

### Opportunities for Improving the Nation's Health Through Collaboration with the Mass Media

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#### Synopsis .....

*Understanding the mass media is a prerequisite to gaining the cooperation of those who control access to media time and space to improve the coverage of health issues about which the public needs, and often wants, to know. To address the complexities of the mass media*

*and how they influence the public's health, a group of Public Health Service agencies, foundations, and research institutions collaborated to review recent changes in the mass media and public health sectors and to recommend steps for increased interaction. These included broadening strategies to include paid advertising, media advocacy, and other tactics beyond public service campaigns; increasing awareness within the public health sector of the media's perspective on health; working collaboratively with media professionals and organizations, including the minority media; and developing guidelines for public-private sector partnerships. These recommendations, and factors affecting the roles of the media and public health communities in informing the public about health, are described in this paper. A complete discussion of these recommendations and related issues can be found in "Mass Media and Health," edited by Caroline McNeil and Elaine Bratic Arkin, a forthcoming publication of the Office of Disease Prevention and Health Promotion, Public Health Service.*

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**T**HE CONTROL OF FEWER than 10 health risks—such as poor diet, lack of exercise, the use of tobacco and drugs, and alcohol abuse—could prevent an estimated 40 to 70 percent of all premature deaths, a third of all acute disabilities, and two-thirds of chronic disabilities (1). Although many factors influence health-related behaviors, awareness of these risks and motivation to make changes in behavior are key ingredients for improving the health of individuals and the health status of society.

Communication through the mass media is a fundamental component of many health promotion strategies designed to change health risk behaviors. The mass media have the capacity to reach and influence millions of Americans simultaneously. As Dr. Art Ulene observed, "the media's most obvious strength lies in the number of people they can reach. A story covered by the three morning [television] shows will reach 10 million homes and almost 17 million people" (2). The mass media can influence both personal behavior and the community values that provide the environmental and individual supports so necessary to maintain difficult changes in behavior. In addition, as the patterns of delivery of health care continue to change, the media

can provide valuable information to the consumer about the options that are available.

The mass media transmit health information intentionally, through news and other features, and unintentionally, through character portrayals in entertainment programming. News or other coverage of health information and medical developments can save lives in a crisis; it can also be alarmist and misleading. The media are inescapably a major source of health information for the majority of Americans. Yet, the media "gatekeepers" (those who control access to the media such as reporters, editors, producers, and station managers) often fail to count among their primary responsibilities the education of their audiences about health. Therefore, it is incumbent upon the public health community to identify how the media influence the public, and seek opportunities to engage mass media communicators in strategies to improve the health of the nation.

#### A View of the Media Industry

The "mass media" are not monolithic. Rather, they include, as examples, cable, network, and local televi-

sion; commercial and public radio stations; daily newspapers with nationwide circulation and small, local weeklies; and thousands of magazines with broad readership or a narrow focus. In addition to the varied kinds of media outlets, there are many formats for conveying health information, such as news, public affairs, talk shows, entertainment, public service and paid advertising, editorials, letters to the editor, comic strips, and columnists' commentaries.

The 1980s saw tremendous diversification of the media; for example, the major television networks now account for only about half of all television viewers. Cable stations and VCRs attract the other half, creating greater competition than ever among the networks for commercial sponsors (3). Economic pressures, changes in ownership, increased competition, Federal Communications Commission (FCC) deregulation, and other pressures have resulted in changes in how the media operate. Fewer FCC limitations on the number of commercials aired and a change in requirements affecting public affairs programming mean that it is harder for public health groups to get their messages aired (4). As a result, public service time has virtually disappeared from the networks during prime time (7 pm to 11 pm EST) (3). At other times, promotions for upcoming programs compete with public service for time not filled by advertising. Changes in FCC requirements have been accompanied by a decline in the television networks' monitoring of standards and practices; there is less oversight of the portrayal of health related behaviors, such as smoking or drinking.

**Advertising.** Current advertising realities that can affect the public's understanding of health matters include a lack of Federal regulation, the burgeoning use of health claims, an increase in controversial advertising practices, and recent interest in joint commercial-public sector sponsorship.

