M = .46$, $SE = .05$) were more likely to give space to the *choice frame* than their counterparts in the UK (the *Financial Times*, the *Telegraph*) ($M = .29$, $SE = .05$), $p = .016$. The follow up analysis also revealed a significant difference between left-leaning newspapers in the US ($M = .23$, $SE = .05$) and left-leaning newspapers in the UK (the *Guardian/Observer*, the *Independent*) ($M = .46$, $SE = .05$), with the UK papers curiously featuring the choice frame more often than those particular newspapers in the US, $p = .004$. There was also a significant difference between newspapers in the UK. On average in the UK, left-leaning newspapers ($M = .46$, $SE = .05$) scored higher on the *choice frame* measure than right-leaning newspapers ($M = .29$, $SE = .05$). There were no other significant differences found. See Figure 5 for a visual depiction of the interaction between country and ideology on the *choice frame*.

The interaction between country and ideology was significant on the *rising costs frame* $F(1, 195) = 4.395$, $p = .04$ partial $\eta^2 = .02$. While significant, this effect was very small, accounting for only two percent of the variance. An analysis of the interaction revealed that there was no significant difference between any of the conditions (see Table 5).

Left-leaning American newspapers ($M = .27, SE = .04$) and right-leaning newspapers in the US ($M = .24, SE = .04$) gave the *rising costs frame* a similar amount of attention. However, when considering those newspapers in the UK, the effect of country on ideological slant looks different. Left-leaning newspapers in the UK ($M = .18, SE = .04$) were less likely to mention items associated with the rising costs of health care than right-leaning newspapers in the UK ($M = .31, SE = .04$). Left-leaning newspapers in the UK ($M = .31, SE = .04$) were also less likely to feature the *rising costs frame* than left-leaning newspapers in the US ($M = .27, SD = .04$). Figure 6 depicts the interaction between country and ideology on the *rising costs frame*.

The second and third research questions asked whether the frames differed significantly by the country of origin and the ideological position of the newspaper. One frame differed significantly between the two countries with newspapers featured in the sample. But none of the frames differed significantly when considering ideological position alone. However, when looking at the interaction between the country of the newspapers and their ideology, two complex, significant effects emerged on the *choice frame* and *rising costs frame*. No significant effects were found for the *market competition frame*, which appeared across conditions without difference.

CHAPTER SIX

DISCUSSION

News coverage reflects culturally and ideologically imbued patterns of representation, across a wide variety of issues. In both the United States and the United Kingdom, the political culture surrounding health care reflects these same patterns. This quantitative content analysis situates news coverage of the US health care debate in a cross-cultural context to facilitate generalizable comparisons about news framing of social welfare policy and politics. The debate over how to reform the US health care industry provided a unique opportunity to investigate a multi-layered issue that represents key political fault lines and larger cultural attitudes and beliefs. By focusing on rhetorical and symbolic devices in news and opinion articles in different cultural contexts, the relationship between frames and their sociocultural underpinnings becomes more clear. Accordingly, this study helps understand how news media reflects the formation and reinforcement of political cultures in the United States and United Kingdom regarding major social welfare issues.

The clear distinction between the presence of the *access frame* in the British and American media helps to understand a core difference in the way news media discuss social welfare policy in these two countries. The *access frame* makes salient elements of discourse about health care that many Britons have accepted as a standard part of their relationship to the state. This is evidenced by the uproar that occurred when Republicans began using the NHS as an example of the problem with government-run health care. Labour and Tory MPs came out in outrage against the denunciations. They held up stories of the elderly and disabled who would not have access to health coverage without

the nationally-funded coverage (Barkham, 2009). This type of outrage was seen much less in US coverage and is indicative of the fundamental difference between how the state deals with social welfare policy. This is indicative of how the news media, and arguably, many people in these two countries, have come to expect that the role of the state is different from their neighbor across the pond.

The interaction effects seen between newspaper and ideology spur more questions than answers. Only some ideological and country combinations create significant effects on the appearance of the frames. The results indicate that for the *choice frame* the country of the newspaper is not a significant factor without considering the ideology of the newspaper. In some cases, it may be impossible to isolate the impact of national culture, without also considering the range of ideological views within that culture.

Most surprising about these findings is the fact that left-leaning newspapers in the UK are on par with the right-leaning newspapers in the United States; whereas, right-leaning newspapers in the UK do not promote the *choice frame* as much as do the left-leaning British newspapers. Most interestingly, the newspaper with the highest mean was *The Guardian*, which may have simply been fascinated by the conservative rhetoric and reprinted it for an audience that had not been inundated by it, like in the US. One limitation, among many, of this study, was the fact that coders had no way of indicating whether the symbols and devices were being used earnestly or not (i.e., as a sardonic response to conservative rhetoric, either by a quoted politician or a pundit). This may have had an impact on any of the measures that included the item about “death panels”. It is plausible that conservative newspapers in the UK used the term sparingly, as they did not want to replicate a term that was outside of mainstream conservative views in the UK.

Left-leaning media in the US represented the lowest mean of the *choice frame*. Especially when considering editorials and commentary, it may be that the US left-leaning newspapers chose not to highlight a term, like “death panels,” which had become an incredibly salient and reproduced piece of rhetoric. Given that many conservative politicians and columnists publicized the claims about “death panels” (e.g., Krauthammer, 2009), it should come as no surprise that right-leaning media in the US featured the *choice frame* prominently. Yet another explanation can help understand the significant differences for *access frame*, as well as for the *choice frame* in the country and ideology interaction. It is certainly possible that British media focused on certain things, like “death panels” and the uninsured, because they are such novel concepts. For the former, this was also the case in the US. But for the latter, the uninsured numbers and stories of those lacking access, had been present (but not necessarily prevalent) in US coverage throughout the 2008 election. The British media had the additional burden of providing background material to readers who did not know much about the American health care system.

The themes in the final two frames, the *rising cost frame* and *market competition frame*, appear to cut across the national divide and the ideological spectrum. There is no statistically significant difference between their presence in the US and UK, nor in newspapers on the left or the right. This might indicate that these frames, with their emphasis on the general expense of the health care system and the potential solution provided by expanding the consumer pool, transcend the entrenched differences in the way that newspapers on the left and the right in different countries talk about these

problems. One explanation for this distinction could be that these frames are rooted in values that represent the *shared* political cultures of the US and UK.

Williams (1960) provides us with some common cultural themes and counterthemes, linked to the long-standing political cultures in the US. The technocratic theme, which highlights adaptability, innovation, efficiency, and is the perfect frame for the management of the state, is the principal manifestation of protestant cultural values in the modern era. So, it makes sense why the *rising cost frame* and *market competition frame* appeared in both US & UK coverage. Furthermore, the problem of cost still dominates the debate today; the solutions indicated by the *market competition frame* prevailed as the most attractive argument among US policymakers, with insurance exchanges becoming the central mechanism of reform. The technocratic theme is a foundational element of the political cultures in both these modern, liberal, republican states and their corresponding global economies.

When looking at the frames that appear in all news coverage, it is necessary to further explicate what devices and positions make up these frames. In particular, with the *rising costs frame*, future research must further distinguish between the ways in which news media discuss the cost of social welfare policy. In the three-item frame, mention of the cost to the government, cost to the national economy, and cost to the consumer were all collapsed into a frame premised on the fundamental problem of health care cost. In reality, these may be three distinct frames, with separate problem definitions that imply alternative treatments of the problem and call upon different values and symbolic connections. Since cost is a major component of health care policy, future research should attempt to further distinguish between the types of cost frames that might exist

and how to best measure their presence and absence. This will be more and less useful for research dealing with other social welfare policy, because cost to the state is central to most social programs; but most social policy does not treat beneficiaries as consumers, which is unique to the health care case. This is yet another reason that these concepts and frames must be further teased out.

