

JUNE 2004

# **MEDIA AND PUBLIC HEALTH**

A CONSULTATION CONDUCTED BY THE KING'S FUND  
ON BEHALF OF THE DEPARTMENT OF HEALTH

The King's Fund is an independent charitable foundation working for better health, especially in London. We carry out research, policy analysis and development activities, working on our own, in partnerships and through grants. We are a major resource to people working in health, offering leadership and education courses; seminars and workshops; publications; information and library services; and conference and meeting facilities.

This report gives the findings of a brief consultation conducted by the King's Fund with various sections of the media, commissioned by the Department of Health.

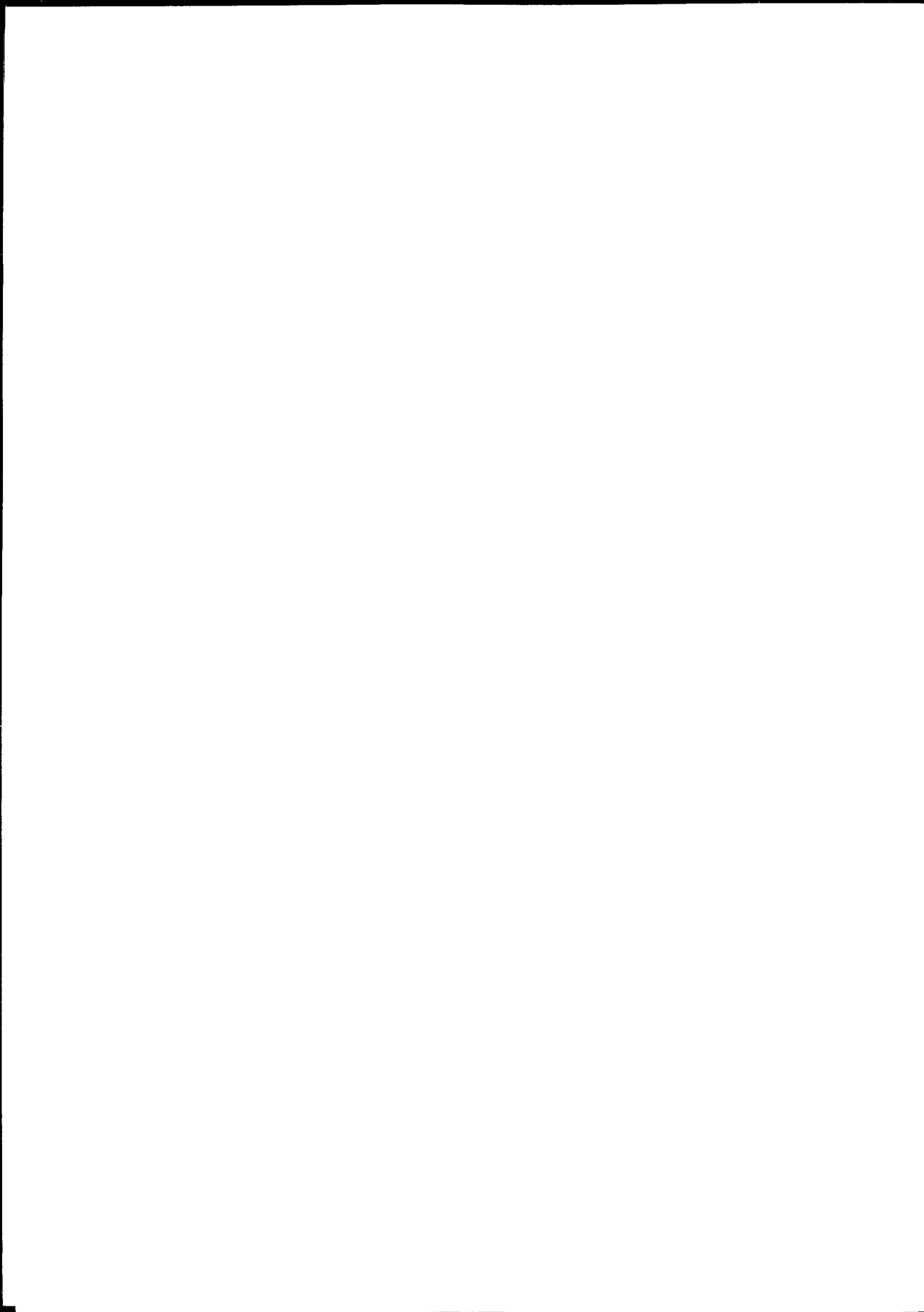
The consultation was conducted and written up by Niall Dickson, the King's Fund's Chief Executive, and Ruth Thorlby, Health Policy Researcher.

King's Fund  
11-13 Cavendish Square  
London W1G 0AN  
Tel: 020 7307 2400  
[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

<b>KING'S FUND LIBRARY</b>	
11-13 Cavendish Square London W1G 0AN	
Class mark H1:HV	Extensions Kin
Date of Receipt 2/9/04	Price Donation

## **Contents**

<b>Introduction</b>	<b>3</b>
<b>Method</b>	<b>4</b>
<b>Findings</b>	<b>4</b>
The public's health is a big story	4
Why the interest?	5
Roles and responsibilities: national media perspectives	7
Roles and responsibilities: regional and specialist media perspectives	10
Media relationships with government and the NHS	12
News or campaigns?	14
Who's the message for?	15
The link between knowledge and behaviour	16
Recommendations for change	16
<b>Conclusion</b>	<b>19</b>
<b>Appendix 3: Individuals consulted</b>	<b>21</b>
<b>Appendix 2: Newspaper search using NEON search engine</b>	<b>22</b>
<b>Appendix 3: Campaigning media – three case studies</b>	<b>27</b>



## Introduction

*Two main dimensions of public health are affected by the media: the perceptions amongst the public of which public health issues are the most important and what is reasonable advice for any given public health problem.<sup>1</sup>*

As the Government seeks to encourage individuals, organisations and communities to take more responsibility for improving health, the role of the media is considered to be crucial. For many years, the complaint of public health specialists has been a failure of the media to cover the big public health issues and a tendency to focus disproportionately on high-profile but low-risk stories, or on the politics of the NHS.<sup>2</sup>

However, more recently there has been large increase in the volume of coverage on issues such as smoking in public places, obesity, diet and exercise. This has taken the form of hard news items as well as features. Some newspapers and broadcasters have also embarked on campaigns aiming to change behaviour and opinion.<sup>3</sup>

While this may be a cause for some rejoicing in public health circles, there are questions as to whether this level of interest can be sustained, what impact it is having and what – if anything – the Government, the National Health Service or indeed other organisations concerned with public health should do to encourage more or different coverage.

Just how much do we know about why and how the media deals with public health issues? What makes something of interest one day and of no interest the next? What role, if any, does the media think it has to play in keeping individuals healthy? Can it be relied on to get the right health prevention messages across? And, given the vast range of output – electronic and print, news and lifestyle, highbrow and popular, local and national – are there any common approaches that might encourage continued and responsible coverage?

To help find answers to some of these questions, the King's Fund was asked by the Department of Health to undertake a brief consultation with various sections of the media, to coincide with its wider consultation on public health issues, 'Choosing Health'.

