Spreading the News: Social Determinants of Health Reportage in Canadian Daily Newspapers

Mike Gasher
Concordia University

Michael Hayes, Robert Hackett, & Donald Gutstein
Simon Fraser University

Ian Ross
Ministry of Education, Government of Ontario

James Dunn
University of Toronto and St. Michael’s Hospital

Abstract: As part of a research program called CHAMP (Canadian Health and Media Project) devoted to examining health literacy in Canadian daily newspapers, and operating from a theoretical framework that posits journalism as a practice of representation, this article is based on a series of formal interviews with English-language and French-language health reporters. The interviews sought answers to three central questions about health reportage: how do journalists demarcate such a vast topic as health? where do they find their stories? and to what extent are they familiar with research into the social determinants of health? It concludes that in spite of their dependence upon published scholarly research as a source of news stories, Canadian health reporters overemphasize the roles of the health care system and personal health habits in the production of Canadians’ health, and they underemphasize the role of social determinants.

Keywords: Population health; Social determinants of health; health journalism
Résumé : Dans le cadre d’un projet de recherche nommé CHAMP (Canadian Health and Media Project) qui examine le niveau de connaissance par rapport à la santé dans les journaux quotidiens du Canada et dans un cadre théorique qui avance le journalisme comme étant une pratique de représentation, cet article est basé sur une série d’entretiens formels avec des journalistes de santé publique dans les milieux anglophones et francophones. Les entretiens avaient pour but de répondre à trois questions centrales à propos du journalisme de santé publique : comment les journalistes cernent-ils un sujet aussi vaste que la santé ? Où trouvent-ils leurs histoires ? À quel point sont-ils familiers avec l’étude des déterminants sociaux de la santé ? Il en arrive à conclure que malgré leur dépendance sur les études académiques publiées comme source de nouvelles, les journalistes de santé publique canadiens mettent une accent démesurée sur le rôle du système de santé et des habitudes de santé personnelles sur la santé des Canadiens.

Mots clés : santé de la population; déterminants sociaux de la santé; journalisme santé

Health is a prominent topic in Canadian daily newspaper reportage. Hardly a day goes by when a health-related story—reporting a breakthrough in medical research, a study on the quality of drinking water, or government spending on the health care system—does not grace the front page of a Canadian newspaper. The news value attributed to health topics would seem to be in line with the preoccupations of the Canadian population at large; an April 2002 Compas poll found that more Canadians (85%) chose health care as a government spending priority than any other single topic (Cobb, 2002).

Research on health communication has described the news media—newspapers, magazines, television, radio, and, increasingly, the Internet—as significant sources of health-related information, and very influential sources in shaping the way we think about and discuss health (Karpf, 1988; Maibach, & Parrott, 1995; Parrott, 1996; Signorielli, 1990; Wallack, Dorfman, Jernigan, & Themba-Nixon, 1993). Wallack writes: “The media help set the discussion agenda for society and create the boundaries within which debate takes place. The media tend to reinforce conventional definitions of health problems and hence determine, to a large extent, the legitimacy of various solutions” (1990a, p. 42).

Communication theory maintains that the media do not simply mirror or reflect reality. Instead, through the use of words and images, the media represent, or depict in particular ways, the people, places, events, ideas, and institutions that constitute our world. Research that operates from a theory of representation asserts that media content is produced or constructed through a series of complex choices about precisely how to depict a given topic—what to include, what to exclude, what to emphasize, what to minimize. The purpose of such research is not to evaluate the truth claims made by a given text—is what this story says accurate?—but rather to reveal the subjectivity inherent in practices of representation and to detect patterns of representation that contribute to particular definitions of, and particular ways of understanding, the object of study (see Hall, 1997). This means that newspaper reportage on health is the product of decisions by reporters and editors about how to cover all the possi-
ble domains encompassed by the term “health,” which stories properly belong to the health beat, and which aspects of those stories should be highlighted.

This article is part of a larger research program of the Canadian Health and Media Project (CHAMP) devoted to examining health literacy in Canadian daily newspapers.\(^1\) The research program applies several methodologies—including content analysis and framing analysis—to assess the ways in which news reportage about health incorporates scholarly and public policy understandings of the many influences known to shape the health experiences of general populations, and the relative importance placed upon different health influences (see Hayes, Ross, Gasher, Gutstein, Dunn, James, & Hackett, 2007). In other words, given the infinite number of ways such a vast topic could be discussed, and the countless potential newsworthy stories to be told that might speak to the health of Canadians, what stories do we see and why? This research aims to support the dissemination and adoption of population health approaches to public policy by shifting public discourses on health to include such dimensions as housing, early childhood development, workplace organizations, social integration, material equality, and so on.

In a companion paper to this one (Hayes et al., 2007), using a sample of 4,732 stories taken from 13 of Canada’s largest-circulation newspapers (published in English and French) over an eight-year period, we found that two-thirds of health stories focused on health care. Only about 5% of stories dealt with broader social influences upon health. In this paper, we present the results of formal interviews with health reporters at Canadian daily newspapers in an attempt to better understand the apparent inversion in relative emphasis given to specific health influences within research evidence and policy rhetoric on the one hand, and the prominence afforded these topics in Canadian newspapers on the other. This article seeks to answer three central questions about health reportage: how do reporters demarcate such a vast topic as health? where do they find their stories? and to what extent are they familiar with research into the social determinants of health?

