

EMS denied 15 minutes of fame:

Local newspaper coverage overlooks emergency medical services

Local newspapers spend many square inches each week covering how long the fire department was on the scene of the most recent house fire or how many burglaries the police department had reported. Analysis of this public safety coverage indicated that, as in prior agenda-setting studies, it is correlated with policy change if only minimally. Addition analysis of hundreds of news articles over a 10-year period in dozens of cities revealed that only about 1 percent of community newspaper coverage was devoted to pre-hospital healthcare — EMS. Subsequent qualitative investigation, which included interviews with EMS officials and newspaper reporters in cities identified with both high levels of coverage and low levels of coverage, found five potential reasons for the minimal coverage: (1) Reporters simply were more interested in police/fire coverage; (2) public information officers were more likely to serve police and fire; (3) legislation precludes coverage of EMS while other legislation makes information from other public safety agencies more accessible; (4) how EMS systems are managed often means they are not publicly accountable; and (5) EMS is not on the radar screen of the citizens.

EMS DENIED 15 MINUTES OF FAME:  
LOCAL NEWSPAPER COVERAGE OVERLOOKS  
EMERGENCY MEDICAL SERVICES

By Bradley Wilson, Ph.D.  
Midwestern State University  
3410 Taft Blvd.  
Wichita Falls, TX 76308

bradleywilson08@gmail.com  
919-264-6768

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When Face the Nation moderator Bob Schieffer closed his program the weekend before the 13<sup>th</sup> anniversary of 9/11, one of the worse days in American history, he recalled how Congress came together to sing “God Bless America” and how people waved and honked, carrying signs that read “I love America.” He also recalled the first responders who put their lives at risk. “Most of all, I remember the heroic firefighters and police officers,” he said on the Sunday program (Schieffer, 2014). Not a mention of EMS, despite 12 medics dying in the collapse of the World Trade Center that day (National EMS Memorial Service, 2001). And CBS News is not alone. It was not even close. Barely a mention. When it came to coverage of local emergency medical systems in community newspapers, readers would barely know the EMS system existed. Given that media coverage, including coverage of public safety issues, is correlated with public opinion and policy change, that lack of coverage may have impact on how such systems operate.

## Background

That media coverage leads to public opinion and then to policy outcomes has been well-documented in a growing body of academic research. In 1993, Rogers, Dearing and Bregman found 223 publications that explicitly or implicitly concerned agenda setting. Of the publications they examined, 59 percent concerned mainly the relationship between the media and its corresponding public agenda. In 1996, Dearing and Rogers discussed the results of more than 350 publications on agenda setting. Eight years later, McCombs summarized more than 400 “empirical studies” of agenda setting. All of these studies expanded upon the basic idea that McCombs and Shaw, who wrote “The Agenda-Setting Function of Mass Media” in 1972, developed and popularized — at least when it comes to national issues — the idea that by ignoring some problems and attending to others, the mass media profoundly

affect which problems readers, viewers and listeners take seriously (Cohen, 1963; Funkhouser, 1973; Weaver, McCombs and Spellman, 1975; Page and Shapiro, 1992; McCombs and Valenzuela, 2014).

Despite all these studies, while national issues make headlines every day and are continually the focus of research, comparatively little research has been done about what impact local media can have on policy. Ithiel de Sola Pool (in Schramm, 1963, p. 136) argues that media outlets would be more effective if they covered local contests more often and more in-depth so they could mobilize the community's sluggish but basically more persuasive oral communication system. "The press pays great attention to a presidential campaign. It gives thousands of columns of space to it. Yet the net effect of the press on the voter's choice is small. It gives very little attention to contests for minor local offices. Yet its net effect on the voter's choice for these is substantially greater." He summarizes, "The press in the United States is much more influential in local than in national elections." Covering such local campaigns and issues falls not to national papers such as *USA Today* or to regional newspapers such as the *Dallas Morning News* or *Seattle Times*. "CNN is not coming to my town to cover the news, and there aren't a whole lot of bloggers here either," said Robert M. Williams Jr., editor and publisher of *The Blackshear Times* in Georgia. "Community newspapers are still a great investment because we provide something you can't get anywhere else" (Liedtke, 2009). Local newspapers, and local issues, do not draw the attention of the larger newspapers, television stations, the Huffington Post or Jon Stewart. "We still think community newspapers have an audience and it's not going away," Richard Connor, publisher of *The Times Leader* in Wilkes-Barre, Pa., (weekday circulation of about 36,000), said. "There will always be an audience for local news" (Liedtke, 2009). Indeed, as McCombs (2006, e-mail) notes, "There is very little work in the entire field of political communication on state and local elections and public opinion." As a review of agenda-setting patterns found in case studies, cross-sectional studies and experiments shows, more research into