---

<sup>1</sup> Wanless D (2004). *Securing Good Health for the Whole Population: Final report*. London: HM Treasury.

<sup>2</sup> Harrabin R, Coote A, Allen J (2003). *Health in the News: Risk, reporting and media influence*. London: King's Fund.

<sup>3</sup> See Appendix 3 for some examples of campaigns.

## Method

Over three weeks in May 2004, the King's Fund held one-to-one informal interviews with 16 senior figures in the print and broadcast media in England. They included editors and correspondents working for national and local newspapers as well as specialist publications. In addition, on May 19, 2004 we held a round-table seminar to discuss the media's role in public health. This was attended by a further nine senior journalists and commentators.

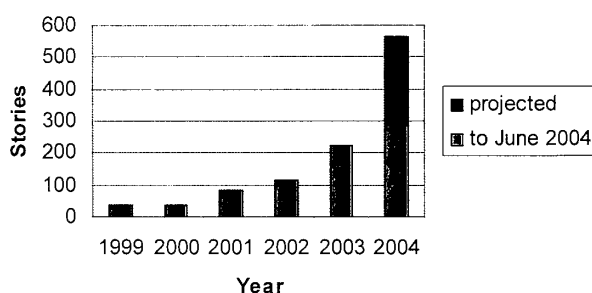
## Findings

### The public's health is a big story

Despite the concern of those involved in public health that the NHS receives more attention than public health, there was a clear consensus among those consulted that their readers or audiences were extremely interested in these issues. Without exception, they felt the story was 'strong', and that current coverage of subjects such as obesity, diet and exercise was at an unprecedented level.

This impression was borne out by an electronic search for the word 'obesity' in the headlines of stories in national broadsheet and tabloid newspapers over the past five years. It also suggests that the current level of coverage is not just a one-off explosion of interest but part of a longer trend.

**Stories with "obesity" in headline:  
National Papers**



Source: NEON<sup>4</sup>

Our respondents also recognised smoking and binge drinking as strong stories. They acknowledged that sexually transmitted infections and mental health issues received less coverage, although many of the journalists stressed the importance of these topics as well.

<sup>4</sup> Electronic search of NEON newspaper database. See Appendix 2 for details.

In addition to regular news coverage, several media outlets had embarked on campaigns. They included one national broadsheet, regional papers and national television:

*I think as far as newspapers are concerned, there's an unlimited appetite amongst the public to read things that say how badly they are behaving. They can't get enough of it.*

Columnist, national tabloid

*There is huge coverage on obesity. The media love it. We've had three briefings on obesity, the Atkins diet, and obesity and cancer. It was standing room only and it got a week's worth of coverage.*

Scientific expert, media briefing organisation

*If I were running government, I'd think the wind was at my back. There is huge natural interest in the subject. In communication, the problems arise when no one is interested, but when you've got trouble around and controversy, it's a friend, not an enemy, of communication.*

Former BBC news executive

## Why the interest?

The journalists were universally wary of any suggestion that they were following a government lead in showing an interest in this subject, and there was a widespread view that the media's function was quite distinct from that of the state.

Most readily accepted that the Government had a role in encouraging healthier lifestyles, but they rejected any notion that their interest in this matter had been sparked primarily 'because the Government was concerned about it', and they often referred to reports by non-governmental bodies, such as the International Task Force on Obesity.

Media interest seemed to have been prompted by new data suggesting major crises in one area or another, coupled with the fact that their readers or audience would be interested. In some instances – and this applied especially to specialists and regional media – they were also motivated by concern for the health of their readership. Sometimes, coverage could be prompted by personal experience.

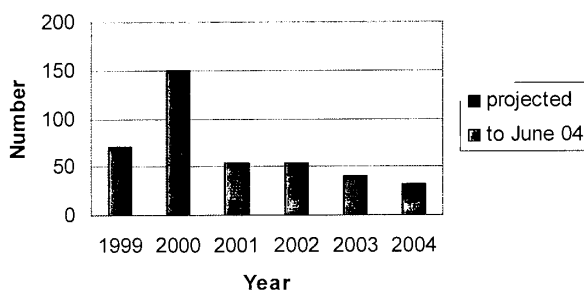
One regional newspaper had devised a campaign because a colleague had died of a heart attack while on an NHS waiting list. The campaign had initially been aimed at bringing waiting times down. However, as waiting times and national standards began to improve, the newspaper switched tack and converted it into a preventative campaign.<sup>5</sup>

---

<sup>5</sup> See Appendix 3 for more details.

One journalist felt public health concerns had received more coverage *because* the NHS and waiting lists had fallen away as a news story. Indeed, there does seem to have been a marked decline in the volume of stories focusing on 'crises' in the NHS.

### "NHS" + "CRISIS" in headline: National papers



Source: NEON

There was also a perception that obesity, smoking and drinking had always been interesting but that it was now easier to cover these issues, as public interest for such stories had grown. Others reflected that this was due to a fundamental shift in society's attitudes towards health. The media had played a part in that, but it also reflected those changes in today's coverage:

*Well, ten years ago, it was just part of life. You took your evening paper down the pub to have a smoke and a beer while reading the paper. But things have changed. It's just not so acceptable now.*

Editor, regional daily, North East England

*Stories fade away and then they come back. But in this case, the underlying issues won't go away. I've got a 16-year-old daughter who is acutely aware of health issues – far more so than I ever was.*

Managing editor, regional evening daily, North West England

We found that virtually all journalists accepted a key underlying argument for government interest in changing lifestyles; namely, that a publicly funded health service would face much higher costs in the future if individual behaviour is not tackled now. This view was supported across a wide spectrum of media, both in terms of political complexion and of readership:

*We are concerned about the level of these problems – smoking and obesity – because the cost [of treating them] will fall on the public purse and the pockets of our readers.*

Managing editor, national tabloid daily



*With all these people smoking and eating too much, the Government will have to spend a lot of time and energy to fix it. It's got to, because of the health implications for the NHS: if they can prevent these things it will be cheaper, won't it?*

Health editor, women's weekly magazine

*If the Government think it's right, and it can save lives, create better quality of life for people, save public spending in the long term, it should do it.*

Editor, Sunday broadsheet

There were concerns, though, about the sustainability of the current level of interest and coverage. First, some journalists pointed out that readers, viewers and listeners could easily tire of a story or resent its tone. Time after time they emphasised that it was not their role to preach. There were dangers in this area, and the last thing they wanted was to alienate their audiences instead of engaging them.

Second, there was acknowledgement that the public could become confused with conflicting advice, particularly in relation to things that are declared good for you, and then bad, by turns. Coffee and alcohol were given as examples.