Limitations

Not unlike other exploratory content analyses, this study struggled with establishing reliable and valid measures of the frame constructs of interest. As an attempt to minimize confusion, the specific items employed as measurements of the frame markers were rigorously scrutinized, pruned, and revised in order to most correctly and reliably classify manifest elements of latent frame constructs of interest – in this case, generic and health care-specific media frames. Because of the complexity of the specific issue at hand (Skocpol, 1995), identifying signifiers of frame constructs that are both conceptually valid and operationally reliable can prove very difficult. Those definitions, attributions, concepts, and symbols (Entman, 1993) that resonate best with a given narrative often prove the hardest to pin down as universally recognizable. The current research attempted to make the scheme and direction for coding the sample articles as “scientific” as possible (i.e., reproducible, reliable, and intersubjective; see Neuendorf, 2002). Achieving greater precision of measurement was an ongoing labor that will have to be carried on beyond this single project. Future research should attempt to make these measurements more precise and focus on the potential impact of ideological persuasion on these findings.

In particular, the reliability of the coding, both in the initial phase and the final phase was not as strong as some content analyses in the top journals (Matthes, 2009). With a mean Cohen's *kappa* of .64, this study fell within the range allowable for exploratory studies. But the reliability statistics is indicative of the trouble that coders had applying the scheme to the articles of interest. Multiple changes to the coding scheme during the process may too have hurt the overall reliability, or simply the clarity among the various coders after a while.

In order to hone in on measurable frames, it may have been better to look at a narrower cross-section of political and philosophical concepts as well as practical proposals and policy variables. With the inclusion of 44 variables in the beginning of the study, the breadth and complexity of the issue tackled proved challenging when trying to measure the existence of latent frame constructs within the sample of articles.

Advancing Measurement

The study set out an ambitious goal to unite the literature on generic framing and issue-specific frame development. Given that all 10 of the generic framing items did not pass reliability, this trajectory of work became impossible. The generic frames are based on questions that other researchers (DeVreese, 2001; Neuman et al., 1992; Semetko & Valkenburg, 2000) have found consistently across content. They are considered the frames that audiences use most to interpret news content (Neuman et al., 1992). It is puzzling as to why the generic frames failed so miserably.

It is possible that health care is such a technical issue that the specific elements of the discourse did not fit within the broadly defined generic framing questions, which were written for stories ranging from abortion to crime to monetary policy. Potentially

health care is unique enough that generic frames cannot register. In addition, with everything coded on a dichotomous variable, the chance of having items coded as almost always present runs the risk of having a low Cohen's *kappa* (Neuendorf, 2002). As mentioned below, future coding schemes need to approach more nuanced schemes for measuring the strength of presence of framing items. Finally, because the health care frames were identified as part of a two-step inductive process (first using a signature matrix, then based upon the 19 health care framing items), the two studies were able to focus on key elements that were easy to isolate and identify in news content. This also allowed for coders to achieve some nuanced approach to the existence of frames within each article. In contrast, generic frames were measured purely by impressionistic questions at the article level. The chances for low reliability under this approach is high.

Inductive approaches to frame analysis allow researchers to resist being boxed in by clearly established frames and instead reveal latent constructs that might not otherwise be apparent. Researchers also recognize that computer assisted analysis can oversimplify the complexity of language (Matthes & Kohring, 2005). By identifying constituent components of a frame construct, inductive research ensures that "we do not miss important frames when analyzing an evolving issue" (p. 262-3). Social research that demands this sort of external validity and flexibility is arguably more helpful to understanding complex, timely phenomena like news media framing.

Methodologically, the study borrowed from rigorous quantitative studies that have focused primarily on operationalizing frames that are most commonly used by news producers and consumers, across media and topical contexts (Cappella & Jamieson, 1996; DeVreese et al., 2005; Iyengar, 1991; Neuman et al., 1991; Semetko &

Valkenburg, 2000). Most quantitative framing research adheres to this model, focusing on an article-level deductive approach to verify the existence of well-established frames employed most frequently in the news coverage. Similarly, this study analyzes each article to identify whether any generic frames (e.g., *economic consequences*, *human impact*, and *conflict*) or issue-specific frames (*access*, *choice*, *efficiency*) are employed in the news coverage of the 2009 US health care debate. Because the research aimed to apply generic frames to a new context (news coverage about health care) and identify frames unique to that context, the study was an exploratory project that went out of the bounds of most research (Matthes, 2009; Matthes & Kohring, 2005).

It proved difficult to settle in on terminology that measured the specific concepts and constructs used in discourse. The items that were measuring direct quotes were more reliable and arguably more valid. Those that were measuring more vague concepts were harder to pin down. Also, dichotomous variables present certain problems with having truly valid measures. There is no sense of nuance about the presence or absence of the frames. Finally, it may be that health care is such a complex issue that trying to apply the generic frame structure simply does not work. Similarly that it may be hard to identify items that are able to tap into the frames around health care discourse. Moreso, it became clear during the course of this research that measuring some frames at the article-level is impossible. Inductive research measuring complex symbolic and rhetorical devices must be precisely coded at the propositional level. Otherwise, the research loses a great amount of reliability, because it is difficult for human coders to scan every article for specific instances and references. Furthermore, the research also sacrifices validity due

to the fact that at the article-level, everything is measured as a single-dichotomous variable, not as a scale that can represent the nuance in some media representations.

There is a constant tension between validity and reliability in social science research. The measurement of some items lacked precision, in order to try to broaden the range of framing devices being measured. This imprecision may have led to a greater possibility of coder schemata to occur. D'Angelo (2002) warns of the imposition of coder frames. This is especially dangerous when the coders, as with this case, are from the same cultural context; all were under 35-years-old students in the Midwestern United States. Coding is also more susceptible to this when the level of measurement is less precise, e.g., at the article level, as with the case of the study and most generic framing studies. It is difficult at the article level to truly capture the specific presence or absence of some more concrete framing markers and rhetorical devices.

Even though binary coding schemes are imperfect tools to measure frame salience, multiple-point scales – would have caused even greater confusion to the reliability and validity of the construct measurement. If degrees of variation were introduced – say a three-point scale of do not agree to strongly agree – the agreement between coders would have decreased even further, because the operational definition would be unclear (DeVreese et al., 2001; Semetko & Valkenburg, 2000). For example, the difference between somewhat agree and strongly agree is unclear. That is a problem with any interval scale of measurement. However, even more trouble would be whether the strongly agree option would be selected based on the quantity of the frame presence, or the precision. In other words, if something is very present, is it because there are many instances of the example of said frame or because some examples in the article represent

the frame example in a very similar way (as opposed to sort of reflecting the definition).

In that case, the lack of validity would actually lead to a lack of reliability. So, by forcing a binomial choice, each coder simply had to declare the presence or lack of a frame. This sacrifices some nuance, especially in terms of level frame salience and emphasize in a given article (i.e., some articles will have a higher level of emphasis and focus on given frame elements than others).

In the same way that having a binary, dichotomous measurement scale sacrifices the nuance of to what extent frames appear in the coverage, treating articles that are almost completely about health care policy the same as those that are only partially about health care does not help clarify how the frames in news content might have impacted the audiences that encounter them. If articles with 90% relevance are in the same sample as those with a 33% relevance, the research assumes that audiences would be affected in the same way by each type of story. In general, problems of degree complicated the coding process as much as it streamlined it.