how and if newspaper agenda-setting works at the local level is warranted. (Wilson, 2012)

Ray Funkhouser (1973) wrote that the news media are our only way of knowing, at the time, what is happening in the world outside our immediate experience. Without the media, residents may not think about topics, including pre-hospital healthcare and EMS, when it comes time to advocate for policy change, to recruit volunteers or to change budget allocations. As part of a local bureaucracy or a publicly funded agency, how EMS agencies function can be just as distant to most residents as how the roads are repaired or how water is delivered to their tap. Headlines such as “Richlands EMS suspended from medical calls” after the state EMS agency received a complaint against the agency (Pippin, 2014) or “EMS Run by Idiots” (Mills, 2013) when concerns caused by delays in EMS response times after a 2-year-old was accidentally killed when his father hit him by a car, at least increase awareness of EMS, influencing public opinion if not, ultimately, policy.

### Research Questions

- Does media coverage of public safety correlate with policy change?
- To what do reporters and public safety officials attribute the lack of EMS coverage in the media?

### Methodology

To determine the agenda-setting impact of local newspapers on local governments, 19,494 “local governments” — as opposed to state and federal entities — were selected from a list of cities, towns, townships and boroughs and village provided by the U.S. Census Bureau. Of them, 5,221 (26.8 percent) filed their Web site URL with the Bureau and this pool served as the initial sample to be matched with towns that had newspapers in the EBSCO Newspaper Source Pro database, a database of 906 media outlets. Any media outlet that had fewer than three years of data online, data necessary to study longitudinal implications of agenda-setting, was

then eliminated, leaving 241 outlets. Finally, any duplicates or large, regional papers were removed, leaving 162 media outlets that met all the criteria. The percentage of the newspapers kept in the study closely reflected the percentage of the population in each region. Over a 10-year period, a content analysis of each newspaper was conducted, looking for coverage of various aspects of public safety, including fire department, police departments and EMS agencies.

Using the findings from the first part of this study as a starting point and funded by a Midwestern State University internal grant, the second part of this study began by identifying cities appropriate for further discussion, cities on either end of the spectrum of EMS coverage, those with more coverage than average and those with less coverage than average. Of 162 cities initially studied, only 70 made the next cut because no coverage of EMS agencies could be found or because the database did not contain at least three consecutive years of data. The cities were ordered based on the amount of coverage in each paper. Three cities with high coverage and three cities with low coverage were selected in the same census region. In each, both EMS officials and newspaper reporters/editors were asked a series of questions approved by the Institutional Review Board as part of this qualitative analysis.

## Findings

The relationship between coverage of public safety and change in the line-item budget for public safety (including police, fire and EMS) (table 1) illustrated that the agenda-setting relationship between newspaper coverage and policy change was more complex than what simple correlation could describe. Descriptively, while the budgets did see an increase over the period studied (1.98 percent on average), newspaper coverage of public safety increased 10.01 percent on average. During the five years between 2005-2010, while public safety budgets increased marginally, less than the 4.7 percent increase in population, news coverage increased five times as much. For every unit increase in newspaper coverage, the town's budget increases by 0.15 ( $p < 0.1$ ) holding all other variables constant. Local ownership of the newspaper

also seemed related to changes in the public safety budget. Local newspaper owners, like all residents of a community, have a vested interest in the safety and security of that community. In addition, the change in newspaper coverage was also related to the online presence of the newspaper.