But, especially for those involved in local campaigns, there was a sense that many of these major public health issues had staying power and that they could, and should, be kept alive:

*You have to keep it fresh – fresh angles. But people are obsessed with their weight, huge numbers who'd like to do something but haven't got off their backsides yet. As long as you don't patronise people, and make sure it's real people you're talking about.*

Editor, regional daily

*There is a danger of being too ahead of your readers. If things are not in people's minds they turn over [the page]. It's a fine line because if you are too far ahead people think 'What's going on here?' but if you come in too late, people say 'Oh, I've read a thousand pieces about this.' ... It's trying to highlight issues at the point at which they start exploding into the public consciousness.*

Editor, Sunday broadsheet

*It's enormously difficult to get a media bandwagon rolling, but this bandwagon is now powerful and is going to roll on at least until the White Paper comes out. And then we [the BBC] are commissioning a big survey of public opinion, and that'll keep it going for a while.*

Correspondent, BBC radio

## **Roles and responsibilities: national media perspectives**

There is a belief among some in public health that the media has a responsibility to improve the health of the nation and to project positive messages to achieve that

end. The media itself does not regard its role in such straightforward terms, and indeed the vast majority did not accept that view:

*It would be wrong for journalists to turn themselves into a tool of government. The Government may think it is good for people to be thin or not to smoke. I may agree or disagree with it, but my views are irrelevant. The journalist's role is to interrogate what's going on and to present it fairly.*

Columnist, tabloid newspaper

*The task of the media is to hold the ring as much as it can sorting out the competing demands of the various players – individuals, professionals and government – and enable the debate to determine the acceptable level of government intervention.*

Deputy editor, Sunday broadsheet

Even those involved in public service broadcasting made a clear distinction between news, which should avoid any attempt to 'send out a message', and other areas of output, such as consumer or lifestyle programmes, which could be more prescriptive – within reason:

*I don't think it's a dishonourable practice to have those programmes, and I think they have a purpose and a meaning, but even those programmes have to be careful about adopting a tone of voice or selecting the evidence in such a way that does not oversimplify.*

Deputy director, BBC News

The most striking divergence, though, was between the national media perspectives described in this section, and the regional media perspectives described in the next section. Many national newspapers were suspicious of anything that smacked of a 'wider mission' to change lifestyles. For some, this reflected what might be seen as the political stance of their employer, but it went further than that. Across newspapers with very different views, there was agreement that their own legitimacy was limited – in short, 'who are we to tell others how to live their lives?'

For many, the primary purpose of their institution was to respond to readers and shareholders:

*We work for organisations whose purpose is to sell newspapers, and that trickles down to everything that we do.*

Health features editor, tabloid national daily

*As a process, it [journalism] is answerable to nobody except shareholders or the editor. It has no higher cause. Any approach by the Government to the media as having 'a higher calling' is a fundamental error.*

Commentator, national broadsheet

*It is not the job of newspapers like ours to encourage healthy lifestyles. I am suspicious of self-appointed remits of any paper. Commercial interest or personal quibbles should not be used to advocate lifestyles.*

Deputy Editor, Sunday broadsheet

One national tabloid editor did believe his newspaper played an important role in improving the health of the nation and of his readers. But he was adamant that this did not mean that they could be relied on to put any of the Government's messages across – indeed, the impression given was that anything that emanated from government would be dismissed as a matter of course.

*I have no intention of becoming the purveyor of government propaganda, or of being used as a mouthpiece for any organisation or business concern. My first duty is to defend the editorial independence of this paper.*

Editor, national tabloid

Among the same group of national journalists, beyond loyalty to the editor or owner, there was a commitment to 'the story'. This was expressed as a desire to weigh up the evidence independently and arrive at their own conclusions. These conclusions might coincide with a public health message or indeed give succour to an inspired government campaign, but they could just as easily go the other way:

*Our duty is to our readers. That is slightly different to the Government's duty to the public. There is an area in between, and the two areas can coincide. But it's not the job of the paper to reflect government advice, especially if we don't think that advice is correct, which has happened in the past quite often.*

Managing editor, national daily

*It's not my job to change behaviour. My job is to entertain and inform. My job is to tell them that an apple is better for them than a packet of crisps, but not tell them to behave differently – that's taking away free will. I'm not an outreach worker for the Department of Health.*

Health editor, women's weekly magazine

Not surprisingly, the process of 'making a story' was common to all we interviewed, whether in news or features, tabloid, broadsheet or magazine. This process always involved some drift away from the original message, regardless of the underlying political sympathies of the journalists concerned.

At its simplest, in writing news or making features, 'making a story' was described as a way of customising information to make it interesting for the desired audience:

*They give us the information and then we take it from there. We want to turn it into our own story – we would seek to localise it, regionalise it, add case studies with local people. Rightly or wrongly, we like to think of ourselves as the communication experts.*

Managing editor, regional daily, North West England

For those engaged in journalism that is formally committed to impartiality, such as the BBC, the process of testing and challenging the original message was described as intrinsic to journalism, irrespective of whether the policy in question appeared to be a good thing:

*It may appear to be a self-evidently good thing to tackle obesity, but the way a journalist may want to cover it would be to open up angles of analysis and debate that may not be as straightforward as the Government's message, and may even have the effect of diluting it.*

Deputy director, BBC News

Some journalists, however, conceded that this pursuit of 'the story' was permeated by an attitude of mind that assumed, *a priori*, that government was probably not doing the right thing. For some, the notion of being on the side of the Government seemed an uncomfortable place to be. For others, the issues of health and well being could be obscured by the demand to see everything through a prism of personalities, or as a political battle of one kind or another:

*Most of the time, they [journalists] will find ways of attacking the Government because, on the whole, that's the way news goes and it makes you look [more] like a brave and honest journalist to say 'government's got it all wrong' than to say 'hmmm, maybe they've got it right'.*

Columnist, national broadsheet

## **Roles and responsibilities: regional and specialist media perspectives**

A rather different picture of responsibility emerged from those with regional perspective. They shared with the national media a strong sense of their own independence of thought and a belief that readers' interests dictated what should be covered. They too warned of the dangers of appearing didactic.

But there was a much greater willingness to engage in proactive coverage. The editors of two regional newspapers had embarked on a series of campaigns, and there was much less concern about repeating advice that may have originated in government. They may well be as sceptical about politicians, but they also had a powerful sense that their responsibility to their readers made them not just objective observers but active participants in the drive to improve standards of health:

*It's one of the biggest issues facing our country and the people in this area – there's a lot of eating pies and chips, drinking, and smoking tabs here, and it's got to be tackled.*

Editor, regional evening paper, North East England

*There's nothing more satisfying. I'm sure we've saved lives of people in our area and improved health. I think we are very proud of that.*

Editor, regional daily (morning), North Yorkshire and North East England

There is a strong sense of a bond between the regional media and their readers that affects not only what they do, but their reasons for doing it. One paper that was not currently running any health campaign still felt it had to take a stance by lending its support to a city-wide campaign to ban smoking in public places:

*Our editorial line on this is generally supportive – anything that threatens the lives of our readers is a bad thing. There is only an entrenched minority of smokers against the ban. We reflect the interests of all our readers. It would be irresponsible not to.*

Managing editor, regional daily, North West England

It is noteworthy that even when a campaign has a great degree of overlap with a government campaign, those involved are still anxious to place some editorial distance between themselves and the Government:

*Basically we're not here to act as a channel for the Department of Health's information to get out. That's boring. The issue is how to transform it into something that's interesting and newsworthy for our audience*

