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Media Framing and Health Policy: A Qualitative Content Analysis of Editorial Coverage of the Affordable Care Act

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MEDIA FRAMING AND HEALTH POLICY: A QUALITATIVE CONTENT
ANALYSIS OF EDITORIAL COVERAGE OF THE AFFORDABLE CARE ACT

By

Alison B. Hébert

A THESIS

Submitted to the Faculty
of the University of Miami
in partial fulfillment of the requirements for
the degree of Master of Arts

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MEDIA FRAMING AND HEALTH POLICY: A QUALITATIVE CONTENT
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A qualitative content analysis of editorial coverage of the Affordable Care Act (ACA) was conducted to understand the partisan political presentation and construction of the law during a time of intense political debate over the formation of the law. Using Ethnographic Content Analysis (ECA), it was found that two mainstream but nonetheless partisan publications (*The New York Times* and *The Wall Street Journal*) crafted their partisan positions differently, emphasizing different aspects of the law, and wrote in different styles in an effort to appeal to their particular partisan audiences as well as represent certain political and economic actors. It was concluded that liberal partisanship is framed as more educational and informative with appeals to access and morality, while conservative partisanship is written in a more entertaining style that was lighter on details and information with a topical focus on economic issues. Recommendations for further study are enclosed.

TABLE OF CONTENTS

LIST OF FIGURES	iv
LIST OF TABLES	v
1. Introduction	1
2. Literature Review	8
3. Theory and Methods.....	20
4. Results - <i>The New York Times</i>	41
5. Results - <i>The Wall Street Journal</i>	57
6. Discussion.....	74
7. Conclusion	87
REFERENCES	90

LIST OF FIGURES

Figure 1	26
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LIST OF TABLES

Table 1	29
Table 2	31
Table 3	35
Table 4	42
Table 5	46
Table 6	52
Table 7	58
Table 8	61
Table 9	68

Chapter 1

Introduction

After taking office on January 20, 2009, President Barack Obama began his first term with two major domestic policy priorities: approving an economic stimulus package and reforming the American health care system. The stimulus package was a reflection of the time: the nation was reeling from the economic crash of late 2008 and immediate aid was needed to help rescue the American economy. The stimulus package, entitled the American Recovery and Reinvestment Act, was passed in 2009. After this legislation was in place, President Obama pivoted to his other major, urgent legislative priority: health care reform.

Historically, health care reform, as any major government program, from the birth of Franklin Roosevelt's New Deal programs to Lyndon Johnson's introduction of Medicare, has been an issue met with extreme partisan debate. The Affordable Care Act (ACA), or "Obamacare" as it came to be colloquially known, was no exception, and the raging partisan debate over the formation of the law spanned a large part of 2009, played out in the media as well as the halls of Congress.

Traditionally, the fields of media studies and medical sociology have been distinct and separate, only recently beginning to converge (Seale 2003). The goals of this project are multiple. Firstly, this paper summarizes and compares the existing perspectives on the relationship between the media and health. In reviewing the literature, I also explore the relationships between media and health, media and policy, as well as what political ideology means in the United States. This project asks the question: "What is the nature of the media's partisan critiques of the Affordable Care Act in partisan media outlets

during a period of intense public and Congressional debate?" This is the central research question of this project and the goals of the theory and supporting methodology are to find the proper way to answer this question.

Additionally, this paper identifies and outlines a theoretical perspective relevant to media and health policy, in particular a study analyzing the partisan nature of news media coverage of the 2009 crafting and passage of the ACA. Additionally, this paper will outline the methodological approach for analyzing the relevant media, ethnographic content analysis (ECA), an approach utilizing qualitative methods for analyzing media. Finally, this paper will explore the results of the analysis, including discussion, possibilities for future research, and study limitations.

My main reason for studying media coverage of the ACA lies in the monumental importance of this massive shift in health policy. Quadagno's (2004) review of the history of health policy in the United States points to the difference between the U.S. and other developed countries in the lack of national health insurance and universal coverage. The ACA is the United States' most significant step toward universal health coverage, though the legislation as it came into reality still fell a great deal short of truly universal coverage. Despite its shortcomings in attaining fully universal coverage, the legislation was still historic. Because of its historic nature, the ACA has garnered a great deal of media attention, and it is important to examine this attention in an attempt to understand the public dialogue on health policy.

But why study the ACA as a medical sociologist? Kronenfeld (2011) points to medical sociology's recent neglect of policy as a field, indicating a gap in the literature with regards to discussion of policy in general. The relative newness of passage and

implementation of the ACA also leaves the topic ripe for relevant analysis. This project can make a significant contribution to the literature of medical sociology both on the broad level (by tackling policy as a general subject matter) and the specific (by examining coverage of the passage of the ACA in particular). Public perception of the ACA is in part shaped by the media, and thus it is important to understand the ways in which the media framed and presented this massive new health policy. The ACA, reflecting such a large shift in health policy, will no doubt undergo alteration and revision in the future, as policy does tend to change in order to reflect public opinion, accommodate the needs of the public, or serve the interests of certain groups. It is important, therefore, to study the ways in which the media presents and critiques the policy. With regards to the ACA, the formation of the law is an obviously important moment to examine. This examination will help explain the social construction of the media's partisan critiques of the formation of the policy, answering the research question of this project.

Pundits and politicians alike often point to media bias altering perception of key issues, and the current news menu available in print, online, and on television does provide something of a political spectrum of sources for the audience to consume. A Pew study in 2011 found that 76% of Republicans and 54% of Democrats believe news organizations are politically biased (Pew Research Center 2011), indicating that the media audience itself views media outlets in this way. A 2014 Pew study found that political polarization among the American public is on the rise, finding more Americans defining themselves as either "consistently liberal" or "consistently conservative" in 2014 than they did in either 2004 or 1994, showing the polarization steadily increasing at each

new time point (Pew Research Center 2014). Another 2014 study, part of Pew's year-long 2014 research project on political polarization, found that "likely" voters in the 2014 election were more polarized than the general public (Pew Research Center 2014). Thus, partisan bias in the media reflects increasing polarization in the populace.

Finally, another Pew study looked at the media consumption habits of those who defined themselves as "consistently liberal" or "consistently conservative," asking which media sources they consumed. Among print media, liberals were more likely to consume and trust *The New York Times* than conservatives. Conservatives, on the other hand, are more likely to trust *The Wall Street Journal* as a reliable news source (Pew Research Center 2014).

Despite the fact that much of the public does perceive the media as politically biased (another 2011 Pew study found that Americans criticize the press and believe the presentation of news is skewed in one direction or the other), the press is still considered to be a more trustworthy source of information than other institutions, such as the government or business (Pew Research Center 2011). The polarization of the American public justifies examination of the selected media outlets as politically partisan. However, because people are now explicitly seeking out news sources that conform to their own political biases, it is a worthwhile endeavor to examine the ways the media constructs their partisan positions. Thus, the research question addresses both *whether* the selected media outlets are biased and *how* they construct their partisan positions. This project is not only asking "if," but "how." This is why editorials are the selected unit of analysis for this study, as they represent the explicitly constructed partisan statements of the publications.

Rose Weitz (2013) discusses the ACA in critical terms, noting that while stakeholders initially mobilized against the bill, concessions made by Congressional Democrats made the legislation more palatable to businesses. Weitz is skeptical that the ACA in its final form will be effective at significantly reducing costs for individuals, mostly because the ACA preserves the United States' health care system as a for-profit endeavor and because health insurers still have a great deal of control over the health care system, despite the enacting of reforms to include patients with pre-existing conditions and allow children to remain on their parents' insurance plans until the age of 26 (Weitz 2013). In short, the reform falls well short of what is necessary to put the United States on par with other health care systems of the developed world and reduce costs as much as is necessary.

Weitz (2013) also discusses how major businesses, realizing the need to compete on a global scale given the upward spiraling costs of health care, increasingly got on board with the ACA, and that the business influence on the legislation explains why the bill took its final form: it is business-friendly more than it is patient-friendly. Weitz notes, however, that stakeholder mobilization against the ACA was still "strong amongst anti-tax and anti-government conservatives" (2013) and that the major concession made (the lack of a public option) transformed the ACA more into "health insurance reform" than "health care reform." Furthermore, Weitz notes that the Supreme Court ruling declaring that states were not required to accept the expansion of Medicaid gutted a crucial aspect of the law, leaving many Americans too poor to afford to buy insurance but not poor enough to qualify for Medicaid if their state refused to accept the expansion.

The decision to accept or deny Medicaid expansion was solely the purview of state governors—the majority of which are Republican and vehemently opposed to the ACA (Weitz 2013).

The intent of this study is to examine some of the key aspects of the legislation—those that came to fruition (like the mandate) and those that did not (like the public option)—and examine their partisan presentation in newspaper print media editorials. Because it is a source trusted by liberals, I have selected *The New York Times (NYT)*. For a source trusted by conservatives, I have selected *The Wall Street Journal (WSJ)*. It is worth noting that the *WSJ*, though it does carry something of a conservative reputation (it is a business-minded paper owned by News Corp's Rupert Murdoch), is still generally trusted by liberals according to the 2014 Pew study (Pew Research Center 2014), but among newspapers the study asked respondents about, the *WSJ* is the only one trusted by those who consider themselves "consistently conservative." This project is interested in understanding how liberal and conservative ideologies attached to the chosen publications translate into the presentation of their partisan case for or against the ACA.

A perusal of the medical sociology literature finds very little in the way of examination of the media's presentation of the ACA, which is why I have identified this subject as a gap in the existing literature. Quadagno's (2004) work has studied the history of health care reform throughout the decades effectively, but as medical sociology has in general neglected health policy in recent decades, the proposed examination of media's presentation of policy is ripe for study.

This study goes back to the beginning to study the editorial media coverage of the formation of the law in 2009. In choosing to examine coverage of the months leading up

to the 2010 passage of the law, I am seeking some insights into the way media presentation critiqued and constructed the ACA for the news-consuming audience.

The upcoming chapter seeks to review the literature on media and health as well as media and policy. The third chapter outlines the theoretical framework and the corresponding methodology used for this project. The final chapters explore and analyze the results and offer a conclusion.

Chapter 2

Literature Review

Media as Health Education: Approaches

Clive Seale (2002) outlines and defines various approaches to analysis of the relationship between media and health. Media, Seale notes, is not merely a vehicle for education but also for entertainment. The first approach Seale defines as the "traditional health education" approach (Seale 2002). This approach does not focus at all on entertaining, but merely informing. Seale does not, however, suggest that removing the entertainment value of health education in media is necessary. Entertainment value has its place in media coverage of health education. In fact, according to Seale, some educational media that chooses to focus solely on information-giving without any interest in entertainment comes across as irrelevant and inapplicable to individuals, making no attempt to connect with consumers and their feelings and experiences. Seale notes that this approach is sometimes employed by traditional media outlets (when health educators are able to persuade these outlets to publish these messages), but because media outlets are focused on a business model that requires some amount of entertainment in order to "sell," educators may turn to creating their own media, in the form of pamphlets and other informational materials aimed at specific audiences. These forms of media fall into the problem of being both paternalistic and not particularly engaging (Seale 2002).

Seale also describes the "health promotion" approach in media and health education. Seale characterizes this approach as one of "edutainment," merging education and entertainment. Examples cited are films used to promote anti-smoking messages and music videos (videos from classic R&B girl groups TLC and Salt-N-Pepa

both come quickly to mind as examples) used to promote responsible safe sex practices. The goals of these messages within entertainment appear to be to make healthy behavior appear desirable and “cool,” or simply to make the product of health information entertaining. Seale characterizes the edutainment approach as a compromise of sorts between health educators and the “pleasure principle” inherent in most forms of mass media. People do not want to be bored or feel as if they are being talked down to—two flaws in the health education approach. One dilemma for health promoters, Seale notes, is the difference between a portrayal of healthy behaviors as fun or cool and the tangible reality people live (junk food is tasty, for example). Another dilemma is the discipline required to eat healthy and exercise regularly. The rewards may be rich, but the work to achieve said rewards can be challenging and lacking in pleasure. This edutainment approach treats the audience as more engaged, however, and allows consideration for what people find interesting and pleasurable (Seale 2002).

This approach unites actors in popular media with health educators, though ultimately, the decisions on what health messages to promote lie with the media actors and outlets themselves. The role of health education interests is to attempt to influence, not to dictate. This is because media actors will ultimately decide what to convey, whether to further their own interests or to make a value judgment on which health messages are the most important to convey. Aside from those factors, media actors will always consider the ability to "sell" the message to the public, as well as advertising space to sponsors. The importance of entertainment value or the ability to generate genuine public interest cannot be understated when considering the motivations and actions of media actors within a capitalist system. Seale's examination of media forms of

health education are useful in examining the media's approaches to health policy education in that in both cases, the media is attempting to explain something critical to a person's individual health, seemingly with the goal to convey "expert" knowledge to "lay" consumers.

As with the educational approaches, varying views of the audience and its role in the consumption of media have emerged. One model, which treats the audience as passive, is particularly useful for this analysis, as it is a study largely of one actor (the media outlets themselves) to a passive audience that does not directly create content. Seale (2002) identifies multiple models to do this. The effects model explores the damaging effects sensationalized news stories may have on viewers because extraordinary stories are most likely to be presented. Lantz and Booth (1998) identify the construction of the breast cancer "epidemic" by media as one in which women are to blame for their own cancers by exercising reproductive restraint through use of birth control—a specious claim, they assert. Lantz and Booth's article of media construction of health narratives assumes that viewers accept media as a legitimate source of information. Citation of scientific studies, even ones with grossly exaggerated importance as Lantz and Booth suggest, is portrayed as unduly affecting viewers because they were conveyed by media sources on a widespread level. This is a product of framing questionably valid scientific studies as legitimate to an audience that likely does not have the necessary expertise to refute them. While this study does not examine the effects themselves but the content of the media coverage, it is worthwhile to keep in mind the fact that media coverage *does* affect consumers.

So what relevance do these health education perspectives have for news media and health policy? Conveying policy is often left to the arena of the news media, including the education of the public on health policy. It is important to consider these health education perspectives when attempting to understand the media's role in informing the public about health policy (and all policy in general). It is also vital to factor in these perspectives when considering the ways in which the news media communicates health policy. Additionally, a more general understanding of media, policy, and the nature of American political ideology is also in order.

Media and Policy as Primary Information Source

Seale (2002) notes that one failure of media and health studies is how it often limits the analysis to health problems (and strategies to resolve them) alone. Media studies exists as its own field, and in order to properly “marry” media studies with medical sociology and health policy, it is useful to take a look at previous studies on the relationship media has with general policy and public opinion. While this study does not examine the effects media has on policy, it is worth examining what the literature has to say about media's role in informing the public.

McCombs and Shaw's (1972) study of the 1968 United States presidential election attempts to examine the way the public receives information about political candidates. They note that candidates in the late modern age turn to mass media instead of in-person interactions and events to send their messages to constituents. This holds true even moreso now than it did over forty years ago when this article was written, given

the explosion of multiple forms of new media, particularly cable television and the internet, which were not in existence at the time of McCombs and Shaw's study.