Table 1: Correlations of Newspaper and City Variables on 2005-2010 Public Safety Budget Excluding Subregion 4.9

	Mean	Standard deviation	Content analysis	Local ownership	Market saturation (log)	Web coverage	Staff size
Budget change (DV)	11.55	15.49	0.15*	0.16**	0.06	0.07	-0.11
Content analysis	13.37	9.93		0.01	-0.16**	0.15**	0.06
Local ownership	0.33	0.47			0.13*	-0.06	0.25***
Market saturation (log)	-0.75	0.70				-0.06	0.14*
Web coverage	3.59	0.76					-0.04
Staff size	21.46	12.55					

\*Correlation is significant at the 0.10 level (2-tailed)

\*\*Correlation is significant at the 0.05 level (2-tailed)

\*\*\*Correlation is significant at the 0.01 level (2-tailed)

The third model, including all the independent variables and excluding subregion 4.9 provided the best insight into the relationship between public safety budgets and public safety coverage. The subregion that includes California, Oregon and Washington (4.9) was omitted to unique effects of the 2008 economic downturn and well-documented over-spending and poor fiscal management of numerous local governments in that area. As table 2 indicates, the model was statistically significant, but only at the  $p < 0.1$  level and then with a small effect size ( $r^2 = 0.08$ ). Media coverage of public safety does correlate with policy change if only minimally. However, the overall model showed three significant independent variables, including coverage (content analysis) ( $B=0.25$ ,  $p < 0.1$ ), local ownership ( $B=6.36$ ,

p<0.05) and staff size (B=-0.22, p<0.1) in relation to budget change. Given that it is the most significant, the contribution of local ownership to a positive change in public safety coverage is especially worthy of further discussion.

Table 2: Regression of Change in Newspaper Coverage and Change in Public Safety Budget, 2005-2010 (Unstandardized Coefficients)

	Model 1	Model 2	Model 3
Content analysis	0.23 (0.13)	0.22* (0.13)	0.25* (0.14)
Local ownership		4.50 (3.23)	6.36** (3.04)
Market saturation (log)		1.18 (2.06)	1.84 (2.04)
Web coverage		2.05 (1.95)	1.13 (1.85)
Staff size		-0.27** (0.13)	-0.22* (0.12)
Constant	9.10*** (2.20)	7.07 (7.91)	8.10 (7.38)
R <sup>2</sup>	0.02*	0.07*	0.08*
Adjusted R <sup>2</sup>	0.01	0.03	0.04
N	139	143	122
Standard error of estimate	17.38	17.10	15.16

NOTE: Standard errors are in parenthesis

Model 1: No control variables  
 Model 2: Control variables with all regions  
 Model 3: Control variables excluding region 4.9

\* Significant at the 0.10 level (2-tailed)  
 \*\* Significant at the 0.05 level (2-tailed)  
 \*\*\* Significant at the 0.01 level (2-tailed)

By far, public safety was the largest single portion, nearly one-third (32.49 percent) on average, of most town's budgets. Despite being such a large portion of the budget — or perhaps because public safety was a large portion of the budget — public safety budgets showed less correlation between change in coverage and change in budget over time. That media had little influence on budget changes could also have been because bureaucrats and politicians see the dangers of cutting public

safety in a post-9/11 era when public safety is seen as an essential, governmental function.

Beyond the empirical examination of public safety generally, a content analysis of the 70 newspapers showed that of the public safety coverage in those community newspapers, papers that were generally the sole media outlet in their city, about 53 percent of it was related to police coverage, about 24 percent was devoted to fire coverage, but only 1 percent was devoted to EMS and pre-hospital healthcare. The remainder of the public safety coverage was devoted to a smattering of topics including budget and management coverage. An empirical examination of the content correlated with policy change (budget) found minimal effects at the level, effects that were more significant over time. In addition, locally owned media and newspaper outlets with larger newspaper staffs have more impact on public safety policy change.