**News as content production**

Because daily newspapers observe strict production schedules with rigid deadlines, news reporting is a highly routinized activity. News-gathering routines impose a degree of predictability on a highly unpredictable business because “news is a depletable consumer product that must be made fresh daily and depends upon ongoing activities for its raw material” (Tuchman, 1978, p. 31). Regardless of how much or how little news occurs on a given day, the newspaper has to be filled with stories and illustrations on a variety of subjects from around the world. Meyer writes: “News is conveyed through a manufacturing process. Constraints require information to be processed in a predictable, even ritualized, fashion so that it is gathered, evaluated, processed, and delivered on a continuous cycle. News people are forced to make quick judgments from imperfect information and deliver their product at a set time, ready or not” (1990, p. 52).

This process begins with the reporters who supply the news stories. Newspapers typically have two kinds of reporters: general-assignment reporters, who work from the newsroom and move from topic to topic according to where
their efforts are required each day, receiving their daily instructions from an assignment editor; and beat reporters, specialists who are assigned long-term to one of the newspaper’s major topic areas—e.g., courts, municipal politics, sports, business, education, health—and who are largely responsible for generating their own story ideas (Fishman, 1980). “News beats are a way of providing predictably available information to reporters and, as such, are an important means of reducing the variability of news, of imposing a degree of order on the social world” (italics per original, Lowes, 1999, p. 34).

Though beat reporters, too, work under an editor, their relationship constitutes less a command structure than a consultative process. Generally speaking, beat reporters have earned their assignments through a combination of experience, reliability, knowledge, and affinity for the topic, and are thus granted considerable independence in determining the precise parameters of the beat and considerable latitude in deciding from day to day what they are going to cover, and how they are going to cover it.

Beats can be either topical or territorial, but are usually characterized by elements of both (Fishman, 1980). A large, well-staffed beat such as politics will consist of reporters working at the national, regional, and municipal levels, their beats corresponding to the level of government to which they have been assigned and the territory that government surveys. Foreign correspondents may be responsible for an entire country or region and all news topics—politics, business, culture, and so on—pertaining to the region that are deemed of interest to their readers. It is rare for a reporter to have a beat topic with no geographical confines.

Each beat, similarly, comprises institutions—city hall, the police station, the courthouse—or what can be thought of as “structural locations” of beat reporters’ “routine round of activities” (Fishman, 1980). These institutions serve as centres of activity pertinent to the beat and bring reporters into daily contact with the people who serve as news sources, who provide reporters access to stories, story ideas, background information, and comment. Tuchman (1978, p. 13) notes that news sources and news stories are “mutually constituting” because reporters find stories in the places where they look for them. She employs a fishing metaphor to describe the dispersal of this “news net.” “The news net imposes order on the social world because it enables news events to occur at some locations but not at others” (pp. 23-24). Sources, too, know where reporters can be found when they want to generate news coverage. Palmer (2000, pp. 4-5) argues: “Without news sources there is no news. While this principle may be obvious, it is worth stressing because the dependence of journalists upon sources does not only explain the fact that a story is covered at all: it may well explain how the story is covered, or at least some elements of the way in which coverage occurs.” The relationship between reporters and their sources is symbiotic; reporters demand a constant supply of news stories, and sources require a reliable means of communicating with the public (see also Shoemaker & Reese, 1996).

Beats, then, come to be circumscribed in particular ways according to a number of defining factors, which include the way editors and their reporters conceive of the beat; the kinds of news stories reporters thereby seek; the journalists’ own relevant knowledge base; the institutions they frequent in their search for news;
and the contacts they make with sources of information. This means that each newspaper will determine its own style of coverage, depending on how much importance it grants the topic, what aspects of the topic it perceives are of most interest to its readers, and which reporters it assigns to the beat. A beat as vast as health, for example, compels newspapers to make decisions about which subtopics of health—medical research, the health care system, public policy, lifestyle, alternative healing methods—will be covered. Shoemaker and Reese (1996) argue that news routines have “an important impact on the production of symbolic content. They form the immediate environment within which individual media workers carry out their jobs” (p. 137).

**Population health**

A number of researchers have examined specific aspects of health portrayals in the media (see Parrott, 1996, for a review). Much of this work involves the representation of the body in media images on television and in magazines, which particular body images tend to predominate—especially young, svelte, able-bodied images—and the health-influencing impact such images and associated behaviours (relating to violence, sexuality, and lifestyle) have on people (especially young people) (Strasburger, 1995).

Other scholars have looked at the ways particular diseases are treated in news media stories. Fisher, Gandy, and Janus (1981), for example, found that magazine stories between 1959 and 1974 implied that women are responsible for men’s heart disease. In examining how news media cover cancer, heart disease, and AIDS, Clarke (1992) found considerable discrepancy in the meanings and metaphors attached to each. Cancer was associated with disgusting symptoms, mutilations, excruciating suffering, and death, while heart disease was portrayed in optimistic terms, and AIDS was associated with moral repugnance. Frost, Frank, and Maibach (1997) compared representation of mortality in national print news media to actual mortality and risk factors for mortality in 1990. They found significant differences between the proportions of text devoted to particular causes of death relative to the actual number of attributable deaths.