Other identifiable limitations for the study included the smallish sample size; something above 250 articles would have been better. This likely impacted the low reliability. It is also problematic to run statistics on binary data in which most framing devices occurred in fewer than half the articles. The sample size ($n = 200$) was less than ideal. It was adequate for the statistical analyses. But a larger number of articles would have been better in terms of variation. A larger sample would have yielded more reliability within the sample. For example, a larger sample, would not have included just one article on the death of Senator Ted Kennedy and the impact of his career on health

care reform. This issue dominated news coverage for a week during the debate and could have yielded greater presence in a larger sample.

Future Research

Future research should aim to figure out how to isolate and measure the pieces of rhetoric that dominate these large-scale, long-term public policy debates. The use of computer-assisted content analysis will be invaluable in scanning and sifting through the massive amounts of content on these issues. As with pioneering research that measures framing devices at the propositional level (Pan & Kosicki, 1993; Papacharissi & Oliveira, 2008; VanGorp, 2005), the ability to hone in on specific devices using precise operational definitions for the rhetoric (as in the case of Pan & Kosicki) and measure them consistently across large amounts of content (as with the computer-assisted analyses) may make a huge difference in identifying and conceptualizing frames that appear in public discourse. With the vast amount of content being produced on the internet, the possibilities and need for computer-assisted analysis are greatly expanding.

Specifically for research that deals with health care, it is necessary to distinguish between the rhetoric that suggests the cost to the taxpayer, or government, is primordial, in contrast with language that privileges the cost to consumers. These represent very different outlooks on health care policy. With regard to health care in the US, this is a fundamental distinction to draw, because few other public policy decisions treat beneficiaries as consumers in the market. Disentangling this is even more important given the new budget debate in which Republicans are arguing that the restructuring of medicare and Medicaid will, in fact lower health care costs, but the truth seems to be closer to the fact that it will lower the burden on taxpayers while shifting the cost. As the

debate over reforming health care continues, this vibrant discussion needs to be traced in the United States and across the globe, where private services are beginning to take prominence in the health sphere.

There is also a need to identify the language elements that have emerged to discuss the market-based system of health care provision. Systematic cross-cultural studies can help us better understand how this terminology has increased or decreased in certain contexts. Based on this preliminary research, there appears to be a preoccupation with the efficiencies of government systems. How is this spreading into issues similar to health care? To what extent are news media in countries with traditions of social democracy engaging with this terminology and the aligned frames. Related to these questions is how the audience is addressed in the content of health care coverage. Are audiences considered consumers, taxpayers, citizens, residents, or some other category? How does this differ in Britain and the US? What are the implications for how the problem is defined, the cause is attributed, and the potential solutions are outlined?

Finally it is important to ask about the normative implications for this type of discourse. Are the differences in political culture so entrenched that news coverage is inherently skewed? How do journalists from differing perspectives engage with each other to triangulate their coverage of issues? How do audiences interpret content from distinct cultural environments? Is the possibility to compare content cross-culturally an advantage for news users? What does this mean for the ideal of “objectivity” in journalism? Is there such thing as objective journalism in a global context?

The 2009 health care debate in the United States has been an ongoing proxy for larger arguments about whether government activity creates or solves social problems.

News coverage of prominent public issues conveys meaning and sustains durable political cultures around the issues. This exploratory examination of the shifting public discourse around health care reform in the United States during the first nine months of 2009 identified key frames around which discussion centered. Furthermore, by juxtaposing news coverage in these two countries, understanding of socially determined news production can continue into new areas. This should be seen as a second step in understanding the way in which news discourse framed the debate around health care reform in the United States. The elementary findings here help to uncover the common political rhetoric surrounding health care in both of these countries. Future research should attempt to make up for the limitations of this study and help generalize the modest conclusions made here.

Table 1

Intercoder Reliability Scores for 29, 15, and 11 items (N = 43)

| | Item | 29 items | | 15 items | | 11 items | |
|-------------------------|-------------|----------|-----------------|-------------|-----------------|-------------|-----------------|
| | | Kappa | % (Holsti's) | Kappa | % (Holsti's) | Kappa | % (Holsti's) |
| Generic Frame Items | F | 0.40 | 0.74 | | | | |
| | G | 0.47 | 0.81 | | | | |
| | H | 0.46 | 0.72 | | | | |
| | I | 0.52 | 0.77 | | | | |
| | J | 0.30 | 0.77 | | | | |
| | K | 0.34 | 0.67 | | | | |
| | L | 0.44 | 0.77 | | | | |
| | M | 0.53 | 0.93 | | | | |
| | N | 0.39 | 0.88 | | | | |
| | O | 0.48 | 0.88 | | | | |
| Health Care Frame Items | P | 0.40 | 0.70 | 0.40 | 0.70 | 0.40 | 0.70 |
| | Q | 0.81 | 0.91 | 0.81 | 0.91 | 0.81 | 0.91 |
| | R | 0.80 | 0.93 | 0.80 | 0.93 | 0.80 | 0.93 |
| | S | 0.71 | 0.86 | 0.71 | 0.86 | 0.71 | 0.86 |
| | T | 0.38 | 0.70 | 0.38 | 0.70 | 0.38 | 0.70 |
| | U | 0.82 | 0.93 | 0.82 | 0.93 | 0.82 | 0.93 |
| | V | 0.79 | 0.98 | 0.79 | 0.98 | 0.79 | 0.98 |
| | W | 0.43 | 0.74 | 0.43 | 0.74 | 0.43 | 0.74 |
| | X | 0.38 | 0.88 | 0.38 | 0.88 | 0.38 | 0.88 |
| | Y | 0.58 | 0.79 | 0.58 | 0.79 | 0.58 | 0.79 |
| | Z | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| | AA | 0.10 | 0.61 | 0.10 | 0.61 | 0.10 | 0.61 |
| | BB | 0.33 | 0.70 | 0.33 | 0.70 | 0.33 | 0.70 |
| | CC | 0.59 | 0.79 | 0.59 | 0.79 | 0.59 | 0.79 |
| | DD | 0.56 | 0.88 | 0.56 | 0.88 | 0.56 | 0.88 |
| | EE | 0.48 | 0.88 | 0.48 | 0.88 | 0.48 | 0.88 |
| | FF | 0.61 | 0.86 | 0.61 | 0.86 | 0.61 | 0.86 |
| | GG | 0.58 | 0.86 | 0.58 | 0.86 | 0.58 | 0.86 |
| HH | 0.54 | 0.77 | 0.54 | 0.77 | 0.54 | 0.77 | |
| | MEAN | 0.52 | 0.82 | 0.65 | 0.82 | 0.64 | 0.85 |
| | SD | 0.19 | 0.10 | 0.17 | 0.09 | 0.19 | 0.16 |

Table 2

Four-component Structure Matrix with Oblimin Rotation for 11 Variables

| Principal Component Analysis (Structure Matrix) | | | | | | |
|---|---|-------------|-------------|-------------|-------------|------|
| 11 variables, 4 components (n = 200) | | | | | | |
| Items | I | II | III | IV | h^2 | |
| P | | 0.80 | -0.05 | -0.03 | 0.20 | 0.66 |
| Q | | 0.72 | -0.05 | 0.11 | 0.36 | 0.60 |
| R | | 0.77 | 0.16 | -0.03 | -0.11 | 0.65 |
| U | | 0.14 | 0.73 | -0.21 | -0.25 | 0.62 |
| W | | -0.08 | 0.68 | -0.10 | 0.17 | 0.54 |
| Y | | 0.07 | 0.79 | 0.17 | 0.01 | 0.66 |
| Z | | -0.01 | -0.10 | 0.79 | 0.07 | 0.62 |
| EE | | 0.02 | 0.16 | 0.73 | -0.19 | 0.62 |
| FF | | 0.18 | 0.10 | 0.22 | 0.76 | 0.64 |
| GG | | 0.15 | -0.07 | -0.12 | 0.78 | 0.64 |
| HH | | 0.01 | -0.12 | 0.57 | 0.18 | 0.36 |

