
EDITORIAL

Imagine the outcry if we were faced with a potential terrorist threat of a toxic substance released into the environment by some hostile group—a chemical agent spread so ubiquitously that it would affect the cognitive and physical development of millions of our children. One so persistent that it would continue to injure for years to come. What amount of money would be spent to deter such an act? How many expert committees would be convened to counter the threat? What would our private institutions be asked to do to counteract the assault? How many universities would be called upon to engage their brightest in the cause of identifying all the social, medical, economic, military, and scientific skills necessary to arrest this menace?

Now think about lead poisoning. Long ago, before lead was widely disseminated in our environment, it was recognized as a threat to our most vulnerable populations. It was tops on the list of priorities for public health practitioners for decades. Not a potential threat like our hypothetical terrorist attack, but rather a certainty—a predictable and calculable occurrence.

Lead poisoning doesn't upset people much these days. Much progress has been made after all. Lead was eliminated from gasoline and paint more than two decades ago. Blood levels have fallen drastically. Most people enjoy a life free of, or at least unaware of, any damage caused by lead. Even the public health community has been willing to live with the abandonment of the notion of primary prevention without much complaint—resigned to the notion of dealing with the nagging, persistent problem of childhood lead poisoning on a case-by-case, disease-care basis. A tertiary approach that goes on and on.

What has rendered the public health community so ineffectual when it comes to eliminating lead poisoning? Is it a matter of familiarity that has desensitized us to the problem? Could it be that the problem is unsolvable, and we have reasonably gotten used to that idea? Are we just worn out?

In this issue we have several papers presenting the current state of knowledge of lead poisoning. Bruce Lanphear and his colleagues, with commentary by Phillip Landrigan,

demonstrate that the maximum acceptable blood lead value recommended in 1991 by the Centers for Disease Control (now the Centers for Disease Control and Prevention) may not be adequate to protect our children after all. Mary Jean Brown and her colleagues inform us that not all children have benefited from the general reduction of lead exposure. Lynch et al. remind us that to prevent the introduction or re-introduction of lead in foodstuffs or food packaging requires constant vigilance and commitment. Don Ryan and Ralph Scott tell us in their Viewpoint that there are strategies to explore that might lead to better recognition and control of childhood lead exposure.

To provide perspective, I asked Matt Dumont if we could reprint a chapter from his book, *Treating the Poor*, in which he describes a not-so-distant historical incident involving an environmental lead problem—the deleading of a bridge connecting Chelsea, Massachusetts, to the city of Boston. The more things change the more they remain the same. Finally, in his commentary in this issue, the Surgeon General discusses the federal strategy for eliminating childhood lead poisoning.

The miner's canary cage of the 19th and early 20th centuries, so beautifully depicted on our cover in the photograph by Earl Dotter, has long served as a metaphor for occupational and environmental threats. A miner would carry a singing canary down into the depths of the coal mine, where they were to spend their work day together. If the canary stopped singing, it was an indication that an invisible but highly poisonous gas (usually carbon monoxide) was present and that immediate evacuation, followed by remediation (ventilation of the mine) was necessary. Could there be a more fitting, albeit ugly, metaphor than a child in a canary cage to represent the environmental threat of lead in our nation's housing stock?

"The connection between health and the dwelling of the population is one of the most important that exists."
Florence Nightingale

— Robert A. Rinsky, PhD ■

LETTERS TO THE EDITOR

TV Health News

To the Editor:

In their article in the July/August 2000 issue of the journal ["If it bleeds it leads?": attributes of TV health news stories that drive viewer attention. *Public Health Rep* 2000; 115:331-8],

Cooper and Roter have focused on a very topical subject, as all medical professionals are becoming more aware of the role the modern media play in lay health beliefs. It was also interesting to learn about their use of a jury pool as a sample group in the study.

The authors have highlighted the fact that the sample

groups contained people of higher income and education than the general population. Another problem with the method was the style of the questionnaire, as it is difficult to discriminate between “probably” and “definitely.” Have the authors taken this into account when drawing fairly specific conclusions from an indistinct style of questionnaire?

Within the overall findings of the study, there appear to be differences between what these well-educated subjects have reported and what we experience day-to-day in society. Generally people seem to be attracted to high profile stories of scandal. Could this difference be due to inaccurate reporting by the subjects, that is, they answered according to what they thought affected them? However, if their behavior was actually observed, it could reveal something very different. We suggest that an alternative research method would be to show people a selection of news clips of varying styles and then ask them to recall the content or make comments. Do the authors see this as a feasible method?

Finally, television can be a useful way of educating the general population, but how realistic is it that public health issues can influence the media?

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Cooper and Roter reply:

We appreciate the interest of Roué and colleagues in our paper and the opportunity to respond to their letter. Their remarks regarding the representativeness of the jury pool to the general population warrant comment. As noted in our analysis, the Sixth Amendment requires that jury pools include a representative cross-section of the community. To satisfy this constitutional mandate, potential jurors are randomly selected from exhaustive population inventories such as driver’s license records. Those jurors who chose to participate in our particular study tended to be better educated and of higher income than the general population. However, self-selection is an inevitable consequence of voluntary participation, and most volunteer-based studies are subject to a similar bias. Even the US Census has difficulty deriving a perfectly representative sample. We believe that the use of the jury pool has marked advantages over other sampling methods in terms of practicality, cost, and diversity in providing access to a broad population that would otherwise be hard to reach.

We are, however, puzzled by the concerns expressed by Roué et al. regarding the response sets used in our questionnaire. “Definitely–definitely not” scales are routinely employed by behavioral scientists. Our measurement instruments were pilot-tested with more than 100 respondents prior to the study. In addition, the 915 study participants were encouraged to provide feedback. As reported in our article (page 334), this procedure resulted in a rewording of the middle response category. Of the hundreds of respondents exposed to the questionnaire, not a single one indicated that they had difficulty distinguishing “probably” from “definitely.”

Other points raised by Roué and colleagues are well taken. We agree that individuals may not realize what factors actually attract their attention to health stories or may underrate the importance of some message variables that they perceive as undesirable. To decipher which elements of television health news truly guide viewer interest, we conducted a follow-up study with a design similar to that suggested by Roué and colleagues [Cooper CP, Burgoon M, Roter DL. An expectancy-value analysis of viewer interest in television prevention news stories. *Health Commun.* In press 2001.]. In addition to rating which story attributes attracted their interest, participants were also shown “teasers” (promotional announcements read by news anchors before commercial breaks) about health news segments and asked to rate the likelihood that the referenced story possessed the given attributes. An analysis technique based on expectancy-value theory was then used to pinpoint the story elements that represented the most powerful attention attractors. The results of this follow-up research were consistent with the “If It Bleeds It Leads” study: personal relevance, newness, shock value, and absence of exaggeration were the most salient determinants of viewer interest in television health news.

Roué and colleagues question whether it is realistic to believe that public health issues can influence the media. Public health issues not only *can* generate news coverage, they frequently *do*. For the public health community, developing media contacts and learning how to “peg” public health issues onto more timely news are important elements of securing media attention. While additional research is needed to test strategies to access the news media, there is no question that savvy health advocates can and do harness the power of the press to educate the public.

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