Since the mid-1970s, there has been a disinclination on the part of the Federal Trade Commission (FTC) and the Food and Drug Administration (FDA) to regulate food and health claim advertising (5). Industry, too, has become less interested in upholding advertising codes; the Council of Better Business Bureaus, National Advertising Division, once reviewed 150 complaints about deceptive advertising a year but now reviews only 90 (5). Some health claims made in advertisements are valid, such as Kellogg's fiber message which was coordinated with the National Cancer Institute, but others are misleading or confusing. The lack of oversight also has led to controversial practices, including a proliferation of undefined terms ("light") in alcohol and food product advertising, and to marketing targeted to children and other vulnerable audiences (5). At the same

time, the number of claims of health benefits in commercials is on the rise; nearly 40 percent of new food products and about \$1 billion in food advertising in 1988 featured health-related messages (6).

The recent interest in advertising that is jointly sponsored by industry and the public health sector offers potential benefits and problems. For the public health community, this trend offers an opportunity for wider dissemination of messages but raises questions of accuracy, compromise, and control. For the media and marketing communities, it offers association with a credible source, but poses questions of social responsibility and self-regulation (7).

**News.** A significant percentage of all stories in daily newspapers is related to health. Yet some stories considered important by the public health community are incompletely reported or never reported in the news. The judgment of editors and producers about what makes news often is in conflict with the judgment of public health professionals about what the consumer needs to know. The health community accuses the news media of attributing more certainty to new findings than is realistic, portraying minor advances as major breakthroughs and ignoring major breakthroughs, exaggerating health risks to increase attention, and exploiting the emotions of patients and the public. The mass media professionals see as their primary responsibility reporting what they think their audiences will read or listen to, not producing a particular public response.

Some of the faults that public health specialists attribute to the journalists who report hard news are disappearing as more reporters are specifically trained for assignments in science and medicine. The growing number of science writers who specialize in health and medicine helps assure more balance and accuracy. Further, the context, which is often lacking in hard news stories, is sometimes clarified in feature articles or special sections. But tensions between the public health and journalism sectors remain. These include the genesis, control, and shaping of health news; the differences between health education and health news; and the ways in which a public health agency can support news coverage (7).

**Entertainment.** Television is society's primary storyteller with vast opportunities to influence the public. Entertainment programming contains underlying messages, and these are presented to the overwhelming majority of U.S. households day after day. Ninety-six percent of the population watches television an average of 3 hours a day; children and older Americans watch even more (8). Embedded in entertainment programming are intentional and unintentional health messages.

Some producers make a conscious effort to incorporate health-related themes into programming, but health information does not always fit easily into entertainment programming. A health issue must be attractive to the writers or producer, and relatively simple to explain to lend itself to storytelling. Portrayals of health concerns such as the misuse of alcohol must fit into story lines, be compatible with the characters, and not increase production costs.

This merging of health information and entertainment works best when there is a confluence of interests—a match between a health issue advocated by a public sector group and the interest of a producer, writer, or a media organization. A prominent example is the push to integrate designated driver messages into entertainment programming by the Center for Health Communication, Harvard School of Public Health (7).

### Public Health and the Media

The American people are interested in their health. This interest is reflected in the regular appearance of medical reporters on television news, health topics covered in documentaries and talk shows, and the addition of health sections to newspapers and magazines. Advertisers, too, are aware of the public's interest, and health claims are being used increasingly to sell products through the media. In addition, advertisers spend many millions of dollars on advertisements for products such as alcohol and tobacco that affect health. For example, \$2.5 billion was spent to advertise and promote cigarettes in 1985 (9).

Although public interest and media attention to health creates opportunities, the "health community" is no more monolithic than the mass media. It includes governmental agencies, research foundations and institutions, for-profit and nonprofit health care services. There is vast competition for the public's attention, especially in an era when two of this country's most distressing problems—drug abuse and AIDS—are health-related. As more public health organizations compete for media attention, it is becoming more difficult to place public service announcements and news stories, but competition is fostering creativity. Video news releases, direct electronic links to news rooms, and more commentary page articles are products of this competition. Some agencies are experimenting with the purchase of advertising space and time. The health community is turning to media advocacy—public health officials lobbying for health message exposure, accuracy, and media responsibility—as another way to gain the attention of media gatekeepers as well as the public.