The quantitative analysis providing a starting point for more insightful qualitative analysis. The subsequent interviews with EMS professionals and reporters revealed five possible reasons for lack of coverage: (1) EMS was not on the radar screen of reporters; (2) public information officers were more likely to serve police and fire, not EMS; (3) legislation such as HIPAA precludes coverage of EMS while other legislation makes information particularly related to police work more accessible; (4) how EMS systems are managed often means they are not publicly accountable; and (5) EMS was not on the radar screen of the citizens in the towns they serve.

#### *EMS not on radar screen of reporters*

When originally scheduling the interviews with reporters and editors, it was clear the study was about coverage of EMS. A few minutes into every interview, it was also clear that the reporters would rather talk about the police response to a recent shooting and how reporters were treated or how they evaded notice at a natural disaster. It took continual re-directing to have any discussion of EMS.

“Everyone wants to know the most horrific of crimes.”

Back to EMS.

“We also have people who pay attention to residential concerns, vandalism, break-ins, things like that.”

What about other public safety issues such as fire department and EMS?

“Most of (our area fire departments) have developed websites, and it seems like a good majority of them have people who take pictures of fires. So we’ve been able to use more fire photos in recent years.”

What about EMS?

“EMS is a little harder. I’m not really sure how EMS works. Typically we don’t do a lot with that. We’re a small staff, and we really can’t chase ambulances.”

One reporter put it rather bluntly.

“Actually, I can’t even remember that we’ve tried. I mean truly. We have a story that the fire department will tell us that three people were taken to the hospital for treatment of smoke inhalation. Or burns. We’ll get the information from the fire department or from the police department that there was a car wreck and one died and three people went to the hospital, two with life threatening injuries. We get it from the cops or the fire department. EMS is not part of our reporting.”

It’s pretty simple. “We don’t get a lot of media calls about EMS,” she said.

But when it came to coverage of the police department, one reporter said the newspaper relies at least initially on press releases and press briefings provided by the police department. Since neither fire nor EMS provide information so conveniently, EMS agencies do not get as much coverage.

#### *Public information officers*

Rather than EMS chiefs, division chiefs or street-level medics, three of the agencies used public information officers as the primary point of contact and part of the research. However, unlike police department public information officers, which are often commissioned police officers, or fire department PIOs, who may be

firefighters or former firefighters. None of the public information officers representing EMS agencies interviewed had any prior experience in EMS. The Journal of Emergency Medical Services' own Salary and Workplace Survey didn't even include a job description that included public information as a key job duty. One PIO said, "Part of my job is to help promote a better understanding of the industry and how it will work and how the community can work with us to make what we do more effective and safer for everyone." But with lack of specific knowledge about what goes on in the back of an ambulance, the PIOs acknowledged that sometimes their job is challenging.

All of the public information officers had additional duties. Two were public information officers for the county and also did PIO work, including producing publications, supervising special projects and maintaining media relations from city departments as diverse as parks and recreation, public works and the library system in addition to serving the elected commissioners. Doing media relations for public safety generally and EMS specifically was clearly only a small part of their daily duties, often an afterthought. One public information officer said she spent 10 to 15 percent on all of public safety. One, while dedicated to the private EMS company, also handled media relations for nine counties, coordinated CPR classes, managed social media and planned company events. "Anything that falls under the marketing umbrella or the PR umbrella tends to fall on my desk."

However, she said sometimes a specific incident will spark media attention requiring her expertise. For example, she cited the time students on spring break stole an ambulance. "We are not sure if it was the kid on a joyride or what, but the thing was missing for almost 24 hours. Fortunately, we recovered it, completely intact. I was pretty involved in dealing with the media."

One reporter, however, cited an instance where having a public information officer worked against getting information out in a timely fashion, a story of when a tornado hit his area. He recounted how he was standing a quarter- or half-mile away from the scene without being able to get any images or anything. "I wanted to get in

there to get some photos while it was going on. I could have told a better story about how emergency responders were actually working to help people." Instead, he said no one wanted to talk because they all need to go through the PIO and it was hours before a PIO arrived on the scene. "They want to control every bit of the situation and scene rather than it being a friendly working environment understanding that we have a job to do as well." In that case, the reporter said he was able to talk to some of the volunteer fighters who also expressed concern since they depend on public support and donations. "They want everyone to know what they're doing."