While every election sees the media discuss the importance of "retail politics," or face-to-face interaction between candidates and constituents, McCombs and Shaw argue that the mass media plays a larger role than face-to-face interaction. Face-to-face interaction can only be considered helpful, but the vast majority of constituents do not experience such interaction. This is not to say that the effect of in-person encounters is negligible, but rather that it is not the primary vehicle through which most constituents make their decisions about candidates. Advancements in technology and increases in population have meant that mass media has for the most part replaced in-person interaction as the means by which constituents learn about and understand their candidates, a function of technology and feasibility. It is likely that many of the people who interact in person with or attend rallies by candidates have done so because they have already learned about the candidate and therefore have sought out the interaction as a supplement to their existing information.

McCombs and Shaw (1972) investigated the relationship between mass media narratives and voters' perceptions by attempting to compare what voters described as important in mass media messages, using interviews of randomly selected members of a community. They screened specifically for respondents who had made a firm decision on which candidate would receive their vote. Along with the interviews, McCombs and Shaw analyzed the content the mass media respondents were likely to have consumed, including local and national newspapers as well as network television sources. Their findings align with Seale's (2003) assertion that people acquire a great deal of

information via mass media, and that this acquisition of information is not limited to those who are seeking it. People acquire information from the mass media whether they are looking for it or not. McCombs and Shaw found that people's definitions of important political issues coincided with how the mass media treated these issues, raising the question of whether the media responds to the public's key areas of concern or if they create narratives to facilitate public concern.

Findings such as those of McCombs and Shaw justify the approach of traditional mass media in treating the audience as passive consumers. If those who receive media messages use those messages to heavily influence their opinions on political issues and choices, the only engagement needed with the audience is to keep them watching and reading. These findings also highlight the importance of analyzing and understanding media messages and how they are constructed, a goal of this study.

Smidt (2012) studies the effects of news coverage on public opinion regarding one policy that affects public health: gun control. Smidt's findings propose that news coverage of activist and protest groups influence public opinion more than coverage of the opinions of politicians and pundits. Smidt notes that previous literature regarding media and policy has focused on the power of news organizations in selecting which news stories receive the most coverage. News organizations have been criticized as catering to powerful elites, and Smidt proposes that perhaps because news coverage of political issues appears to be overwhelmingly focused on the views of elites, the comparatively slight coverage of grassroots activist groups carry more weight with the public, suggesting the importance of framing in understanding the impact of the media on public opinion. The usual focus on elites over grassroots organizations can be explained

in multiple ways, whether a function of bias on the part of media outlets, or perhaps because powerful elites have the resources necessary to garner attention, unlike smaller grassroots interests who by their nature require large numbers of supporters in order to catch the notice of large media organizations. Additionally, U.S. media entities in and of themselves are for the most part components of large business conglomerates, indicating a vested interest media has in preserving itself as a large business actor.

Smidt (2012) also analyzes the 2009 news coverage of the process which eventually led to the construction and passage of the ACA, comparing President Barack Obama's media campaign with coverage of protests and town hall demonstrations on the subject. Smidt points out that interest in the ACA rose sharply with the President's media campaign, but it was followed by another great spike of interest when the content of news coverage shifted focus to grassroots and town hall protests of "average" people expressing their opinions, finally finding that interest in the ACA declined once the coverage switched back to the machinations of Washington DC and the legislative process. This supports Smidt's assertion that news coverage of citizen activists resonates more strongly with the viewing audience. Smidt's elevation of the importance of showcasing grassroots activists in order to elicit public interest in a story coincides with Seale's (2002) discussion of the lay hero as a figure used by media to sway audiences. The lay hero in this case is not the cancer survivor, not the brave patient, but the ordinary citizen standing up for a cherished belief. American ideology champions the ability of the individual to make an impact, so the outspoken citizen at a town hall meeting expressing an opinion on health policy is framed as a sort of lay hero. The citizen activist is perhaps a particularly powerful representation of Seale's lay hero, such as cancer

survivors. Not everyone can beat cancer, not everyone gets cancer, but nearly everyone can attend a town hall meeting and shout out their opinions. This sort of lay hero allows the audience to see themselves as potential critical voices affecting public debate with the goal of influencing policy.

The extent to which the audience influences media and policy is certainly up for debate and is beyond the scope of the current project. I would argue that while media outlets ultimately make the final decision in how stories are framed and which stories are covered, there is an inherent conflict at play within media outlets. Political motivations must grapple with financial ones. Audience reception and engagement must always remain considerations in order to serve either political or financial goals. If we are to assume Smidt's assertion that coverage of seemingly grassroots movements is influential because it is rare, then it is in the media's interest not to overexpose this type of coverage, lest it lose its novelty (and thus its impact). So while the audience is not a direct producer of media because it does not make the actual choices of what gets covered, media producers do have to keep audience in mind when it comes to holding their attention and utilizing the novel and rare for maximum effect in order to avoid audience fatigue and overexposure. In the case of the study described in this paper, the media sources, in writing editorials aimed at an explicitly partisan audience, must consider both what they want to represent on behalf of their own interests as well as what their audience would want to read.

One critique I would offer of Smidt's study is that while acknowledging that initial coverage of grassroots and town-hall protests was overwhelmingly negative toward the ACA, the study does not deeply (or even superficially) examine the partisan nature of

this coverage in any useful or critical way. Smidt simply states that coverage of grassroots activism and town hall coverage became more balanced over time, a claim that in my opinion should be strongly questioned. This current study, in tackling explicitly partisan messages, examines media coverage of the ACA from a different angle than Smidt's study.

It should be mentioned that news media does encourage political participation, a finding supported by Gentzkow, Shapiro, and Sinkinson's work (2011). Their study finds that newspapers have increased electoral turnout and in a way democratizes information on political issues toward a larger audience, expanding political participation beyond privileged elites. This finding also justifies the importance of studying the partisan messages sent to news consumers in order to understand these messages which have been established by previous literature as influencing their audience. Gillett (2003) explores the idea of media as activism, characterizing the media as a tool for activists and social movements to influence policy. If media is activism, it is especially so when it comes to editorials, which is why they are the focus of this study.

Ideology, Partisanship, Framing, and Media as Social Construction

News coverage by its most superficial definition is meant to be reporting that which is relevant in order for the public to obtain information. However, the current media climate thrives on partisan or biased choices—for example, the increasingly partisan coverage between cables news channels. MSNBC and Fox News are considered by many to be partisan outlets on opposite ends of the spectrum. Hollander (2008) argues that news media has become more biased, catering to an audience that searches for

partisan sources. Hollander's assertion is that the mass media has become fragmented, with the audience migrating toward news sources that corroborate their personal partisan beliefs, while less partisan consumers have turned away from news media to entertainment media, effectively "tuning out" of the news. Hollander explains that people in the past looked to the news to expose them to the varying perspectives unavailable to them in their personal lives, since people's social networks tend to align with their interests in values, but in recent years, news consumers have looked to find news that also aligns with their values and politics. Seale (2003) notes that media depictions of health and illness are not strictly "true," but rather reflect the agenda of the media creators, whether that agenda is to tell a story for entertainment value or to push a political agenda or to protect its own interests. Perhaps it is also important to add that media depictions of health and illness (issues that, given the importance of health policy, are also inherently political) also reflect the desires of media consumers to which news sources cater.

Mass media is a business, and what sells or generates interest affects the presentation of news coverage. Additionally, despite the motivations of partisan outlets to further a certain media narrative, some news stories simply cannot be ignored if the public is demanding coverage. Ratings and readership play a huge factor and can come into conflict with a media outlet's goals. This is not to say that the *framing* of a story or event may not be manipulated to suit an outlet's purposes, however. Choices to show certain kinds of protesters—for example, those who may or may not reflect widespread public opinion—can be based on a desire to entertain, shock, or sway. In the case of health, Seale points out how unusual cases will always get more press than the mundane,

more common situations. Seale (2002) invokes the example of the heart transplant: the first heart transplant is news because it had never happened before, but once heart transplants become a normal part of medical practice, they can only generate news if something goes terribly or unusually wrong.

Therefore, the role of partisan influence on media coverage is an important one to consider. Patterson and Donsbach (1996) examine the idea of journalists as partisan actors. While many journalists attempt to claim objectivity and political neutrality, Patterson and Donsbach find a high correlation between journalists' personal partisan beliefs and news coverage. The choices of which stories to cover, which stories are important, and how to frame these stories all involve conscious decisions made by journalists, informed by personal partisan beliefs (Patterson and Donsbach 1996). Patterson and Donsbach's findings of personal partisanship can, I think, be easily expanded to include the partisan agenda of whole news organizations.

Dreier and Martin (2010) examine the effects of partisan agendas on media framing in their study of the ACORN controversy of 2008, in which the community-organizing organization was targeted and accused of voter fraud by conservatives. Their findings conclude that the reality of ACORN's activities was not reflected by the news reporting on the group, with major news media organizations presenting conservative claims without verifying such claims for accuracy. Dreier and Martin's work highlights the importance of framing. Phil Brown's (1995) treatment of framing would describe this as American constructionism, which is characterized by a lack of interest in whether or not a condition is "real," instead focusing on the social definition of the condition. Framing is a central issue in any kind of media coverage, informing the presentation and

tenor of news stories, constructing them in a way that advocates a certain agenda despite the idealistic claims of journalism as neutral and free of bias. Sage (2010) states that framing is essential in “selling” the ACA to the American people and argues for a renaming of the act to “Americare” with the hopes of replacing the term “Obamacare,” which by its nature is marked by specific and passionate political partisanship, to something more “catchy” than the ACA, a name which many polls have shown people do not necessarily identify as being the same as “Obamacare.” Thus, the importance of framing is critical to this project, and due consideration to framing must be given with the proper theoretical framework.

In addition to an examination of framing, it is also important to understand the basic ideologies of "liberal" and "conservative" as they exist in the United States specifically. Political science and psychological literature illuminates the aspects of these two ideologies. Erikson and Tedin (2003) define ideology as "a set of beliefs about the proper order of society and how it can be achieved." Jost, Federico, and Napier (2009) note that "different ideologies should both elicit and express at least somewhat different social, cognitive, and motivational styles or tendencies on the part of their adherents." Thus, it stands to reason that liberal and conservative editorial coverage will take different approaches to constructing their positions, stylistically and in terms of content. Jost et al. (2003) characterize liberals as advocating social change and conservatives as resisting social change, which coincides with the idea that liberals were more in favor of major reform to the health care system than conservatives.

Chapter 3

Theory and Methods

This project uses a qualitative approach to understand the ways in which the selected media sources have created meaning and framed information about the crafting of the ACA. Acknowledged is the fact that structural factors also influence the media's presentation of information about this policy and all other news stories. However, if only structural factors were relevant, the need for comparison between the two selected news sources would be rendered moot, as the same structural forces would be at work and would be solely responsible for the creation of the same product. Clearly, then, the main focus of this project will be to analyze and understand the different ways in which the selected news sources have constructed their particular partisan narratives of the ACA, while giving due consideration to structural forces that may also be influencing presentation of the policy. In order to properly conduct the research proposed, it is necessary, then, to identify and employ a theoretical framework that allows for proper analysis. Critical to this framework is the ability to consider the importance of the way the media constructs and presents meaning, as well as the acknowledgment of external structural factors that may influence the creation and presentation of this meaning. Thus, a particular approach to social constructionism is necessary.

Phil Brown (1995) noted that there are multiple forms of social constructionism used in medical sociology, representing a spectrum of approaches from "strict" constructionism to a more comprehensive approach that incorporates more than what is created through social interaction. The strictest form of social constructionism does not allow for any consideration of structural factors, rendering them irrelevant in favor of a

social world in which meaning is only created at the micro level, through interaction alone. Brown (1995) notes that this pure form of social constructionism neglects to consider the importance of context.

Another form of social constructionism, then, is necessary for the proposed research, and it is a form that Brown (1995) proposes as useful to medical sociology in particular. This form is described by Brown as "a synthesis of symbolic interactionism and structuralist/political-economic approaches" (Brown 1995). The reasons for this particular version of social constructionism as the theoretical framework for this project will be discussed later in this chapter, but first, it is important to explore the value of the different components of Brown's framework on their own.

Partisanship in news media exists, and as more sources of media become more widespread, offering the public more choices in what kind of news media they consume, it seems unlikely that partisanship in media coverage will go away any time soon. People have easy access in the cable and internet era to sources that align more closely to their personal political beliefs, choosing media that caters to them. Inherent in the idea that partisanship in news media exists is the idea that media actors have chosen to create meaning in particular, targeted ways. While the audience is not an active creator of content in the chosen news sources for this analysis (the internet does allow non-journalists to become content creators and actors influencing content directly), the demand for partisan news sources does suggest a desire for news organizations to create the meaning desired by the intended audience. The Pew studies cited in the introduction indicate differences in the levels of trust in consumption of media sources across the ideological spectrum.

Additionally, finding an objective "truth" from media sources about the hotly debated ACA is an impossible task, as different sources offer different results with different spins. In this sense, media sources create the meaning within their reporting that reflects their interests and the interests of their intended audience—an interplay of symbolic interaction. "Truth," then, is subjective, and objectivity an unattainable goal. This idea of truth as elusive and realities as ever-shifting speaks to what Brown (1995) describes as a postmodern approach to social constructionism. Furthermore, the Pew studies cited in the introduction indicate that the news-consuming audience is not necessarily looking for an objective, unbiased truth, but actively seeking out news outlets that align with their partisan concerns. In this case, it is worthwhile to examine the explicitly partisan presentations these newspapers present: the editorial pages. This allows me as a researcher to understand the ways in which partisan positions on the ACA are constructed in the news media. Framing the same aspects of the ACA in different ways is a tool which partisan actors utilize to create their own particular meanings.

Light (2010) explores the idea of countervailing powers in shaping the United States health care system. When applied to health policy, countervailing powers, a structural theory, suggests that multiple actors with power influence the creation of the American health care system. Quadagno's (2004) stakeholder mobilization theory—which examines how non-governmental powers such as professional organizations, health insurers, and pharmaceutical companies have influenced public policy—is also worth considering when examining how the selected media sources frame these powers. Additionally, news media institutions in the United States are largely private ones (as are the two selected media sources), with the goal of garnering readership and maintaining a

viable business in a capitalist society. Thus, the structural influence that is the larger economy and the profit motive must be considered when analyzing media produced by these actors as well.

Brown notes that most scholars, even those who adhere to approaches of social constructionism, despite their criticism of structural approaches, still point to the importance of social structures and institutions as relevant (Brown 1995). In addition, Brown points to the idea of social causation as critical to this hybrid theoretical framework. Brown discusses social causation within the context of illness, but it applies to the crafting of health policy as well in that a focus on social causation allows people to identify the existence of a problem—whether it be an unhealthy body (in the case of illness) or an unhealthy system of health care allocation (in the case of health policy). Without this element of social causation, the idea of health care as a problem in need of reform cannot be formed.

Brown (1995), in his discussion of the social construction of illness, points to the importance of social movements as part of the process of identifying a health problem. This applies as well to the identification of problems in health policy. Much of the 2008 Democratic presidential primary process focused on reform of the system, a result of decades of social movements pushing for widespread reform. Brown also identifies the importance of professional factors and organizational/institutional factors in the social construction of illness, aspects which can also be applied to the social construction of health policy. Social movements, professional actors, and institutional actors must be considered as potentially influential in the framing of the ACA by the selected media

sources. The influence of these social movements, however, was informed greatly by the media's treatment of them.