Extraction Method: Principal Component Analysis.
 Rotation Method: Oblimin with Kaiser Normalization.
 Loadings above .30 are bolded
 h^2 represents communalities among factors

Table 3

Final Factor Loading Solution for Principal Component Analysis with Oblimin Rotation for 11 Health Care Framing Items (N = 200)

| Does the article mention... | Access | Choice | Rising Costs | Market Competition |
|---|-------------|-------------|--------------|--------------------|
| (P) Universal coverage as ideal | 0.80 | | | 0.20 |
| (Q) "Millions" of uninsured Americans | 0.72 | | | 0.36 |
| (R) Catastrophic health and financial effects ("horror stories") | 0.77 | | | |
| (U) "Rationing" of health care as a negative consequence of reform ("death panels") | | 0.73 | -0.21 | -0.25 |
| (W) Government "takeover" of health care as heavy handed | | 0.68 | | |
| (Y) Government run health care as negative ("Socialized medicine") | | 0.79 | | |
| (Z) Generous health benefits ("Cadillac," "gold-plated" plans) | | | 0.79 | |
| (EE) "Rationing" of health care as positive, necessary | | | 0.73 | |
| (FF) Health care "consumers," "clients" participating in market exchanges (cooperatives, nonprofits, "public option") | | | 0.22 | 0.76 |
| (GG) Competition between private industry and public sector as positive | | | | 0.78 |
| (HH) Financial cost of health care reform proposals | | | 0.57 | |

Table 4

MANCOVA Summary Table for Tests of Between Subject Effects

| Source | Dependent Variable | Tests of Between-Subjects Effects | | | F | Sig. |
|---------------------|-------------------------------|-----------------------------------|-----|-------------|--------|----------------|
| | | Sum of Squares | df | Mean Square | | |
| COUNTRY | ACCESS | 3.668 | 1 | 3.668 | 32.725 | 0.00*** |
| | CHOICE | 0.055 | 1 | 0.055 | 0.497 | 0.48 |
| | RISING COSTS MARKET | 0.008 | 1 | 0.008 | 0.106 | 0.75 |
| | COMPETITION | 0.226 | 1 | 0.226 | 1.695 | 0.20 |
| IDEOLR | ACCESS | 0.107 | 1 | 0.107 | 0.955 | 0.33 |
| | CHOICE | 0.037 | 1 | 0.037 | 0.336 | 0.56 |
| | RISING COSTS MARKET | 0.13 | 1 | 0.13 | 1.817 | 0.18 |
| | COMPETITION | 0.011 | 1 | 0.011 | 0.086 | 0.77 |
| COUNTRY * IDEOLR | ACCESS | 0.001 | 1 | 0.001 | 0.006 | 0.94 |
| | CHOICE | 1.933 | 1 | 1.933 | 17.543 | 0.00*** |
| | RISING COSTS MARKET | 0.314 | 1 | 0.314 | 4.395 | 0.04* |
| | COMPETITION | 0.085 | 1 | 0.085 | 0.634 | 0.43 |
| Error | ACCESS | 21.859 | 195 | 0.112 | | |
| | CHOICE | 21.482 | 195 | 0.11 | | |
| | RISING COSTS MARKET | 13.942 | 195 | 0.071 | | |
| | COMPETITION | 26.06 | 195 | 0.134 | | |

* p < .05
*** p < .01

Table 5

ANCOVA Post Hoc Analyses for the Choice Frame and Rising Costs Frame

| TUKEY HSD | | | | | |
|---|-----------------|--------------------------|------------|--------------|--|
| Dependent Variable: CHOICE FRAME | | | | | |
| (I) | (J) | Mean Difference (I-J) | Std. Error | Sig. | |
| US LEFT | US RIGHT | -0.2400 | 0.06664 | 0.002 | |
| | UK LEFT | -0.2267 | 0.06664 | 0.004 | |
| | UK RIGHT | -0.0400 | 0.06664 | 0.932 | |
| US RIGHT | US LEFT | 0.2400 | 0.06664 | 0.002 | |
| | UK LEFT | 0.0133 | 0.06664 | 0.997 | |
| | UK RIGHT | 0.2000 | 0.06664 | 0.016 | |
| UK LEFT | US LEFT | 0.2267 | 0.06664 | 0.004 | |
| | US RIGHT | -0.0133 | 0.06664 | 0.997 | |
| | UK RIGHT | 0.1867 | 0.06664 | 0.028 | |
| UK RIGHT | US LEFT | 0.0400 | 0.06664 | 0.932 | |
| | US RIGHT | -0.2000 | 0.06664 | 0.016 | |
| | UK LEFT | -0.1867 | 0.06664 | 0.028 | |
| Dependent Variable: RISING COSTS FRAME | | | | | |
| (I) | (J) | Mean Difference (I-J) | Std. Error | Sig. | |
| US LEFT | US RIGHT | 0.0067 | 0.05498 | 0.999 | |
| | UK LEFT | 0.1067 | 0.05498 | 0.215 | |
| | UK RIGHT | 0.0000 | 0.05498 | 1.000 | |
| US RIGHT | US LEFT | -0.0067 | 0.05498 | 0.999 | |
| | UK LEFT | 0.1000 | 0.05498 | 0.268 | |
| | UK RIGHT | -0.0067 | 0.05498 | 0.999 | |
| UK LEFT | US LEFT | -0.1067 | 0.05498 | 0.215 | |
| | US RIGHT | -0.1000 | 0.05498 | 0.268 | |
| | UK RIGHT | -0.1067 | 0.05498 | 0.215 | |
| UK RIGHT | US LEFT | 0.0000 | 0.05498 | 1.000 | |
| | US RIGHT | 0.0067 | 0.05498 | 0.999 | |
| | UK LEFT | 0.1067 | 0.05498 | 0.215 | |

a. Covariates appearing in the model are evaluated at the following values: Word = 741.43.

| Package | Core Frame | Metaphors | Exemplars | Catchphrases | Depictions | Reasoning Devices |
|--|---|---|---|--|---|---|
| Access <u>Themes</u> Mutuality | <u>Frame</u> The issue is how to ensure universal access to health care | Families without insurance are living on the edge - just one medical disaster away from "crippling debt" "sprawling health system" | Britain's National Health Service (NHS) human interest stories from uninsured | "horror stories" "crippling debt" "richest country in the world" | "working families" "47 million uninsured" "maze of corporations" Patients with pre-existing conditions | <u>Core Position</u> The richest country in the world spends more on health care than any other country and yet has millions of uninsured <u>Causal Attribution</u> "vested interests" government inaction |
| Choice <u>Themes</u> Self-reliance | <u>Frame</u> The issue is how to maintain best possible health care options while providing choice | It is unfair to force the free-market to compete with government "death-panels" | public option health care rationing Britain's National Health Service (NHS) | "socialized medicine" "death-panels" | "dedicated small business owner" "average consumer" | <u>Core Position</u> The US has the best health care system in the world because free-market competition breeds innovation and choice. <u>Causal Attribution</u> Medicare/aid largesse |
| Efficiency <u>Themes</u> Technocrat | <u>Frame</u> The issue is how to bring down costs of health care system | Pooling the worth of collective buyers. "Cadillac plans" | Insurance exchanges Cleveland Clinic | "bring...into the system" "cost of the uninsured" "Cadillac plans" | "skyrocketing costs" rationing is a positive Union members with "generous" Cadillac plans | <u>Core Position</u> The health system must be reformed to control out-of-control costs before bankrupting the nation. <u>Causal Attribution</u> cost of the uninsured bureaucratic inefficiency |

Figure 1. Health Care Signature Matrix and Resonant Themes. The signature matrix draws from the work of Gamson and Lasch (1983), who used it as a way to organize framing and reasoning devices to elucidate the core frames and core positions indicated by each. This matrix was developed by the researcher in a previous study (Foote, 2010).