That same reporter said the main problem working with public information officers is that they rarely have experience that provides readers with useful details. "I will never be one to say that PIOs are the greatest thing ever." He said his first response is often to question: What does he know about saving lives? It is the same approach he would use with the PIO for the highway department. "You're asking a question about design on the roadway when your first thought is: What do you know about engineering on the roadway?"

While occasionally reporters said they talked to EMS personnel in the field, most agencies discourage or prohibit it. "We have a policy against our associates speaking to the media. That is for their protection and for the protection of our patients," said one EMS official. "A lot of folks, not just in EMS, but generally speaking, are scared to death of the media." Another said, "Our EMS people don't talk to reporters. But, if it's something like a fire and we have chief on scene, then they have the authority to go ahead and describe what happened, what's going on, what we're doing."

#### *HIPAA and general ethics of privacy*

Repeatedly, one thing both reporters and EMS officials noted that restricted their ability to cover EMS was the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the changes made in 2013. Originally designed to protect information shared electronically between medical professionals, HIPAA makes it

illegal for covered healthcare providers, including EMS agencies, to disclose individually identifiable health information.

“I’m very careful, we’re very careful from an organizational perspective, about scene safety and HIPAA and protecting the rights of our patients. So typically if news media is on scene it’s not because we have reached out to them,” said one public information officer. The law clearly allows the disclosure of personal health information needed for patient care and other important purposes between anyone involved in providing healthcare. Only healthcare providers are covered by the law, not other public safety officials not involved in the care of injured or sick personnel. Information that would otherwise be public information, such as radio traffic such as dispatch information and information regarding hospital destination for sick or injured people, is still public information and is generally readily accessible. However, certain implications of the legislation are still unclear.

However, the interpretation of these rules has often been confusing and inconsistently applied at a number of levels. As recently as January, following the tragic mass shooting in Newtown, Conn., Leon Rodriguez, director of the HHS Office for Civil Rights, felt compelled to send a message to the nation’s healthcare providers clarifying HIPAA policy regarding disclosing patient information, including information from a patient’s mental records.

“The rule does not prevent your ability to disclose necessary information about a patient to law enforcement, family members of the patient or other persons, when you believe the patient presents a serious danger to himself or other people,” the letter reads.

It went on to say that patient health information can be shared “when necessary to treat a patient, to protect the nation’s public health and for other critical purposes, such as when a provider seeks to warn or report that persons may be at risk of harm because of a patient.” (McCallion, 2013)

Still reporters found HIPAA to be an impediment specifically to on-scene coverage. Said one reporter: “They’re not going to talk to you. The obvious cause is HIPAA. They’re not going talk about the condition of the patient. They can’t say very much to the media about a patient or a situation.”

Said another, “EMS just invokes HIPAA, and that’s it. They can’t say anything. We just loaded them in the bus and took them to the hospital. There’s only two hospitals. If it’s a fire, we get the information from the fire department. If it’s a car

wreck, we get the information from the police department. We have almost no contact with EMS.”

While HIPAA prevents pre-hospital healthcare providers from talking about the specific conditions of a patient, other legislation puts police agencies constantly out in front of the media. At universities, for example, the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics (20 USC § 1092(f), also known as the Campus Security Act, mandates that institutions of higher education be open and transparent regarding crimes on and near campus. Nowhere does the report mention disclosure of any information related to emergency medical incidents on campus, including incidents such as suicide, students who die from undiagnosed or pre-existing medical conditions or students who are injured or die related to athletic events or physical plant problems, such as repeated auto/pedestrian accidents or falls.

While not as readily accessible, many state health departments maintain aggregated records of health statistics. While the records do not contain specific information, they do contain aggregated data down to the level of the city. Reporters can use data about common causes of death over time. The information is aggregated into categories such as accidents, diseases of the heart and cerebrovascular diseases.