Brown (1995) does acknowledge the utility in applying this hybrid approach to social constructionism for medical sociology in understanding and analyzing health policy. Brown points to the expertise sociologists can contribute to analyzing health and illness while considering ideas of power in understanding why health outcomes differ for different groups of people. Certainly, the vulnerabilities faced by groups marginalized by the larger social structure are relevant in crafting health policy aimed at filling coverage gaps. However, these structural factors are not the only ones worth considering in crafting policy and certainly not the only ones worth considering when analyzing media content of health policy. Brown (1995) points to the usefulness of understanding the illness experience. This experience cannot be forgotten or dismissed when attempting to understand the way the media frames health policy. In fact, a great deal of media coverage about health policy has employed the use of personal, anecdotal experience to frame a story. Whether it's a story about a chronically ill patient for whom a change in denial of coverage to individuals with "pre-existing conditions" would mean great relief or a family who faces loss of coverage because of changes to the existing law, the media often uses stories of individual experience to express some sort of meaning to the audience.

The proposed project seeks to utilize this hybrid approach to social constructionism put forward by Brown. Brown's framework allows for medical sociologists to connect research to the larger social structure and society, acknowledging the importance of such, while maintaining a critical, interpretive eye on the selected

content. A stricter form of social constructionism would not be appropriate for the proposed project, in no small part because the media sources selected, while individual actors within the larger news media, still represent massive institutions within U.S. society. Both *The New York Times* and *The Wall Street Journal*, while single newspapers, carry with them the weight and influence of large institutions. They exist as individual and structural actors simultaneously and should be analyzed as such.

The appropriate methodology to match Brown's hybrid theory is qualitative in nature. Altheide and Schneider's (2013) Ethnographic Content Analysis (ECA) is the proposed methodology to align with this proposed hybrid social constructionist approach Brown (1995) suggests. The primary researcher is involved in all phases of ECA, not only in data analysis and interpretation, as with positivist approaches. Presentation of the data is done through tables *and* text with ECA, instead of only with tables, as with quantitative approaches.

About Content Analysis and ECA

Content analysis is the study of documents and can be qualitative or quantitative in nature. Content analysis spans a broad spectrum of techniques to examine a variety of different kinds of documents in order to identify trends, themes, meanings, and other properties of the documents, depending on the theoretical and methodological approach taken (Altheide and Schneider 2013). ECA is a qualitative technique that focuses on the search for meanings, context, discourse tracking, themes, patterns, and frames (Altheide and Schneider 2013). Within Altheide and Schneider's (2013) description of ECA, they make a distinction among themes, discourse, and frames. All three are related to format.

Altheide and Schneider's text uses the following diagram (Figure 1) to help explain the way in which format, frame, theme, and discourse are associated.

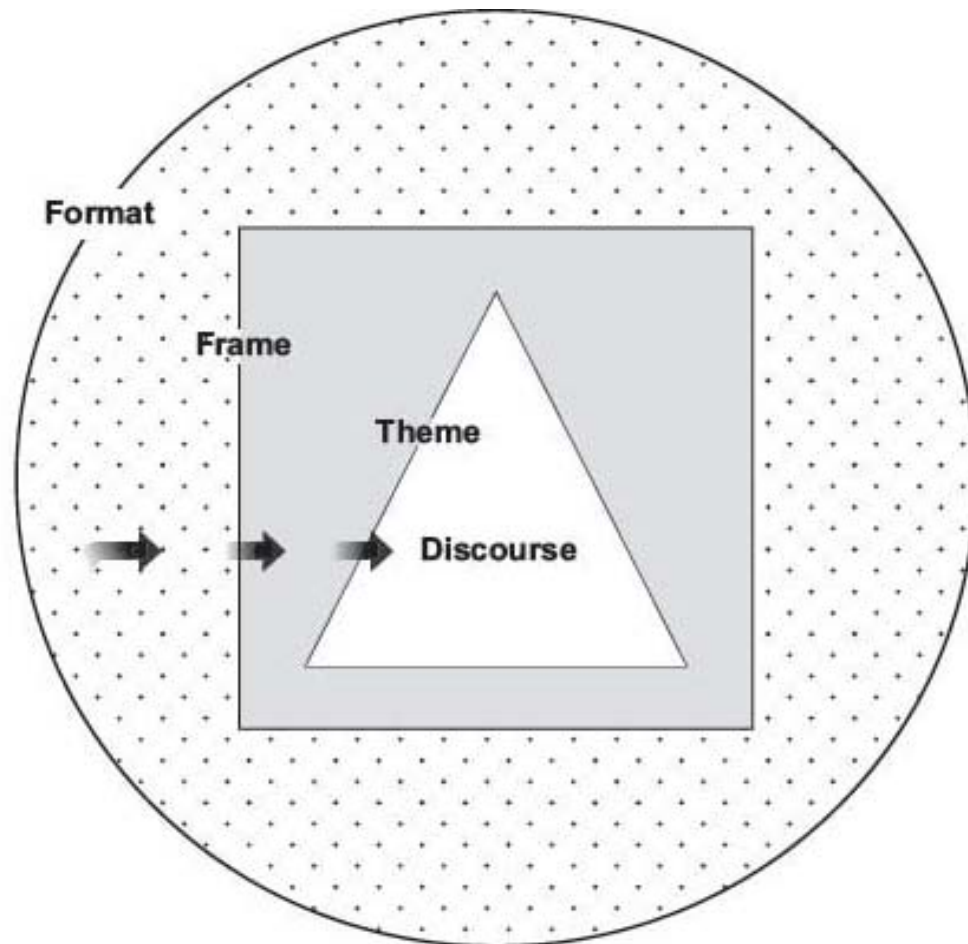


Figure 1. Source: Altheide & Schneider 2013, created by Roisan Rubio

Formats, according to Altheide & Schneider (2013) refer to the organization of the document, including time, space, and manner. The format for this study is newspaper. Frames, then, are the ways in which the format chooses to define or describe issues. The example given by Altheide & Schneider (2013) is whether to refer to drug use as a health issue or a criminal issue. Framing these issues differently results in very different presentations. In this study, the frame is the partisan position from which each

publication begins: liberal or conservative. With the exception of one article coded as "neutral" for *The New York Times*, all of the editorials in the sample are written from the expected partisan frame. Themes are defined by Altheide and Schneider as a quick way for the creator of content to tell a story within the given format. Discourse, then, is a way of tracking narratives over time by examining the themes, frame, and format and locating an overriding narrative that arises from them.

ECA's search for meaning aligns with the symbolic interactionist component of the hybrid social constructionist approach proposed earlier in this chapter. ECA as a process also allows for adjustments and refinements of the method, protocols, and sampling. It offers the flexibility to identify structural elements as well as the specific meanings. ECA also prizes the use of 'reflexivity.' Reflexivity refers to understanding something within its own context as well as from the point of view of the researcher. Furthermore, reflexivity acknowledges the biases and experiences of the researcher. ECA is reflexive in that the researcher attempts to understand documents within their own context, and also because the researcher must continually face decisions regarding when it is best to refine or revise the process.

ECA differs from quantitative content analysis in that it searches for detailed meaning, which is constructed from the interpretation of the documents themselves. This meaning is removed from statistical analysis and employs textual description techniques as well as numeric. The sampling methodology is different—not usually random or stratified, but guided by purpose and theory. The major difference between ECA and quantitative analysis is that the categories defined using ECA are flexible and constantly subject to change, while quantitative analysis has hard, defined, preset protocols and

variables. This is not to say that ECA does not use a protocol—merely that the protocol is likely to evolve and change to fit the data. The research goal of quantitative analysis is verification, which is ECA's goal as well. However, ECA has another critical goal that differs from quantitative approaches: the goal of discovery *during* the process, not just in the results. This discovery leads to adjustments of protocols and variables through use of constant comparison within the data (Altheide and Schneider 2013). The role of constant comparison is another key aspect of ECA. Comparison can take place between individual units of analysis, between categories, between themes, between variables, between frames, or between any aspects of the data. It is through this constant discovery and comparison that meaning is constructed.

I have selected ECA as a method of content analysis for multiple reasons. First, as a researcher interested in qualitative media analysis, ECA provides a good guide for conducting research in that Altheide and Schneider's method lays out a specific process described below. Second, as Altheide and Schneider explain, ECA assumes an understanding of human behavior that is ideally suited to sociology and, more specifically, the theoretical framework outlined earlier in the theory chapter. ECA is interpretive in nature, which allows some flexibility in the analysis. This aligns with the hybrid social constructionist approach, allowing for consideration of structural factors and their potential influence on the individual actors. In this case, newspapers represent individual actors, but ECA ensures that I also acknowledge the fact that each newspaper represents the structural institutions of media and corporate America. Finally, ECA's focus on the relationship between the researcher and the content mirrors the relationship between a news consumer and the content.

ECA: Process

Altheide and Schneider (2013) identify twelve steps in ECA, which I have modified into the following table to suit the purposes of this project:

Table 1: Modified Steps of ECA Proposed

- Step 1:** Select Research Question
- Step 2:** Literature Review
- Step 3:** Select Sampling Frame
- Step 4:** Choose Unit of Analysis, Look at Selected Documents
- Step 5:** Draft Preliminary Coding Scheme Based On Initial Document Analysis
- Step 6:** Test the Coding Scheme by Collecting More Documents
- Step 7:** Revise the Coding Scheme based on Results from Step 5
- Step 8:** Collect Data
- Step 9:** Code and Analyze Data
- Step 10:** Compare and Contrast Data, Make Notes
- Step 11:** Look at Notes, Make Observations, Describe Typical and Extreme Examples
- Step 12:** Integrate and Report Findings

The process begins with the first step of selecting a research question (as proposed in the introduction), which is "What is the nature of the media's presentation of the ACA in partisan media outlets?" After identifying the research question, Altheide (1987) suggests becoming familiar with the process by looking at other ethnographic studies of media, which Altheide and Schneider (2013) offer in their text, explaining the process through means of example studies. Step two involves familiarizing oneself with the process of ECA and selecting the source of content for study (in this case, newspaper articles from presumably different partisan lenses). Step three involves selecting a

sample by using progressive theoretical sampling (Altheide and Schneider 2013).

Theoretical sampling is purposeful, not usually random, and involves choosing a sample that matches the specific goals of the study. Two important considerations in selecting the sample population for the purposes of this particular study are selecting sources which will represent different political ideologies (while remaining, for the most part, mainstream) and selecting the sample from the proper dates in which the ACA was a hot topic of debate.

As a researcher utilizing ECA, I have examined text from newspaper editorials from two ideologically different news sources: *The Wall Street Journal* as an example of a more conservative source and *The New York Times* as a more liberal source (Pew Research Center 2011). It is not up for much debate that these two newspaper sources will have the expected liberal and conservative biases that their readers expect from them, though that expectation is fulfilled by the results. But the research question ("What is the nature of the media's critiques of the ACA in partisan media outlets during a period of intense public and Congressional debate?") is not only asking *if* the selected media outlets' presentation of the ACA is partisan, but, if they are partisan, *how* are they partisan. Thus, the most effective way to understand how each publication presents their partisan political stance on the legislation is to look directly at their explicitly partisan statements on the matter: the editorial pages. Ultimately, the nature of the editorials selected by each paper should provide insight into what they are explicitly trying to convey as a political message.

In this case, the sample is chosen from what I have identified as the most important dates in the debate of the ACA. The United States Senate (2015) illustrates a full timeline of the formation of the ACA on their website, as shown in Table 2.

Table 2: United States Senate Timeline on Health Reform - Debate to Passage

Feb. 13, 2007-March 12, 2009: Finance Committee Hearings on Health Care Reform

April 20, 2009: Sens. Max Baucus and Edward “Ted” Kennedy send a letter to President Obama urging swift action on health care reform.

April 21, 2009-May 18, 2009: Sens. Baucus and Chuck Grassley advance on health care reform, meeting with President Obama, holding finance committee meetings and roundtables, and publishing sets of policy options for discussion.

June 17, 2009-September 14, 2009: The bipartisan Senate Finance Committee meets to discuss health care reform. These meetings negotiated the foundation of the eventual law.

September 16-22, 2009: Sen. Baucus releases version of the Finance Committee's health reform bill, The America's Healthy Future Act, for review.

September 22, 2009-October 13, 2009: The Finance Committee debates and eventually approves to approve the act.

November 19, 2009: Sens. Baucus, Harry Reid, and Chris Dodd release the Patient Protection and Affordable Care Act, which would become the eventual law.

November 20-December 24, 2009: Floor debate on the Senate and eventual passage of the law.

March 21, 2010: The House of Representatives passes the Patient Protection and Affordable Care Act approved by the Senate.

March 23, 2010: President Obama signs the Patient Protection and Affordable Care Act health care reform into law.

Source: United States Senate website.

This timeline includes a great deal of time which was not specifically devoted to the crafting and negotiation of legislation. I further narrowed this time period in order to focus on the months involving the most intense public and Congressional debate. In order to identify the period of intense public and Congressional debate, first I have chosen to remove the parts of 2010 included in the original Senate timeline represented in Table 2. This is because by this point, the law was more or less fully formed, and the major remaining obstacle lied in whipping the necessary votes to pass the legislation. Additionally, it makes sense to shave some time off the beginning of the Senate timeline, as this part of the timeline was not when the major crafting of the ACA took place.

I focus on the United States Senate's timeline and not the House of Representatives because of the current nature of our political system. In 2009, the Democratic Party held the House, Senate, and the Executive Branch, but the key obstacle to passage of the ACA lied in the Senate. The reason for this is the Republican then-minority's tendency to employ the filibuster frequently, ensuring that every major piece of legislation required not only a simple majority to pass, but a filibuster-proof sixty-vote "supermajority." Democrats began 2009 with fifty-nine senators in the caucus (including independent senators who caucused with Democrats). This meant that in order to pass reform, it was necessary to not only gain the approval of every single member of the caucus, but also to "flip" one senator from the opposing Republican party. House and Executive approval were much simpler matters at the time, so the focus of this paper coincides with the Senate timeline.

According to the US Senate (2015), Senators Baucus and Grassley released a set of detailed policy options for reforming the health care system on April 28, 2009, the

result of a set of committee meetings focused on reform. The Senate's timeline (United States Senate 2015) cites November 19, 2009 as the official release of what would become the ACA, which was passed on December 24, 2009 by the Senate. Given that the goal of this study is to focus on the media analysis of the formation of the law, it makes sense to further narrow the time period. The Senate (2015) timeline cites June 17, 2009 as the beginning a series of bipartisan meetings, ending September 14, 2009, to discuss the foundation of what would eventually become the ACA. These meetings were the ones in which the Senate truly negotiated the aspects of the budding law. During this time period, *The New York Times* yields 32 results for editorials when searching for "health care reform," and *The Wall Street Journal* yields 31 results. Thus, the n for this study is 63 in total. However, in examining the documented results, multiple editorials were dropped from the sample since they did not discuss the ACA in any substantive manner. Thus, the final number of editorials in this sample were 26 for *The New York Times* and 27 for *The Wall Street Journal*, for a final total n of 53.