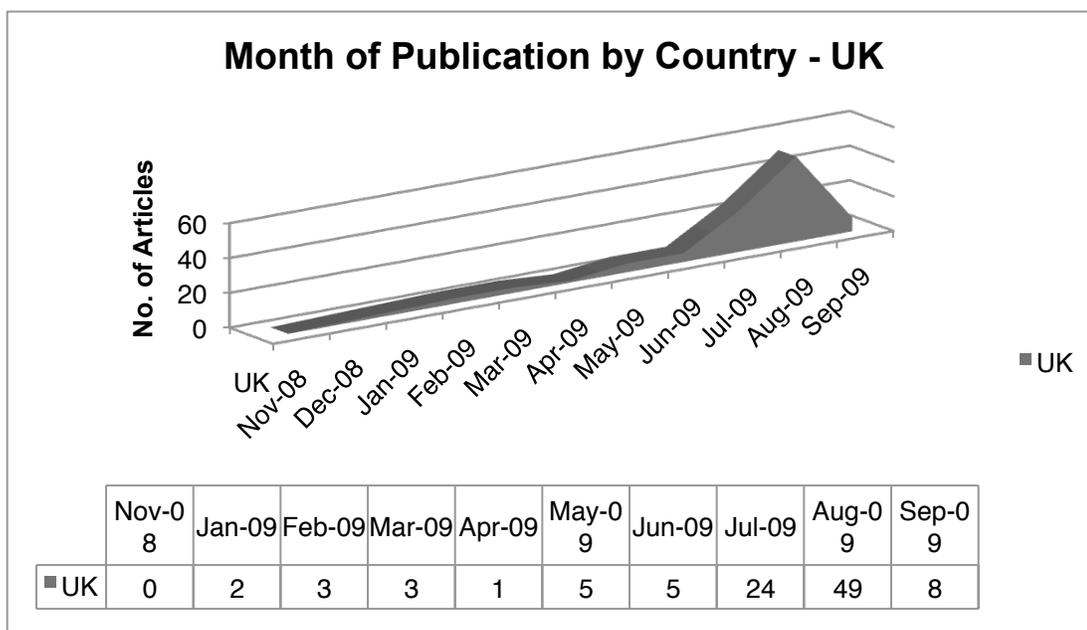
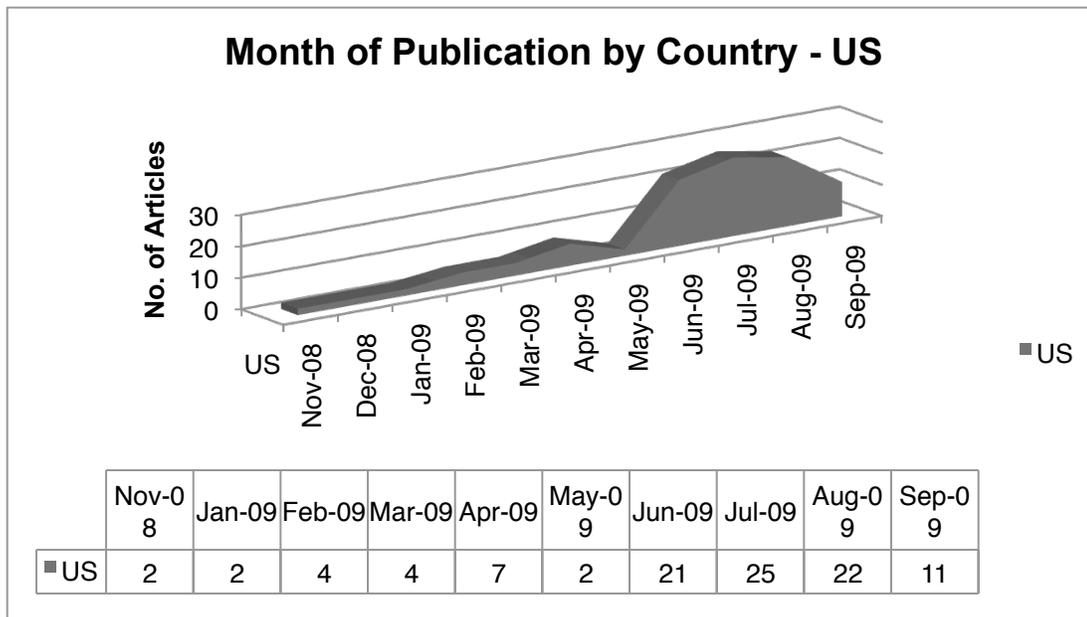


Figure 2. Month of publication by country of newspaper. Coverage for both countries increases during the summer months of 2009, while the US Congress was in recess. As a result of the proportional sampling strategy (100 from the US-based papers and 100 from the UK-based papers), the data shows a peak of British coverage in August that is more than double the American coverage for that month. Based on the initial unfiltered returns from LexisNexis, US coverage was much greater, in absolute terms, than British coverage. Because the sample was selected randomly, the August bulge in the sample reflects a considerable increase in the coverage of health care in the total population of British prestige newspapers. However, in the full population health care coverage was likely greater in the US than in the UK across all months, including August.

| | |
|--------------|-----------|
| $r \geq .70$ | Excellent |
| $r \geq .63$ | Very good |
| $r \geq .55$ | Good |
| $r \geq .45$ | Fair |
| $r \geq .32$ | Poor |

Figure 3. Factor Loading Guidelines, according to Comrey and Lee (1992). These are accepted by some scholars who deem Cohen's *kappa* a conservative statistic. Comrey and Lee note that perfect reliability often cannot achieve a *kappa* score of 1.00, a reflection of the conservative nature of the measure.