While useful for comparing general trends, the information is generally useless for specific reporting. Obtaining information on deaths to which pre-hospital care providers contributed would be almost as impossible as obtaining similar information about emergency room physicians. The *Journal of Emergency Medical Services* annual surveys pre-hospital healthcare providers regarding types of calls, salaries and management, again grossly aggregated. The National EMS Database contains more specific data on all types of EMS calls, including data on delays, patient demographics and patient disposition, but the data is all but inaccessible by non computer programmers in an online database — [nemsis.org](http://nemsis.org).

*Management (privately-owned, hospital-operated)*

While almost all police departments and most fire departments are public entities, and therefore subject to all the requirements of state and federal open meetings / open records legislation, the management of EMS agencies is inconsistent. As one EMS official noted, "It's very, very different in every county and in every city." About 28 percent are part of the city-run fire department or a unique city/county department (23 percent). Some (about 11 percent) are hospital based. Some (about 30 percent) are private either for-profit or not-for-profit companies. That means at least one-third of EMS agencies would have no legal obligation to report call numbers, types, staff salaries or any information to media outlets or local residents (Greene, 2014). As one of the EMS officials said, "The majority of the public has no idea how EMS works. And they don't really care."

*EMS not on the radar screen of citizens*

In 2013, emergency medical technicians and paramedics, more than 237,660 of them nationwide, earned \$34,870, a mean hourly wage of \$16.77. Firefighters, \$48,270; police officers, \$58,720; the average news reporter, \$44,360; the average postsecondary teacher, \$74,620 (Bureau of Labor Statistics, 2013; Greene, 2013). The pre-hospital healthcare industry is a significant industry nationwide, particularly when considering all the employees in management at the local level and continuing education and certification at the state and national levels. It seems, however, it is still poorly understood by average citizens and not valued as highly in the marketplace of wages.

"The average person probably sees or notices very little difference between the fire department and EMS. I don't think they really notice," said one public information officer. "Most medics and EMTs are so-called ambulance drivers to the average person."

Another public information officer attributed this lack of understanding to two things: the relative age of the profession compared to police and fire and the lack

of marketing. "People understand fire trucks. And they see scenes of firemen holding babies and the American flag. And it's understood among the public because the fire association has done an excellent job promoting its industry. EMS is a relatively new industry. EMS has a disadvantage in the sense that it's not marketed."

Indeed, EMS is a young industry when compared to other types of public safety agencies: police and fire. It is a result, generally, of the need in wartime to take care of injured military personnel and, specifically, as a result of the increased use of automobiles and death by automobile, what John F. Kennedy in 1960 called one of the greatest, perhaps the greatest, of the nation's public health problems. In 1966, the National Traffic and Motor Vehicle Safety Act created standardized EMS training, promoted state involvement, encouraged community oversight, recommended radio communication and stressed a single emergency number. It also put EMS under the control of the Department of Transportation, where it remains today as part of the National Highway Traffic and Safety Administration.

In 2005, Congress mandated the creation of the Federal Interagency Committee on Emergency Medical Services to encourage cooperation between the Department of Homeland Security and the Department of Health and Human Services when dealing with EMS matters, including certification ("A Brief History of Emergency Medical Services," "The History of EMS at NHTSA").

The development of the modern EMS system, which occurred mostly since the late 1960s, makes it the new kid on the block. Even the word police dates back as early as 1530 and the earliest of societies, such as those in Ancient China, Ancient Greece and Rome, had officials who provided security. Fire brigades date back almost as far, certainly back to the time of the Roman Empire and coming of age with the development of the city in Europe with London insurance companies forming private fire brigades and developing the first fire engines in the 17<sup>th</sup> century.