Step four involves selecting the unit of analysis and selecting between 6-10 documents (Altheide and Schneider 2013) for preliminary examination. In this case I selected ten newspaper editorials. I chose these documents by the first five editorials chronologically from each of the selected publications.

This initial analysis allows for completion of the fifth step of the process. The fifth step involves drafting a coding scheme based on the selection of documents from step three. A list of categories is devised to guide further data collection. In this case, I have used the entire population of data from the selected time period, which has been selected based on the above rationale. By using these articles as a guide, looking at the

topics discussed and the treatment of language in the documents, I was able craft a preliminary coding scheme. Step six involves testing the coding scheme by collecting more data from additional documents, and step seven involves revising the scheme. Altheide and Schneider (2013) describe this revision step as an ongoing part of the research process and project, by no means set in stone and flexible in nature. The coding scheme was modified a little after collecting and coding half of the data and looking at it again at the halfway point, something Altheide and Schneider (2013) refer to as "midpoint analysis." Only minor adjustments were necessary to refine the scheme, as some of the preset topics ended up irrelevant because they were not frequently used enough to fit into an overall narrative of each periodical's editorial coverage of the ACA. Table 3 shows the finalized coding scheme:

Table 3: Coding Scheme

Case Number: Refers to the number given each article as a reference

Author: Editorial Staff or Guest Editorial

Date: Date of publication

Title of Article: Headline

Pro/Anti/Neutral?: Editorial's general position on the ACA, for or against

Major Topic: On what aspect of the ACA does the article primarily focus?

Topics:

- Cost: How will the reform be paid for? Is it financially feasible?
- Aspects Up For Debate: e.g. public option, individual mandate
- Political Power: Does Obama have the political capital to make health reform happen? Do the Republicans have the power to prevent it?
- Mandate: Does the plan include any kind of mandate to purchase coverage? Individual or employer?
- Public Option: Discussion of the inclusion of a public insurance plan
- Competition: Discussion of how reform may encourage market competition
- Morality: Does the United States have a moral imperative to enact health care reform? Does it have a moral imperative to restrict governmental overreach? What morality does the article impose, if any?
- Plausibility: Can the reform pass through Congress? What concessions need to be made to make it possible for the law to pass? Is the reform proposed going to work?
- Popularity: Do voters want this reform?
- Access: How does the legislation reduce or increase access to health care?

Key Actors: Who are the key actors in enacting and crafting reform, according to the article? Health care professionals? Industry actors? Politicians?

Descriptive Language: Identify "loaded" words and terms that have a particular connotation within American politics or appear to be included to incite or inflame emotions. Conversely, identify if the language is formal and detached, attempting to avoid emotional or political argument. This also speaks to the sort of discourse of the article.

Summary: Brief summary of the article

Notes: Memos to self of impressions of the article.

In coding an article as pro, anti, or neutral, the judgment of coding each as such was made by examining whether or not the editorial itself was in favor of the ACA, whether in the abstract or the proposed reform offered by Congress at the time of writing the article. The major topics are identified separately, as they represent the major focus of the articles as a whole.

Coding the editorials was done in the following fashion. In the "Topics" section of this coding scheme is where "other topics" (later to be presented in tables) are found. They can be but are not necessarily the major topic of the article, but include all of the preset topics the coding scheme sets out to identify within each individual editorial. Identifying "cost" includes references to the cost of paying for the legislation as well as health care costs for individuals, including insurance premiums. "Aspects Up For Debate" briefly runs down the topics covered in the editorial. "Political Power" refers to whether the articles discusses if President Obama and the Democrats have the power to make health reform pass and was coded as such when references in the editorial were made to it. The "Mandate" topic refers to discussion of either an individual or business mandate to purchase insurance. The "Public Option" topic refers to mentions of public health insurance plans in editorials. "Competition" was coded when an editorial discussed the idea of how any possible legislation may encourage or discourage market competition to drive down health costs or raise them, depending. "Morality" is the topic given to moral pleas in favor of or against health care reform, whether through expanding access of coverage as a liberal moral plea or warnings against health care rationing as a conservative plea. "Plausibility" refers to mentions of both whether the legislation can pass Congress and whether or not it will be effective in its goals. "Popularity" refers to

whether the ACA is something voters want or do not want. Finally, "Access" as a topic refers to mentions of expanding access or how aspects of the legislation might or might not accomplish this. These topics were noted as mentioned whether or not the editorial was critical or approving of the topic as it is discussed, without regard for direction. Notes were made on the ideological direction of the topics each editorial made. Topics were noted whether the text included only a sentence or several sentences discussing the topic, and notes and memos were made to clarify the use of other topics as they were presented in the editorials.

In analyzing the editorials and the data gathered from the coding schemes, three different categories worth discussing were created: major topics, other topics, and themes. Major topics make up the major topic of each editorial. That is to say, all of the articles are about the ACA, but they are also about some particular aspect of reform such as the public option, cost, or Congressional voting. For example, an editorial might be mostly about the public option, but it can also mention ideas of access and morality within, which are coded as such. Other topics are other aspects mentioned within an editorial but not the focus of the editorial. Themes are the general ideas and concepts that arise from an overall analysis of editorials, the sort of meta-topics that permeate each publication's messaging. There is sometimes overlap with regards to all three: cost is a theme that permeates a lot of editorials, but it is also a frequent major and a coded other topic when it is mentioned in articles about other major topics. Descriptive language describes the tone and language used in the article as well as the general discourse. The "Key Actors" data was collected by noting which actors were discussed, whether it be a

key political player like President Obama or a key private industry player like the American Medical Association.

The eighth step in the ECA process is the collection of the rest of the data. Altheide and Schneider describe this as "using preset codes, if appropriate, and many descriptive examples" (Altheide and Schneider 2013). Altheide and Schneider (2013) also call for keeping the original documents available and close at hand, to check for accuracy and occasionally recode as new themes, relationships, and ideas arise.

Step nine is the coding and analysis phase, in which the researcher thoroughly reviews all notes and data repeatedly to code and conceptually refine the data. This part of the process is the most involved and immersive for the researcher. Altheide and Schneider (2013) emphasize that it is important in this step not to rely too heavily on software such as NVivo because it can provide organization but not context. I have chosen not to use NVivo for this project.

Step ten is the "compare and contrast" phase. This contrast and comparison takes place within the categories. Of course, in this phase of analysis, contrasting and comparing between the sources is crucial to this particular project, as the goal is to identify thematic differences in reporting between *The Wall Street Journal* and *The New York Times*. Altheide & Schneider (2013) specifically mention "key" or "extreme" differences as important to identify and compare. The final part of this step is to make notes and write summaries for each variable. In coding these editorials, multiple layers of coding took place, which was necessary because of the malleable nature of ECA as a process. Aspects of the coding scheme that may have seemed important initially fell away, while new aspects arose after analyzing and absorbing the data multiple times.

The notes part of the coding scheme provided a place for me to write memos, which are personal impressions of the articles. Memoing is an important part of this process because it helped me understand my own biases and also my impressions and thoughts that were not necessarily part of the coding scheme but useful in helping me organize my thoughts and analyses of the editorials. All layers of coding allowed for adjustment of the coding scheme to fit the data. After completing the coding multiple times, I was able to, for example, notice themes that arose from the data overall. Multiple layers of coding allowed me to look for specific things in each editorial that fit with each other or contrast each other.

Step eleven involves combining these notes and summaries and describing both typical examples as well as the extreme ones. It is also within step eleven when the researcher makes observations about the data and findings that are surprising or seemingly unusual.

The final and twelfth step of ECA is to integrate all of the findings and interpret them in a draft. This coalesces all the previous work of revising, refining, contrasting, comparing, and identifying key points and extreme and typical examples to bring the researcher to an interpretation of the research findings. After making a draft that examines each part of the coding scheme, once again it is incumbent upon the researcher to examine and revise them if necessary. Can some categories be combined? Should some be separated into more than one? Do all the categories or variables belong, or are some of them superfluous?

Within this final step, the idea of what Altheide and Schneider (2013) call "discourse tracking" comes into play. Once the timeline of key events and the analysis

and coding of the articles is completed, a narrative structure to the news coverage is constructed, tracking the points (temporally and politically) in which there exists certain themes from each of the sources.

Chapter 4

Results - *The New York Times*

After analyzing the 26 editorials from *The New York Times*, the conclusion is that this publication is overall pro-ACA in general, but sometimes critical of Democrats, in that the *NYT* urges President Obama and the Democrats in Congress to push for more than they are proposing at the time. This is evidenced both by the presentation of the ACA and by the aspects of the bill that were discussed in the editorials.

Liberal Priorities

In examining the articles, all of which were primarily about the ACA, major topics were discussed that dominated the whole of each editorial as well as several other topics mentioned within the editorials. From the content of these articles, certain themes emerged. Of the 26 editorials analyzed from the *NYT*, a variety of different major topics emerged, as shown in Table 4:

Table 4: Major Topics of ACA Editorials

<i>The New York Times</i>	Frequency
Funding/Cost	5
Obama's Address Before Congress	3
Access	2
Public Option	2
Private Industry's Financial Contribution	2
Quality of Health Care	2
Ted Kennedy's Death/Legacy	2
Malpractice Reform	1
Regulating Private Insurance	1
Organ Donation	1
Legislative Priorities	1
Surgeon General Nominee	1
Reform in General	1
Mandates	1
Massachusetts Model	1
Impact on Small Business	1
Free Health Clinics	1
Coverage for Undocumented Immigrants	1

As Table 4 shows, the most common major topic is funding/cost, emerging as a major topic in 5 of the 26 editorials. As will be seen in Chapter 5, this is the most common major topic for both newspapers, indicating a bipartisan legislative focus. This is not to say that cost was not mentioned in other editorials, only that it was not the primary focus in these other editorials. Some articles had only one major topic, others multiple.

Cost is discussed by the *NYT* in multiple ways. First, cost includes how the plan might be paid for with tax dollars or savings from other programs such as Medicare. Second, cost is also discussed in reference to the cost of health care premiums and services that might be curbed by certain policies such as a public plan, which would have lower administrative costs, or changing the fee for service model of paying for health

care. In general, cost is discussed as manageable and within reach. Cost is also referred to when discussing the private contribution of stakeholders in the health insurance industry, such as the proposed financial contributions to the plan from the pharmaceutical and hospital industries. This contribution is discussed in this excerpt from a late June editorial about the \$80 billion pledged by the pharmaceutical industry:

"The Congress and the public should see these proposals as an opening bid and not the final word.

...

The \$80 billion is also a fraction of the nation's overall drug spending, which federal estimates suggest will total \$3.3 trillion over the next decade."

-The New York Times, "The Drug Industry's Offer," 6/25/09

This and other early editorials from this source are suggestive in nature—that is to say, the goal of these editorials is to push Democratic politicians to embrace more liberal positions, such as a robust public option, or to be wary of the input private industry provides. An example of this endorsement of a public plan and wariness of private industry is evident in the excerpt below:

"Competition from a new public plan could provide a benchmark for judging how well private plans are performing. And clear evaluations of both public and private plans would be a boon for consumers. Senator Jay Rockefeller has proposed creating a nonprofit organization to grade all plans offered on a national exchange based on such factors as adequacy of coverage, affordability, customer and health provider satisfaction, and transparency of procedures and decision-making.

The health insurance industry has pledged to assist in the reform effort. Congress will have to be tough and vigilant to ensure that it does."

-The New York Times, "Insurance Company Schemes," 7/29/09

This theme of "urging" is one that permeates the early editorials of the *NYT*, in particular urging the inclusion of a public insurance option within the proposed reform. An early editorial offers multiple possible versions of a public plan, explaining the difference between weaker versions of a public option (state-based plans, insurance cooperatives, or just tight regulation) to the strongest version, as described below:

"This approach, favored by many analysts, would allow the new public plan to piggy-back on the rate-setting powers of Medicare. As a result, it is the one most feared by Republicans, the insurance industry, and doctors and hospitals. Any doctors who wanted to participate in Medicare, as virtually all do, would also have to participate in this plan and would have to accept the same payment rates as Medicare provides."

-The New York Times, "A Public Health Plan," 6/21/09

The editorial endorses this plan but also acknowledges its shortcomings:

"The risk is that if this plan, given its power, were too stingy, it might drive some financially stressed hospitals into bankruptcy. The hope is that downward pressure on reimbursements might force them to innovate and find big savings."

-The New York Times, "A Public Health Plan," 6/21/09

It also suggests possible ways to ease into such a robust plan after discussing the challenges it would face from both Republicans and private industry:

"In an effort to address some of these fears, Senator Jay Rockefeller has introduced a bill that would use Medicare provider payment rates for only the first two years and let doctors opt out after three years while remaining in Medicare. That would get the new public plan off to a good start, after which it would compete on its own.

-The New York Times, "A Public Health Plan," 6/21/09

This is one of the longer editorials, providing detail on all the public plan options, and it fits into another theme that is common among *NYT* editorials: that of education.

Editorial Dichotomy: Educational Bent and Appeals to Morality

The *NYT's* editorials can be divided into two major categories: editorials that aim to educate and editorials that aim to appeal to the moral imperative of providing health care to all. These two very different tones are sometimes found within the same editorial, but one of these tones always dominates the other. For example, an editorial that is largely educational will dryly lay out the details but may end this long educational passage with a sentence that is an appeal to morality, perhaps mentioning the need for universal coverage, and vice versa.

While staking an explicitly partisan position, many of the *NYT's* editorials aim to provide details of proposed policy. These educational editorials are more common in the middle-to-later editorials on the timeline when explaining and endorsing the legislation crafted by the Senate, and it is evident in the example below:

"WHO PAYS? Current estimates suggest that it would cost in the neighborhood of \$1 trillion over 10 years to extend coverage to tens of millions of uninsured Americans. Under current plans, half or more of that would be covered by reducing payments to providers within the giant Medicare program, but the rest would require new taxes or revenue sources.

If President Obama and House Democratic leaders have their way, the entire tax burden would be dropped on families earning more than \$250,000 or \$350,000 or \$1 million a year, depending on who's talking. There is a strong opposition in the Senate, and it seems likely that at least some burden would fall on the less wealthy."

-The New York Times, "Health Care Reform and You," 7/26/09

While the public option is the major topic of two full editorials, in coding the editorials, it was found that other topics were mentioned that were not necessarily the primary focus of the editorial but were coded on the coding scheme when discussed at all.

Table 5 shows the other topics coded in the editorials:

Table 5: Other Topics Mentioned In Editorials

<i>Code</i>	<i>NYT</i>
Access	19
Cost	19
Plausibility	15
Morality	13
Political Power	9
Mandate	8
Public Option	7
Competition	6
Popularity	5

Table 5 shows that access was as commonly mentioned in editorials as cost.

When mentioned, access is often tied in closely with morality, another frequently (and explicitly) mentioned topic. The presentation of access by the *NYT* as crucial to reform speaks to the moral imperative of ensuring that everyone has coverage: the goal of truly universal health care. One of the more forceful editorials in favor of expanding access that ties in with this moral imperative is an editorial that discusses the desperate situation many Americans found themselves in because of a severe lack of access:

"We've been so caught up in dissecting the technical arguments over health care reform that it is easy to lose sight of the human dimensions of the crisis.