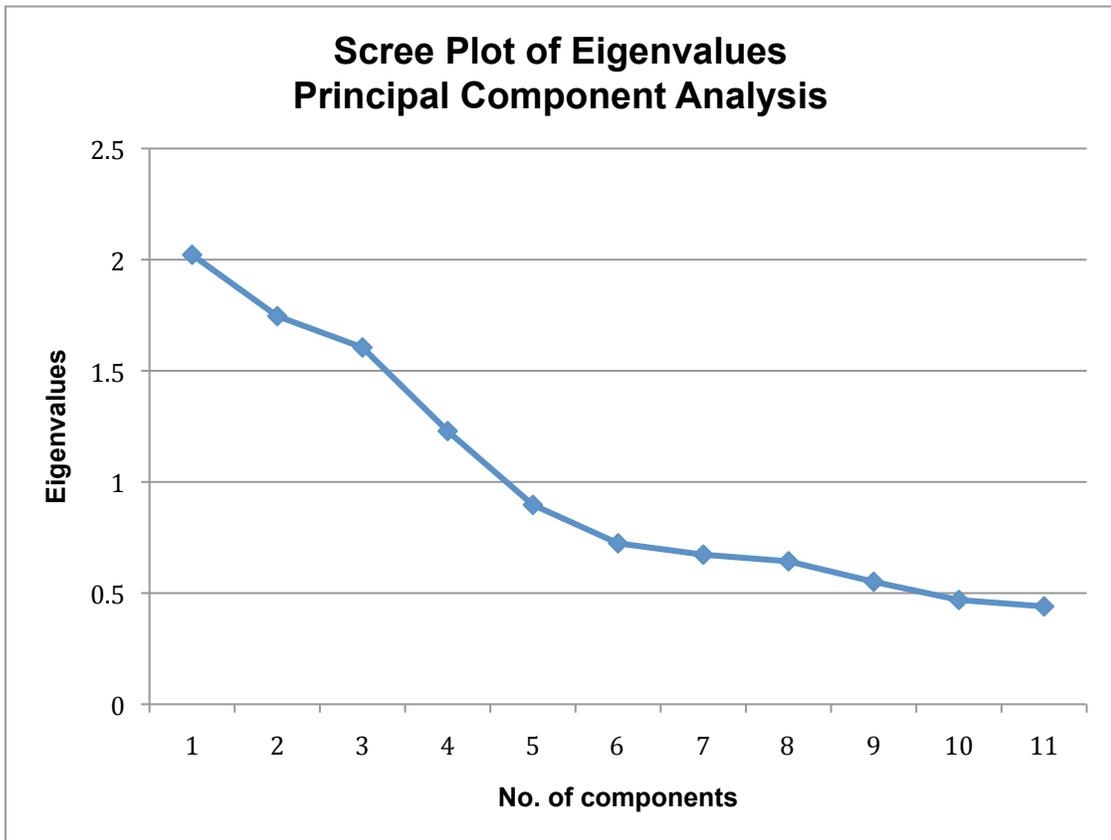


Figure 4. Scree plot for eigenvalues from a principal component analysis of 11 variables with *oblimin* rotation demonstrating a slight bend in the slope as it flattens out after the fifth component was extracted. The steepest part of the slope is between components four and five, implying that a four component solution is most suitable.

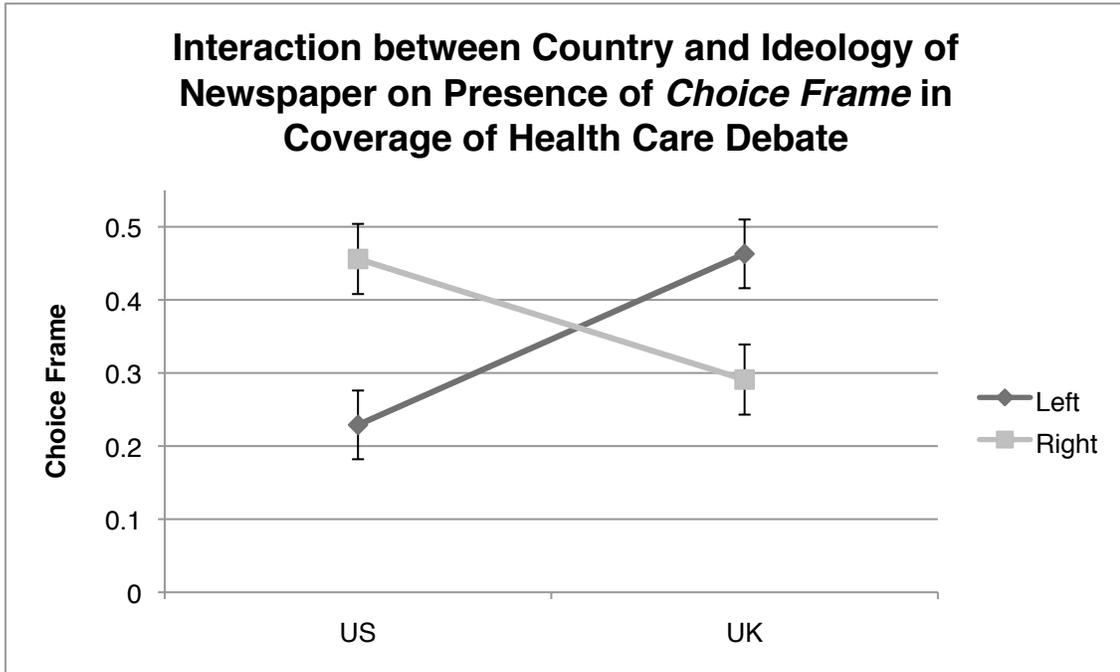


Figure 5. Interaction between country and ideological position of newspaper on the *choice frame*. Estimated marginal means were first controlled for word count as a covariate.

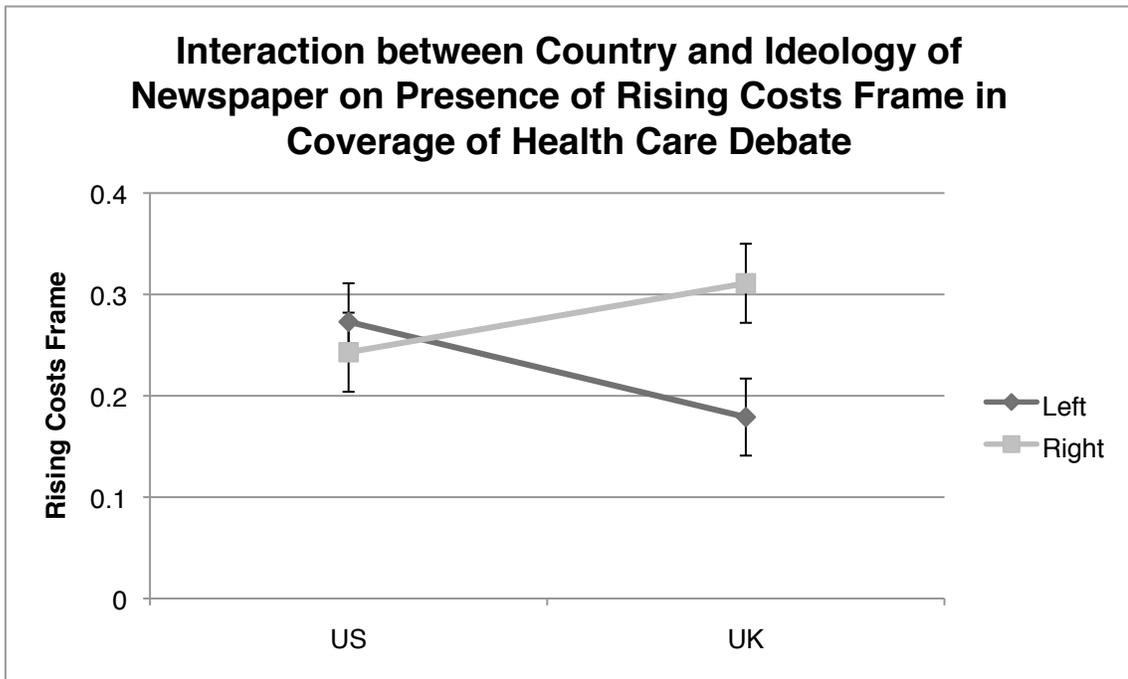


Figure 6. Interaction between country and ideological position of newspaper on the *rising costs frame*. Estimated marginal means were first controlled for word count as a covariate.

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APPENDICES

APPENDIX A
Final List of Items Analyzed
(15 framing variables)

Answer “yes” (1) or “no” (0) to each question based on any instance in the article, including, reporter accounts, journalists’ assertions, editorial statements, anecdotes about characters, and quotes from sources.

