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The Minimization of Public Health Risks in Newspapers after Hurricane Katrina

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Abstract

During natural disasters, mass media facilitate the timely provision of accurate information about health risks to the public. This study informs our understanding of such public health discourse utilizing content-analysis of 235 newspaper articles in four major metropolitan newspapers published in the five weeks after Hurricane Katrina hit the Gulf coast in August 2005. These data reveal a small and diminishing number of articles included public health information over time, detailed the hurricane impact on affected communities, and used reliable health sources. The implications for future research from a public health and media relations perspective are discussed.

Keywords

Hurricane Katrina; newspapers; risk communication; content analysis

Communication research is poised to evaluate how news media communicated health messages in the aftermath of the 2005 Atlantic hurricane season. Although a number of scholars have examined the institutional and cultural responses to Hurricane Katrina (Brabham, 2006; CDC Mold Work Group, 2005; Faux & Kim, 2006; Tiessen, 2006), little research has attended to mediated *health* information about the 2005 Atlantic hurricanes (Littlefield & Quenette, 2007), or the risks communicated about the region affected by the disasters (Fry, 2006; Vanderford, Nastoff, Telfer, & Bonzo, 2007).

How newspapers told the story of the public health threats faced by people in Louisiana and the surrounding gulf region is important to consider. Although many media critics scorned early inaccuracies in reporting during the Katrina crisis (Cole, 2005; Cullen, 2005; Wilkie, 2005), little empirical evidence has been offered regarding the nature and extent of reporting over time (Fry, 2006). Despite the well-documented tragedy of Hurricane Katrina and the difficulty public health officials had in disseminating – and media had in obtaining – accurate and timely public health information during the emergency (Vanderford, et al., 2007), there has been no systematic analysis of media reporting on the health risks posed by Katrina and its aftermath.

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The role of media in providing the public with timely disaster information and health information in time of crisis has been studied extensively. Agenda setting and framing researchers have demonstrated the influence of print media on public opinion in a variety of contexts (Kitzinger & Reilly, 1997; McCombs, 1997; McCombs & Shaw, 1972; Rogers *et al.*, 1997). Communication scholarship demonstrates that media attention after dramatic events functions “to publicize initial interpretations of the event, repeating and enhancing the impact of these interpretations” (Seeger, Sellnow, & Ulmer, 2003, p. 122). Given media's gate-keeping and priority-setting functions, public knowledge is also constrained by the messages made available to the public by media (Cook et al., 1983; McCombs & Shaw, 1972).

Studying how media publicize public tragedy is a significant area for communication research. Although media scholars have separately studied news coverage of public health issues (Blood & Holland, 2004; Bosso, 1989; Freimuth *et al.*, 1984; Tanner, 2004; Lawrence, 2004; Stryker, 2003; Stryker *et al.*, 2005; Winett & Lawrence, 2005), and more recently, news coverage and public response to tragedy (e.g., Craft & Wanta, 2004), there is limited scholarly examination focusing specifically on news coverage of public health issues in the event of a tragedy. In this context, the current study is among the first to examine the content of a sample of national newspapers with regard to the presentation of Hurricane Katrina news coverage.

Following research involving media coverage of natural disasters, this study examines the sources and features of news stories after Hurricane Katrina (Fischer, 1996; Kreps, 1980; Wenger, 1985; Wenger & Quarantelli, 1989). Such an approach to understanding news coverage of public health issues may bridge the gap between theoretical models of agenda-setting and framing, and what types of public health knowledge need better dissemination from a public health perspective (Dorfman, 2003).