That was impossible last week when we saw pictures of thousands of people waiting stoically outside an improvised clinic in Inglewood, Calif., near Los Angeles. It looked as if it was happening in an underdeveloped country, where villagers might assemble days in advance for care from a visiting medical mission. But it was happening in a major American metropolitan area. This vast, palpable need for help is a shameful indictment of our health care system—one that politicians opposed to reform insist is the world's best."

-The New York Times, "Lining Up for Help," 8/16/09

This derisive dismissal of the idea that the United States has the "world's best" health care is also invoked in an editorial titled as such:

"Critics of President Obama's push for health care reform have been whipping up fear that proposed changes will destroy our 'world's best' medical system and make it like supposedly inferior systems elsewhere.

The emptiness of those claims became apparent recently when researchers from the Urban Institute released a report analyzing studies that have compared the clinical effectiveness and quality of care dispensed in other advanced nations. They found a mixed bag, with the United States doing better in some areas, like cancer care, and worse in others, like preventing deaths from treatable and preventable conditions.

The bottom line was unmistakable. The analysts found no support for the claim routinely made by politicians that American health care is the best in the world and no hard evidence of any particular area in which American health care is truly exceptional."

-The New York Times, "World's Best Health Care," 8/26/09

This subject of lack of access as a major deficiency of the American health care system, tied closely to issues of morality, includes some of the strongest language and imagery provided by the *NYT's* editorial board.

The aforementioned endorsement of using reconciliation to bypass a Republican filibuster is the *NYT's* suggestion of how to enact meaningful reform in a difficult and politically divided Senate. The Senate Democratic Caucus at this time included two independent senators who caucused with Democrats as well as several "Blue Dog" Democrats who might have balked at plans that include a public option, an increase in taxes, or failure to be deficit neutral. This issue of bypassing a filibuster became more urgent after Senator Edward Kennedy's death on August 25, 2009, who was a long-time champion of health care reform and represented a crucial Democratic vote in favor of the ACA in the Senate. In discussing reconciliation and Sen. Kennedy's death, the *NYT* endorses this maneuver while acknowledging the challenges it poses:

"The approach is risky. Reconciliation bills are primarily intended to deal with budget items that affect the deficit, not with substantive legislation like health care reform. Senators could challenge as 'extraneous' any provisions that do not change spending or revenues over the next five years, or would have a budget impact that is 'merely incidental' to some broader policy purpose, or would increase the deficit in Year 6 and beyond.

So how much of the proposed health care reforms could plausibly fit into a reconciliation bill? The answer seems to be: quite a lot, though nobody knows for sure."

-*The New York Times*, "Majority Rule on Health Care Reform," 8/30/09

This editorial attempts to explain the reconciliation process at length in the wake of Sen. Kennedy's death and is the second editorial in a row from the *NYT* (the first one coming two days after Sen. Kennedy's death, entitled "Senator Edward Kennedy") that discusses the importance of reform going forward despite his death. It is an interesting companion piece to the editorial immediately following his death in that it is longer and detailed in discussing a possible way forward, while the other editorial that focused primarily on Kennedy's death is more sentimental and written as a tribute:

"His mantra, forged in tragedy, and expressed most eloquently to the Democratic National Convention when he abandoned his presidential quest in 1980, was simple and ennobling: 'The work goes on, the cause endures, the hope still lives, and the dream shall never die.' In his final speeches, he explicitly handed on this mantra to President Obama."

-*The New York Times*, "Senator Edward Kennedy," 8/27/09

These two editorials that take on the topic of Kennedy's death are good examples of both sides of the *NYT's* editorial style throughout this entire time period: one of them tugging at the moral issues and calling for something better and brighter in the future, the other discussing the details of how to go about achieving this something better in a drier, more directly educational manner.

Though both of these styles are represented, it is more common for *NYT* editorials to be detailed and educational in their approaches while peppering the editorials with partisan pleas and invocations of morality to provide information as well as a partisan position. The editorials for the *NYT* are consistently longer and written with a more educational approach, congruent with Seale's (2002) health education approach, assuming the reading audience is there to learn about the policy itself, not simply to consume interesting opinion pieces. These "educational" editorials are among the longest in length of any of the editorials selected for this study, formatted with bold-faced, caps-locked headings to discuss aspects of the plan piece by piece, whether it is discussing the plan itself or taking parts of the plan, like how the uninsured will be affected or how health care costs will be curbed. A series of editorials styled this way come in the middle of the time period (late July to late August) and tackle the approach to inform and endorse at the same time:

"THE BETTER OFF About nine million uninsured people, according to census data, come from households with incomes of \$75,000 or more. Critics say that is plenty of money for them to buy their own insurance. But many of these people live in 'households' that are groups of low-wage roommates or extended families living together. Their combined incomes may reach \$75,000, but they cannot pool their resources to buy an insurance policy to cover the whole group.

Still, about 4.7 million uninsured people live in families that earn four times the poverty level—or \$88,000 for a family of four—the dividing line that many experts use to define who can afford to buy their own insurance.

Those people who could afford coverage but choose not to buy it ought to be compelled to join the system to lessen the possibility that a serious accident or illness might turn them into charity cases and to help subsidize the coverage of poorer and sicker Americans."

-The New York Times, "The Uninsured," 8/23/09

This editorial goes through every group of the uninsured and explains how the plan might affect them, and it's relatively comprehensive and informative compared to other editorials both by the *NYT* and by the *WSJ*. Like the other editorials that take this informative/educational bent, it includes a lot of numbers and figures to support the endorsement of the reform, explaining how it is viable, and how it will work when implemented. These editorials are rather dry in style, not particularly biting or entertaining or engaging.

Plausibility is also frequently mentioned, and it refers both to the plausibility of passing reform as well as the viability of such reform after it is enacted. With regards to the plausibility of passing reform, the *NYT* often urges Congress not to look for bipartisan support, suggesting it is an unrealistic goal and suggesting that the Senate invoke the aforementioned controversial budget reconciliation maneuver in order to bypass a guaranteed Republican filibuster. The *NYT* advocates for this both because it appears to believe that compromise is a lost cause in the sharply divided Senate and also in an effort to include cherished liberal aspects of the law, such as the public option, which would only require a simple majority. Even in suggesting an extreme parliamentary procedure such as budget reconciliation, the *NYT* does not indicate that such a version of the ACA is implausible—merely that meaningful reform that appeals to Republicans is unlikely.

The middle-to-late educational editorials follow the early editorials, which urge Democrats to push for more robust reforms, as already discussed. The final few editorials from the selected time frame for the *NYT* represent the sort of "closing argument" the publication makes for the proposed legislation, right around the time President Obama addressed a joint session of Congress on live television to discuss the

ACA. Three of these editorials focus on this speech, praising President Obama's address and one addressing Rep. Joe Wilson (R- South Carolina) and his controversial outburst of "You lie!" during the address. These are lighter on details and generally shorter in length, no longer urging or suggesting or even explaining in detail, instead generally endorsing the President, Democrats, and the ACA. Perhaps the best example of these late "endorsement" editorials is the second-to-last selected editorial of the sample for the *NYT*:

"In the moving peroration of his speech to Congress Wednesday night, President Obama cast health care reform as a moral issue that reflects on the character of our country. He also made clear that there are some problems that are too big for individuals to solve on their own—and that guaranteeing that all Americans have access to health care is one of them."
-The New York Times, "A Clear Responsibility," 9/11/09

The above passage touches on the two major issues discussed earlier that are at the core of the *NYT's* pro-reform bent: broadening access and the moral imperative to do so. These final endorsement editorials finish the general thematic timeline of urging to educational to endorsement that make up the whole of the *NYT's* argument.

Key Actors: Congress, the President, and Private Industry

As seen above in Table 5, President Obama's address before Congress in September make up the major topic of three editorials, indicating the *NYT's* focus on the President and Congress as the most important to the formation of the ACA. The key actors coded in *NYT* editorials are listed in Table 6:

Table 6: Key Actors Discussed by the *NYT*

<i>Actors</i>	<i>Frequency</i>
Congress	14
Obama	13
American People	2
Douglas Elmendorf/CBO	2
Sen. Edward Kennedy (D)	2
Sen. Max Baucus (D)	2
Rep. Joe Wilson (R)	1
AARP	1
Insurance Companies	1
Hospital Industry	1
Sen. Chuck Grassley (R)	1
Pharmaceutical Industry	1
AMA	1
Small Business Owners	1
Dr. Regina Benjamin (Surgeon General Nominee)	1

The key actors most often discussed by the *NYT* also include various forms of private industry (insurance companies, hospital industry, pharmaceutical industry, small business, and the AMA which represents doctors). Below is an example of the *NYT*'s references to the President, Congress, and private industry:

"President Obama hailed a pledge by the pharmaceutical industry to contribute \$80 billion in drug discounts and other savings over the next 10 years as 'a significant breakthrough on the road to health care reform.' The pledge should help large numbers of older Americans struggling to pay high drug bills. But before anyone gets too ecstatic, we will need a lot more details about what industry is giving up and what it is getting.

The deal was negotiated in private among the industry, Senator Max Baucus, chairman of the Finance Committee and a crucial figure in shaping health reform, and the White House."

-The New York Times, "The Drug Industry's Offer," 7/25/09

In discussing Congress and the President, little attention is given from the *NYT* to Congressional Republicans, except to mention that the President and Democrats should not devote much effort to wooing them in order to pass the legislation. Most of the articles which discuss "Congress" as key actors address only Congressional Democrats.

The *NYT* is often critical of the President's willingness to compromise and therefore in a sense "water down" the bill in an effort to make it palatable to Senate Republicans.

When discussing the President, the *NYT* sees his role as important in using the "bully pulpit" of the Presidency and role as leader of the Democratic Party to push for more from the reform bill than is publicly discussed, in particular urging for a robust public plan. The direction in which the publication urges Democratic politicians plays out through the topics which are the focus of or mentioned in the editorials. An example of encouragement for the President to use this bully pulpit is evidenced in the excerpt below:

"President Obama's address to Congress about health care reform on Wednesday is the moment for him to stand tough for a large and comprehensive plan. This is no time to yield on core elements of reform or on the scale of the effort in search of enough Republican support to provide the veneer of bipartisanship, or even the one or two Republican votes needed to overcome a filibuster."

-The New York Times, "President Obama's Health Choices," 9/06/09

With regards to private industry, the *NYT* asserts that their contribution should be more significant while also noting its importance, as in an editorial about malpractice reform:

"The office estimates that caps on damages would ultimately reduce malpractice premiums for medical providers but would have a 'relatively small' impact on total health spending, reducing it by less than half a percent. Even that could save billions of dollars a year, which is not trivial. But malpractice claims are probably not a major cost driver.

Still, most doctors are convinced that malpractice suits are unfair and burdensome, so it is worth exploring the issue, if only to gain their help in reforming the health care system."

-The New York Times, "Malpractice and Health Care Reform," 6/17/09

This passage suggests that the *NYT* does see a role for stakeholders in crafting a working reform bill, even though it is clearly skeptical of the importance of issues dear to stakeholders.

Tone and Language: Educational and Moral

In discussing the ACA, the *NYT's* tone and language often reflects its drier, educational style and less often reflects its other aforementioned moral bent. Reading these editorials feels less "entertaining" than one might expect from an opinion piece, coming across as more detached when fulfilling its informative purpose and not particularly engaging or exciting even when making its moral appeals in comparison to many of the *WSJ* editorials discussed in Chapter 5.

The tone and language of the *NYT* reflects that it caters to an audience that is not necessarily looking for the sort of "red meat" partisan language that colors a lot of other partisan sources on television and the internet, but is meant to reflect a more even-tempered audience. An example of the educational tone and language is found in the excerpt below:

"TAXES One way to keep deficits in check would be to impose taxes within the health care system instead of more broadly, which should ensure that revenues increase at the rate of health care inflation. A tax on the value of an employer's contribution to insurance could lead beneficiaries to choose cheaper policies and think twice before undergoing costly tests."

-*The New York Times*, "Curbing Runaway Health Inflation," 8/02/09

An example of the more intense language can be found in the editorials that represent the moral appeal the *NYT* sometimes makes:

"Mr. Obama needs to highlight the concerns that got many people agitating for government help in the first place—the rising premiums and co-payments required for their health insurance policies, and the likelihood that, if forced to buy insurance on their own, perhaps after losing a job, they would be unable to afford it or even be denied coverage because of pre-existing conditions."

-*The New York Times*, "President Obama's Health Choices," 9/06/09

Sometimes the more intense moral language peppers the educational editorials, and sometimes the more detached educational language sneaks into the editorials more focused on making a moral appeal. Still, most of the editorials fit predominantly in one category or another. As will be seen in Chapter 5, the tone and language of the *NYT* is relatively tame in comparison to its conservative counterpart, even when making the more emotional moral arguments.

Outliers

The first editorial from the *NYT* is neutral in tone, an aberration in comparison to every other selected editorial. It tackles the subject of malpractice law reform as a possible cost-savings component of the ACA, something President Obama reached out to the American Medical Association (AMA) about. The editorial (quoted at the beginning of this results section) is skeptical about the effectiveness of malpractice reform as a cost-savings measure, but notes that it is worth examining. It is coded as neutral because it attempts to see both sides of the malpractice reform issue; for all its skepticism of malpractice reform as a catalyst significant for cutting costs, it recognizes that it is an issue that is important to many doctors and is thus worth examining.

It is worth noting that this lone neutrally-coded editorial is not looking at a particularly discussed or controversial issue—malpractice reform was not a major

sticking point of debate and was not discussed in any other editorial for either publication. Thus, it is not particularly exciting to find a single neutral editorial on a minor point of the law and does not reflect an overall neutrality on the part of the editorial board of the *NYT*. Its uniqueness in this study is noted but does not factor greatly into the overall analysis.

Another exception to the collection of editorials is also found within the sample from the *NYT*: the only editorial that was written by a guest from this time period, not the editorial staff of the paper. Like the only neutral editorial, this editorial tackles a very specific (and not widely debated) aspect of possible legislation: organ donation. It is coded as pro-ACA not because of a particular partisan bent, but because the author, Daniel Asa Rose, would like to see it as part of the eventual bill. Rose has personal experience in going to China with a family member to purchase a kidney for transplant and suggests ways in which the American system could change to free up more organs for donation. Rose advocates the financing of stem cell research, a typically Democratic position because of conservative concerns about abortion's role in the research. Still, it is not particularly partisan, instead relaying a personal story, evoking Seale's (2002) discussion of unusual cases capturing public interest. Rose's account of traveling to China to obtain an organ is not one of a lay hero per se, but it is an unusual story that evokes emotion and interest, not a standard tale of an American in need of a kidney.

Chapter 5

Results - *The Wall Street Journal*

Twenty-seven editorials were included in the sample for *The Wall Street Journal*, all of which were coded as anti-ACA, in that they were almost entirely unified in their opposition to any kind of health care reform and the ACA in particular.

