

Mainstream media and the social determinants of health in Canada: is it time to call it a day?

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SUMMARY

This article explores the dearth of coverage of the social determinants of health by the Canadian mainstream media. It is argued that this neglect is primarily a reflection of political and economic societal structures that has been associated with increasing corporate control of the mainstream media. Applying a critical political economy lens, it is argued that the barriers to having the Canadian mainstream media report on the social determinants of health are so numerous that it may indeed be ‘time to call

it a day’ in regard to having them assist in the dissemination of social determinants of health findings. Recognizing this reality should spur the development of alternative means of communicating with the public in order to develop a citizens’ movement to create health-promoting public policy. Recent dissemination efforts related to the Social Determinants of Health: The Canadian Facts provide an example of how this might be accomplished.

Key words: determinants of health; media; public health advocacy

It is our view that, among their other functions, the media serve, and propagandize on behalf of, the powerful societal interests that control and finance them (Herman and Chomsky, 2002, p. xi).

INTRODUCTION

In this article, I review problems associated with having the Canadian mainstream media communicate findings regarding the social determinants of health. After reviewing the evidence concerning the dearth of mainstream media reporting on the social determinants of health, I outline some of the reasons advanced by health researchers why this might be the case. I then apply a critical political economy lens to suggest that much of this may have to do with issues of power and influence associated

with increasing corporate control of not only the mainstream media but also the general societal discourse as to the determinants of health. I suggest it may indeed be ‘time to call it a day’ in regard to the mainstream media and move on to developing our own means of information dissemination and public education about the social determinants of health. The Canadian experience reported here probably applies to the situations in many other wealthy developed nations.

SOCIAL DETERMINANTS OF HEALTH

It has been known since the mid-1850s that the primary factors that determine whether one lives a long healthy life or a short sick one are not

genes or lifestyle choices but rather the living conditions that are experienced (Engels, 1845/1987; Virchow, 1848/1985). Since then hundreds upon hundreds of research studies have affirmed this basic fact (World Health Organization, 2008). In academic and health policy discourses, living conditions are referred to as 'prerequisites of health' (World Health Organization, 1986) or more recently 'social determinants of health' (Marmot and Wilkinson, 2006; Raphael, 2009). The term 'foundations of health' is sometimes used (Seedhouse, 2003). I also find it useful to refer to the concept of 'basic needs' (Maslow, 1968).

In Canada, health promoters have long recognized the important role living conditions play in shaping health. In fact, Canada's enshrining of these concepts in health policy documents and statements (Lalonde, 1974; Epp, 1986; Health Canada, 2001; Public Health Association, 2009) led to Canada being seen as a world leader in developing health promotion concepts (Restrepo, 1996). Canadian reports on these issues continue to be plentiful (Canadian Population Health Initiative, 2004a, 2008; Butler-Jones, 2008).

Despite this perceived leadership, Canada has always been slow in applying these concepts to the development of health and social policy (Legowski and McKay, 2000; Raphael, 2008b). These deficiencies have become especially apparent over the last decade and the subject of comment by researchers and health agencies and even the Canadian Senate (Canadian Population Health Initiative, 2002; Collins and Hayes, 2007; Senate Subcommittee on Population Health, 2009; Bryant *et al.*, 2010).

Much of this lack of implementation in public policy of the social determinants of health concept has to do with Canada being a liberal welfare state where the dominant ideological inspiration has been to let the market determine the distribution of economic and other resources (Saint-Arnaud and Bernard, 2003; Raphael and Bryant, 2006; Raphael, 2008a). The situation is not assisted by the Canadian public's profound lack of awareness of how living conditions shape health. Numerous surveys indicate that when asked about the factors that shape health, the overwhelming response of Canadians is to raise the holy trinity of risk (Nettleton, 1997) of tobacco use, activity and diet to the exclusion of the social determinants of health (Eyles *et al.*, 2001; Paisley *et al.*, 2001; Canadian Population

Health Initiative, 2004b). From my own experience, I teach over 600 undergraduate students a year who are genuinely surprised to learn that there are factors beyond 'healthy lifestyle choices' that influence health. I receive a similar response when I present to the general public.