The Missouri Group (2004) reports that media traditionally serve five specific functions: report news, monitor power, uncover injustice, tell stories of public interest, and sustain communities by serving as a dynamic information resource. During times of crisis, however, media interpretations take on greater significance to individuals searching to interpret public events (Seeger, Sellnow, & Ulmer, 2003; Landesman, 2001). As Seeger et al. (2003) note, during crisis media serve an important role by “monitoring and evaluating the situation” (p. 71). Furthermore, the public relies on media interpretations to counterbalance interpersonal sources of information concerning risks and crises (Harolde & Harvey, 1979; Wray & Jupka, 2004; Wray, Becker, Henderson, et al., in press). For example, prior research evaluating evacuations after natural disaster suggests that individuals who choose to evacuate the disaster region often relied on more sources of information – both media and interpersonal – to support their evacuation decision-making compared with individuals who did not choose to evacuate the disaster region (Quarantelli & Dynes, 1972).

The practical implications are significant, as each year natural disasters in the form of hurricanes, floods, tornadoes, and other environmental threats cost lives and property. Sociologists and communication scholars have uncovered that, particularly during natural disasters, the public relies on media to confirm the scope and breadth of the situation (Koplan, 2003; Moore, Bates, Lymon, & Parcnton, 1963; Wray & Jupka, 2004).

Because risk communication after a disaster such as Hurricane Katrina is based on calculations and interpretations of what the public needs to know, most situations are replete with experts providing multiple messages that compete for acceptance (Sellnow, Ulmer, Seeger, & Littlefield, 2008). Thus, this study examines the nature of public health news coverage in major newspapers after Hurricane Katrina to address the construal of general messages and health risk messages for public. The study examines the following research questions:

RQ1a: What topics were discussed in newspapers' post-Katrina hurricane coverage?

RQ1b: In what ways did news stories describe the impact of the hurricane on the local community and the nation?

RQ2: In what ways did newspapers describe the “health effects or risks of Katrina”?

Prior research also suggests that often media rely on government sources of authority for such interpretations (Littlefield & Quenette, 2007; Walters & Hornig, 1993; Koplan, 2003; Wray & Jupka, 2004). For example, Walters and Hornig's (1993) study of news coverage of Hurricane Hugo and the Loma Prieta earthquake showed that news coverage focused primarily on the actions of government agencies and personnel (as opposed to individual citizen's efforts). As Walters and Hornig (1993) maintain, journalistic “source selection determines not only who will be heard, but also what will be heard. Witnesses, experts, victims, spokespersons, and officials are integral components of the newsgathering process in a disaster setting” (p. 221).

In recognition of this importance, the present study examines the health information sources that reporters utilized in their Katrina news coverage. Traditional information sources, such as spokespeople from government agencies, provide reporters with an “information subsidy” (Gandy, 1982). Journalists' ability to obtain readily available information subsidies lowers the cost of the journalistic enterprise. Bureaucratic sources are logical places for reporters to turn when there is a shortage of information resources during a natural disaster, and when government agencies are equipped to disseminate information to the public (Walters & Hornig, 1993). Yet, research analyzing actual news coverage after natural disasters is rare (Ledingham & Masel-Walters, 1985; Walters & Hornig, 1993). Whether “official” sources of health information gain media publicity is an empirical question to be examined.

Given that journalists seek timely and credible sources of information in an emergency, following prior research (Kreps, 1980; Wenger, 1985; Walters & Hornig, 1993; Wenger & Quarantelli, 1989), we track the extent to which journalists utilized public data sources (“experts”) in the news reporting, and whether there are general tendencies in the use of these sources to ask:

RQ3a: What public sources of information were used by journalists within the text of these newspaper stories?

To gain a preliminary understanding of the way public health officials at local, state, and national levels may have influenced the news agenda, and the extent to which these credible public health sources were present in public health storytelling, we asked:

RQ3b: Are public health stories more likely to use official public health sources as evidence compared to other stories?

Finally, to understand the ways in which interpretations of the risk situation may change over time (Palenchar & Heath, 2002), we sought to understand the changes in the nature of post-Katrina hurricane reporting in print media, or the topics that gained prominence or fell from newspaper vernacular over time:

RQ4: Are there significant differences in the topics of newspapers' post-Katrina hurricane coverage over time (by week in the sample)?