Conservative Priorities

The *WSJ's* approach to discussing the ACA differs from the *NYT's* because of both its general approach and its partisan position. The *WSJ's* coverage is completely against the ACA in all the forms it took during this period of debate, rarely suggesting a conservative version of the legislation that might work better than the Democrats' proposed plans (only one *WSJ* editorial ever addresses this). Of the twenty-seven editorials analyzed from the *WSJ*, the major topics for each editorial are presented in Table 7:

Table 7: Major Topics of ACA Editorials:

<i>The Wall Street Journal</i>	Frequency
Funding/Cost	4
Public Option	3
Plausibility	3
ERISA	2
Compromise	2
Response to Criticism of Editorials	2
Voter Popularity	2
Market Competition	1
Rationing	1
End-of-Life Care	1
Taxation	1
AMA's Endorsement	1
Physicians' Choices	1
Business Opposition	1
Democratic Intraparty Conflict	1
Private Industry's Financial Contribution	1
Private Insurance Market	1
Critiquing Obama's Rhetoric	1
Baucus Plan	1
Medicare	1

Like the *NYT*, funding/cost is the most common major topic of *WSJ* editorials.

Again, this speaks to cost as a bipartisan priority, in that it was important to both publications. However, whereas the *NYT* framed cost as manageable, the *WSJ*'s frames the ACA as a massive, bloated program with costs that are prohibitively expensive:

"This was supposed to be a red-letter week for national health care, as Democrats started the process of hustling a quarter-baked bill through Congress to reorganize one-sixth of the economy on a partisan vote. Instead it was a fiasco.

Most of the devastation was wreaked by the Congressional Budget Office, which on Tuesday reported that draft legislation from the Senate Finance Committee would increase the federal deficit by more than \$1.6 trillion over the next decade while only partly denting the population of the uninsured. The details haven't been made public, but the short version seems to be that President Obama's health boondoggle prescribes vast new spending without a coherent plan to pay for it even while failing to meet its own standards for social equity.

Finance Chairman Max Baucus postponed the health timeline, probably until after Congress's July 4 vacation. His team will try to scale down the middle-class insurance subsidies and make other cuts to hold the sticker shock under \$1 trillion. (Oh, is that all?)"

-The Wall Street Journal, "ObamaCare Sticker Shock," 6/17/09

Interestingly, the second most discussed major topics are the public option and plausibility with regards to Congressional support (or lack thereof). The public option is uniformly reviled by the *WSJ*, an example of this opposition provided below:

"A new government-run program would crowd out private insurers by undercutting them on consumer prices, courtesy of an intravenous drip of taxpayer dollars and its monopsony power to force doctors and hospitals to accept sub-market rates. As millions of people gravitated toward 'free' coverage, the public option would also vastly expand federal management of the practice of medicine, shaping the treatments and care patients can receive to save on costs."

-The Wall Street Journal, "The Public Option Goes Over," 8/18/09

In discussing Congressional support, the *WSJ* is consistently skeptical of the plausibility of a version of the ACA that will appeal to both sides of the aisle, necessary for overcoming a guaranteed Republican filibuster, or even at times skeptical of the ability of a version of the ACA that could woo all of the Democrats:

"On Friday, Democracy for America and the Progressive Change Campaign Committee put out a "rapid-response ad" against Nebraska Senator Ben Nelson, who is lukewarm about a government-run insurance scheme, the so-called public option. 'Will Sen. Nelson choose the insurance interests who fund his campaigns to the tune of over \$2 million dollars?' the ad declares. Democracy for America calls the ad "a warning shot to any Senator who tries to block President Obama's public health insurance option."

Senate Finance Chairman Max Baucus is another target because he's negotiating with Republicans. The same 'progressive' outfits recently ran an ad attacking Mr. Baucus for 'threatening' the public option and taking \$3.9 million 'from health and insurance interests.' The Montana Democrat was also rapped for trying to scale back the cost to under \$900 billion. In case Mr. Baucus didn't get the hint, fellow Senator Tom Harkin publicly

noted last week that Democrats hold a secret ballot for committee chairmen every two years. Better hire a food taster, Max."

-The Wall Street Journal, "Dems vs. Dems," 8/05/09

The Employment Retirement Income Security Act (ERISA), which was the existing 1974 law that ties employment to health insurance, compromise, voter popularity, and responses to criticism of previous editorials make up the major topics of two editorials each, with everything else only appearing once. The variety of other major topics speak also to the *WSJ's* business-minded branding, with many of them dealing with economic issues and the effect on private industry as well as private industry's contribution to any possible reform. There is a consistent endorsement of maintaining the status quo in these editorials, as evidenced by the two articles on ERISA, both of which argue that this legislation is in danger from any proposed health care reform:

"The reality is that the House health bill, which the Administration praised to the rafters, will force drastic changes in almost all insurance coverage, including the employer plans that currently work best. About 177 million people—or 62% of those under age 65—get insurance today through their jobs, and while rising costs are a problem, according to every survey most employees are happy with the coverage. A major reason for this relative success is a 1974 federal law known by the acronym Erisa, or the Employee Retirement Income Security Act.

Erisa allows employers that self-insure—that is, those large enough to build their own risk pools and pay benefits directly—to offer uniform plans across state lines. This lets thousands of businesses avoid, for the most part, the costly federal and state regulations on covered treatments, pricing, rate setting and so on. It also gives them flexibility to design insurance to recruit and retain workers in a competitive labor market. Roughly 75% of employer-based coverage is governed by Erisa's 'freedom of purchase' rules."

-The Wall Street Journal, "Repealing Erisa," 6/21/09

This discussion of ERISA represents the "maintain the status quo" theme that is present throughout the entire timeline of editorials on health reform by the *WSJ*. As seen in the

passage above, there are a lot of numbers and figures invoked, supporting the business-minded branding of the publication and representing the *WSJ's* educational priority. The passage above acknowledges the problem of rising costs, but it offers no alternative to Democratic plans to curb costs and focuses on what is and how it must be preserved. The differences in approaches to discussing the law can be seen in the other topics coded as well, as seen in Table 8:

Table 8: Other Topics Mentioned in Editorials

<i>Code</i>	<i>WSJ</i>
Cost	19
Plausibility	14
Popularity	11
Political Power	11
Public Option	9
Competition	8
Mandate	6
Morality	5
Access	5

As with the *NYT*, cost is most often discussed, but after that comes plausibility, popularity, and political power. Morality is only mentioned in five of the *WSJ* editorials, same as access to care. This illustrates the differences in priorities for the *WSJ's* partisan positions as well as the differences in construction of the argument against reform. For when morality is mentioned, it is not discussed in the same way the *NYT* discusses morality (which is about expanding access and providing health care to all). The *WSJ's* treatment of morality focuses on issues like health care rationing and how immoral it would be to deny treatment to the elderly because such treatment would not meet some standards of cost-benefit analysis:

"President Obama's TV health-care forum on Wednesday evening was useful, because revealing [sic]. Namely, Mr. Obama shared more than he probably intended about the kind of rationing that his health plan will inevitably impose.

At one point in the town hall, broadcast from the East Room by ABC news, a woman named Jane Sturm told the story of her 105-year-old mother, who, at 100, was told by an arrhythmia specialist that she was too old for a pacemaker. She ended up getting a second option [sic], and the operation, for which Ms. Sturm credits her survival.

'Look, the first thing for all of us to understand that is we actually have some—some choices to make about how we want to deal with our own end-of-life care,' Mr. Obama replied. After discussing ways 'we as a culture and as a society [can start] to make better decisions within our own families and for ourselves,' he continued that in general 'at least we can let doctors know and your mom know that, you know what? Maybe this isn't going to help. Maybe you're better off not having the surgery, but taking the painkiller.'

-The Wall Street Journal, "Obama's Health Future," 6/26/09

Plausibility and political power (the ability to make reform happen) are closely tied together in *WSJ* editorials (much like morality and access were tied together for the *NYT*), with popularity also linked to both. The *WSJ's* general argument overall is that reform will be too costly, unpopular with voters, and unlikely if not impossible to pass through with bipartisan support in Congress.

Cost is mentioned in nearly every editorial (19 out of 27) and makes up the most commonly used major topic (4) and thus is a major aspect of many of the *WSJ's* editorials. Multiple editorials focused on the CBO and its projections for cost and funding of the plan. Some of the editorials on this topic are detailed, but most are less so. The less detailed editorials are often the shortest in length and sharpest in tone, such as the one the following passage is from:

"The Washington Post recently ran a story quoting Democrats as bragging that President Obama has deliberately patterned his legislative strategy after LBJ's, circa 1965. This may explain the treatment of Douglas Elmendorf, the director of the supposedly nonpartisan Congressional Budget Office who last week told Congress that you can't 'save' money on health care by having government insure everyone.

For that bit of truth-telling, he was first excoriated by Senate Majority Leader Harry Reid. Then he was summoned, er, invited to the White House for an extraordinary and inappropriate meeting Monday with President Obama and a phalanx of economic and health-care advisers.

Writing on his blog after news of the meeting became public, Mr. Elmendorf diplomatically noted that 'The President asked me and outside experts for our views about achieving cost savings in health reform.' No doubt he did. But Mr. Elmendorf, a Democrat, will also have received the message that continuing apostasy will not be good for his future political career."

-*The Wall Street Journal*, "Bullying CBO," -7/23/09

The above passage is very representative of the *WSJ's* editorial style: short, sharp, with clever, witty lines and thin on details. There is not a comprehensive effort to educate and inform (in the way the *NYT* makes that effort). It assumes, perhaps, that the audience is well aware of the news events, instead commenting on the political inside baseball as it were and coloring the machinations of the Democratic government as threatening and sinister. This editorial, the shortest of all the editorials studied for this project, comes in at a sparse 229 words, comes with a provocative title, and does not offer suggestions or ideas. The *WSJ* editorials were consistently flashier in language and shorter in length and detail than the *NYT* editorials.

The longer editorials that do go into some detail are focused mainly on economic details and aim to educate on that specific subject, such as one from mid-July entitled "The Small Business Surtax," which discusses the proposition that the ACA be paid for by taxing those making \$280,000 per year and over, as well as levying surcharges on

business of twenty-five employers or more who do not offer insurance. It uses lots of numbers and percentages to illustrate its points, but unlike longer, more detail-oriented *NYT* editorials, it still makes good use of provocative language to support those points as illustrated in the following excerpt:

"Here's the ugly income-tax math. First, Mr. Obama has promised to let the lower Bush tax rates expire after 2010. This would raise the top personal income tax rate to 39.6% from 35%, and the next rate to 36% from 33%. The Bush expiration would also phase out various tax deductions and exemptions, bringing the top marginal rate to as high as 41%.

Then add the Rangel Surtax of one percentage point, starting at \$280,000 (\$350,000 for couples), plus another percentage point at \$400,000 (\$500,000 for couples), rising to three points on more than \$800,000 (\$1 million) in 2011. But wait, there's more. The surcharge could rise by two more percentage points in 2013 if health-care costs are larger than advertised -- which is a near-certainty. Add all of this up and the top marginal tax rate would climb to 46%, which hasn't been seen in the U.S. since the Reagan tax reform of 1986 cut the top rate to 28% from 50%."

-The Wall Street Journal, "The Small Business Surtax, 7/14/09

The figures are introduced as "ugly" and then present a series of figures and percentages. But even with this presentation of what are certainly meant to read as cold, hard figures, the beginning and ending of this editorial is couched in interesting, engaging language. The opening sentence states that one economist owes an apology to another economist for saying that Obama would raise taxes to 60%, and ends with a statement that Obama is interested in "redistribution of wealth," bookending a lot of numbers and figures with more interesting and sharp language.

After cost, the most commonly mentioned topics are the linked (by their usages in the *WSJ's* arguments) subjects of plausibility, popularity, and political power. These editorials are aimed at senators, both Republican and Democratic, and often depict the

situation in Congress as unstable or impossible, such as this excerpt from a late July editorial:

"Now Democrats have decided that raiding Medicare and slashing benefits is fine if the larger goal is to nationalize health care. But instead of doing it honestly, they want to shunt off unpopular decisions to an obscure and unelected central committee that will convert medical decisions into five-year plans. The notion is fundamentally undemocratic, especially because its true purpose is to protect politicians when "MedPAC on steroids" inevitably reduces treatment options in order to save money after the costs of government care explode.

And CBO is almost certainly underestimating this future cost explosion. After only three years, the universal health-care experiment in Massachusetts is already breaking that state's budget and its own version of MedPAC is now recommending radical changes, including a "global" health-care budget. This means that state bureaucrats will decide what the "right" amount is to spend on medicine, and doctors and hospitals will be given some portion of the total and told to make it work for patients. This is supposed to be a kind of Occam's scalpel, forcing providers to cut unnecessary treatments. But under a global budget, payments are likely to be lower than economic costs, squeezing out some beneficial treatments.

There's more than a little poetic justice in a Democratic President telling Democrats in Congress that they can't be trusted to rationally manage their own programs. But if that's really what Mr. Obama thinks, he's crazy to be simultaneously demanding even larger government programs. Health care will always be distorted by politics if government is paying for it. As for the Blue Dogs, they ought to tell the President that ObamaCare is dead unless he goes back to the drawing board."

-The Wall Street Journal, "No Help for the Blue Dogs," 7/28/09

The above passage illustrates a lot of the more provocative language offered by *WSJ* editorials: depicting changes to Medicare as "raiding" and "slashing," and the final paragraph even describes the President as "crazy." This insulting tone is present through a great deal of *WSJ* editorials, such as this one from early August:

"Over the August Congressional recess, warned Nancy Pelosi last week, Republicans and insurance companies will resort to 'carpet bombing, slash and burn, shock and awe' to bring down ObamaCare. Which makes us wonder how the House Speaker would describe what Democrats are doing to each other.

The Dresden fire-bombing?"

-*The Wall Street Journal*, "Dems vs. Dems," 8/05/09

This passage, again invoking the sort of sarcastic tone present in many of the *WSJ* editorials, is another prime example of the *WSJ*'s editorial style. It attacks and criticizes in an entertaining manner. It argues against a position and does not present an alternative.

The flashier language used in *WSJ* editorials makes for more entertaining and brief editorials, but it also plays into the primary theme found overall: fear. The fear is tied to rising costs, an increase in taxation, and government overreach, coloring any kind of deal-making and political play as shady. But the ultimate fear expressed in *WSJ* editorials is the overall fear of nationalization of health care. This is fear of health care reform as an abstract concept, not the actual ACA itself. It fits into a theme of inevitability of nationalization. A series of editorials in the mid-to-late part of the timeline tackles this fear directly, but it is present from the beginning. The public plan is often a central part of this "slippery slope" argument leading to fully socialized medicine, even after the public option is removed from the proposed legislation:

"Some liberals were honest, or used to be honest, about where all this would lead. Barney Frank noted the main reason Democrats were not backing a total government takeover: 'We don't have the votes for it. I wish we did. I think if we had a good public option it would lead to single payer.' Then there's Mr. Obama's now famous 2003 remarks: 'I happen to be a proponent of a single payer universal health-care program. . . . But as all of you know, we may not get there immediately.'

There are plenty of other ways of 'getting there' without a public option—namely, through the federally chartered insurance cooperatives now gathering momentum in the Senate."

-*The Wall Street Journal*, "The Public Option Goes Over," 8/18/09

This characterizes the unified opposition and mistrust that runs through all of the *WSJ* editorials: no matter what concessions are made by Obama and the Democrats, there is a questioning of honesty and a general fear of government overreach happening no matter what is included in the legislation. This editorial comes after several earlier editorials arguing that the public option would inevitably lead to private industry dying out as citizens flocked to the cheaper public plan, as described in the first paragraph of the above passage. But as the last part of the passage asserts, the goal remains single-payer or some other version of socialized medicine.