## Limitations

As with any research project, this one had its limitations. First and foremost

of these was the method of data collection. No pre-existing data set existed either for the content analysis portion of the study of local newspapers or the budgetary data of local communities. While the EBSCO Newspaper Source Plus database did provide an efficient manner for searching the content of local newspapers, it was time-consuming and limited in scope. Over time, more newspapers will move their entire archive on to their own websites increasing the possibilities for research. In addition, there remains no central clearinghouse for local government budgets so each town's budget had to be obtained and analyzed.

A second limitation of this research included the timeframe of the study, 2005-2010. The time frame was chosen to maximize the amount of data available for each town and each media outlet in comparison to several one-year periods. However, in the middle of this timeframe lies 2008, the beginning of the Great Recession. Although town budgets did not appear to be showing the impact of the Great Recession until 2011 or 2012, the economic downturn inevitably had an impact on politicians, bureaucrats, reporters and editors even when they were not faced with short-term decisions about what to cut from the budget.

Finally, the methodology itself presented challenges. Correlations do not show direction of causation. In this short term, other pieces of literature have shown that media coverage precedes public opinion change and policy outcomes at least in isolated instances. However, the significant piece of this study examined policy outcomes over a five-year period. Inevitably over that length of time multiple factors will help bureaucrats and politicians determine policy outcomes, only one of which will be media coverage. Indeed, media coverage might follow the policy process as much as precede it.

The qualitative portion of the study served to provide insight and to generate ideas for future research. Characteristic as part of the qualitative method, the study allowed detailed and in-depth examination of the issues surrounding coverage of EMS in local newspapers. Since the questions were used as a guide and not a rigid rubric, the direction of the questioning was different based on what each person felt

was important to discuss. The interviews made for a more compelling initial examination of the topic than would a cursory survey when the variables are difficult to ascertain.

Inevitably, however, the methodology also faced limitations not the least of which was that it was time-consuming with initial interviews lasting up to 45 minutes and transcription of those interviews taking hours. Initial interviews for both EMS personnel and newspaper reporters/editors were difficult to schedule. While most potential sources were willing to help, some were unable to make the time. "I do not have anyone who can assist you at this time," said one clearly over-worked news editor rather tersely. Interpretation of the transcription data and the questioning itself could easily have been influenced by the researcher's personal biases and interview style. While the qualitative method may not always be well understood or accepted, it was perfect in this case to serve as a foundation for future research.

#### Areas for future research

While this qualitative research identified at least five areas for further examination, it also pointed to one clear question: If media coverage is related to public awareness of an issue and public awareness changes policy or political outcomes as prior agenda-setting research has repeatedly shown (McCombs and Shaw, 1972; Funkhouser, 1973), what does lack of coverage do for EMS in an administrative or political setting? Almost all current agenda-setting research examines the relationship between media coverage and reader priorities of importance or how media coverage helps change the frame in which readers view certain issues. While police and fire may change because of media coverage, the lack of coverage will certainly have impact on EMS, particularly in a country with healthcare so high on the public agenda. At the least, coverage, or lack of it, may influence the way citizens frame their views of police, fire and EMS.

The research also pointed to several other areas worth examining further, including the role of the public information officer. As Butch Ward (2014) said, “Journalists must keep up — no, escalate — the fight for access to information the public needs and has a right to get.” The job of the public information officer is to control access to that information. Do cities with PIOs get more coverage or better coverage? Do the PIOs release complete and accurate information that holds agencies accountable to the communities they serve or do they simply control controversial content? Do any of those PIOs have experience in pre-hospital healthcare and, if so, does that make them more successful when communicating with the public or the media? Such research could lead to better guidelines for public administrators when hiring PIOs in a world where social media may provide citizens and public safety officials with a faster way to get coverage published.

Finally, the research reinforced just how inaccessible information about pre-hospital healthcare providers and the services they provide is. Some EMS providers allow ride-alongs as do police and fire agencies, at least on occasion. Private companies do not release information regarding management, budget or individual calls. And the aggregated data maintained by state and federal government agencies is so difficult to obtain or aggregated so much it is generally useless. The lack of information about EMS calls, treatments and outcomes makes it difficult for the public, public administrators and elected officials to hold pre-hospital care providers accountable for providing quality care efficiently and effectively.

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