It seems reasonable to hypothesize that this lack of public awareness about the social determinants of health has been abetted by the mainstream media's neglect of this key issue. [Another contribution to this lack of public understanding is the reluctance of most public health units to undertake public education campaigns in regard to the social determinants of health (Raphael *et al.*, 2008).] I had long suspected—with others (Hayes *et al.*, 2007)—that there was a dearth of coverage by the Canadian mainstream media on the important impact of the social determinants—and the public policies that shape these determinants—upon health. While there was research evidence that this was the case among the UK, Australian and Dutch media, until recently the Canadian scene had not been carefully researched (Bartley, 1995; Westwood and Westwood, 1999; Commers *et al.*, 2000; Hayes, 2002).

THE CANADIAN SCENE

In 1996, the publication of Richard Wilkinson's *Unhealthy Societies: The Afflictions of Inequality* (Wilkinson, 1996) illuminated the adverse health consequences of neo-liberal restructuring of the economy in the UK. Its publication was especially timely as Canada had just entered a period of welfare state retrenchment which led to significant reductions in governmental expenditures in support of citizens and government withdrawal from intervening in the operation of the market economy (McBride and Shields, 1997; Scarth, 2004). Indeed, the Organisation for Economic Co-operation and Development has since identified Canada—with Germany—as showing the greatest increase in income inequality and poverty among its 30 member nations over the past decade (Organisation for Economic Co-operation and Development, 2008).

As a naïve newcomer to the health promotion and health policy scene in the mid-1990s, I assumed that once the connections were made between the adverse health effects associated with the UK Thatcher experience and the

current Canadian public policy scene, the mainstream media would jump on this story. Instead, I found that despite my numerous empirical inquiries into the health-related effects of these shifting public policy sands (Raphael *et al.*, 2000, 2001a,b) and analyses of how the social determinants shape health (Raphael and Farrell, 2002; Raphael, 2003; Raphael *et al.*, 2003), it was virtually impossible to garner any mainstream media interest in these issues. Indeed, over the last 15 years, my success in having these issues identified can be counted on one hand in that a few columnists—not health reporters—have profiled my attempts to draw out the health implications of deteriorating social determinants of health resulting from changes in the Canadian welfare state.

It was therefore both reassuring—and disturbing—to find that my perceptions of mainstream media coverage of these issues were accurate. Simon Fraser University Health Sciences Professor Michael Hayes and colleagues carried out an extensive analysis of health-related stories in major Canadian newspapers over an 8-year period. Their results were disheartening (Hayes *et al.*, 2007). Their analysis of 4732 newspaper articles concerned with health topics found a dearth of stories concerned with the social determinants of health. Only 282—6%—of newspaper stories were concerned with the socioeconomic environment and health. More specifically, a total of nine stories (2/10 of 1%) were concerned with how income—the primary social determinant of health—is related to health. Coverage was dominated by health care, medical research and ‘healthy living’ content. This lack of a broader focus occurred during a period of intense Canadian research and report-writing activity on these issues that arguably influenced the health promotion field around the globe (O’Neill *et al.*, 2007). There is little reason to think that Canadian radio and television coverage of the social determinants differs significantly than the newspaper case.

In a follow-up study, Concordia University communications Professor Michael Gasher *et al.* carried out on-the-record interviews with 12 Canadian newspaper health reporters about how they went about reporting health stories (Gasher *et al.*, 2007). The barriers to reporting on the social determinants of health provided by the reporters included: (i) lack of knowledge of the social determinants on their part; (ii) a perceived difficulty putting the social

determinants into the immediate and concrete ‘storytelling’ that comprises typical news reporting; (iii) a perception that the social determinants are not new and therefore not newsworthy and (iv) an expressed concern about ‘stigmatizing the poor’.