Regional manager, ITV

Not surprisingly, perhaps, those journalists who felt it was important to influence lifestyles and choices were less troubled by accusations of being interfering or being seen to favour a so-called 'nanny state'. They saw their role as being to entertain and inform. They accepted that ultimately these are matters for individual to make up their own minds, but they did not accept there was any conflict between those factors and their strong campaigns. If anything, the popularity of the issues and the popularity of the newspaper were seen to be aligned:

*This was a brilliant campaign and nanny statism just doesn't enter into it. What we are trying to do is encourage people, and it has enhanced the reputation of our paper.*

Editor, regional daily

Where the question of interfering in people's lives was mentioned by these sections of the 'engaged' media, it was perceived to be a challenge for *them* to overcome in their journalism. It was about tone and about finding good quality, real stories with which readers could identify:

*We are not nannying. We are saying, 'Here's a problem, and here are some people whose lives have changed for the better.' Many people know they should be taking more exercise but they feel it's too difficult to join a gym or something. We're saying that it is simple in reality.*

Regional manager, ITV

*Every focus group that we have says they don't want to be preached at. Whatever we do on this has to be in an entertaining way, not nagging.*

Health editor, women's magazine

## Media relationships with government and the NHS

The experience of dealing with government on public health issues varied substantially. Many (though by no means all) representatives of the national media we spoke to were critical in one way or another.

Some of that antagonism undoubtedly reflects the general friction between their publications and this administration, and some of it may be no more than the natural scepticism of journalists towards the political process. But there may be additional factors that will make it more of a challenge for the Government to convey its public health messages.

There was real concern over who could be trusted to provide accurate, objective information, and an oft-expressed fear was that the public may end up more confused as alternative messages are paraded before them.

The handling first of the BSE crisis under the last government, and then the MMR debate under this one, does seem to have hardened attitudes among some journalists, and may colour the way other government messages on public health are perceived.

Journalists seem not only less prepared to trust politicians, but also tend to view government experts – and indeed anyone who could be seen as having any kind of vested interest – with suspicion. Many expressed the view, though, that doctors and scientists were more believable than politicians. There appeared to be a hierarchy of credibility, with politicians at the bottom and experts viewed as independent at the top.

On the other hand, nearly all the journalists we spoke to readily accepted that government sometimes had to take the lead. Indeed, on MMR some claimed the response was not sufficiently vigorous or coherent:

*[On MMR, if I had been in government] I would have identified the individual who's going to speak for the line the Government is taking... a figure of continuity, rather than a scientist you've never heard of one day and another scientist you've never heard the next. That was what was going on. There wasn't clear leadership.*

Columnist, broadsheet newspaper

Relations at local level are much harder to gauge from this limited consultation, but neither of the two regional papers that had campaigned on public health had dealt directly with the Department of Health. However, there may be lessons from their experience at local level. One had built strong links with the local council and with two primary care trusts. While the partnership was now thriving, the editor recalled difficulty in getting one of the local primary care trusts on board:

*We banged our heads against a brick wall with one PCT who could not see the benefits of joining forces with us initially. They simply couldn't see the opportunity staring them in face, thousands of pounds worth of free publicity... they were blind to it.*

Editor, regional daily, North East England

Another regional paper reported good co-operation with local trusts and the strategic health authority. However, this tended to slip whenever the paper ran a story deemed to be critical of the local health authorities:

*We can do 20 'good' stories about health and then run one story that's embarrassing to the trust or health action zone. Then they forget the good stories. We don't go out of our way to embarrass them, but news is news. Even though most of our coverage is proactive, positive stuff, some have a siege mentality.*

Editor, regional evening paper, North East England

Whatever difficulties the regional papers may have had, their relationships were on the whole good and they were having a dialogue with the local NHS. The same cannot be said of the titles we spoke to that were aimed at specific minority ethnic audiences. They reported little or no contact with government or the NHS, despite running stories for readers with an appetite for health issues:

*I'm not on the Department of Health's mailing list, and they never contact us. We get contacted by the voluntary sector and campaigning charities but never by government. [More contact] would be good.*

News editor, national weekly aimed at black Britons

There are other areas of the specialist media that do have more contact with the Government and the health service, but this is clearly an area where there would be scope for developing relationships to make contact with groups that may otherwise be hard to reach.

There was enthusiasm for running health stories among journalists working for papers aimed at black and minority ethnic groups. Here there was less sensitivity about where the information might come from, or whether it was a government-led campaign. The main problem appeared to be a view that the authorities in health were not interested in their publications, with the result that there was a lack of stories relevant to their readers:

*I'd definitely be happy to see and report more targeted public health efforts. We have to get the right messages across but not in a nannying way. For instance, 47 per cent of Bangladeshi men smoke. That's of real interest to us, but there doesn't seem to be anything, no campaign, that's dealing with this.*

Editor, Asian national tabloid

## News or campaigns?

Some sections of the national media do not see it as their role to campaign, and resent any attempt to persuade them to push a particular line. This is especially true of those newspapers with a strong individualistic stance that are naturally suspicious of government action in areas they believe are the province of the individual. They will cover public health issues on their news and feature pages but will resist any attempt to work with or alongside government on just about any topic – and that includes public health.

It would, therefore, seem to be crucial to understand that different sections of media regard their roles in different ways. This applies within, as well as between, publications or outlets. Hence BBC News will be wary, but the BBC 1 channel may be willing to become engaged. Likewise, a newspaper may be prepared to run a story in its feature pages that promotes health, but will resist any intrusion into its news pages. Some will see it as their role to go beyond basic journalistic scrutiny – others will not.

What is more, as we have seen, the scrutiny process – particularly in news – implies a filtering of the original message. In some cases, that will be determined by the underlying stance of the paper or broadcaster towards government, but even with more neutral players, nothing can be guaranteed. Those responsible for news make no apologies for the process:

*It's just a question of being sophisticated enough to understand that if your press release or media strategy is not adopted by the recipient as 'bible', don't be too offended, because our job is to ferret out the problems, open up the debate and if there are any inconsistencies, point them out.*

Deputy director, BBC News

Here again, it is important to differentiate between news and features – a distinction that extends to the broadcast and online media. For some, news is regarded as relatively 'pure' process that should not be contaminated by an educative slant. Its underlying purpose is to explain the world, not to change it.

On the other hand, some newspapers in particular spoke about the desirability of integrating news and feature coverage, on the grounds that features are the best way to influence people's behaviour and flesh out the news pieces:

*If we could get some more advance notice [of government campaigns], then we can do some initiatives for our readers, something practical, a pamphlet or local scheme. Rather than just banging on about the story, we can feature real people and real families – like how to fit in exercise when you've got four children! We can work across news and features to get things out.*

Health reporter, national daily tabloid



*We feel that it's important how you put the messages across. For us, it means being less direct, less authoritative. If we want to suggest something, we do a feature on it. We'll find a parent who's changed the eating habits of their kids, rather than simply tell people what to do.*

Managing editor, national daily tabloid

## **Who's the message for?**

As would be expected, the journalists were all keenly aware of the variations in health among different social groups and in different parts of the country. This has an impact on both the volume and nature of the coverage.