Concentrating on the ways in which British radio and television programs framed health topics, Karpf (1988) identified four types of health programs: the medical approach, which celebrated medicine’s curative powers; the consumer approach, which criticized the doctor-patient relationship; the look-after-yourself approach, which appealed for changes in individual behaviours; and the environmental approach, which stressed the social origins of illness. Karpf concluded that the medical approach to health prevailed. “By excluding or marginalising other perspectives—notably, a more explicitly political analysis of the origins of illness—the media play a significant part in narrowing public debate about health, illness and medicine” (p. 2).

Our interest is how health is portrayed in Canadian daily newspapers. More specifically, our research examines the extent to which health reportage addresses determinants of health—i.e., the factors that produce Canadians’ health—and the relative importance placed upon different health influences. Atkin and Arkin have found that “the media tend to reduce health issues to individual-level concerns and to reinforce existing social and economic arrange-
ments” (1990, p. 20). They cite “a basic conflict” between which health stories are considered newsworthy and “what health specialists believe the public should be told” (p. 20). Wallack concurs: “While public health problems are, to a large extent, socially generated, the mass media reinforce individual-level explanations. This focus deflects attention away from causes and social conditions, highlighting instead symptoms and personal failures” (1990a, p. 42). Concentrating coverage on individuals’ behaviour trivializes health issues. “Trivialization involves three systematic processes: reduction of health issues to individual-level concerns; promotion of consumer products without attention to public health concerns; and, reinforcement of existing social and economic arrangements” (Wallack, 1990a, p. 45).

Researchers thus point to a tendency for news coverage of health issues to fly in the face of research and policy understandings of health determinants (see Dunn & Hayes, 1999; Frankish & Veenstra, 1999; Hayes, 1999). Dunn and Hayes argue: “The social structures that shape health experiences transcend the characteristics or actions of any one individual, providing population health with analytic advantages over individualistic-oriented approaches to health and to health policy” (1999, p. S7).

A report by Canada’s Federal, Provincial and Territorial Advisory Committee on Population Health, entitled Toward a Healthy Future (1999), advocated an approach to improving Canadians’ health by addressing “the root causes of illness and early death” (p. xv). While noting that Canada ranked among the top three developed countries in the world in measures of life expectancy, self-rated health, and mortality rates according to United Nations data, the report noted that this overall high standard of health was not shared equally by all sectors of society. “There are clear disparities in health status by gender, age, socio-economic status and place of residence.” Among the factors affecting health were “gender, age, genetics, personal health practices, coping skills, social support, working conditions, the physical environment and early childhood experience. Perhaps the most powerful influence on health, however, is socio-economic status which is measured in this report by income and education levels.” Research into population health has identified “an active socio-economic gradient.” The report stated: “In other words, people’s health improves on virtually all measures and in all of the factors that influence health as levels of income and education increase” (pp. 1-2).

If the news media play a key role in communicating health information to the general public, the concern here is that they inform rather than misinform. Wallack writes:

If people believe health to be primarily a personal rather than a social issue, then support for public policy oriented approaches will likely be limited, while approaches reinforcing the responsibility of the individual will be favored. The choice here is politically important because health as a personal issue assigns responsibility to individuals while the policy oriented approach sees responsibility shared more equitably by government, the corporate world, and the individual. (italics in original, 1990b, p. 150)
Methodology
We conducted formal interviews with 12 health reporters between January 2002 and January 2003 (see Appendix A). Although the list of interviewees is not exhaustive, it includes reporters from English-language and French-language dailies, reporters from metropolitan dailies and national newspapers, and the health reporter for Canadian Press, Canada’s national wire service. Each was fully informed in writing of the purpose of the research and our specific interest in social determinants of health, and they agreed to speak on the record. The interviews were recorded and subsequently transcribed by research assistants. Each reporter was asked the same set of 13 questions dealing with three general areas: their sources for stories; the particular kinds of health stories their newspapers favour; and their views on the factors influencing Canadians’ health (see Appendix B). Interview-specific follow-up questions were also asked so that the reporters could elaborate on their initial responses, clarify points, and/or provide examples or illustrations to support their comments.

Reporting health
As stated above, all newspaper beats are circumscribed in particular ways, and a beat as vast as health requires newspapers and their beat reporters to decide which aspects of health they will emphasize. The Globe and Mail, a national newspaper based in Toronto, provides the most extensive coverage of the health beat, with a designated health editor and a staff of five reporters: a public health reporter, a medical reporter, a personal health reporter, a science reporter, and an investigative reporter specializing in health issues (Picard, 2002). The byline of the Vancouver Sun’s Pamela Fayerman describes her as a “health issues reporter,” which means she covers “the political-economic arena of health care” and clinical medicine. The Sun also has a Monday health page devoted to personal health issues (Fayerman, 2002). Mark Kennedy is the Ottawa Citizen’s “national health policy reporter,” who, based as he is in the national capital, focuses on health policy (Kennedy, 2002). The National Post, a national newspaper based in Toronto, has two health reporters: Brad Evenson, who concentrates on medical news, and Tom Arnold, who covers health policy (Evenson, 2002). Louise Lemieux of Le Soleil in Québec City covers the health care system and some health science (Lemieux, 2002), while Isabelle Paré of Montréal’s Le Devoir covers health in the broadest sense, including policy, the health care system, personal health, health education, and scientific research (Paré, 2002). Alexandre Sirois of Montréal’s La Presse covers public health, public policy, and medical research (Sirois, 2003), Aaron Derfel of the Montréal Gazette concentrates on health policy and medical research (Derfel, 2002), and Helen Branswell is described as Canadian Press’ “medical reporter” (Branswell, 2002).

