
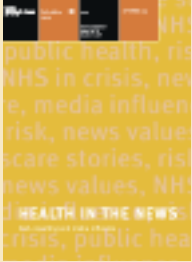


	<p>Summary </p> <p>Discussion paper</p>	<p>Authors</p> <p>ROGER HARRABIN ANNA COOTE JESSICA ALLEN</p>	<p>Date</p> <p>SEPTEMBER 2003</p>
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HEALTH IN THE NEWS

Risk, reporting and media influence

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Executive summary

Media reporting of health-related news stories can be highly influential: the priorities and decisions of policy-makers are often shaped by what they see on television, hear on the radio, and read in the general and specialist press. Members of the public may alter their behaviour in ways that affect their health, at least partly as a result of information and advice they get from the media.

The news media tend to focus on stories about health services. Only rarely do they publish stories about public health – that is, measures to improve health, prevent illness or reduce health inequalities. Public health specialists find it infinitely more difficult to cultivate media interest in serious, proven health risks, such as smoking, alcohol and obesity, than in, for example, ‘crises’ in the NHS. Meanwhile, unusual hazards such as the severe acute respiratory syndrome (SARS) virus, which pose relatively little danger, can occupy the headlines for weeks on end.

Aims of the study

This study, conducted by Roger Harrabin, a leading correspondent with the *Radio 4 Today* programme, and supported by the King’s Fund, explores the causes and significance of the apparent imbalance in media coverage of health-related issues.

It begins by exploring the views of public health experts and health policy-makers on media coverage of health issues. An analysis of news content in selected media outlets then examines news reporting of a range of health issues, including those most likely to be covered and those most closely associated with high rates of illness and premature death. The authors consider the balance between reporting dramatic stories such as ‘crises’ in the NHS and major health ‘scares’, and less immediately dramatic issues that statistically have a greater impact on health, such as smoking and alcohol misuse. Reporters and editors are asked for their perspectives on the research findings and on why some stories are more worthy of attention than others. Three questions lie at the heart of the inquiry. To what extent does news coverage of health-related issues reflect mortality risks shown in health data? If the balance of health news coverage is seriously out of proportion with actual risks to health, how much does that matter? Can and should anything be done about it?

This is a highly complex field, well trodden by risk and media theorists. The authors are not interested merely in accusing the media of exaggeration or misrepresentation. Nor do they suggest any simple causal link between patterns of reporting on the one hand and policy decisions and personal behaviour on the other. The study’s intention is twofold: to air a debate that has so far largely been confined to academic circles; and to raise awareness – on all sides – of the experience and views of public health experts, policy-makers, reporters and editors. Both aims are part of a more ambitious goal, which is to shift the emphasis of the policy agenda, so that it gives higher priority than it does at present to public health targets – improving health for all and reducing health inequalities.

What did public health experts and policy-makers say?