TRADITIONAL EXPLANATIONS FOR THE DEARTH OF COVERAGE

The explanations for the lack of media coverage of the social determinants of health provided by Gasher *et al.* are similar to those of other health researchers (Grier and Bryant, 2004; Randolph and Viswanath, 2004; Viswanath and Emmons, 2006; Abroms and Malbach, 2008). First, Gasher *et al.* suggest that health reporters’ beats are so structured that they are in essence embedded within the health-care industry. These beats are programmed to focus on health care, not health. Second, Gasher *et al.* argue that conventional news values are focused on reporting discrete events rather than more complex facts that underlay health and illness. In this analysis, the social determinants are ‘complex’ and inconsistent with what passes for news in the mainstream media.

The third argument is that reporters are somehow unaware of the social determinants of health and that they remain unconvinced as to their importance. Finally, the authors suggest that the social determinants of health are contrary to individualist concepts found in Canadian society and Canadians’ belief in individual choice, medical and technological fixes. A determinants analysis is seen as ‘threatening to Canadians’ and somehow translates into a lack of mainstream media coverage.

Gasher *et al.*, (2007) conclude: ‘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’ (p. 571). They propose the establishment of communications strategies to inform health reporters about the determinants of health. A recently funded (\$370 000) 3-year Canadian Institute for Health Research project aims to do just that in a number of health-related areas that include the broader determinants of health (University of Manitoba, 2010):

A new University of Manitoba project called the Best Evidence Network will link journalists with the academics who research and publish reports on these issues. The network will create an accessible, credible, evidence-based resource for members of the media covering topics in health policy, including those that are the most controversial.

While we can wish this project well, I propose that such efforts to develop communications strategies to reach the mainstream media as it is currently constituted in Canada and elsewhere may not be worth the effort. The reason for this is that health reporters' reluctance to report on the social determinants of health may involve—in addition to all the points made by Gasher *et al.* and others—broader structural issues that are not amenable to 'communication strategies' or other such efforts to inform reporters and shift their reporting. If this is the case, then alternative means of educating the public may be required.

CRITICAL POLITICAL ECONOMY EXPLANATIONS FOR THE DEARTH OF COVERAGE

I offer a series of additional explanations for the mainstream media situation that draws upon a critical political economy perspective (Coburn, 2010). These explanations have some affinities to the ones provided above but see the mainstream media's coverage as embedded within broader issues of societal functioning. It considers mainstream media activity as a reflection of societal structures that control the distribution of economic and human resources, and shape dominant ideological discourses (Grabb, 2007). The perspective posits that the mainstream media and how it operates—including its reporting of the social determinants of health—parallels broader societal processes that are shaped by powerful economic and political structures.

According to Grabb (Grabb, 2007), the *economic structure* of a society dictates the distribution of wealth and income, influence and power. In broad terms, a simple indicator of the nature by which the economic system operates in developed nations such as Canada is the extent to which it is managed or controlled by State, governmental or other outside mechanisms and how such interventions come about. Unbridled operation of the marketplace

economy, it is argued, leads to the presence of greater social and health inequalities (Leys, 2001; Macarov, 2003; Brady, 2010; Coburn, 2010).

At the same time, it would be expected that such unbridled economic activity would be associated with the mainstream media coming under the control of the same market forces that increasingly dictate public policy. Is there any evidence that the mainstream media has become increasingly concentrated under the control of fewer and fewer corporate owners? The answer is clear: Yes (Canadian Senate, 2006). The Canadian Senate report stated: 'The central concern is that a decrease in the number of media owners implies a decrease in the number of available, distinct voices. As the Canadian Association of Journalists put it: "My focus on major cross-ownership was, if you turn on the radio or turn on the TV or open a daily newspaper and they all come from the same source. We see that as a problem in terms of diversity", Paul Schneidereit, National President Canadian Association of Journalists, April 19, 2005'. Would such concentration be associated with mainstream media unwillingness to report on how the social determinants of health are the primary factors that shape health? I believe that it is and present the reasons below.