How the health beat is defined is a product of individual reporters’ news judgment, editors’ priorities, and/or marketing surveys. When Jeff Heinrich became the Montréal Gazette’s health reporter in 1995, he was left to define the beat for himself and he concentrated on the health care system and public policy. “It was mostly up to me and that’s why it was pretty rewarding, because it was totally. . . I think for six months to a year maybe, it was self-assigned” (Heinrich, 2002). Lemieux, who has been on Le Soleil’s health beat for 10 years, determines
coverage in constant consultation with her news editors. If she goes against the judgment of her editors, she risks having her story run on a back page (Lemieux, 2002). The *Vancouver Sun* makes its reporters aware of readership surveys. “I’m very sensitive to the readership,” said Fayerman (2002), “and we’ve done a lot of market research to indicate what readers want to see.” The *Sun*’s readership is “health conscious and so you want to give them information that’s going to help them in their quest for health.” That means, first and foremost, stories about medical breakthroughs, which are “the No. 1 read” in the paper. “I think people want to know where research money is being spent and how it’s being spent and what are the results and outcomes of that,” said Fayerman. “So, you know, research and clinical trials are obviously an important priority for people.”

In terms of specific stories, relevance is an important criterion for Fayerman. “Is it relevant to readers? Is it newsworthy? And is it timely? And, you know, is it going to have some measurable impact on people’s lives or health? And if it’s not their health, is it going to impact them, you know, in an economic sense?” For Heinrich (2002), the criterion is public interest. “You know, does this [issue] illustrate a larger problem?” For Carolyn Abraham, medical reporter for the *Globe and Mail*, the determining factor is newsworthiness. “I mean, [editors] like a good story, and so it goes back to the heart of how news values are judged in the first place. You know, how many does this affect, what does this change, what are its implications, is it interesting?” (Abraham, 2002). Lemieux’s stories have to be newsworthy, controversial, and/or of human interest, “but in being careful not to fall into sensationalism” (Lemieux, 2002). For Sirois, the same news judgment that is applied to other beats is applied to health stories. “In general, I would say that what interests *La Presse* is the news that is the most significant and that is most important to our readers” (Sirois, 2003).

**Story sources**

Like all journalists, health reporters find story ideas by reading material relevant to their beat, talking regularly to people in the health sector, and, more formally, through press releases and invitations to press conferences. But scientific journals are a particularly important source of stories for the health reporters at Canadian daily newspapers. “The foundation of the beat is really the medical journals,” said Brad Evenson (2002) of the *National Post*. “I write about medical issues, so all of the medical journals are where the latest things are reported.” “It’s a good way of keeping up with all of the new stuff that’s coming out from various research and studies and so on,” said Pamela Fayerman (2002) of the *Vancouver Sun*. Health reporters either subscribe to journals, receive embargoed advance copies of journal articles, or subscribe to services such as Eureka Alert. “Eureka Alert is my best friend,” said Helen Branswell (2002) of Canadian Press. “I mean, a lot of stuff isn’t really simple, so they give you a few days’ notice . . . and that gives you the opportunity to go to the researcher, to talk to the researcher.”

The specific journals mentioned by reporters as story sources were: the *Journal of the American Medical Association*, the *Canadian Medical Association Journal*, the *New England Journal of Medicine*, *Science*, the *Proceedings of the National Academy of Sciences*, *l’Actualité Medicale*, the *British Medical Journal*, *The Lancet*, *Nature*, and the *Journal of Medicine*. 
A journal article can either generate ideas for related news stories or form the foundation of the news story itself. For André Picard (2002) of the *Globe and Mail*: “More often than not, [the journals] give you ideas for other things, rather than writing about the article itself.” But for Aaron Derfel (2002) of the *Montréal Gazette*, journal articles often are the story. “What you do, basically, you rewrite the study. You try to put it into some kind of context. You call up the researchers. You might, you might try to broaden the story and speak to some of the people. Say, you know, a story about hospital waits, you can speak to the people waiting for cardiac surgery. That’s usually how we get stories about studies.”

Not all journal articles provide fodder for news stories, of course. Picard (2002) looks for articles concerning Canadian research or topics of particular interest to Canadian readers. Fayerman (2002) favours articles that have a local angle. “But if it’s not a local research paper or trial, then I make sure that it obviously has implications for my readers.” Evenson (2002), on the other hand, is not at all dependent on the Canadian research community. “You don’t have to rely on just a select group of researchers.” He added: “The great thing about medicine and the medical sciences is that there are thousands and thousands of people and institutions all over the place investigating things, many of them the same things. And they’re a pretty fractious group, so you can call, you know, some guy from the University of Texas or you can call somebody in California and they have absolutely divergent opinions on this topic. You get them both in there.”