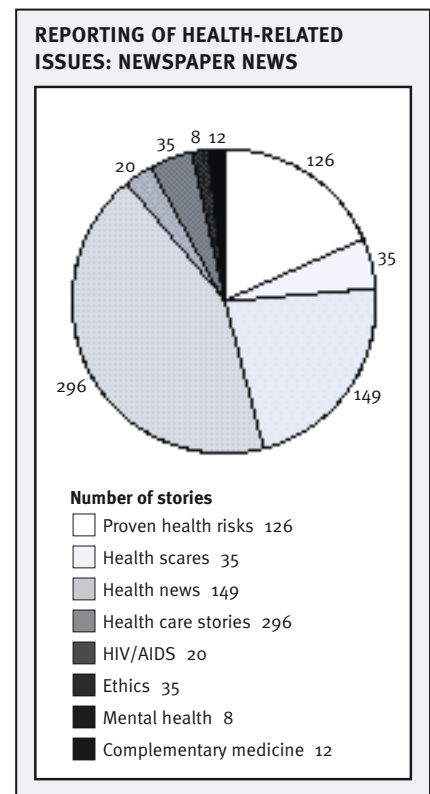
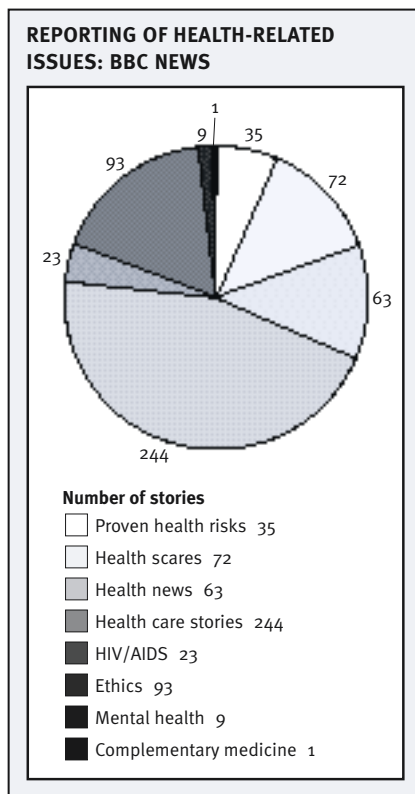
Most public health experts and policy-makers interviewed for the study were unhappy – to a greater or lesser extent – with the way health issues were covered in the news media. All subscribed to the view that the media could exert a powerful influence over human behaviour and public policy. They argued that the news media neglected issues that were important to public health, while often giving undue prominence to ‘scare’ stories and health service issues, including stories about the NHS ‘in crisis’, which were deemed more newsworthy. The interviewees also argued that the news media did not always report numerical data in ways that conveyed risks accurately. Most of the public health experts and policy-makers appreciated that journalists had different priorities from those of public health protagonists, and operated under different pressures. However, they regretted a news culture that struggled to cope with complexities or long-term developments, and that did not always consider the cumulative effects on policy and practice of patterns of news reporting over time.

Most said they wanted more reporting of public health issues (such as the risks to health of smoking or obesity) to bring the balance of news coverage into closer alignment with proven health risks, although few expected any great degree of proportionality. The interviewees called for more self-awareness on the part of the news media, and a more responsible and strategic approach to informing and educating the public, particularly from the BBC, with its unique role as public service broadcaster. They expressed a preference for reporting by specialist journalists (who in their view had a keener understanding of the issues), less mediated by editors with different values and priorities. And, in common with most experts, they also wanted their own knowledge to be aired more widely and frequently in the news media.

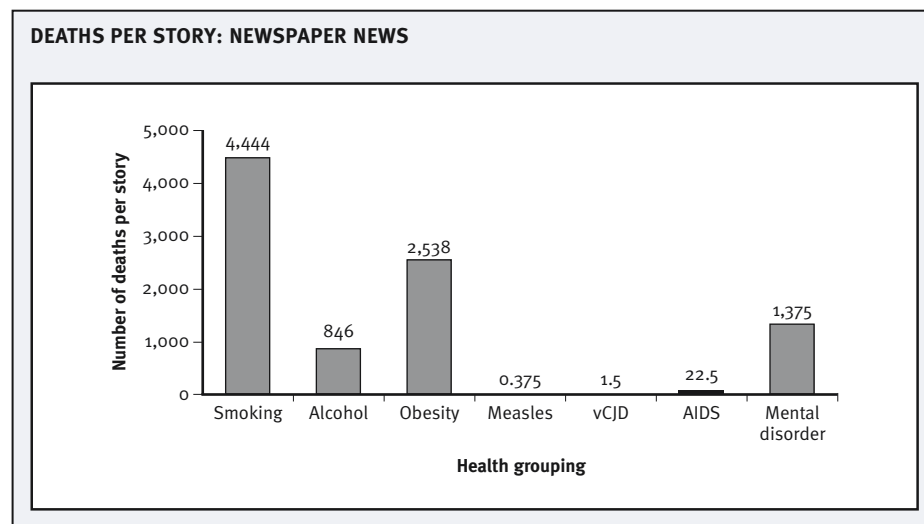
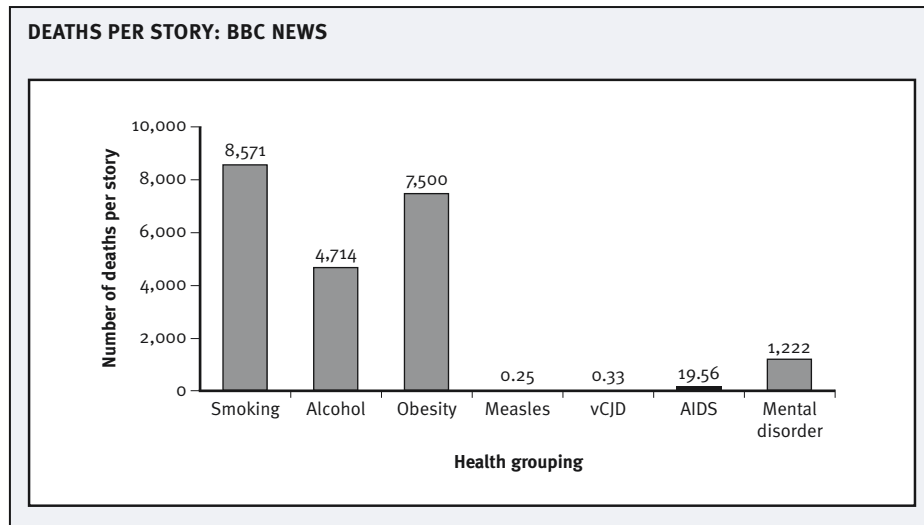
What was learnt from media analysis?