The regional papers we contacted in North East England and Merseyside were well aware of the above-average incidences of cancer, heart disease and obesity in their areas. They believed this had an impact in that as a result, they devoted more space to the story than they would otherwise have done. Awareness that the audience represented a key health target group was also perceived as a good thing by one campaigning broadcaster:

*We didn't have a specific awareness before we started. It was universal, aimed at everyone – there are people who could lose a bit of weight from all backgrounds, aren't there? But when we looked at the demographics, we realised we were getting to the hard-to-reach groups with this. We are reaching a lot of retired people, a lot of 16–25 year olds, people with poor education and low skills base.*

Regional manager, ITV

Meanwhile, other papers conceded that their coverage was less about changing the behaviour of the readership and more about keeping them informed:

*Two-thirds of our readers have university degrees and are middle class, so most won't have a personal problem with obesity or obese children. So what we are pushing for is a shift in opinion, and that takes time.*

Health editor, Sunday broadsheet

Among those papers, magazines and programmes reaching those from more disadvantaged backgrounds, we did not encounter sensitivity about the need to make the message bolder than for the population in general. Criticism, when it came, was from a journalist working for a paper with a more middle-class readership.

*The message is, basically, that the lower classes drink to excess, they are complete yobs, they smoke, they eat rubbish food, they have rubbish behaviour, they indulge in appalling sexual promiscuity and so on, and I personally find that very distasteful. It's singling out people who are relatively powerless.*

Columnist, national tabloid daily

## The link between knowledge and behaviour

There was a general acceptance that the public knew they should eat less, not smoke, and exercise more, and this made some concerned that this was an area in which it could be easy to turn readers or viewers off. But among lifestyle titles in particular, there was also a view that readers would welcome being reminded and could be cajoled into action:

*Well, they do need reminding constantly. And also there's new information all the time, and some of it changes and conflicts. Mostly, the reaction is 'Thanks – I didn't know that.' A lot of people are naïve about what is healthy.*

Assistant editor, women's weekly

*Of course they know it. We've been saying this stuff for years. We all know that this is an equation, calories in calories out, but people like their Big Macs and they like their cars.*

Health editor, women's weekly magazine

Others drew a distinction between what their readers knew was good or bad for them and what they action they could take to do something about it:

*We get endless calls and letters from readers asking for help, for themselves and their children – how can they get rid of vending machines in schools? How can they get more PE lessons? We get parents writing in with children in secondary schools saying they get no PE at all.*

Health reporter, national tabloid daily

## Recommendations for change

We asked all the journalists what changes, if any, might make a difference to the way they covered public health issues. Some called for a more proactive approach on the part of government:

*Public health is a big issue, a massively significant issue. Essentially, government should be working very closely with the media – using it via stories, rather than getting us to lecture people on getting to bed early and eating five portions of vegetables, which are quite sort of crappy.*

Editor, weekend broadsheet

However, others questioned that approach. There is some suspicion of examples provided by government, and what may seem like a good case study to someone promoting a positive health message may look rather different to the recipient journalist:

*We get a lot of press releases from government or we get rung up by PR groups working for them, who are trying to get stories in. They are always trying to get us to do things, but I wish they would understand what makes a story. 'I smoked, then I got cancer' isn't a story, it's just depressing.*

Health editor, women's weekly magazine

*We don't want to be seen as being in bed with Department of Health, or as nagging or nannying. But if they can give us more case histories I suppose that would be good, as we always need case histories.*

Assistant editor, women's weekly magazine

More generally, national journalists called for more 'openness' from the Department of Health. This included demands for more access to government scientists and experts and, as noted above, a call for greater consistency in the figures put forward to speak on behalf the department:

*When it's thought that someone powerful, like the Government, is trying to suppress debate, then it becomes intrinsically interesting, both to readers and to journalists.*

Health reporter, national tabloid

*You cannot afford to be risk-averse, simply because you cannot control what is going on. If a minister stands up and says 'I'm going to exercise every day', as happened recently, you are going to have some journalists attack him as fool, others attack him as a hypocrite, for sure. But the fact is, lots of people have come up to me recently and said, 'I walked to work this morning because the Government told me to.'*

Former BBC news executive

Several journalists also called for more information to be put in the hands of the Government's scientists – particularly the Chief Medical Officer, whose credibility was placed well above that of the ministers.

*The Government knows full well that John Reid going on about smoking or drinking will have less impact than Liam Donaldson saying the same thing. I think using the white coats to spread the message does work. I'm astonished at the coverage Liam Donaldson's physical activity report received. It seems to me the further away from the political process the message comes, the more heed will be paid to it.*

Deputy political editor, national Sunday broadsheet

For regional journalists, the plea was for more proactive and less risk-averse public health officials and other NHS staff. The papers aimed at minority ethnic groups called for more targeted information, and for more information aimed at the population as a whole that they could then 'customize'.

Although hardly any of the journalists we spoke to disputed the facts behind the current public health debate, many mentioned the lack of trust in government on

matters of health safety, which they attributed to the way governments have handled health information in the past.

Some conceded that they had a role to play in reporting risk more accurately. Nevertheless, given the sensitivity about trust, there may well be a role for a more 'independent' provider of information – particularly where the scientific consensus is strong, as it is currently, with the link between obesity and ill health. A number of journalists mentioned the Science Media Centre (SMC), which was represented at our seminar. The SMC acts as a facilitator bridging the worlds of science and media, and aims to encourage more and better coverage on science related issues. A device such as this can be helpful in encouraging a better and more informed dialogue between experts and the media on public health issues. It would, however, have to be independent of government:

*All the surveys show that if you're a government scientist, the public don't trust you; if you are an industry scientist, they don't trust you; but if you are independent, they trust you. We are a press office for mainstream science – we've never pretended to be anything else – but we are independent.*

Director, Science Media Centre

## Conclusion

This report has been produced in a limited time span, which necessitated a restricted sample of the media. However, we achieved a good range in terms of seniority and a broad reach in terms of audience, which allows us to be reasonably confident about a few key points.

First, there is a clear sense from journalists that topics such as obesity, diet, exercise and smoking are interesting and make good stories, whether for news or features. Many also remarked that the underlying interest on the part of themselves and their readers or audience was here to stay, even though coverage might be subject to the normal 'ebb and flow' of journalism, particularly in news.

Journalists' views about why the story is important strongly suggest that a key Government message has got through: namely, that behaviour will have to change because of the potential burden of disease on the NHS in the future.

Very few in the media feel, however, that it is their job to *facilitate* this change in behaviour.

There is an 'engaged' section of the media. On the whole, they tend to be further away from the centre, geographically and politically. Some are prepared to campaign, or at least take a pro-active stance towards health issues.

Sections of the national news media are much more wary of taking an overtly 'engaged' line. However, in some cases, the feature pages of these papers (even in those that are otherwise hostile to the Government) are prepared to carry items explicitly designed to encourage a shift in health behaviour.

The lower level of engagement among sections of the national media can be partly explained by the underlying political stance of some newspapers towards the Government. Also important is the process of 'making a story', which involves varying degrees of scrutiny and questioning, but always implies a transformation of the original message, even by media formally committed to political impartiality.