Besides scientific journals, Canadian health reporters listed as key sources medical schools, regional health boards, hospitals, non-profit societies, health workers’ unions, doctors, nurses, federal and provincial health ministries, university research centres, interest groups, and their readers, who telephone or send letters and emails.

Much less reliable sources of stories are press releases and press conferences, particularly when they are sponsored by pharmaceutical companies with something to sell. Mark Kennedy (2002) of the *Ottawa Citizen* doesn’t cover press conferences, whereas Carolyn Abraham of the *Globe and Mail*, Brad Evenson of the *National Post*, Helen Branswell of Canadian Press, Aaron Derfel of the *Montréal Gazette*, and Pamela Fayerman of the *Vancouver Sun* said they look for indications that the story promised by the press release or press conference will serve the larger public interest. For example, Abraham (2002) said she would consider writing a story about a new class of drugs that filled a void in available treatments. Fayerman (2002) cited a similar example: “You know, I’ve really drawn the line on that, and I’ve made it clear to all the big public relations companies that, you know, they shouldn’t try to seek a story about . . . about drugs. Unless they are brand new drugs that Health Canada has licensed and approved and it’s available for the first time in Canada. . . then I might consider a story.”

Alexandre Sirois of *La Presse*, Louise Lemieux of *Le Soleil*, and Isabelle Paré of *Le Devoir* were more open to press releases and press conferences as sources for stories. Lemieux (2002) said press conferences about one subject can lead to stories about other subjects. She cited the example of a press conference at l’hôpital de l’Enfant-Jésus in Québec City, which was called to announce the purchase of a robot to package patients’ medicine. While there, she learned of a
much bigger, and politically charged, story about emergency-room physicians from the Québec City hospital being conscripted by provincial law to work replacement shifts in the emergency ward at a hospital in Jonquière, 200 kilometres away. For Paré (2002), the key to covering press conferences is knowing how to understand the data presented by researchers, and knowing that the data will likely be presented in a light favourable to the study’s sponsors. “You have to know how to read the scientific studies to get beyond the figures to find the real value of the news.”

André Picard (2002) of the *Globe and Mail* added that it is important to understand that health reporters do not have “some big magic formula” for finding news stories. Like doctors, reporters take each day as it comes, writing about whatever happens to “stand out” that day. “You know, a doctor doesn’t come into work and say, ‘I’m going to treat three heart attacks today and stitch up four people and be home by lunch.’ ”

**Reporting as indirect advertising**

If health reporters receive dozens of invitations to press conferences each week, one of the reasons is that Canada’s *Food and Drugs Act* prohibits most forms of media advertising of prescription drugs (Canada, 1985). The challenge for health reporters thus becomes distinguishing between what is news and what is simply promotional material for drug manufacturers. Aaron Derfel (2002) of the *Montreal Gazette* said pharmaceutical companies can be very manipulative in their press releases, framing data in misleading ways and presenting every study as a “breakthrough.” He described the “pharmaceutical PR machine” as “particularly pernicious.” Isabelle Paré (2002) of *Le Devoir* said: “[The pharmaceutical companies] can’t advertise directly, so they produce indirect advertising in the medical journals, for example, and in the media. So, it is necessary to assess each case: is there some new development, is there something of general interest for a general-interest newspaper, or is it really targeted, maybe, at a medical journal or at a trade journal for nurses or health practitioners?” Even when the press conference has obvious news value, Paré said reporters have to be particularly careful in how they read the results of research studies. She cited the hypothetical example of a study that reports a 30% improvement in a particular medical treatment without noting that it is actually a 30% improvement for the 1% of people for whom the treatment is effective. “The pharmaceutical companies play with words in their relations with the press when releasing this kind of information.”

Helen Branswell (2002) of Canadian Press is very choosy about accepting invitations to press conferences, deciding on the basis of public interest. “I feel very strongly that, you know, it’s not my job to help people sell things,” she said. “I don’t consider myself to be free advertisement,” added Mark Kennedy (2002) of the *Ottawa Citizen*. “For me, the things that are easy to put aside are the press releases from high-powered public relations firms trying to hawk a product or a drug.”

Alexandre Sirois (2003) of *La Presse* receives between two and five invitations to press conferences each day and winds up attending one or two per year. Carolyn Abraham (2002) of the *Globe and Mail* is “inundated” with telephone calls, faxes, and emails from public relations companies. Isabelle Paré (2002) of *Le Devoir* said reporters are “oversolicited” by drug companies. “The pharma-
The pharmaceutical sector very much uses the media as an advertising vehicle.”9 Louise Lemieux (2002) of Le Soleil refuses to report on new drugs, believing such information is more useful and meaningful to doctors than it is to the general public. “And, I find that it’s providing free advertising for the pharmaceutical companies who are already quite wealthy. They don’t need my services as part of their marketing plan.”10

André Picard (2002) of the Globe and Mail attends very few press conferences and, like a number of his colleagues, remains suspicious of research data presented at such events. But he finds the pharmaceutical companies can be, nevertheless, “useful to my work.” For example, they can help put him in touch with patients undergoing specific treatments, something that physicians and hospitals are reluctant to do.