By conducting an analysis of health-related coverage in broadcasting and print media, the authors aimed to scrutinise the views of experts and policy-makers interviewed for the study. Over a year to September 2001, three BBC news programmes were studied: two on television, the *Ten O’ Clock News* and *Newsnight*, and one on radio, 5 Live’s *8.00am News*. This period was chosen to avoid the effects of September 11, which for a while severely disrupted patterns of reporting. The newspaper analysis took in a more recent period, October to December 2002. It included *The Guardian*, the *Daily Mirror* and the *Daily Mail*, and took account of the different patterns of coverage in news and features pages. The study was limited and should be regarded as indicative rather than definitive. It did not look at how stories were reported – for instance, how visual images and headlines were employed – nor what sources journalists used. Nevertheless, the review provided a useful snapshot of which issues received most attention in a selection of news outlets over a limited period of time.

In all the news outlets studied, there was a preponderance of stories in two categories. One was the NHS – mostly stories about crises besetting the service nationally or locally, such as growing waiting times or an increased incidence of negligence. The other was health ‘scares’ – that is, risks to public health that were widely reported but which often involved little empirical impact on rates of illness and premature death. Themes that invariably received very little news coverage included preventive health measures and major public health risks such as smoking and alcohol.



The study went on to compare the volume of reporting on specific health risks with numbers of deaths attributed to those risks. The resulting ‘deaths-per-news-story’ chart is a crude measure, designed to provoke debate. Put simply, it measures the number of people who have to die from a given condition to merit a story in the news. It shows, for example, that 8,571 people died from smoking for each story about smoking on the BBC news programmes studied. By contrast, it took only .33 deaths from vCJD to merit a story on BBC news.



Some news outlets displayed particular interests that were not reflected in others. For instance, the *Ten O' Clock News* carried a noticeably large number of stories about ethical issues in health care, such as the right to die of a terminally ill person. Some proven health risks surfaced for a limited period when 'discovered' by the media. Obesity, for example, appeared (albeit infrequently) as a news item in the papers studied but not in the earlier period covered by the BBC research.

An examination of the newspapers found that coverage of public health issues was more closely aligned with proven risks than in the BBC news programmes – but only when news and features pages were combined. In other words, in the 'softer' inside pages one can sometimes read beyond the established health news agenda; and find a wider variety of health-related items and much more coverage of stories about health as opposed to health services – for example, the health effects of alcohol, and advice on dieting and stopping

smoking. BBC features programmes were not studied but it is fair to assume (as several of the BBC interviewees told the interviewers) that television and radio similarly deal with public health issues in magazine and documentary programmes. Features can, of course, help to inform and educate the public about health risks. However, news headlines and patterns of news coverage exert a stronger influence on public opinion and on the policy-making process. By definition, ‘news’ claims to indicate what is most important and urgent.

Does it matter?

Debates about how far the media influence public attitudes and behaviour will undoubtedly continue. Members of the public interpret media content in different ways, at different levels, and their interpretations vary according to the nature of the material. There are, nevertheless, at least three reasons why it may matter if the news media give a disproportionate picture of what public health experts consider to be most important and urgent in health terms.