Method

The time period studied followed the initial reports of Hurricane Katrina, the landfall of Katrina, and included one-month of newspaper coverage after Katrina (including Hurricane Rita's landfall). We conducted a content analysis presenting data from four newspapers from August 26, 2005 through September 30, 2005. Using the Lexis/Nexis Academic on-line database, we collected articles from the *Houston Chronicle*, the *Chicago Sun-Times*, the *Los Angeles Times*, and the *Baltimore Sun* using the search string “Hurricane and (Katrina or Rita)” within

the headline or the first three (lead) paragraphs of the article.¹ Four major metropolitan newspapers were selected from each region of the United States (northern, southern, eastern, and western); this allowed for a purposive sample of newspapers chosen for their regional presence relative to the hurricanes (i.e., the *Houston Chronicle*), wide circulation, and national influence (i.e., the *Los Angeles Times*). To examine a representation of these news stories over time, a random sample of 10% from each week of news coverage was selected for content analysis, for a total sample of 266 news stories. A minority of stories (31) were excluded that were graphics or redundant stories posted to the Lexis/Nexis database. The final sample (N = 235) was coded by three independent coders and submitted for intercoder reliability analysis (Lindlof & Taylor, 2002). Reliability on individual items using Krippendorff's *alpha* was acceptable, ranging from .66 to .88 (or 78% to 98% agreement), with an average alpha of .74.

Coding procedures

Following a preliminary examination of the universe of Katrina newspaper stories, the coding team created broad categories used to describe the story context (e.g., general Katrina topics, impacts of Katrina, types of data sources used in stories). Following Lindlof and Taylor's (2002, p. 215) recommendations, "fuzzy categories" were developed after the authors 1) researched the themes of news stories that previous content-analytic research uncovered after similar natural disasters, and 2) examined the universe of Katrina news generated by the four newspapers under consideration.² The research team compared notes as they developed a content coding guide and reconciled differences by clarifying operational definitions of variables to improve coder reliability. The following categories were applied:

General Katrina topics—The headline and leading three paragraphs of news stories were examined for the presence or absence of general topics related to public health and welfare (see Appendix 1 for coding guide).

Health effects of Katrina—Coders were asked to check whether any Katrina health effect subtopics were present or absent in any part of the article (see Appendix). Coders also coded whether "none" of the above was mentioned, and an "other" category was created to account for other public health effects not considered in this coding scheme.

Impact of Katrina on the local hurricane-affected communities and the nation—Coders were instructed to examine each article to determine for each context (hurricane-affected local area, non-hurricane affected local area, and national area) whether the news story reported that the area would likely be affected by one of the social problems detailed in the Appendix.

Story sources—Coders examine the source or sources of the data/statistics mentioned in the news story. The options considered are detailed in Appendix 1. Given the low variability on many of the sub-items, these story sources were recoded into two dichotomous variables, denoting the presence or absence of any of the aforementioned public sources (where 1 = present, and 0 = absent; $K\alpha = .65$, 78% agreement), and a second variable denoting the presence or absence of evidence from a health department (at any government level), an

¹Stories where journalists primarily focused on Hurricanes Katrina or Rita were defined as relevant, although the Hurricane Katrina coverage was the focus of this study. Consistent with Rodgers and Thorson (2001, p. 173), all "teasers, briefs, editorials, features, breaking news stories, and news reports" about Hurricane Katrina or Rita were included in the sample. Assuming the inverted pyramid style of reporting, this search was intended to recall a significant majority of relevant stories.

²Additionally, the team consulted with researchers at the Harvard School of Public Health conducting survey research in the field for the Centers for Disease Control and Prevention (CDC) on hurricane-affected individuals about Katrina health and general welfare topics. For the *health effects of Katrina* and the *description of the impact of Katrina on the community* variables items were constructed to reflect similar survey items conducted by Harvard researchers to examine agenda-setting effects.

emergency management authority (at any government level), medical professionals, the Red Cross, or a federal, state or local health agency (e.g., local or state health departments, the CDC, and so on), where 1 = present, and 0 = absent ($Kappa = .88$, 97% agreement).³

Analysis

Descriptive statistics and frequencies were used to provide a broader picture of the nature and extent of Katrina news coverage in the four major daily newspapers. Items with little to no variability were dropped from the analysis. Statistical comparisons of groups of stories in the sample apply cross-tabulations and Pearson's chi-square.