**Determinants of health**

Even though interviewees were told at least twice—once in writing, once verbally—prior to the start of the interviews that we were interested in news coverage of social determinants of health, five of the 12 health reporters interviewed cited individual behaviours when asked directly to name the principal factors that determine the health of Canadians. Jeff Heinrich (2002) of the Montréal Gazette said diet and smoking. “Lifestyle stuff, smoking mainly.” Mark Kennedy (2002) of the Ottawa Citizen cited diet, exercise, and obesity; Louise Lemieux (2002) of Le Soleil said diet and exercise; Carolyn Abraham (2002) of the Globe and Mail cited “personal decisions” pertaining to diet, exercise, alcohol consumption, and smoking; and Isabelle Paré (2002) of Le Devoir answered lifestyle and personal health, specifically diet and exercise. “Even if there is still not tons of money being spent on prevention, it’s clear that people are more and more aware of the direct connections between their lifestyle habits and the diseases they are susceptible to at 50, 60, 70 years of age,” Paré said.11

Three of the reporters interviewed cited socio-economic factors as principal determinants. Pamela Fayerman (2002) of the Vancouver Sun singled out education. Helen Branswell (2002) of Canadian Press cited income and education specifically. “People who have more money can buy better food, can join health clubs, can send their kids to exercise programs or whatever,” she said. André Picard (2002) of the Globe and Mail also cited socio-economic factors. “The poorest in our society are as unhealthy as people in developing countries,” Picard said. He added that Canadians are generally healthy “because we’re wealthy.” One other reporter, Aaron Derfel (2002) of the Montréal Gazette, cited social factors, especially income, as well as smoking.

Of the three remaining reporters, Lisa Priest (2002) of the Globe and Mail listed good health, good food, and a good work environment; Brad Evenson (2002) of the National Post mentioned public health measures pertaining to clean water and a properly functioning sewage system; and Alexandre Sirois (2003) of La Presse cited prevention, without specifying what kind of prevention he meant.

When further prompted about factors external to the health care system, Mark Kennedy (2002) of the Ottawa Citizen added “socio-economic factors such as income,” Jeff Heinrich (2002) of the Montréal Gazette mentioned poverty, and Brad Evenson (2002) of the National Post cited income and poverty.
When subsequently asked to name the central health issues facing Canadians, 11 of the 12 reporters interviewed cited some kind of health care reform. Pamela Fayerman (2002) of the *Vancouver Sun* mentioned reform of the *Canada Health Act* and privatization of the health care system. “You know, what is our health care system going to look like five years from now?” Jeff Heinrich (2002) of the *Montreal Gazette* asked of the future of medicare (Canada’s publicly funded health care program). “That’s probably the biggest [issue], but it goes hand in hand with all continental issues of how much will we merge our currencies [with the United States], how much will we emulate the U.S. and the way they do things there?” Brad Evenson (2002) of the *National Post* was the sole interviewee who did not mention the health care system. Instead, he cited obesity—“It’s a huge health issue that’s only going to get worse”—and conditions related to obesity, such as heart disease and diabetes. He also mentioned thyroid disease and neurodegenerative diseases such as Parkinson’s and Alzheimer’s diseases.

### Reporting on social determinants

If health reporting in Canadian daily newspapers gives little coverage to the social determinants of health (Hayes et al., 2007), the most obvious reason would be a lack of familiarity with the research on the part of health reporters. Louise Lemieux (2002) of *Le Soleil*, the longest-serving health reporter interviewed, said she was not aware of social determinants research. Mark Kennedy (2002) of the *Ottawa Citizen* said he was not convinced that socio-economic characteristics were a determinant of health, claiming he hadn’t seen substantial evidence to demonstrate the case. Carolyn Abraham (2002) of the *Globe and Mail* questioned whether it was fair to consider social factors determinants of health “or indirect measures of something else.” In other words, are social factors such as income and education determinants of health or determinants of individual health habits such as diet, exercise, alcohol consumption, and smoking?

Several health reporters said social determinants were not conducive to the kind of storytelling that comprises news reporting. Lisa Priest (2002) of the *Globe and Mail* said social determinants are hard to write about because they are not very tangible or something that can easily be measured. Social determinants are more conducive to policy stories than to hard-news stories. Carolyn Abraham (2002) of the *Globe and Mail* said stories about the health impacts of income and education “are not stories that are easy to get to” and require feature-length treatment. “It’s interesting, but it needs to be really executed well, and it needs to be told, you know, at good length.” Louise Lemieux (2002) of *Le Soleil* said social determinants are hard to write about because news stories tend to be about individuals or specific health cases rather than about large groups of people. “It’s difficult to relate an individual and his state of health to his social standing.”