First, there is evidence that some kinds of media coverage of some health issues make an impact on public behaviour. Take the phenomenon, not found in other countries, of parents refusing to let their children have the combined MMR vaccination after intense coverage of a lone scientific paper linking the MMR jab with autism. Arguably this is a case of media coverage affecting public behaviour in ways that may increase rather than reduce health risks.

Second, policy-makers sometimes take their cues from the media. It is not uncommon for politicians to assume (not always correctly) that the media reflect voter opinion, or prefigure it by running campaigns (with varying degrees of intensity) to influence sections of the electorate. In response, politicians issue a new promise, introduce a policy alteration, or change current priorities or spending patterns. This view was shared by the study’s newspaper interviewees.

Third, government priorities and spending patterns influence media agendas and public attitudes in ways that are sometimes mutually reinforcing. For example, if a preponderance of news about people being kept waiting for NHS treatment prompts the Government to give higher priority to reducing waiting times, and to issue new targets on this front, it may encourage some news media to redouble their efforts to find stories about people being kept waiting. This is one way in which the media quite legitimately hold the Government to account. But the more headlines there are about waiting times, the more anxious people may become about having to wait for health services, and the more tempting it may be for the media to find stories that reflect and further feed that anxiety. Policy-makers, in turn, may come under yet more pressure to reduce waiting times. Resources may be invested accordingly – possibly at the expense of other health-related initiatives that bring greater benefit at less cost.

What do reporters and editors have to say?

Reporters and editors were interviewed from all but one of the media outlets in this study (the *Daily Mail* declined to comment). Some expressed surprise at the patterns of news coverage demonstrated by the content analysis. Some said they would like to give more space to public health issues, but could not because their editors would not let them or because they could not find the ‘right’ stories to bring the issues to life sufficiently to win space in a crowded news bulletin. Novelty, drama and, especially for television, strong visual content were important.

Almost universally, the reporters and editors rejected the idea of ‘proportionality’, meaning a close match between the scale of public health risks and the weight of news reporting. Some, however, were amenable to the idea that news coverage might be more proportionate than at present. Without exception, they said that news values were paramount – although their implicit definition of ‘news’ varied from one media outlet to another. In some cases, what was ‘news’ was what the editor considered newsworthy (and reporters tended to agree), either because it was a fresh development, or because it had already surfaced as news in other media. In others, news was partly defined by consumer preferences: whatever it took to stop people buying another paper or switching channels. News values were shaped by the priorities of the news organisation or, in the case of newspapers, its proprietor, and were further influenced by the personal interests of individual journalists.

Could things be different?

The purpose of this study is not to prescribe change but to open up a debate. Broadly, a number of developments follow that might encourage a closer fit between risks to public health and news reporting. There needs to be:

- more openness among journalists about the construction of news and its potential impact on policy-making, public opinion and behaviour
- more consistently robust handling of data analysis by news media – particularly by non-specialist journalists – in accessible terms, to help lay audiences put risks into perspective
- a better understanding among public health protagonists about how news is constructed and the imperatives and constraints under which different news outlets operate
- greater awareness on the part of policy-makers that intense news coverage of a particular story may not necessarily reflect public opinion nor convey an accurate picture of risks to health
- a better understanding by experts, policy-makers and media of how the public perceive and interpret health risks
- a more mature relationship between Government, experts and citizens, based on informed dialogue and mutual respect, so that risks can be discussed and negotiated openly

- stronger advocacy for public health issues at national, regional and local levels
- more debate about the role of public service broadcasters in shaping news agendas and influencing policy and practice through news reporting
- a greater readiness to track patterns of risk reporting over time
- more skilful presentation of health issues by experts and policy-makers for news and features outlets, with attention to the need for accessible language, and for sound and pictures for radio and television.

There are some positive signs. The Government is beginning to attach more importance to improving public health, rather than just improving health services. Primary care trusts are doing more to prevent illness and promote health. Efforts are being made within Government to improve the way risks are communicated. And the BBC has recently compiled draft guidance to help news reporters and editors improve their handling of risk stories. Building on these developments, what is needed now is a vigorous public debate about health, health care, risk and reporting, about the respective roles of different news outlets in communicating health-related issues, and about how to achieve a closer match between proven health risks and news coverage without jeopardising the freedom of the media or their role in holding governments and experts to account.