F – O. NOT ANALYZED (All Generic Frame Measures)

- P. Does the article refer to universal coverage/mandate as a desirable ideal
- Q. Does the article refer to the situation of “millions” of uninsured Americans?
- R. Does the article mention the potential catastrophic health or financial effects (e.g., “horror stories” or medical bankruptcy) for those without health care?
- S. Does the article mention the undue influence of corporate lobbyists or insurance companies in the policy process or the health care system?

T. NOT ANALYZED

- U. Does the article refer to “rationing” of health care or “death panels” as a negative consequence of reform?
- V. Does the article mention US-produced research advances in a positive way or characterize the US health system as the “best in the world”?
- W. Does the article refer to a government “takeover” of health care as a heavy-handed measure or an encroachment on personal choice?

X. NOT ANALYZED

Y. Does the article refer to 'socialized medicine' or any negative implication of government involvement in health care programs in the US or any other country?

Z. Does the article mention "generous" health benefits (e.g., "Cadillac" or "gold-plated" plans)?

AA. NOT ANALYZED

BB. NOT ANALYZED

CC. Does the article refer to "out-of-control," "skyrocketing," "inflated" otherwise unmanageable costs of health care spending/premiums that must be "held down," "reined in," "contained," or "controlled"?

DD. Does the article refer to the negative impact of malpractice insurance, "frivolous" lawsuits, "tort reform" or overly expensive "end-of-life" procedures?

EE. Does the article present 'rationing' of health care treatment as a positive or necessary?

FF. Does the article refer to market/insurance exchanges (cooperatives, nonprofits, or "public option") that allow health care "clients" to pool their buying power, effectively "bringing consumers into the system?"

GG. Does the article favorably discuss competition between the private industry and the public sector/"public option" (i.e., presenting competition as a potential improvement)?

HH. Does the article reference the financial cost of proposals or efforts to reform health care?

APPENDIX B
Final Coding Protocol
(29 framing variables)

CODER: _____ PUB #: _____ ARTICLE #: _____

Publication Date: _____ Word Count: _____ Section: _____

Publication Name

- | | |
|--------------------------------|---------------------------|
| 1. The Wall Street Journal | 6. Sunday Telegraph |
| 2. The New York Times | 10. Financial Times |
| 3. The San Francisco Chronicle | 11. The Guardian |
| 4. The Washington Post | 12. The Observer |
| 5. Daily Telegraph | 13. The Independent |
| | 14. Independent on Sunday |

Section

1. News
2. Comment/Editorial
3. Other

(continued on next page)

CODER: _____ PUB #: _____ ARTICLE #: _____

Publication Date: _____ Word Count: _____ Section: _____

Consider the following when answering all 29 questions

MENTION≠SUPPORT

Mentions and references to concepts in articles do not necessarily have to reflect support for that idea.

“PROBLEM” IS HEALTH CARE SYSTEM

The “problem” should always be considered the US or British health care system, unless otherwise specified in the article as some particular aspect of the health care system or efforts to reform it.

DEFINE COST IN BROADEST TERMS

Cost and economic consequence is meant to indicate any financial price associated with a program, decision, or behavior. This includes a specific dollar amount, an estimated fiscal cost or percentage of economic production (GNP), as well as broader economic impact, such as the risk of bankruptcy or long-term debt. Mentions of deficits and debts are to be considered “costs,” “losses,” and “consequences.” Discussions of overall “affordability” of a health care reform proposal or health services is an allusion to “cost” or “degree of expense.”

COST TO ENTITY vs. COST TO PERSON

A single article can contain mentions of a cost to an entity (institution, region, country, etc.) as well as a cost to a person or group of people. These should be distinguished as laid out in the definitions below. (e.g., the article can mention the 17% of GDP spent by the US on health care; then the article can mention the \$5,000 individual tax credit proposed by John McCain. The former would be considered an economic impact to a country; the latter an impact on a human being or group of human beings).

RATION=ALLOCATION OF SCARCE GOODS

Ration is any instance or suggestion in which care is limited in favor of cost reduction or distribution of care.

TAXPAYERS=INSTITUTION

Taxpayers and are meant to be considered an institution, not individuals; unless a taxpayer is talking specifically about his/her individual tax burden or impact/use of their taxes in particular.

GOVERNMENT=INSTITUTION

The government, its elected representatives, officials, and agencies (e.g., Medicare) are considered institutions.

CORPORATION/INSURERS=INSTITUTION

Corporations (incl. small businesses) and their controlling agents (executives, shareholders) represent that institution. References to insurance companies or the health care “industry” as a whole refer to institutions.

EDITORIALIST IS A PERSON

Mentions of personal impact, stories, or conflict between people is meant to include the writer of the article as well as those mentioned within it.

Please answer “yes” (1) or “no” (0) to each question based on any instance in the article, including, reporter accounts, journalists’ assertions, editorial statements, anecdotes about characters, and quotes from sources.

- F. Does the article mention how institutions, regions, or countries might be economically impacted by or because of the issues or problems affecting health care systems?
- *Economic impact or consequences should include mentions of cost, broadly defined; for example: fiscal or budgetary cost, bankruptcy, long-term deficit or debt, impact on Gross National Product (GNP), costs of a piece of legislation, expense of providing government services to taxpayers or agencies, general tax increases, general consumer spending in certain industries, etc.*
- G. Is there mention of financial losses or gains for any institution, region, or country, now or in the future?
- H. Is there mention of the costs/degree of expense involved for institutions, regions, or countries?
- I. Is there reference to economic consequences to an institution, region, or country for pursuing or not pursuing a course of action?
- J. Does the article provide a specific human example or “human face” on the health care issue?
- *e.g., stories of people’s experience with current health care systems or potential effects of reform proposals; i.e., focus on the human interest of a topic*
- K. Does the article refer to ways in which specific individuals and groups could be personally affected by the health care issue or any sub-topics associated with it?
- *This is to include affects on specific individuals, “types” of individuals, and formal associations or informal groups of people; for example: “The uninsured,” “poor,” high-earners,” “elderly” those with “pre-existing conditions,” or “generous” benefits; but does not to include “all taxpayers”*
- L. Does the article go into the private or personal lives of any of the actors mentioned?
- M. Does the article refer to any disagreement or conflict between parties/individuals/groups/countries?
- *This can refer to specific practical differences of opinion as well as broadly implied philosophical or ideological disagreements.*

- N. Does one party/individual/group/country (including the author) criticize another?
- O. Does the article refer to two or more sides of the health care problem or issue
- *This is meant to include all instances in which multiple perspectives on any issue related to health care is mentioned, including those in which one side of is given unequal treatment or mentioned solely to service a criticism?*
- P. Does the article refer to universal coverage/mandate (or “free” health care) as a desirable ideal
- *“Desirable ideal” should imply some justification other than political goals or imperatives?*
- Q. Does the article refer to the situation of “millions” of uninsured Americans?
- R. Does the article mention the potential catastrophic health or financial effects (e.g., “horror stories” or medical bankruptcy) for those without health care?
- S. Does the article mention the undue influence of corporate lobbyists or insurance companies in the policy process or the health care system?
- T. Does the article mention government involvement (or potential involvement) in health care programs in the US or any other country in a positive manner?
- *e.g., descriptions of services provided via Medicare, mention of breadth of coverage in government-run systems, provision of care to the disadvantaged, public option competition, etc.)*
- U. Does the article refer to “rationing” of health care or “death panels” as a negative consequence of reform?
- V. Does the article mention US-produced research advances in a positive way or characterize the US health system as the “best in the world”?
- W. Does the article refer to a government “takeover” of health care as an encroachment on personal choice or as a heavy-handed measure?
- X. Does the article question whether it is fair or desirable for private industry to compete with the public sector (i.e., the “public option”)?
- Y. Does the article refer to ‘socialized medicine’ or any negative implication of government involvement in health care programs in the US or any other country?