André Picard of the *Globe and Mail* insisted he had written stories about social determinants of health in the past, but probably not often enough. They are complicated stories, he said, because “there’s not a real cause and effect there.” Alexandre Sirois (2003) of *La Presse* and Helen Branswell (2002) of Canadian Press both said they would write about social determinants upon the release of a study. “A lot of what I write is about research and if nobody is doing research on a particular segment of the population, then maybe I’m not going to write about it,” said Branswell.
Brad Evenson (2002) of the *National Post* said social determinants are not particularly newsworthy. “The business of news media is to tell people things that are new and maybe unusual, or of some imminent threat to them. But the fact that poverty is an important factor in disease… I have a hard time believing that that’s news to many people, and that would be the only reason why. It just ceases to be novel.” Isabelle Paré (2002) of *Le Devoir* maintained she has reported on social determinants and makes frequent reference to links between health and socio-economic factors. “I know that we have often done well-played articles that showed that life expectancy is directly influenced by socio-economic status and by social determinants,” she said. “I think it happens often that there are subjects that lead us to make the link between these determinants and the impact of policies, or the quality of health of certain sections of the population.”\(^{13}\) Paré added: “We are often caught up in what we might call the mechanics, to the detriment of questions that may be more fundamental. Maybe the emergency rooms wouldn’t be overcrowded if we paid more attention to prevention or if we paid more attention to health determinants.”\(^{14}\)

But a far more serious concern among health reporters was the possibility of stigmatizing the poor, the unemployed, and the less educated through reporting on social determinants research. “If it hasn’t been drawing the attention of the public and the media, quite frankly it may be because the media and reporters are worried about being accused of unfairly bashing the poor, or saying the poor don’t take care of themselves,” said Mark Kennedy (2002) of the *Ottawa Citizen*. “I guess what I’m saying is that the reporter may be worried about unfairly stigmatizing a certain income group, and unless and until you know that that income group is, you know, sicker than the rest of us, you may not want to have it out there. I mean, the poor already have enough stigma attached to who they are and where they are in the ladder as it is, and potentially the last thing they need is for the media to be telling people… or implying to the people that they’re a drain on the public health care system.” Kennedy said some readers could very well draw that conclusion from stories highlighting social determinants of health.

Pamela Fayerman (2002) of the *Vancouver Sun* said she had mentioned socio-economic determinants in her reporting, but was nervous about singling out a specific low-income group. Carolyn Abraham (2002) of the *Globe and Mail* said such stories had to be treated sensitively to avoid the kind of stigmatization that occurred when former Ontario premier Mike Harris complained about people on social assistance wanting more money to buy beer and cigarettes. “There’s no conscious decision not to cover [social determinants of health],” she said. “I think that, it’s just that, in my opinion, to cover this well, you have to have a real commitment in time and resources to do this properly.”

**Conclusion**

Reporters who staff the health beat for Canadian daily newspapers play a central role in determining how health is covered, drawing attention to some health issues and largely ignoring others. In seeking out stories and story ideas, health reporters depend to a considerable extent on health care workers and health researchers. They remain cautious and skeptical about news items emanating from pharmaceutical companies circulated via press releases and press confer-
ences, believing that Canadian companies’ prohibition from using media advertising to promote their products directly to the public compels companies to seek press coverage as a form of free, and flattering, publicity.

Yet, in spite of health reporters’ stated dependence upon published research as a source of news stories, they nonetheless overemphasized the role of personal health habits when asked to name the principal determinants of Canadians’ health, and they cited issues directly related to health care provision when asked to name the principal health issues facing Canadians. This would suggest, as health communication researchers fear, that of the interrelated determinants population health research has identified, far more news coverage is devoted to personal health habits, professional health services, and, possibly, genetics than to socio-economic factors, the physical environment, or early childhood development.

The question then becomes why, and there are a number of possible reasons. One reason may be the way daily newspapers’ health beats are structured. As the interviews with Canadian health reporters reveal, the health beat is closely tied to the people (patients, doctors, nurses, hospital administrators) and institutions (hospitals, health clinics, unions, and professional associations) that comprise the health care sector, so that the beat is less about health than health care, and less about the production of health than about illness and healing. This would suggest that even when journalists look to the research published in scientific journals for story ideas—where they could encounter research about social determinants of health—they are more likely to be looking for articles about medical research or research that pertains directly to illness and curative techniques.

A second reason is that conventional news values and conventional storytelling forms may be less conducive to research that focuses on root causes or “upstream” determinants of health. News consists primarily of daily reports packaged in a concise narrative structure, stories that privilege, as André Picard of the Globe and Mail noted, clear links between cause and effect. At the same time, the narrative structure of news reporting favours stories featuring clearly identified actors with clearly identified roles in the news event, putting human faces on news stories. Population health research is complex in that it points to any number of interrelated causes of health, and their effects are spread across large populations. In this way, health reporting may be analogous to reporting on “natural disasters,” a body of reportage that has been criticized for its concentration on direct and immediate natural causes rather than less obvious and long-term human causes. Floods, for example, are often explained in news coverage by high and intense precipitation levels rather than the long-term clearing of riverside marshlands or grasslands for agriculture or housing. The damage and death from an earthquake is similarly blamed on the natural seismic event rather than on the social and political reasons why some people live in structurally flimsy dwellings in neighbourhoods that are far more vulnerable to earthquake damage than other neighbourhoods (see van Ginneken, 1998).

A third reason, as the interviews reveal, is that health reporters remain unfamiliar with population health research and they are particularly unfamiliar with the social determinants of health. Even those who said they were aware of this research field—e.g., Carolyn Abraham of the Globe and Mail, Mark Kennedy of
the *Ottawa Citizen*—were unconvinced of its findings and unclear about how to incorporate such research into their daily news reporting. Some of the reporters expressed a reluctance to write about social determinants of health for fear of stigmatizing those populations the research has identified as being at greater health risk.