Results

These frequency data indicate the most prevalent topics found in post-Katrina news coverage focused on the theme of recovery after Katrina, followed by stories about evacuees and evacuation plans, the financial costs of Katrina, general public health issues, and disaster survival resources (see Table 1). Twenty articles (8.5%) focused on efforts by first responders or emergency responders. Few articles discussed who or what was to blame for the disaster ($n = 15$, 6.4%), or were devoted to practical concerns such as access to health care ($n = 11$, 4.6%), animal rescue ($n = 7$, 3.0%), why people stayed in New Orleans ($n = 5$, 2.1%), and issues of racism ($n = 5$, 2.1%), disease ($n = 5$, 2.1%), and population conflict ($n = 5$, 2.1%).

In addition, we found that the majority of articles did not speculate on the impact of Katrina on the local community ($n = 174$). However, those articles that did so ($n = 61$) described the impact of increased crime, infectious disease, traffic, lack of resources, increased welfare dependency, and the potential for overcrowded schools, among other themes (see Table 1). Isolated stories reported on topics of potential impact on the nation (for example, one article commented on higher gas prices due to supply shortages in the gulf region).

Of the articles that focused on general public health topics, there were significant differences by newspaper [where $\chi^2 (3, N = 235) = 8.190, p = 0.042$]. Forty-one percent of stories focusing on a general public health theme were found in the *Los Angeles Times* (see Table 2). These data also demonstrate that the most prevalent health and welfare message concerned general public health issues ($n = 29$, 12.3%). A majority of the sample's stories ($n = 204$) did not discuss the health effects of Hurricane Katrina. However, the stories that described the health risks associated with Hurricane Katrina discussed, in descending order: not getting needed medical care, unsafe drinking water, injuries during the Hurricane, exposure to dead bodies, and other health risks (see Table 1). Given the regionalism of our sample, we also found there were significant differences among newspapers with respect to their likelihood to report on a health effect of Katrina, where $\chi^2 (3, N = 235) = 8.190, p = 0.042$. The *Houston Chronicle*, the newspaper with the audience arguably most affected by the Hurricane season was less likely to report on the health effects of Katrina, as compared to the other newspapers (see Table 2).

In terms of the sources mentioned, nearly 32% percent of news stories about Katrina utilized public sources, while 14% of the total sample utilized an expert health source from a health department (at any government level), an emergency management authority (at any level), medical professionals, the Red Cross, or a federal, state or local health agency (e.g., the CDC).

Among newspaper articles relying on public sources, a minority of these utilized more than one type of source (11.5%). A small minority of articles related information from federal officials ($n = 21$), state politicians ($n = 20$), local officials ($n = 14$), church groups ($n = 10$), federal ($n = 8$), state ($n = 7$), or local ($n = 12$) emergency management authorities, the Red

³In the initial round of coding an "other" category was utilized to help refine the source category variable.

Cross ($n = 6$), scientists or researchers ($n = 11$), and medical professionals ($n = 6$). In this sample only one article mentioned the CDC and no article mentioned the NIH.

Among newspapers, there was no significant difference in their likelihood to use any public source, where $\chi^2 (3, N = 235) = 2.756, p = 0.431$. General sources (including expert health sources) were identified in 39.4% of *Los Angeles Times* articles, 28.5% of *The Houston Chronicle*, 33.3% of *The Baltimore Sun*, and 25% of *Chicago Sun-Times*' stories. There was also no significant difference between newspapers in their likelihood to use any health source, where $\chi^2 (3, N = 235) = 4.349, p = 0.226$. These data show that across newspapers, reporters utilized few public health sources and that there was no significant difference in the use of public sources for health stories between newspapers (see Table 2). Articles addressing general health topics were more likely to cite a public source for evidence than articles that did not address health topics [$\chi^2 (1, N = 235) = 8.235, p = .001$]. These articles were also more likely to cite evidence from public health authorities, than those that did not use evidence from public health authorities [$\chi^2 (1, N = 235) = 15.640, p = .0001$].