Second, Grabb (Grabb, 2007) argues that the political structure—or government—reinforces the operation of the economic system by enacting laws and regulations that codify these processes and the inequalities that result in power and influence. At a broad level, governments can enact laws that either enhance or reduce the economic resources, influence and power that members of varying classes, status groups or associations come to hold. The means by which they can do this is by enacting various public policies.

Broadly, Canadian governments have done little to restrain the forces that create income and wealth inequalities (Yalnizyan, 2007). Similarly, they have done little to control the increasing concentration of the mainstream media under the control of fewer and fewer corporate owners (Canadian Senate, 2006). Would it be surprising that such law-making serves as a barrier to greater reporting on the social determinants of health by these increasingly concentrated mainstream media outlets?

Finally, the operation of economic and political systems and their resultant effects come to

be justified by ideological structures, the dominant discourses or ideas in society—present in policy statements, the mainstream media and other opinion shapers—that explain these phenomena. As Gasher *et al.* argue, individualism is a strong value that is applied to explain the existence of social and health inequalities in Canada. While they suggest that somehow individualism inhibits reporting of the social determinants of health through a vague sort of anxiety on the part of Canadians, I propose that increasing corporate control of the mainstream media plays an active role in inhibiting reporting on the social determinants of health. How might these economic, political and ideological structures play themselves out in terms of mainstream media coverage of the social determinants of health?

The following is a series of hypotheses that should spur inquiry into the issues raised by Hayes, Gasher, and others about mainstream media's reporting on the social determinants of health. Already, there is evidence that bears upon the validity of these hypotheses.

Hypothesis 1: reporters think just like everyone else in society

A key tenet of the critical political economy approach is that our ideas are shaped by the society in which we are embedded: 'That is, we who produce ideas are all products of our upbringing in a particular kind of society at a particular time—social structure or society comes first, then our own subjectivities, identities, or "selves"' (Coburn, 2010, p. 61). The growing emphasis of neo-liberal views on economic and political processes (Leys, 2001) as well as the importance of private individualized solutions to problems—including health problems—(Hofrichter, 2003) may be driving both the societal processes that shape overall health and create health inequalities as well as the media's approach to reporting on health and its determinants (Raphael *et al.*, 2008). This embeddedness becomes even more important since reporters are employed by publishers who may have very clear preferences for one set of explanations of how health is determined over another (see below).

In Canada, reporters have not only been subjected to the same barrage of behavioral risk and healthy lifestyle choice messaging as have the rest of Canadians but they are also more

exposed in their employment activities to the well-organized health research industry which emphasizes biomedical and behavioral explanations for health. The primary funder of health research in Canada is the Canadian Institutes for Health Research (CIHR). CIHR has 12 institutes, only one of which is concerned with 'population health'. And even this institute provides most of its funding to traditional epidemiologically oriented, rather than critical social science analysis of health issues. Why would we expect that reporters' understandings of the determinants of health—currently focused on diet, exercise and tobacco use—would be any different from the general public? For every health researcher trying to communicate findings about the social determinants of health and the public policy antecedents of these determinants, there are very many more traditional health researchers providing the media with their stories.

At a purely practical level, what would be the implications for reporters—and their editors and publishers—now beginning to point out that their last few hundreds of stories about the vital importance of ingesting fruits and vegetables, taking exercise and avoiding tobacco use as the primary determinants of health have been misguided at best and inaccurate at worst? Witness how the media maintains its saturated fat and heart disease fixation in spite of a decade of research disconfirming the link (Taubes, 2001, 2002, 2008; Ravnskov, 2003). Similar issues concerning continuing media reporting of discredited associations arise on a whole series of fronts (Freeman, 2010).