One school of thought holds that it is the job of mar-

eters, including health promoters, to manipulate and the job of the media not to be manipulated. According to this view, good reporting and, in the long run, the public interest is best served by this "essential tension between different institutions" (7). The differences in the structures and the motives of the public health community and the mass media present barriers to cooperation, as this summary shows.

#### *Mass media objectives*

- To entertain or inform
- To cover short-term events
- To deliver salient pieces of information
- To reflect society
- To address personal concerns
- To make a profit.

#### *Public health objectives*

- To educate
- To conduct long-term campaigns
- To create understanding of complex information
- To change society
- To address societal concerns
- To improve public health.

### Strategies to Improve Health Coverage

The mass media are not obligated to educate the consumer about health. It is incumbent upon the public health community, as one of many public interest factions seeking the cooperation of the media, to convince producers and editors of the importance of covering health issues. The following recommendations are intended to suggest strategies for increasing collaboration between the mass media and the public health community. The recommendations are based on the deliberations of representatives of the academic, public health, and mass media sectors, brought together by a group of sponsors including the Office of the Director, National Institutes of Health and three of its institutes (National Cancer Institute, National Eye Institute, National Heart, Lung and Blood Institute), the Office for Substance Abuse Prevention, the Office of Disease Prevention and Health Promotion, the Henry J. Kaiser Family Foundation, the Program of Risk Communication of Georgetown University Medical Center, the Esther A. and Joseph Klingenstein Fund, Inc, and the Annenberg Center for Health Sciences. This group sponsored a series of papers and conferences that produced recommendations for improving media coverage of health; a full report of the deliberations can be found in "Mass Media and Health" (7).

### Recommendations

#### **Acknowledge the priorities of the mass media.**

Approach these communication channels with an understanding of the fundamental characteristics of the media. Provide a personal or human interest slant to stories, create a visual focus, and shorten and clarify messages. Periodic surveys of media gatekeepers can help assure that the public health community is in touch with the priorities and viewpoints of the various media.

*'People need to be informed consumers of health claims, conflicting news reports, and entertainment. It is especially important to educate children, who are prime consumers of television entertainment and advertising, about how to react to what they see and how to extract information and judge messages.'*

For example, a survey of Texas mass media gatekeepers revealed both misconceptions and opportunities for better coverage (10). This understanding is essential to framing health issues in ways that appeal to media gatekeepers.

**Seek media cooperation at all levels.** Establish and nurture personal contacts with corporate leaders over time—not just in regard to a specific issue or information campaign—and seek their involvement at the program planning stage to interest them in the cause or problem, not just the message. Recruit recognized or high level health officials to call on network presidents and publishers to promote health coverage. Corporate CEOs also can affect coverage of health concerns through the power of their advertising budgets. Personal relationships with individuals within the media establishment can help provide insight and access.

**Reach out to minority media policy makers.** Increase efforts to convince the minority media of the compelling needs of their audiences for health information, the interest of their audiences in health, and the need to counter targeted advertising. Involve minority media leaders and managers in the planning of campaigns and include them on press lists.

**Plan campaigns on health issues to incorporate multiple facets of the media.** Public service and paid advertising, news, public affairs, and entertainment all can be used to present many aspects of the health issue and assure continuous and repeated health messages through multiple channels over time. It is important to separate strategies and expectations by type of programming as well as media channel (television, radio, print) and to develop marketing strategies to ensure that health messages are repeated (11). Prioritizing media outlets to approach according to the likelihood of cooperation, and the potential for a perceived conflict of interest (such as with their advertisers), can help conserve limited resources.