We also examined whether there were significant differences among newspapers publishing articles with different Katrina topics over time (different weeks) in the sample (RQ4). Here, we limit our analysis to the three topics most frequently covered in the sample of articles: public health stories, stories about recovery after Katrina, and stories about evacuees or evacuations. Significant differences in coverage of public health stories over time were found, where $\chi^2 (4, N = 235) = 21.302, p < .001$ (see Figure 1). Public health stories appeared earlier in the news coverage, with more coverage in the first two weeks and a sharp decline after the third week. Most of the public health stories (94%) occurred in the first three weeks of the five week sample.

There were significant differences across weeks as to when stories about evacuees were likely to appear, $\chi^2 (4, N = 235) = 17.613, p = .001$. More stories appeared in the second week after Katrina, which was the peak of stories about evacuees and evacuations, compared to weeks one and three (see Figure 1). In contrast, although there were significant differences in coverage of stories about recovery after Katrina across weeks, $\chi^2 (4, N = 235) = 64.543, p < .001$, the coverage appeared to follow a normal distribution. There were significantly more stories than expected about recovery during week three (the peak) of the five week samples.

Discussion

Our findings highlight the disappointing nature of news coverage after the 2005 Atlantic hurricane season given the importance of timely public health information following national emergencies. Although comparative data for other hurricane coverage are not available, the newspapers in our study included a limited number of articles reporting on public health risks after Katrina in the first five weeks after the hurricane landed. Only a small proportion of news stories reported on the health impact of Hurricane Katrina in affected communities, and even fewer reported on the national impact. Moreover, the lack of reporting on public health topics in the print news media persisted and even declined over time. A small percentage (12.3%) of articles in the total sample told stories about the lack of access to health care, general public health problems (such as the causes, consequences, prevention, signs, or symptoms of public health problems), or disease (including the screening, transmission, treatment, trends or rates of diseases). Finally, as Figure 1 shows, the health reporting in the sample declined over time and was distributed unevenly across the four regional newspapers. Future research may consider to what extent newspaper resources and regionalism (e.g., news organizations closest to the disaster area versus national bureaus) influence the ability to devote more or less effort to public health reporting.

Of the articles that did disclose public health risks as an effect of Hurricane Katrina, the majority contained little source information. Yet, articles that reported on public health topics were more likely to contain quotes or public health data from credible public health sources or agencies than those that did not deal with health issues. Overall, the under reliance on public health officials at the local, state, or national level may indicate a lack of in-depth health news coverage, or a lack of concern regarding the seriousness of the public health threats if journalists do not perceive the need to seek out credible sources for their opinions. During times of emergency, public health information officers are important intermediaries between authorities and media when equipped with reliable information, and make for credible news sources (Wray & Jupka, 2004).

Given the importance of public health problems resulting from the aftermath of Hurricane Katrina, our findings generally show a lack of substantive reporting on public health risks in print media. However, our results must be interpreted with caution because of the limitations inherent in our study. For instance, it is important to note Hurricane Rita made landfall on September 24th. Although our sample of stories included one week after Rita hit, we did not collect further longitudinal data to assess whether coverage changed after that time. Further, while providing some insight into the nature of regional metropolitan news coverage of Katrina, the newspapers we selected may not be representative of other media, including targeted newspapers, magazines, television, radio, and the internet.