Hypothesis 2: reporters are expected to tow the accepted line

The mainstream media has become increasingly concentrated under the ownership of corporations whose political views can—without much argument—be classified as conservative supporters of free market, individualized approaches concerning societal issues. This is especially the case in Canada where newspapers, radio and television are increasingly controlled by fewer and fewer corporations (Socialist Project, 2009).

There is clear evidence that such concentration comes to be associated with what has been called 'filters and blind spots in Canada's press' (Hackett and Gruneau, 2000). One detailed analysis concluded that during the

1990s, there was a noticeable reduction in the number of news stories about poverty and social inequality. Related to this was a growing tendency to favor right- over left-wing policy institute reports. The report concludes: ‘The results of these trends, arguably, is a news media environment that is increasingly unable to capture both the everyday experience of poverty and the role that government and corporate policies may play in sustaining it’ (Hackett and Gruneau, 2000, p. 201). How would this corporate media concentration be converted into lack of media coverage of the social determinants of health?

As noted, most mainstream reporters now work for corporations whose ideological proclivities favor market over communal analysis of public policy issues. Evidence exists that the social determinants is an issue that lends itself to political persuasion (Gollust *et al.*, 2009). Gasher *et al.* acknowledge that social determinants approaches toward understanding health issues clash with such individualized interpretations but fail to link reporters’ activities with their employment situations. Reporters are probably well aware of these corporate preferences—either generally through their detecting the changing winds in the newsroom or directly through their editors’ responses to their work activities—and like most other salaried workers would hesitate to put their futures on the line by consistently presenting a social determinant of health perspective in their stories.

Hypothesis 3: emphasizing biomedical and behavioral approaches to health is profitable

Mainstream print media in Canada have huge ‘Food’ and ‘Living Sections’ and radio and TV provide similar segments that generate significant reader interest and advertising dollars. These incentives certainly support news reporting that helps maintain the belief that individual healthy lifestyle choices will help readers live longer and healthier lives. It seems reasonable that reporting that downplays the social determinants of health is viewed favorably by newspaper executives, editors and their advertisers. Healthy living may be the ‘goose that continues to lay the golden egg’ for the mainstream media. What would be the payoff for the mainstream media in emphasizing the social determinants of health and the public policy decisions that threaten their quality?

MORE OF THE SAME AND A WAY OUT

Most recently, the mainstream media’s reluctance to report on these broader health issues is apparent in its coverage of the release of the public-oriented document *Social Determinants of Health: The Canadian Facts* (Mikkonen and Raphael, 2010). Patterned after the WHO’s European Office’s *Social Determinants of Health: The Solid Facts* (Wilkinson and Marmot, 2003), it contains a foreword by Monique Begin who served as Canadian Commissioner on the WHO’s Commission on Social Determinants of Health. Dr Begin is well known as a former federal Minister of Health and Welfare and is widely credited with having saved Canada’s public health-care system in the mid-1980s.

Despite a press release being sent out to hundreds of media outlets, its release was limited to a story—and it was an excellent one!—by a cub education reporter working for the newspaper company that distributes free newspapers in public transit systems across Canada (Emory, 2010). It was also reported on by a suburban Toronto community paper (Traber, 2010), and interestingly, by Radio Canada International on an overseas broadcast (Nerenberg, 2010). No other media outlet carried the story.

Another recent example of the mainstream media’s lack of coverage of the social determinants of health is the experience of the Canadian Centre for Policy Alternatives’ (CCPA) release of an edited collection entitled *The Social Determinants of Health in Manitoba* (Fernandez *et al.*, 2010). The CCPA is among Canada’s leading research institutes and this report was a major effort by many of Manitoba’s leading authorities on health and social policy. Despite an extensive communications effort, no media attended the book launch and there has been no coverage of this release by any mainstream media outlet.