**Investigate the use of paid advertising for health issues.** Although the health community traditionally has relied on public service time and space for its messages, some State health departments (such as California and Minnesota) are experimenting with paid advertising. Deregulation, other changes within the media industry, and competition for public service time have resulted in fewer opportunities to reach the public with public service announcements. Paid advertising permits some choice in message placement to help assure that a larger or a specific target group may be reached.

**Consider nontraditional strategies that would support media efforts.** These could include, for example, an excise tax on unhealthful products to finance health promotion activities through the mass media (such as California's Proposition 99), lobbying for the transfer of funds from other areas into media strategies, developing guidelines for advertisers within the advertising community, and increasing policy makers' awareness of the need for mass media initiatives.

**Become public health advocates with the media.** The decline in Federal regulation of advertising and the media industry and the corresponding decline in media self-monitoring has increased the need for advocacy efforts. Feedback—both praise and constructive criticism—helps journalists and editors realize that someone is paying attention to their health news coverage. Systematic monitoring and analysis of health coverage is one way to incorporate this task into a media outreach program; training in media advocacy for public health communicators, and informal coalitions among agencies with common interests organized to sponsor media advocacy activities, are two other options.

**Form coalitions and networks.** Identify common interests among health organizations (such as a specific health issue or target audience) and form informal coalitions to increase "clout" with the media and with influential people who can affect media-related policies.

**Educate the public.** People need to be informed consumers of health claims, conflicting news reports, and entertainment. It is especially important to educate children, who are prime consumers of television entertainment and advertising, about how to react to what they see and how to extract information and judge messages.

**Improve communication skills of those within the public health sector.** The communication skills of public health professionals, physicians, and researchers vary and have a great impact on the outcome of their encounters with the media. Media training, rehearsals,

and other preparations for media interviews increase the likelihood of clear and compelling communication.

**Increase the understanding among media professionals of public health issues.** Work with schools of journalism and professional associations to familiarize journalists with the fields of public health and medicine and to develop guidelines for reporting health and science issues. Educate editors about the interest of their audiences in health and science topics. Work with producers and writers to make the entertainment industry more aware of health issues. Relationships need to be established and nurtured, not just instituted when a health issue arises and the public needs to be alerted or informed.

**Increase access of media staff to background information, policies, and spokespersons.** This can be accomplished through professional societies, personal relationships, or clearinghouses or other referral organizations. Computer networks and bulletin boards for quick access to position papers and comments from credible sources are also possibilities.

**Consider an awards program.** Awards may be one way to motivate media gatekeepers, other than news reporters, who may see awards as "bribes," particularly if the awards are from special interest groups (7). However, people involved in entertainment and other types of programs, advertisers, and feature writers might welcome awards, letters of commendation, or other recognition.

**Develop guidelines for public-private partnerships.** Every organization, public as well as private, has its own agenda, and even "no-strings-attached" collaborations should be scrutinized. There is a need to develop guidelines for public health agencies as they enter into partnerships with industry or media to help assure mutual benefits while preventing potential pitfalls.

**Encourage public health and media organizations to work together.** The media should not be expected to cooperate solely for altruistic reasons, but because mutually beneficial opportunities can be identified even though the two sectors may have differing values and goals. Public health groups should explore working with media organizations at the national, local, and State levels.

**Develop guidelines for using health claims in association with specific issues and products.** Guidelines could help prevent misleading claims for products and in image advertising. Industry should be encouraged to

develop voluntary codes and self-patrolling as measures working toward engaging the commercial sector in marketing and advertising practices that are beneficial to health.

**Conduct research on the effects of health claims.** Research is needed on the effect that marketing has on specific groups such as heavy drinkers, youth, and minorities, on the effects of public service messages, and on the effects of specific health claims in advertising.

**Consider monitoring the content of advertising.** Because of changes in industry practices, such as the decline in the networks' review of proposed advertisements, the public health community should consider monitoring advertising for selected products, such as alcohol, to assure that informal guidelines or industry codes are maintained and adhered to.

**Conduct more research on the effect of television's health imagery.** While researchers have identified the underlying health images (portrayals and messages) in entertainment programming, there is little information available about their impact on various audiences.

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