The unity of the *WSJ's* overall message is striking: there is not really a difference in approach from the beginning to the end of the selected time period. It is almost entirely, with minimal exceptions, against the ACA no matter how it changes over the course of the time period, light on offering alternatives and heavy in expressing its opposition. The themes of fear and mistrust are continuous, from the first editorial until the last, and they are written with cleverness, sarcasm, and flashy language. The tendency of the *WSJ* to attack reform in the abstract as well as to write fairly short editorials in comparison to the *NYT* means that fewer details are offered, and when details are offered, they are surrounded by a lot of the provocative language that is the trademark of the *WSJ's* editorial style.

Key Actors: Congress, President Obama, Private Industry, and the CBO

Table 9 shows the key actors mentioned by the *WSJ*:

Table 9: Key Actors Discussed by the WSJ

<i>Actor</i>	<i>Frequency</i>
President Obama	10
Congress	9
Douglas Elmendorf/CBO	4
Sen. Max Baucus	4
Sen. Harry Reid	3
Rep. Charlie Rangel	2
Insurance Companies	2
Sen. Chuck Grassley	1
Sen. Tom Daschle	1
Voters	1
The Media	1
Senior Citizens	1
Pharmaceutical Industry	1
Sen. Ben Nelson	1
Rep. Jim Matheson	1
Rep. Nancy Pelosi	1
Non-Health Care Business	1
AARP	1

President Obama is the most often and derisively discussed actor by the *WSJ*, often described with sharp sarcasm, such as this excerpt from a late July editorial, which displays the *WSJ*'s clever style in the headline as well as the body, something frequently found when analyzing *WSJ* editorials:

"Those greedy doctors. 'You come in and you've got a bad sore throat, or your child has a bad sore throat or has repeated sore throats,' President Obama explained at Wednesday's press conference. 'The doctor may look at the reimbursement system and say to himself, you know what? I make a lot more money if I take this kid's tonsils out.'

If that's what he really thinks is wrong with U.S. health care—and with the medical profession—then ObamaCare is going to be even worse than we thought."

-*The Wall Street Journal*, "Dr. Obama's Tonsillectomy," 7/27/09

The above excerpt highlights the implicit trust the *WSJ* puts in private industry (doctors in this case) and the hostile, sarcastic tone in discussing President Obama. In discussing Congressional Republicans' (something the *NYT* does not often do in their editorials) role, the tone is decidedly different in how he is described and in the title of the editorial itself:

"As Democrats splinter over ObamaCare, the stakes paradoxically rise for some Republicans. Democratic leaders will become more desperate than ever to get GOP cover for their anxious moderates, especially in the Senate and especially from Chuck Grassley. We trust the Iowa Republican appreciates that his choice on this issue is momentous for the country and could well define his political legacy.

At 75 years old, Mr. Grassley has seen just about everything in his 29-year Senate career. He is the ranking Republican on Senate Finance and prizes his good relationship with Democratic Chairman Max Baucus. The two have collaborated on numerous issues over the years, as they've traded the chairmanship and dealt with Republican and Democratic Presidents. Mr. Baucus is calling on that friendship now to attract Mr. Grassley into joining hands to give a bipartisan gloss to a government takeover of 18% of the U.S. economy."

-*The Wall Street Journal*, "Mr. Grassley's Choice," 7/23/09

Respect is extended to private industry actors and Republicans, but never to President Obama or the Democrats, who are treated as untrustworthy and dishonest by the *WSJ*'s editorial staff. The Republicans are always afforded a respectful tone and frame, while private industry is occasionally regarded with befuddlement when they in any way endorse the ACA, such as this editorial about the American Medical Association (AMA) and their endorsement of the ACA:

Oh, and the Mayo Clinic—upheld by President Obama and other Democrats as a model for reform—also weighed in on the House bill Thursday, though without the AMA's fanfare. While noting "some positive provisions," it "misses the opportunity to help create higher-quality, more affordable health care for patients. In fact, it will do the opposite," the clinic's policy shop wrote in a statement. "In general, the proposals under discussion are not patient focused or results oriented... The real losers will be the citizens of the United States."

Including, ultimately, the doctors who belong to the AMA.

-The Wall Street Journal, "What's Up, Docs?" 7/20/09

This editorial discusses the AMA as misguided, but not with the same sarcasm and distrust reserved for Congressional Democrats, indicating skepticism of health care stakeholders only when they break with the *WSJ's* unified anti-ACA message. The final line of the passage above indicates speculation on the part of the *WSJ* that the AMA will too suffer if reform passes, despite their endorsement.

Tone and Language: Provocative and Educationally Business-Minded

Like the *NYT*, the *WSJ* has two primary tones in the way they write their editorials, both of which differ from its liberal counterpart. There is the provocative, flashy language of the shorter editorials, which rely on cleverness and sarcasm and are generally more entertaining than educational. These editorials are generally shorter and less detailed, with more engaging and less detached language. The other style is those of the business-minded editorials, which often present a lot of numbers and figures, focus on cost, and are more educational but very narrow in their focus and not as comprehensively educational about the overall plan as the *NYT* editorials attempt to be. However, these are the editorials in which the *WSJ* attempts to educate, but they are different and more entertaining than the educational editorials of the *NYT*. While some editorials are longer

(typically the ones that go into economic details), *WSJ*'s editorials are more often shorter than their liberal counterpart's, with more coming in at fewer than 500 words than the *NYT*. As mentioned before, there are many clever, sarcastic, or amusing sentences or phrases in *WSJ* editorials, indicating a desire to make the reader laugh while agreeing with the conservative partisan tone (such as the suggestion in an above passage that Sen. Baucus might want to hire a food taster). Some more examples of this sarcastic, provocative tone are included below:

"On second thought, perhaps we're being unfair to LBJ, whose method was a combination of muscle and flattery. Mr. Obama learned his methods in Chicago."

-*The Wall Street Journal*, "Bullying CBO," 7/23/09

"Yet it's becoming clearer by the day that Democratic leaders view these moderates as mere cannon-fodder footsoldiers in the great liberal revolution of 2009. And if you have to shoot a couple of them yourself to keep them all marching straight, so be it."

-*The Wall Street Journal*, "Dems vs. Dems," 8/05/09

"Mr. Obama also called for 'civility' in debate even as he calls the arguments of his critics 'lies.' So in the spirit of civility, we won't accuse the President of lying about Medicare. We'll just say his claims bear little relation to anything true."

-*The Wall Street Journal*, "Medicare for Dummies," 9/11/09

This difference in tone and typical shorter length with fewer editorials that provide great detail suggest a different priority than the *NYT*'s of educating the public and will be discussed in more detail in Chapter 6.

An example of the longer, business-minded style that *WSJ* editorials sometimes take is seen below:

"New York, New Jersey and Massachusetts have both community rating and guaranteed issue. And, no surprise, they have the three most expensive individual insurance markets among all 50 states, with premiums roughly two to three times higher than the rest of the country. In 2007, the average

annual premium in New Jersey was \$5,326 for singles and in New York \$12,254 for a family, versus the national average of \$2,613 and \$5,799, respectively. ObamaCare would impose New York-type rates nationwide.

There are better ways to go. Tax credits to individuals to buy insurance would make it more affordable and thus strengthen the individual market. Other tax rule changes could also make it easier for people to join and form their own risk pools beyond their employers, such as through business federations, labor unions or, say, the Kiwanis Club. They would no longer be hostage to one job for insurance.

University of Chicago economist John Cochrane also argues that in a more rational individual insurance market, people could insure not merely against medical expenses but also against changes in health status. This kind of insurance would cover the risk of premiums rising as you get older and your health condition changes."

-The Wall Street Journal, "The Truth About Health Insurance," 8/12/09

This example is representative of the more business-minded approach. It is worth noting, though, that there are more editorials from the *WSJ* that are shorter in length and in detail, though both styles are represented.

Outliers

Only one of the selected editorials calls for a compromise, describing what a conservative version of health care reform might look like:

"So what might a compromise look like? For all the political fuss, the primary Democratic goal of covering the uninsured is not some insurmountable problem. About 25% or so are probably already eligible for public programs like Medicaid but haven't enrolled. Another quarter fall in the top half of the income distribution and are either between jobs or could afford to buy coverage on their own. Those facing genuine hardships number far fewer than the 47 million figure tossed about, and the easiest way to help this group is to provide some kind of credit to those who buy private insurance outside the workplace.

The tax code already allows those who are insured through their employers to exclude the value of those plans from income, and if the government is going to subsidize health insurance, this bias for one particular type of coverage is irrational. The House Republican health plan

extends a refundable and 'advanceable' tax credit, which is basically an upfront cash payment. A plan released under the unlikely auspices of Tom Daschle and Bob Dole would do much the same thing.

Both Daschle-Dole and the House GOP would create state or regional marketplaces where individuals could shop for coverage and where insurers would compete to offer plans with the mix of benefits that consumers find most valuable. Above-baseline spending would ideally be paid out of pocket or from a health savings account. The Medicare prescription drug program has kept costs well below budget using such market-based mechanisms, though in this case individuals would buy insurance with tax-advantaged dollars, instead of picking from a menu of entitlement options."

-The Wall Street Journal, "A Better Health Reform," 7/24/09

The editorial, as seen in the passage above, begins by downplaying the problem of the uninsured, minimizing the urgency of the health care problem before suggesting what is, interestingly, the core of the ACA: state-level health care exchanges. It also includes recommendations for tax credits and health savings accounts. But this editorial, which suggests and offers reform alternatives, is unusual among the *WSJ* editorials and not representative of the overall partisan position taken by the publication.

Chapter 6

Discussion

Education vs. Edutainment

Many *WSJ* editorials are more entertaining than informative, indicating a style of "edutainment" as described by Seale (2002) and mentioned in the literature review. The focus is not much on informing but rather on providing cleverly written, fun-to-read opinion pieces. In contrast, the *NYT* editorials speak more to the "health education" perspective described by Seale (2002). While the *WSJ* editorials are sometimes educational and detailed (particularly in regards to economic issues), the *NYT* editorials are more often informational, reflecting their contrasting approach. The business-minded editorials that fall into the "edutainment" category are *WSJ*'s educational editorials, but they differ from the *NYT*'s educational editorials in crucial ways. First, the *NYT*'s educational style is very straightforward, representing the "health education" perspective in that it is presented without much apparent regard for entertainment value but simply to convey information. The *WSJ*'s business-minded educational editorials still include a lot of cleverly written sentences and phrases clearly meant to entertain, and they are also narrow in focus: exclusively choosing to educate on business and economic issues and nothing else, whereas the *NYT*'s educational editorials covered a broader range of topics.

In examining the text of both newspapers' editorials, both hold to their expected partisan positions, with every editorial written by the *WSJ* coming up as against reform, and all but one editorial by the *NYT* coded as pro-reform (the one that was not for reform was coded as neutral). The *WSJ*'s language was consistently more provocative and flashy, and the editorials were on average shorter and thinner on details than those of the

NYT. The difference in language is sometimes apparent from the headlines: The *NYT*'s editorial on the health care system in Massachusetts is simply called "The Massachusetts Model," while the *WSJ* titles their editorial "The Massachusetts Health Mess."

In discussing the possibility of a public option, this headline difference comes across again, with one written by the *NYT* titled "The Public Plan," while an editorial on not the public plan but health care cooperatives (a compromise proposed by Democrats for those opposing a public option) by the *WSJ* is called "Fannie Med," invoking an image of a bloated government program. The comparison in the concluding paragraphs illustrates the difference in tone:

"We are frankly skeptical that any compromise will be enough to satisfy Republican opponents of health care reform. If the White House and Democratic Leaders decide to go it alone, and they may well have to, they should restore a robust public plan. It is the best way to give Americans real choice."

-*The New York Times*, "The Public Plan," 8/19/09

"Messrs. Grassley and Enzi and Maine's Olympia Snowe are under great pressure to agree to a deal, as Democrats grow more desperate to get political cover for reform that is sinking fast in the polls. The co-op idea might have begun as a benign proposal, but it is likely to become a mini-me public option. Senate Republicans can best serve the cause of bipartisan reform and fiscal sanity by opposing any form of new government health care, and urging Mr. Baucus to turn to the Plan B of helping the uninsured with tax credits.

-*The Wall Street Journal*, "Fannie Med," 7/30/09

Both concluding paragraphs illustrate an obviously partisan position as expected, but detectable in the *WSJ*'s concluding paragraph is not only the characterization of the opposing position as "desperate," but also a warning tone that the Democrats' assertions of moderation are dishonest, that the co-ops are a sort of Trojan horse. While the *NYT*'s concluding paragraph suggests it is unlikely to achieve bipartisan support, the implications are not as inflammatory as the *WSJ*'s discussion of the opposition.

Partisan Messaging and Ideology

Interesting to note is that the *WSJ's* editorials were always critical of President Obama. The *NYT* was not always favorable toward the President, sometimes critical of Obama for different reasons, usually for not pushing hard enough for more radical reform, but it was often supportive. Both periodicals avoid the really explosive aspects of the health care debate, rarely mentioning the often-discussed "death panels," and when each paper does mention them, they are dismissed. The controversial town hall meetings of the late summer, which Smidt (2012), as discussed in the literature review section, characterized as particularly effective coverage, are barely mentioned by either publication as well.

The more engaging language of the *WSJ* is also evident in the fact that two of their editorials are directly devoted to responding to criticism of other editorials: one of them an editorial by the *WSJ* staff, the other one responding to internet criticism of an editorial written by Whole Foods CEO John Mackey. It points to the *WSJ's* overall more argumentative tone. In contrast, the *NYT* never writes an editorial that directly addresses either other editorials or media coverage of the ACA battle.

In comparing the two publications, the theme of cost ran throughout both publications, as mentioned before, while the *NYT's* themes of urging, morality, and education contrasted with the *WSJ's* overall themes of fear, unity in messaging and inevitability of socialized medicine. The unity in the *WSJ's* messaging is a significant difference, as the *NYT's* narrative changes as it goes through the selected timeline, illustrating perhaps the fact that being categorically against a complex, massive piece of

legislation is much easier than arguing in favor of it, particularly since the proposed components of the legislation changed and evolved over time. In this sense, the *NYT's* partisan position is unified, if not its specific message.

It is easy to see why a unified anti-ACA message is easier to adhere to: change is a frightening proposition for many if not all people, and it is easy to point to that which might be lost and drum up the fear of such loss. It is more difficult to conceptualize how change might happen and how it might work, which might account for the generally longer editorials filled with more details on the side of the *NYT*. Additionally, this fear of change from the *WSJ* reflects the components of conservative ideology mentioned in the literature review: part of being conservative includes resisting change, while being liberal means embracing it. It can also speak to the way the respective partisan audiences like to consume their news and opinions. The sometimes-used business and economic language of the *WSJ* and the abstract warning against nationalization of health care do not require a great amount of discussion and detail, and can be expressed with shorter editorials that use numbers and figures, with the fear expressed through the aforementioned sharp, sarcastic language.