- *e.g., mention that government should not encroach on health care, description of costliness of Medicare or British National Health Service, critique of quality or timeliness of care in national health regimes, reference to bureaucracy, mention of government monopoly, etc.)*
- Z. Does the article mention “generous” health benefits (e.g. “Cadillac” or “gold-plated” plans)?
- AA. Does the article (or actors within the article) explain the effects of health care reform proposals on the reader directly or describe the impact of reform proposals on the “average consumer”?
- *This is meant to include articles that provide a breakdown of how categories of consumers will be affected (e.g., their premiums and benefits) as well as articles describing or citing polls of how people think their plans will be affected; it is not meant to include impacts on “the taxpayer”*
- BB. Does the article refer to “inefficiencies” or attempts to make “efficient” current health systems?
- *e.g., overblown benefits for Medicare, insurance company profits or government “giveaways,” unnecessary services, paperwork, uninsured patients making premiums more expensive, etc.*
- CC. Does the article refer to “out-of-control,” “skyrocketing,” “inflated” otherwise unmanageable costs of health care spending/premiums that must be “held down,” “reined in,” “contained,” or “controlled”?
- *This should include references to growing deficits for governments, troubling debt for companies, individuals, or governments, and rises in portions of consumer spending or Gross Nat’l Product.*
- DD. Does the article refer to the negative impact of malpractice insurance, “frivolous” lawsuits, “tort reform” or overly expensive “end-of-life” procedures?
- EE. Does the article present ‘rationing’ of health care treatment as a positive or necessary?
- *This should include efforts or suggestions to make consumers more cost-conscious, proposals to tax health care benefits, disincentivizing expensive procedures, etc.*
- FF. Does the article refer to market/insurance exchanges (cooperatives, nonprofits, or “public option”) that allow health care “clients” to pool their buying power, effectively “bringing consumers into the system?”

GG. Does the article favorably discuss competition between* private industry and the public sector/"public option" (i.e., presenting competition as a potential improvement)?

HH. Does the article reference the financial cost of proposals or efforts to reform health care?

- *This would include the dollar cost of a particular piece of legislation, reference to the expense to the government or taxpayers of reform in general, or the overall burden on the budget*

Appendix C
Original Coding Protocol
(38 framing variables)

Article Information

A. Publication Name

2. USA Today
3. The Wall Street Journal
4. The New York Times
5. The Los Angeles Times
6. The Washington Post
7. Daily Telegraph
8. Sunday Telegraph
9. The Times
10. Sunday Times
11. Financial Times
12. The Guardian
13. The Observer
14. The Independent
15. Independent on Sunday

B. LexisNexis Number

C. Country

2. US
3. UK

D. Publication Date

MM-DD-YYYY

E. # of Words

F. Section

2. Front
3. News
4. National
5. Business
6. Financial
7. World
8. Editorial
9. Comment
10. Other

Please answer “yes” or “no” to each following question based on any instance in the article, including, reporter accounts, journalists’ assertions, editorial statements, anecdotes about characters, and quotes from sources.

Generic Frames

- G. Does the article emphasize how institutions, regions, or countries might be economically impacted by the issue/problem?
00. No
01. Yes
- H. Is there mention of financial losses or gains for any institution, region, or country, now or in the future?
00. No
01. Yes
- I. Is there mention of the costs/degree of expense involved for institutions, regions, or countries?
00. No
01. Yes
- J. Is there reference to economic consequences to an institution, region, or country for pursuing or not pursuing a course of action?
00. No
01. Yes
- K. Is there reference to a 'bottom line' or profit and loss?
00. No
01. Yes
- L. Does the story suggest that some level of government has the ability to alleviate the problem?
00. No
01. Yes
- M. Does the story suggest that some level of the government is responsible for the issue/problem?
00. No
01. Yes
- N. Does the story suggest solution(s) to the problem/issue?
00. No
01. Yes
- O. Does the story suggest that an individual (or group of people in society) is responsible for the issue-problem?
00. No
01. Yes
- P. Does the article provide a human example or "human face" on the issue?

- 00. No
- 01. Yes

Q. Does the article employ adjectives or personal vignettes that generate feelings of outrage, empathy-caring, sympathy, or compassion?

- 00. No
- 01. Yes

R. Does the article emphasize how individuals and groups are personally affected by the issue/problem?

- 00. No
- 01. Yes

S. Does the article go into the private or personal lives of the actors?

- 00. No
- 01. Yes

T. Does the article contain some type of moral message or storytelling?

- 00. No
- 01. Yes

U. Does article makes reference to morality, God, and other religious tenets?

- 00. No
- 01. Yes

V. Does the article offer special prescriptions about how people or entities should behave?

- 00. No
- 01. Yes

W. Does the article reflect disagreement or conflict between parties/individuals/groups/countries?

- 00. No
- 01. Yes

X. Does one party/individual/group/country criticize another?

- 00. No
- 01. Yes

Y. Does the article refer to two or more sides of the problem or issue?

- 00. No
- 01. Yes

Z. Does the article use the language of war, games, or sports?

- 00. No
- 01. Yes

Frames Specific to Health Care

- AA. Does the article refer to a need for universal health care coverage?
00. No
01. Yes
- BB. Does the article refer to millions of uninsured Americans as unjust?
00. No
01. Yes
- CC. Does the article warn about the potential catastrophic health or financial effects for individuals, workers, or families without health care?
00. No
01. Yes
- DD. Does the article emphasize the influence of corporate lobbyists or insurance companies in the policy process?
00. No
01. Yes
- EE. Does the article mention positive aspects of government-run health care programs (in the US or any other country)?
00. No
01. Yes
- FF. Does the article mention 'rationing' of health care or 'death panels' as a negative consequence of reform?
00. No
01. Yes
- GG. Does the article characterize the US health system as the 'best in the world' or mention advanced research in a positive way?
00. No
01. Yes
- HH. Does the article refer to a government 'takeover' of health care as an encroachment on personal choice?
00. No
01. Yes
- II. Does the article discuss the fairness of the private industry competing with the public sector or 'public option'?
00. No
01. Yes

- JJ. Does the article refer to 'socialized medicine' or otherwise mention negative aspects of government-run health care programs (in the US or any other country)?
00. No
01. Yes
- KK. Does the article mention lavish 'Cadillac' insurance plans?
00. No
01. Yes
- LL. Does the article describe or explain the effects of health care reform proposals on the 'average' consumer, or the reader directly?
00. No
01. Yes
- MM. Is there reference to 'inefficiencies' in the current health system, either public or private?
00. No
01. Yes
- NN. Does the article refer to 'out-of-control,' 'skyrocketing,' or otherwise unmanageable costs?
00. No
01. Yes
- OO. Does the article refer to negative impact of malpractice insurance, 'frivolous' lawsuits, or overly expensive procedures that should be better rationed?
00. No
01. Yes
- PP. Does the article refer to the 'cost' of the uninsured as a burden to the health care system or taxpayers?
00. No
01. Yes
- QQ. Does the article refer to patients as 'consumers' or 'clients' and suggest pooling their buying power or 'bringing them into the system' through private insurance exchanges or the 'public option'?
00. No
01. Yes
- RR. Does the article discuss the benefit of competition between private industry and the public sector or 'public option'?
00. No
01. Yes