Those media with routine contact with the Department of Health were critical of a lack of openness and continuity of spokespeople. Better access to government scientists and a greater use of the CMO were also mentioned.

Damage has been done by the handling of the BSE/CJD crisis, and more recently the MMR debate, which has undermined trust by journalists in the Government's handling of facts. While the facts of the current public health debate are not currently being contested, the presence of this lack of trust could cause problems in the future.

More could be done to connect with the 'engaged' sections of the media, either from the centre or at local level. If important public health decisions, such as banning smoking in public places, are to be devolved to local levels, a good relationship with the local media becomes, perhaps, as or more important than the national media.

The representatives of media aimed black and minority ethnic groups claimed to have only limited contact with government, despite an expressed interest in the issues. They were interested not just in targeted health stories (for example, high levels of diabetes among Asians) but also general messages that could be made relevant to their communities.

Many journalists showed a clear understanding of the social class bias of public health problems. Those with audiences or readers from lower socio-economic backgrounds are perhaps the most committed, the most concerned to get their own messages across without patronising, and the most eager to use real-life stories and practical suggestions to encourage changes in behaviour.

Overall, there was a perception that changing behaviour in health was a legitimate area of government activity. While most journalists would reject the notion that they have a *responsibility* of any kind to assist in this, it is striking that, in practice, many appear to be engaged in a very similar mission – particularly those with a specialist or geographical remit. It is, perhaps, with these sections of the media that the Government or the NHS could involve itself more:

*The 'five-a-day' campaign worked alright, and the CMO initiative on physical activity ran well. So they can do it, it can be done, and can be done by government.*

Deputy political editor, Sunday broadsheet

## Appendix 1: Individuals consulted

Maria Ahmed	News Editor, <i>Eastern Eye</i>
Roger Alton	Editor, <i>Observer</i>
Rachel Baird	Health Features Editor, <i>Daily Express</i>
Peter Barron	Editor, <i>Northern Echo</i>
Sarah Barclay	Reporter, Panorama, BBC News
Richard Clark	Editor, PM and World At One, BBC News
Mark Damazer	Deputy Director, BBC News
Malcolm Dean	Leader Writer, <i>The Guardian</i>
Francis Elliot	Deputy Political Editor, <i>Independent on Sunday</i>
Robin Esser	Executive Managing Editor, <i>Daily Mail</i>
Angela Foster,	News Editor, <i>New Nation</i>
Fiona Fox	Director, Science Media Group
Ian Hargreaves	British Airports Authority (formerly Director for the Centre of Journalism Studies, Cardiff; BBC News Executive; Editor, <i>New Statesman</i> )
Roger Harrabin	Correspondent, BBC Radio
Peter Hill	Editor, <i>Daily Express</i> (by letter)
Jane Luca	Regional Manager, ITV
Emma Morton	Deputy Health Editor, <i>The Sun</i>
Melanie Phillips	Columnist, <i>Daily Mail</i>
Paul Robertson	Editor, <i>Newcastle Evening Chronicle</i>
Jo Revill	Health Editor, <i>The Observer</i>
Lee Rodwell	Health Editor, <i>Take A Break</i>
Amar Singh	Editor, <i>Eastern Eye</i>
Julia Shaw	Assistant Editor, <i>Woman</i>
Polly Toynbee	Columnist, <i>The Guardian</i>
Chris Walker	Managing Editor, <i>Liverpool Echo and Daily Post</i>
John Witherow	Editor, <i>Sunday Times</i>

## Appendix 2: Newspaper search using NEON search engine

A brief search was conducted using a searchable electronic database of newspapers. The full list of papers and details of when they were added to the database is included below. It should be noted that pre-1999 the record of inclusion is patchy, so data is not projected back beyond that point.

Getting an accurate estimation of volume of stories about different aspects of health is problematic, since a story might contain references to obesity but be primarily about something else. A small percentage of the data, therefore, is likely to be irrelevant, although it might be safe to assume that the error rate is consistent across time. With this caveat in mind, we have included some graphs that give an indication of changes in the volume of stories over time. Time did not permit a more thorough search with a greater number of variables.

Getting a sense of a trend was easier, since the numbers of stories with the words 'smoking' or 'obesity' in the headline only (rather than in the body of the story) are lower, making it possible to double check all the results for relevancy.

Data for 2004 were included up to 4 June 2004, and were simply doubled to allow a projection for the year. For all searches, a subject area of 'health care services' was entered – the only relevant searchable subject category.