The *NYT* editorials are unified in their endorsement of the ACA in the abstract, but they are often critical of players on "their side," such as the President or members of Congress who make concessions and compromises the paper deems too much. There are multiple editorials critical of the President's handling of health care negotiations. The *WSJ* is never critical of conservative actors. So what accounts for this difference in willingness to be critical of actors aligned with their partisan position? Is it because the liberal partisans are more willing to be critical of their own side, or is it because the

nature of being for or against the ACA requires different critical approaches? I believe the answer is a bit of both. The *NYT* editorials seem to cater to readers who want more detail and also want more criticism of "their side" (remember that some *NYT* editorials are critical of Obama and the Democrats, while none of the *WSJ* editorials is critical of Republicans—though some of them do make direct pleas to Senate Republicans).

In examining the contrasting themes of education and fear, the same question could be asked, and the answer would again be the same. Their presence in the debate is a result of both the ways the respective partisans frame their arguments as well as their relative positions as pro- or anti-large scale reform. It is easy to imagine that the *NYT*'s articles might have invoked fear if the reform bill in question was a large change in policy proposed by Republican politicians, and that the *WSJ*'s editorials might be more about informing in detail if it was conservative policy that was proposed. Still, the consistently longer and more detailed *NYT* articles suggest an editorial style that does focus on informing as it expresses its partisan opinion, while the clever, pithy *WSJ* editorials also have their own distinct style in their partisan presentation.

Additionally, the theme of "urging for more" that arises from the *NYT* editorials, particularly in the earlier editorials before the law was fully formed, as well as the *NYT*'s willingness to openly critique Democrats for what they propose and say, indicate a more critical eye toward liberals than the *WSJ* offers toward conservatives. There is no such critique offered of conservative positions by the *WSJ* to be found in any of their editorials, suggesting that the theme of reflexive critique is one employed only by the liberal press.

Finally, it is interesting to again point out that both newspapers avoid the sort of controversial memes that were present throughout the 2009 health care debate. The *WSJ* does sometimes discuss health care rationing (and portrays it as something to be feared) but dismisses the talk of "death panels" as "absurd." The *NYT* avoids this topic altogether. Similarly, neither paper gives much treatment to what Smidt (2012) described as a huge media moment in the health care debate: the explosive and highly partisan town hall meetings of late summer that saw heavy rotation on the cable news networks. The town hall meetings are barely mentioned by either publication, indicating a desire on the parts of both papers to avoid presenting their partisan positions in cartoonish, sound bite-style forms. This final theme of avoidance of controversial memes shared by both publications perhaps points to a desire to be seen as a serious and thoughtful source.

Liberal and Conservative Discourses and Narratives

In revealing the discourses and narratives of the two publications, it is important to examine the themes used by both newspapers and also individually, as well as the tone and language. The themes that arise from examining the major topics and other topics mentioned for both periodicals (cost, public option, the avoidance of controversial memes) point to a general desire on the part of both newspapers to be taken seriously and to appear practical and authoritative in discussion of the proposed reform. Cost speaks to the most practical of impulses, overtaking all other arguments overall. This narrative of practicality speaks to the desire of both newspapers to be seen as legitimate and fair despite staking out specifically partisan positions. It also speaks to the fact that both the *NYT* and *WSJ* are business actors, themselves having a profit motive for which cost is an

important factor. The *NYT's* support of the public option may not be wholly about this being a liberal position: like other businesses, the *NYT* has employees which must be covered by health insurance. So the *NYT's* stance on the public option represents not just an ideological position but a vested interest in saving money as a business.

Individually, separate narratives arise from each individual newspaper. The overriding narrative from examination of the topics and themes of the *WSJ's* editorials is one of maintaining the status quo: the idea that health care is not going to get better with government action, that government action will in fact make things worse for everyone, no matter what that action is, and no matter how many concessions are made to moderate the legislation. The themes and topics of the *NYT* editorials suggest a narrative of urgency—a need to act and change the existing health care model, suggesting a variety of improvements and alterations that could improve the health care system in the United States, sneering multiple times at the assertion that the U.S. has "the best health care system in the world," and pointing to examples where it falls woefully short. Thus, the partisan positions stake out discourses of action versus inaction that align with their respective ideologies, with both newspapers aiming to appear rational and practical and professional in their partisan presentation. This narrative of action versus inaction aligns with the opposing parties' general ideological positions on government intervention in any aspect of American life: Democrats believe that the government has a place in regulating important aspects of life, while Republicans believe that government is more likely to "get in the way" of people's lives.

The tone and language of each publication matches the discourse of each. The *NYT's* discourse is characterized by drier, longer, more detail-oriented editorials while the

WSJ's discourse is characterized by more explosive, sarcastic, lighter-on-detail editorials. I would label the *NYT's* discourse as the Educational/Moral discourse and the *WSJ's* as the Entertaining/Economic discourse, with both of these labels representing the two styles of editorial presentation of the ACA. Both publications had their exceptions to these discourses, with the *NYT* sometimes making more moral appeals in shorter editorials and the *WSJ* occasionally writing longer, more detailed editorials, but in general, both stuck to their typical narratives and discourses.

Theoretical Implications and Contributions to the Literature

So what do these results offer to the existing sociological literature and theory? Firstly, this fills in a gap in the literature with regard to this recent massive health policy (the ACA) in subject as well as in methodology. Most health policy studies within medical sociology are quantitative in nature, but this study provides an important qualitative analysis. In order to really understand partisanship, one must understand how partisanship is constructed, and in order to understand the social construction of health policy from partisan actors, qualitative analysis is necessary. This ties into the research question of this study: exploring not only *if* media sources are partisan but *how* they construct their partisan arguments. It also ties into Brown's hybrid theory insofar as understanding the social construction of each newspaper's partisan position requires consideration of the structural forces as well as the ideological forces at play which influence each of the editorial staffs. Both newspapers are representing the construction of their corresponding ideology, but both are structural actors in that they represent large media entities which bow to the needs of their own business enterprises.

Because we live in an increasingly partisan media and political climate, it is important to understand the ways in which opposing arguments are constructed in the media. Both of these sources are very mainstream and thus should be reflective of the general arguments on each side of the debate regarding this policy. This study contributes to medical sociology's understanding of health policy in that it examines and reveals how two well-known and well-respected media actors construct their presentation of health policy. It is important to understand media construction of health policy because, as discussed in the literature review, media has a significant influence on both public perception and on political actors. This study contributes to the understanding of how health policy is constructed by the media.

Additionally, presentation of health policy, particularly a policy that affects as many Americans as this policy does, likely has an impact on how people react to the policy and deal with the policy—that is to say, media presentation can affect how people make their health care choices and also affects how voters react. This study also reveals how media desires to be represented, what role they aim to play in political debate, and what their respective interests include. This is revealed because in examining editorials specifically, the study examines the explicit goals each publication puts forward with the use of their influence and widespread distribution.

While the goals of ECA are not theory generation, it is possible to point to aspects of the theory used in this project that align with the content. In examining each of these publications as individual actors, the respective partisan presentations of the formation of the ACA indicate a desire to cater to audiences that are holding the positions of their respective ideology. This is probably most sharply illustrated by the *WSJ* in how it

focuses on economic concerns, for when their language is less provocative, it is highly economic in nature, discussing the impact on business. For the *NYT*, this is shown by how the editorials begin very critical, urging the Democrats to push for more but eventually "falling in line" so to speak to support and explain the law, and then reaching out to Democratic fondness for Senator Edward Kennedy, who passed away during the process, and discussing the importance of forwarding his "legacy," which is closely tied to a desire for significant health reform. The shift in the *NYT* from critical to supportive indicates the malleability the editorial staff displayed in appealing to liberal audiences but ultimately supporting the Democrats despite the initially described shortcomings of the legislation. This points to the theory that individual actors (in this case, the newspapers examined) cater to the structural forces of partisanship and power.

This study contributes to a gap in the medical sociology literature in that it is one of the few that has covered media coverage of the ACA. In pointing out the ties with Seale's (2003) health education approaches and Quadagno's (2004) summary of health policy, this study links to the existing medical sociology literature in its examination of the social construction of policy, specifically this significant piece of legislation. Using Brown's (1995) hybrid theory as a framework for understanding social construction reinforces the utility of the theory in conducting research. By using ECA as a methodology, this study takes an explicitly sociological approach to content analysis, considering both structural and individual actors and how media sources present themselves. This study analyzes how partisanship is presented by actors that are both institutional (media) and individual (specific publications) and caters to a public that has

an established appetite for partisan coverage of the news, as found in the Pew studies mentioned in the introduction.

Discussion of how the pharmaceutical and hospital industries will contribute financially to the legislation, as well as the impact of the legislation on insurers, hospitals, and physicians, points to Quadagno's (2004) stakeholder mobilization theory and to the structural actors at play in this reform. In discussing how these large private components of the American health care system are impacted, it is worthwhile to note that these large stakeholders emerged largely unscathed by the legislation: there was no public option to threaten private insurers and the individual mandate allowed for insurance companies to expand their coverage to millions more Americans. Their willingness to contribute tens of billions of dollars to the plan, as mentioned in editorials for both the *WSJ* and the *NYT*, speaks to the victory stakeholders won in the crafting of this law. In this, neither periodical was significantly critical of these stakeholders, with the *WSJ* always wanting to protect the private health care industry, and the *NYT* going along with support for the legislation when the public option was removed from the eventual law. Additionally, both the *NYT* and *WSJ* represent stakeholders themselves as large media entities.

Quadagno's (2004) examination of why the United States differs from other developed Western nations in not having a national health insurance, pitting the conflict as one between stakeholders (private industry and their interests) and the welfare state, characterizing stakeholders as victorious in this battle. This study illuminates Quadagno's explanation of the influence these stakeholders have over the health policy debate in the US in that both the conservative and liberal mainstream media sources selected often show deference toward private industry. Even the *NYT*, which often

asserts that the President and Democrats in Congress should push for a public plan and more contributions from private industry, pays deference to and acknowledges the importance these stakeholders have, never suggesting or embracing a fully socialized system or single-payer health care. The *WSJ* is consistently warning against the perils of any kind of public option at all; even when the public option is removed from the suggested legislation, the *WSJ* continues to describe these stakeholders as in peril from a cheaper public plan that private industry would not be able to compete with and would inevitably steamroll everything else until the US had fully socialized medicine.

While the *WSJ* is protective of health industry stakeholders and the *NYT* wants more from them, neither paper ignores their role or implies that they are not important to any future health care system the US adopts. Thus, this study corroborates Quadagno's (2004) assertion that stakeholder mobilization still prevents universal health care within the US in that the concerns of stakeholders are represented in both the liberal and conservative sources.

Ultimately, the final findings of this report is that partisanship is slightly stronger coming from the conservative periodical, in that the language used is more sharp and explosive and is never critical of Republican politicians, whereas the partisan position coming from the liberal publication is more critical of politicians on their own side and detailed, though ultimately "falling in line" to go along with the legislation despite it falling well short of earlier stated wishes from the *NYT's* editorial staff. This is interesting considering the aforementioned Pew study findings that while liberals find the *WSJ* to be a generally trustworthy news source, conservatives do not find the *NYT* to be trustworthy at all. In fact, this speaks to the fervor with which liberals and conservatives

construct their partisan positions because while conservatives did trust the *WSJ* according to the Pew study, it was far from their preferred news source, as they often sought out news sources that were explicitly partisan overall, and conservatives were on the whole distrustful of the *NYT*. Thus, the nature of the social construction of partisanship as determined by this study indicates more intensity in the construction of conservative arguments and more malleability in the construction of liberal arguments.

It also indicates that liberal media sources are in general more interested in educating their audience, which goes back to the more educational nature of *NYT* editorials in comparison to *WSJ* editorials.

Chapter 7

Conclusion

Directions for Future Research

It has now been six years since the 2009 period of intense public and Congressional debate studied in this particular project. Since then, the ACA has remained a major issue of discussion in the news, from the Supreme Court challenges to the law to the eventual implementation, which carried with it its own controversial media narratives. Supplemental studies to this project that would provide more insight into how partisan media actors present their positions on the ACA could replicate the methods of this project both in identifying and studying the editorial coverage of the Supreme Court challenges as well as the implementation. While millions more Americans now have health care because of the law, millions more remain uninsured, left out because of the law's shortcomings in providing truly universal coverage. It would be worthwhile to examine these other key points in constructing the "story" of the ACA to see if the findings from this project appear at these other key moments of intense public debate.

As noted in the study limitations described below, this project only examines one format of the news media—and a niche format at that—in newspaper editorials. It would be worthwhile to study if these same themes and discourse narratives emerged from other formats of media, including television, newspaper and magazine articles instead of editorials, and websites. This project looks very specifically at editorials in order to identify the explicitly partisan positions of these news sources, and it would be worthwhile to study the presentations of the ACA in the non-explicitly partisan sections of the news, including front page articles (which are seen by more people than the

editorial pages). This study acknowledges that the audience for newspaper editorials is smaller and more specific, and it points to readers of news editorials as people who are excessively interested in politics or seeking out the explicitly partisan arguments to consume and make on behalf or against the legislation.

Study Limitations

Limitations of this study are multiple. First, in examining one specific type of print media (newspapers), I understand that I am capturing an incomplete snapshot of traditional media coverage. Notably, this will not analyze television-based coverage, which is how many people consume their news. Other forms of print media (magazines, blogs) are also missing from this analysis. This study, in only analyzing one form of print media, is of course analyzing one sort of media audience: those who read these specific newspapers. Expanding this study to other forms of media may constitute a possibility for further and supplementary research to this thesis project but is beyond the current scope of this project. I acknowledge that the Pew reports mentioned above note that an audience who defines itself as "consistently conservative" favors other explicitly partisan media sources over *The Wall Street Journal* (such as *The Blaze* or *Fox News*), but in limiting this project to mainstream newspapers specifically, these sources are left out. Additionally, I cannot ignore the possibility of confirmation bias as a potential issue since I went into this research with some expectations that were later fulfilled (that the *NYT* was liberal and the *WSJ* was conservative). Another issue lies in access to available data. Archival content to which I have access only offers the text, which is why I did not analyze the images accompanying the articles.

Finally, I acknowledge the changing face of media within our culture, particularly in the 21st century. Whereas newspapers were once the primary news source, technology, including cable television and the internet, has revolutionized the media climate, meaning that the audiences for newspapers are likely not representative of the larger media audience. The newspaper industry has struggled to maintain its relevance in the age of information, having to compete with other media forms. Consideration of print news' economic struggles in current times must be given in order to understand the ways in which news outlets present themselves.

I also acknowledge that the formation of and passage of the ACA tells only part of the story of health care reform in the United States. Since the 2010 passage of the law, the debate has not come to a conclusion. The law has stood up to multiple Supreme Court legal challenges, but seems certain to continue to be a topic of debate and almost definitely will see revisions as all major social programs have over American history. The story of the ACA also includes executive orders the President has made to postpone and tweak certain aspects of the legislation, as well as the 2013 implementation and its stumbles and criticisms, following through to the results of the law's successes and failures after a year of full implementation. Any one of these major news stories within the larger narrative of the ACA would be relevant enough to merit their own individual study along the same lines as this one, as the partisan nature of the news coverage of the law is not likely to have evaporated since the 2010 passage. These topics may be utilized as future research to follow up or supplement the current project, but they are well beyond the scope of this particular study.

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