In spite of such limitations, our study nevertheless offers some significant implications. One important practical implication of this research is that local, state, and national government and public health officials should consider actively reaching out to print and broadcast news reporters and editors during and after natural disasters to increase news media coverage and public understanding of the public health risks associated with these tragedies (Landesman, 2001; Koplan, 2003). Effective public health reporting may shed light on problems related to health care access and resources, and provide opportunities for public health and emergency response officials, health care providers, community leaders and researchers to attend to the needs of their local communities and address issues of public policy (Koplan, 2003; Wray & Jupka, 2004). Given the potential for news media to influence the public agenda, public health workers and media professionals have a role to play in monitoring public health news coverage to increase the accuracy and effectiveness of public health reporting. One overlooked area for influence is the role that individuals may play on the editorial and opinion pages of newspapers in starting this conversation. Public health officials may systematically work with the news media to disseminate important safety information and precautionary guidelines to the public (Heath, 2006; Joseph, 2002; Koplan, 2003; Wray & Jupka, 2004; Wray, Becker, Henderson, et al., in press).

The effect of natural disasters, such as the 2005 Atlantic hurricane season, on public health becomes a newsworthy topic as events unfold when large numbers of people are concerned about the health risks of inadequate food and water supplies, decaying bodies, and the risk of disease. Those concerned with addressing the public health effects of the tragedy must attend to the ways in which news media may underreport and minimize public health risks. A study of this kind is important especially because hurricanes happen year after year, adversely affecting thousands of lives. As academicians and practitioners, it is crucial that we chronicle lessons learned from past disasters and apply them effectively in present and future situations. In doing so, researchers and practitioners may become more active in developing a strategic response to national emergencies, and framing emergencies in terms of public health.

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Appendix

Katrina Newspaper Coding Guide

General Public Health Topic

Coders identified whether or not (1 = present, 0 = absent) any of the following subtopics were mentioned in headlines or first three paragraphs of the story: 1a) general public health stories (stories about individuals or publics that could be affected by health problems or health risks), 1b) access to health care (e.g., stories about individual or group access to the medical system), 2) stories about evacuees (people leaving LA, AL, and MS due to hurricane), 3) stories about emergency response/ first responders (e.g., EMTs, firefighters, police officers, hospital workers, and others first responding to the hurricane tragedies), 4) racism, 5) disease (reports of any abnormal condition of the body that causes discomfort, dysfunction, or distress to the person affected by the hurricane or those affected by the hurricane), 6) the costs of Katrina (financial toll), 7) recovery after Katrina (stories about physical recovery such as people cleaning up, people helping out, discussing how to help people or organizations recover), 8) blame for disaster, 9) availability of survival resources (such as food, water, supplies, electricity, not financial), 10) looting and lawlessness, 12) population conflicts, 13) animal rescue, and 14) none of the above/some other topic.

Katrina Health Effect Present

Coders identified whether or not (1 = present, 0 = absent) any of the following subtopics were mentioned in the story: 1) cholera, 2) West Nile Virus, 3) exposure to dead bodies, 4) e. coli, 5) diarrheal illnesses, 6) mold-related illnesses, 7) unsafe drinking water, 8) toxic chemicals, 9) electrocution by unsafe power lines, 10) gas leak explosions, 11) typhus, 12) carbon monoxide poisoning from lack of ventilation, 13) people not getting medical care they need, 14) injuries during and after the hurricane, and 15) crime.

Impact of Katrina on the Local Hurricane-affected Communities

Coders identified whether or not (1 = present, 0 = absent) the article described one or more of the following impacts after Katrina on the local hurricane affected communities: 1) an increase in crime, 2) an increase in infectious disease, 3) an increase in traffic on the roads, 4) overcrowded schools, 5) an increase in the number of people on welfare or public assistance, 6) a drain on community services and resources, which might cost taxpayers money, 7) worsening oil and gas prices, 8) a worsening economic forecast, 9) none of the above, and 10) some other impact (specified).