Fig 1

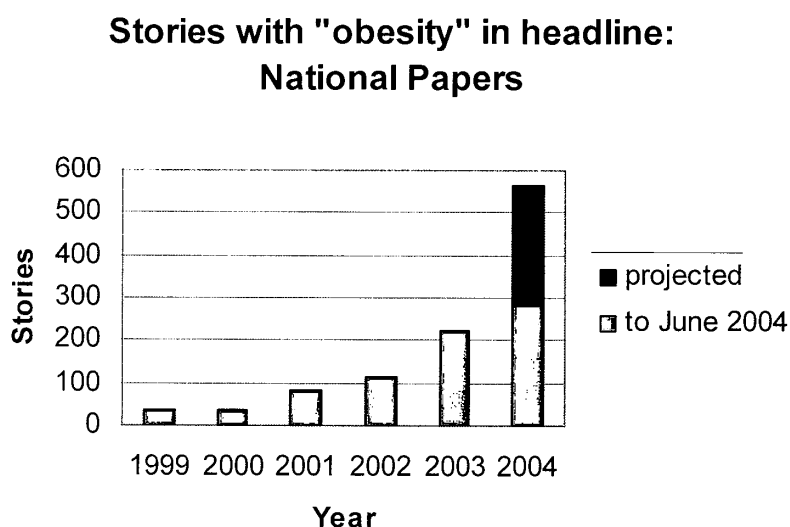




Fig 2

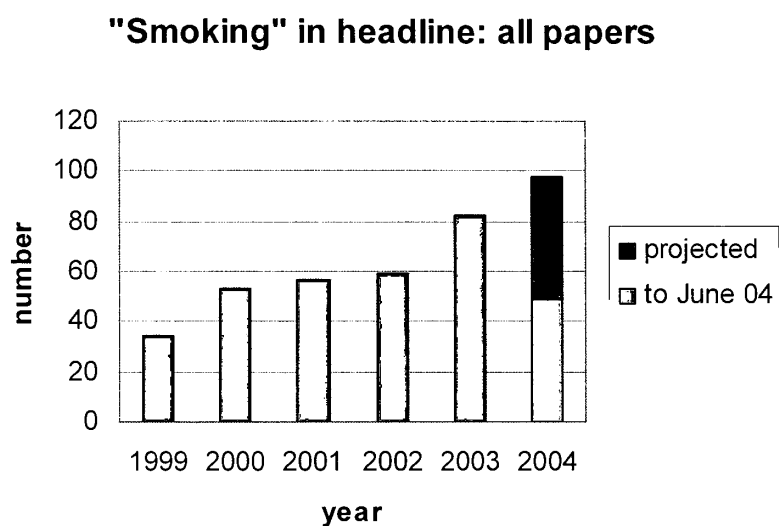


Fig 3

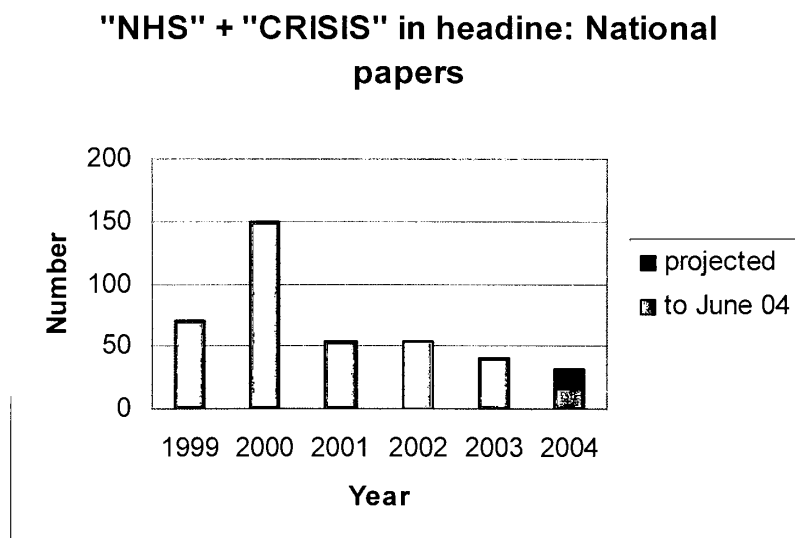


Fig 4

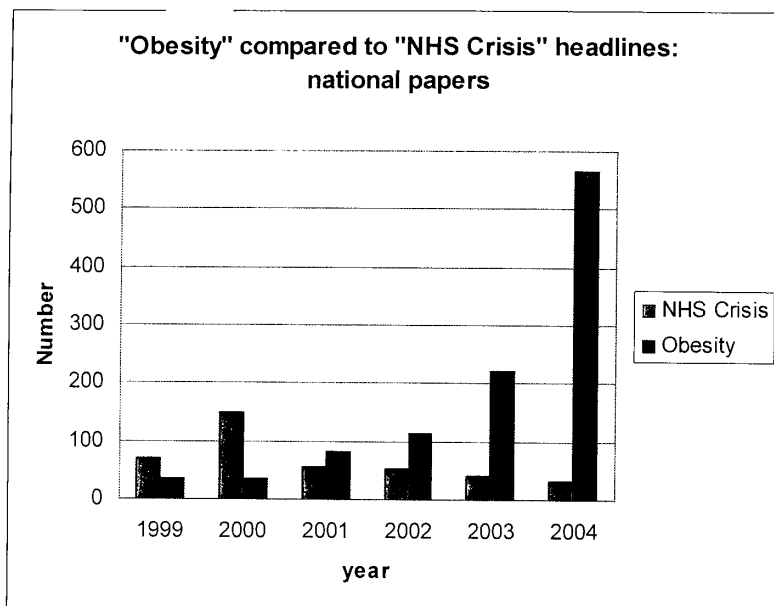


Fig 5

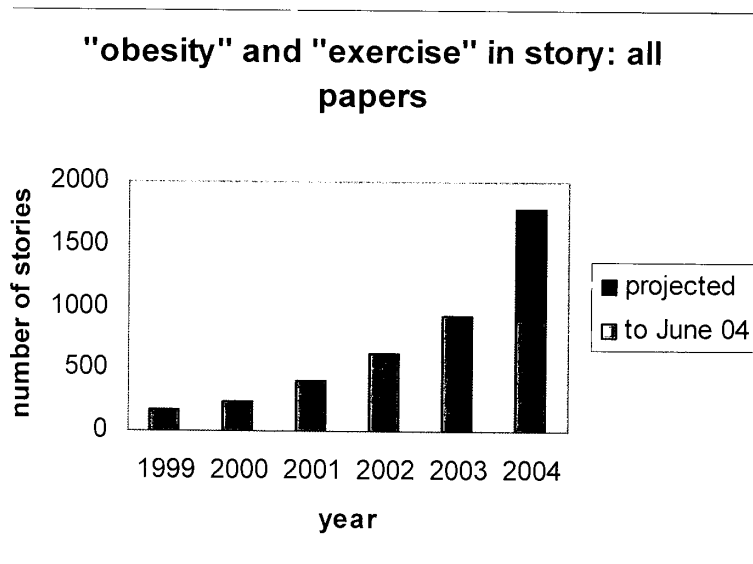


Fig 6

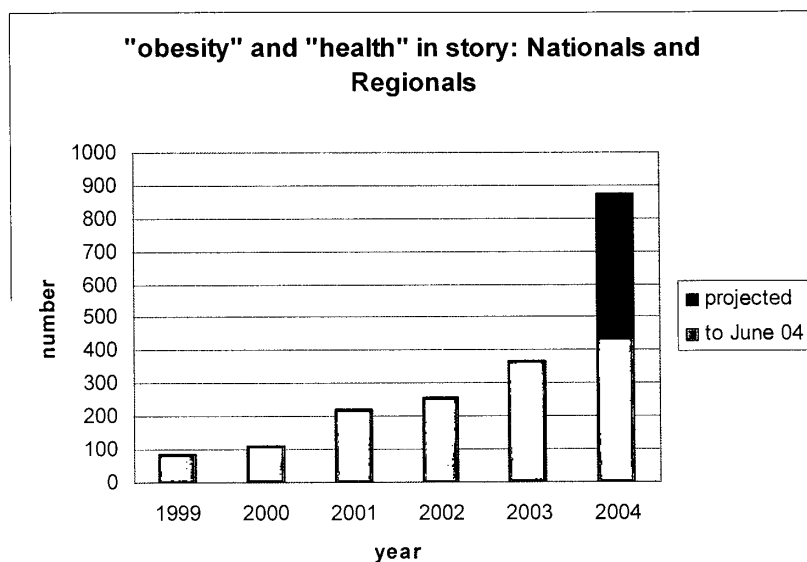


Fig 7

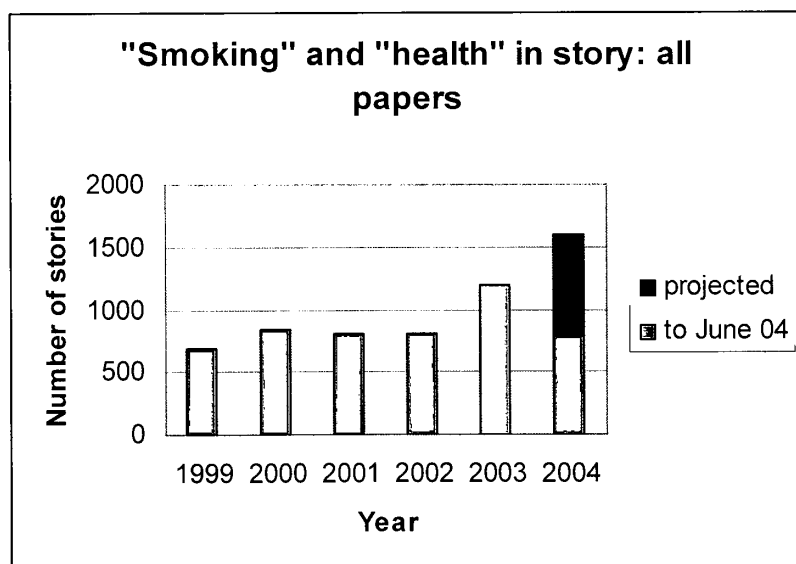


Fig 8

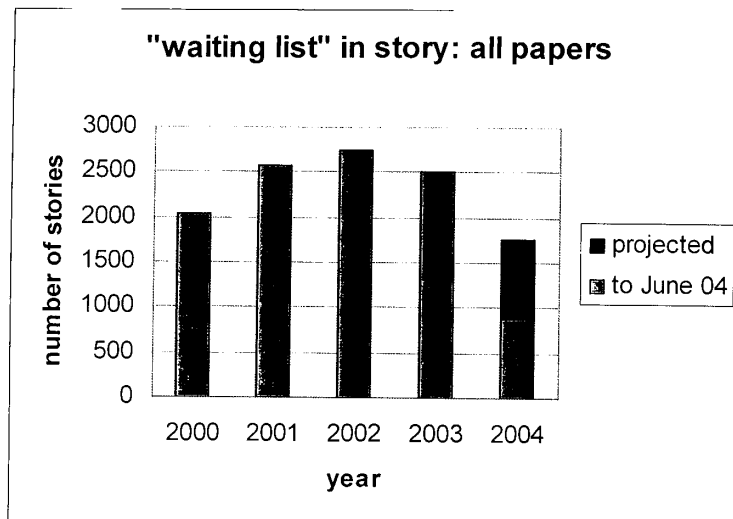
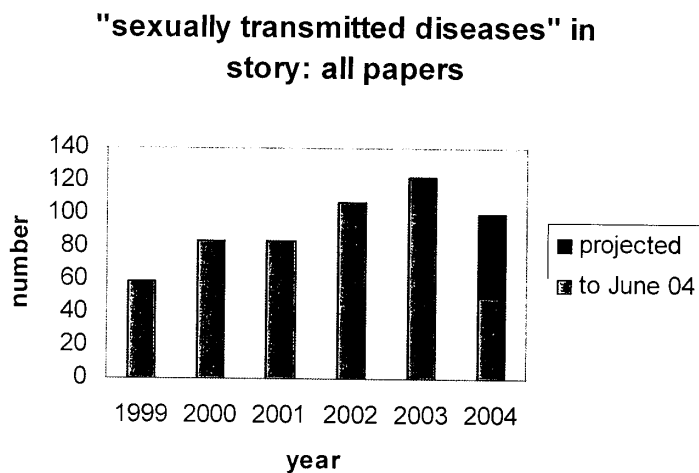


Fig 9



## **Appendix 3: Campaigning media – three case studies**

### **Case study 1: *Northern Echo***

Morning daily  
Circulation: 60,000  
Regional paper: North East and North Yorkshire  
Five local editions  
Editor: Peter Barron

#### **The 'A Chance to Live' campaign**

This campaign began four years ago, after the death of the paper's deputy chief photographer at the age of 38. He died while on a waiting list, the day before he was due to see a consultant. The title of the campaign came from a phrase used by the photographer in a letter to Tony Blair, asking why the waiting lists were so long and asking for a 'chance to live'. After the photographer's death, this letter received national press attention and sparked off a campaign by the newspaper.

The campaign was aimed initially at getting waiting times down, particularly for heart disease. Because the paper is in Alan Milburn's constituency, the campaign received an unusual level of ministerial interest, and the editor feels that the campaign played an important role in the creation of the National Service Framework for Coronary Care and the six-month waiting time pledge.

The campaign was refocused, partly at the behest of the former health minister, from waiting times to encouraging prevention and personal responsibility for health. A partnership was formed with Wear Valley District Council and Dales Primary Care Trust (PCT) to promote and launch healthy living activities ranging from walking programmes to cardiac rehabilitation. According to the editor, Dales PCT reports a marked increase in physical activity. The efforts peak annually with the Great North Walk on July 18. There is also sponsorship from Northumbrian Water.

The campaign sits alongside routine coverage of health issues.

(Source: Peter Barron, Editor)

### **Case study 2: *Newcastle Evening Chronicle***

Circulation: 90,000  
Newcastle and surrounding areas.  
Sister paper of *Newcastle Journal* (morning paper)  
Editor: Paul Robertson

#### **Campaigns**

The paper runs various campaigns concurrently, including:

- **Life Savers** – organ donation, search for donors
- **Idle Eric** – campaign to target men over 40 who are unfit

- **Lose More in 2004** – which has been running for three years. It follows five people on diet and exercise regimes over the year. The diets all vary slightly to see which one works best. All the people are volunteers and readers of the paper. The paper gets a big response from readers, many of whom want to be the featured dieters