A final, more speculative reason may be the threat population health research poses to mainstream Canadian social values, such as libertarian values of individual responsibility and an abiding faith in scientific and technological progress, values that exist alongside a growing skepticism for the kind of collective approaches to problem-solving that public policy represents. Not only does population health research circumscribe the role of individual behaviour in the production of health, it envisions health in a holistic manner to which Canadians are less and less exposed, a manner which spreads the responsibility for Canadians’ health far beyond the institutions for which we have historically assigned the responsibility for our health: the health care system and its caretakers, the government health ministries. This kind of research about the production of health may be as threatening to Canadians as research which suggests that the creation of wealth may have less to do with individuals’ behaviour than larger structural factors.

These findings suggest that researchers who seek to increase public awareness of population health research and who would like to influence health policy have some significant hurdles to overcome. They also point to a need for a communications strategy that will better inform both the public and health journalists about population health research, and that will better explain for lay audiences the interplay among the various determinants of health the research has identified and the interplay between upstream and downstream factors.

As noted above, health reporters pay attention to the research published in scientific journals. This provides researchers with an opportunity not merely to promote the population health view, but to explore presentation styles that will both encourage and help reporters to spread the news.

**Notes**

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2. The authors would like to thank Geneviève Martel, Nawfal Shiekh, Eyad Hamam, and Caroline Tremblay for their assistance in transcribing the interviews.

3. Brad Evenson was dismissed by the *National Post* in 2004 when the newspaper learned that nine of his articles dating back to December 2002 contained fabricated names and quotations (Canadian Press, 2004).

4. << Mais humaine en faisant attention de ne pas tomber dans le sensationalisme. >> Quotations from Louise Lemieux, Isabelle Paré, and Alexandre Sirois have been translated from the original French by Mike Gasher.

5. << En général, j’aurais tendance à dire que ce qui intéresse le plus La Presse sont les nouvelles les plus significatives et celles qui ont le plus d’importance pour nos lecteurs. >>

6. << Il faut savoir lire les études scientifiques pour déceler derrière les chiffres la vraie valeur de la nouvelle. >>
7. « Ils peuvent pas faire de publicité directe, donc il y a une publicité indirecte qui se fait dans les revues médicales, par exemple, et une publicité indirecte qui se fait aussi par les médias. Donc, il faut vraiment analyser dans chaque cas: est-ce qu’il y a un aspect nouvel, est-ce que c’est un aspect assez général pour être dans un journal d’information générale, ou c’est vraiment destiné, peut-être, à une revue d’infirmières ou de praticiens de la santé? >>

8. « Donc, on joue beaucoup sur les mots dans les relations de presse, les compagnies pharmaceutiques, avec ce genre d’informations-là. >>

9. « Le secteur pharmaceutique se sert vraiment des médias comme instrument publicitaire. >>

10. « Et, je trouve que c’est de faire l’annonce gratuite pour les compagnies pharmaceutiques qui sont déjà pas mal riches. Ils n’ont pas besoin de mes services pour être dedans leur marketing. >>

11. « Même s’il n’y a pas encore des tonnes d’argent qui se dépensent dans la prévention, c’est clair que les gens sont de plus en plus conscients de ces liens directs entre leurs habitudes de vie et les maladies dont ils sont susceptibles de souffrir, à 50, 60, 70 ans. >>

12. « C’est difficile de relier un individu et son état de santé à son état social. >>

13. « Je sais qu’on a souvent fait des articles très bien joués qui montrent que l’espérance de vie est directement influencé par le niveau socio-économique et les déterminants sociaux. Alors, je pense que ça arrive souvent qu’il y ait des sujets qui nous amènent à faire le lien entre ces déterminants-là et l’impact des politiques, ou la qualité de la santé de certaines couches de la population. >>

14. « On est souvent pris dans ce qu’on appelle la mécanique, au détriment de questions peut-être plus fondamentales. Peut-être que les urgences débordaient pas si on faisait plus de prévention et que justement on essayait de jouer plus en amont sur les déterminants de santé. >>

References


Appendix A: Health reporters interviewed
4. Pamela Fayerman, Vancouver Sun, March 5, 2002.
11. Louise Lemieux, Le Soleil (Québec City), September 24, 2002.

Appendix B: List of interview questions
2. What are your principal sources of health information? Health-sector workers (i.e., doctors, nurses, administrators)? Literature (e.g., journals, trade magazines, popular magazines)? Government? Institutions?
3. What makes a health issue a news story? What elements or ingredients does it need?
4. What kinds of health issues are not newsworthy?
5. Is your newspaper open to all kinds of health stories?
6. What kinds of health stories are your editors particularly interested in?
7. Are there any kinds of health stories they won’t publish or are hesitant to follow?
8. What health stories haven’t you written that you’d like to write? Why haven’t you written them?
9. What are the obstacles you face in producing health stories?
10. Have you ever felt you were being manipulated in your work? Has this occurred often? How have you responded?
11. What do you think are the most pressing health issues facing Canadians?
12. Based on your experience, what are the most important factors that determine the health of Canadians?
13. Can you think of any factors that may influence Canadians’ health that are outside the health system?