Impact of Katrina on the Nation

Coders identified whether or not (1 = present, 0 = absent) the article described one or more of the following impacts after Katrina on the nation: 1) an increase in crime, 2) an increase in infectious disease, 3) an increase in traffic on the roads, 4) overcrowded schools, 5) an increase in the number of people on welfare or public assistance, 6) a drain on community services and resources, which might cost taxpayers money, 7) worsening oil and gas prices, 8) a worsening economic forecast, 9) none of the above, and 10) some other impact (specified).

Story Data Source Mentioned

The coders considered whether or not (1 = present, 0 = absent) any of the following sources were mentioned in the stories, included: 1) federal politicians, 2) state politicians, 3) local politicians, 4) National Cancer Institute (NCI), 5) CDC – including all centers and offices, 6) National Institutes of Health (NIH) – including all institutes, 7) Department of Health and Human Services (DHHS) – including all agencies other than CDC and NIH specifically, 8)

scientific journal or other publication, 9) state health department, 10) local health department, 11) scientist/researcher, 12) Red Cross, 13) Federal Emergency Management Agency (FEMA), 14) Salvation Army, 15) Habitat for Humanity, 16) State Emergency Management Agency, 17) Local Emergency Management Agency, 18) church groups, and 19) none of the above mentioned.³

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Figure 1.
Primary topics described in Katrina newspaper articles over time.

Table 1

Topics of News Stories about Hurricane Katrina

<i>General Katrina Topic</i>	Total n = 235	%
Recovery	111	47
Evacuees and evacuation plans	51	21.7
General health topic	29	12.3
Costs (financial) of Katrina	37	15.7
Disaster survival resources	33	14
First responder efforts	20	8.5
Who or what to blame	15	6.4
Access to health care	11	4.6
Animal rescue	7	3
Why people stayed in New Orleans	7	3
Racism	5	2.1
Disease	5	2.1
Population conflict	5	2.1
Other unrelated	84	35
<hr/>		
<i>Stories Detailing the Effect of Katrina on the Community</i>	<i>n = 61</i>	<i>%</i>
Increased crime	7	11.4
Infectious disease	11	18
Traffic	4	7.8
Lack of Resources	5	8.1
Increased welfare dependency	3	4.9
Overcrowded schools	1	1.6
<hr/>		
<i>Stories Detailing the Health Effects of Katrina</i>	<i>n = 29</i>	<i>%</i>
No access to needed medical care	11	4.7
Unsafe drinking water	11	4.7
Injuries during hurricane	10	4.2
Exposure to dead bodies	8	3.4
Crime	8	3.4
Toxic chemicals	4	1.7
West Nile	3	1.3
Diarrheal illnesses	2	0.8
Cholera	2	0.8
E. coli	2	0.8
Electrocutions	1	0.4
Gas leaks	1	0.4
Typhus	1	0.4

Table 2

Crosstabulations of Newspapers by Story Codes

Newspapers						
	<i>Los Angeles Times</i> (<i>n</i> = 66)	<i>The Houston Chronicle</i> (<i>n</i> = 123)	<i>The Baltimore Sun</i> (<i>n</i> = 16)	<i>Chicago Sun-Times</i> (<i>n</i> = 30)	Total (<i>n</i> = 235)	
Story codes						
Reporting on general public health issues	Row <i>n</i> (expected <i>n</i>) % within newspaper	12 (8.1) 18.20%	8 (15.2) 6.50%	6 (3.7) 20%	3 (2) 10.30%	29 12.30%
Reporting on health effects of Katrina	Row <i>n</i> (expected <i>n</i>) % within newspaper	13 (8.7) 19.70%	7 (2.1) 5.70%	4 (4.0) 25%	7 (16.2) 23.30%	31 3.20%
Use of public sources	Row <i>n</i> (expected <i>n</i>) % within newspaper	26 (21.1) 34.70%	35 (39.3) 28.50%	10 (9.6) 33.30%	4 (5.1) 25%	75 31.90%
Use of health sources	Row <i>n</i> (expected <i>n</i>) % within newspaper	14 (9.3) 21.20%	14 (17.3) 11.40%	4 (4.2) 13.30%	1 (2.2) 6.30%	33 14%