- **Grassroots Sports** – a section that supports all sorts of initiatives, including walking to school
- **A to Z of Health** – a 16-page supplement planned in September 2004 covering everything from obesity to alcoholism.

The paper also lets stories run. It had a huge response to the story of a local 17-year-old who was sent to a 'fat club' whose weight has gone from 32 stone to 23 stone. People are still writing in to find out how he is doing. It also runs traditional-style 'personal crusades' to help people needing operations such as bone marrow transplants.

The interest is driven by the editor, who believes the issues are important and that the local health profile is not as good as it should be. Although people know the basics, he feels they need 'education' on what is good or bad, and how they can help themselves. All stories are approached in a non-preaching, 'real-life' way.

The local health authorities help – particularly the local strategic health authority and health action zone – but there has been no interest from the Department of Health or ministers.

(Source: Paul Robertson, Editor)

### **Case study 3: ITV**

#### **The 'On the Move' campaign**

This campaign is running from 29 April to 19 September 2004. The aim is to encourage people to be more active in general, and specifically, to walk more. It is ITV-wide, across 11 regions.

The campaign was launched nationally with a debate with ministerial input, and regionally, with special news items and programmes. The regional programmes have to find 'first footers' – nominees whose lives the television can follow.

The campaign is a mixture of news, special programmes and help. Stepometres are being issued. Two hundred and fifty thousand have already been handed out free of charge, and they are now are being sold to the public cheaply, along with free information packs on where to get help and start walking.

The campaign is part of a tradition for ITV, but this year a special 'public service' message was intended, to mark its relaunch this year as one company. The sporting events of the summer also provided a background, but a key driver behind the campaign's exercise-based message was the desire to involve the food industry

(which plays a powerful role as advertisers on ITV) in something positive, and to encourage it to be part of a solution rather than the problem.

The public have responded with 150,000 calls, requests for 100,000 information packs, and 500,000 hits on the website, in addition to the demand for stepometres. A poll commissioned by ITV included a question on whose responsibility it was to solve the obesity crisis. Seventy-nine per cent of respondents said it was down to individuals.

The campaign will culminate in 'National Walking Day' on September 19, which ITV hopes will become a national event, like No Smoking Day. It may be repeated next year.

(Source: Jane Luca, Regional Manager)

King's Fund



54001001091340