A third example is that of my being asked to prepare a series of articles on the ‘Health of Canada’s Children’ for the Canadian journal *Paediatrics and Child Health* (Raphael, 2010). The Canadian Paediatric Society made a concerted effort to communicate to the mainstream media about this social determinants-oriented analysis of children’s health. The first installment was picked up by one newspaper outlet that ignored the determinants aspect in favor of emphasizing the previously reported finding that infant mortality rates were highest in the

province of Saskatchewan. The other three installments have been ignored.

Faced with this inability to connect with the Canadian public through the mainstream media, the co-author of the *Canadian Facts* document suggested we take advantage of the 1300+ member social determinants of health listserv I moderate to disseminate and track the distribution of the *Social Determinants of Health: The Canadian Facts* document. We would follow its spread by monitoring visits to, and downloads from the website (<http://thecanadianfacts.org>) where it was posted.

To my astonishment, the response to the document has been remarkable! As of 10 January 2011—its release was 27 April 2010—there have been 26 346 visits to the website and the document has been viewed 20 652 times. In addition, a program we use allows us to identify institutional identities of visitors that tells us how many times a member of the House of Commons, The Public Health Agency of Canada and every other organization has accessed the site and what they did once they arrived. It also tells us where information regarding the document has been provided (e.g. newsletters, articles, blogs, etc.) as it identifies url's from which visitors access the site.

There is rather less success to report in terms of social networking through the use of Facebook. We have 360 'friends' but tellingly, when we asked these 'friends' to complete a short survey that told us a little about their reaction to and use of the document, only four responded (~1%). We are therefore pursuing the avenue of engaging members of the SDOH listserv to detail their uses of the document and to spur its further dissemination.

The follow-up dissemination activities we plan include profiling the document in agency newsletters, providing the document's link to agency staff and clients and urging listserv members to inform acquaintances, friends and relatives about the document. I have also offered a resolution for consideration by my local political riding association that calls for endorsement of *The Canadian Facts* by the provincial and federal wings of the party.

The success of our dissemination efforts through the Internet has made it easier for me to accept that the mainstream media may never be able to report on the social determinants of health. I had resisted this conclusion for many years, but accepting this has spurred thought

about more innovative and effective dissemination efforts.

Those of us who wish to see the social determinants of health strengthened through public policy action should accept that the mainstream media will not assist us in this task. Since the evidence indicates that there are too many barriers to having the mainstream media communicate information about the social determinants of health, it may be indeed be time 'to call it a day'. Even if an occasional message related to the social determinants of health makes it into print or the air, it becomes lost in the mainstream media's continuing barrage of 'healthy living' stories.

Accepting this conclusion should not be a cause for concern. It should however spur us to make the commitment to building alternative means of communicating our message to the public. As one very obvious example relevant to Canada, public health in Canada—its associations and local units—has not been in the forefront of communicating to the public the evidence concerning the social determinants of health. There are examples of health units across Canada taking a proactive role in carrying out this task of educating the public by placing ads in newspapers, public service announcements on local television and distributing newsletters ([Interior Health Region, 2006](#); [Sudbury and District Health Unit, 2006](#); [Peterborough County-City Health Unit, 2008](#); [Regina Qu'Appelle Health Region, 2008](#); [Waterloo Region Public Health Unit, 2011](#)).

There is also potential for public education through use of the new media and alternative news sources which may be able to have an impact. In the USA, the release of the multi-hour series *Unnatural Causes: Is Inequality Making us Sick* and its widespread showing on PBS and subsequently in schools across the country is a major development ([Adelman, 2008](#)). In Canada, the documentary *Poor No More* is attempting to educate the public through similar means ([Langille, 2010](#)).

Finally, our own success with disseminating *Social Determinants of Health: The Canadian Facts* is also encouraging. Once social determinants of health advocates conclude that the mainstream media will not be an ally in educating the public and building a social movement in support of health ([Baum, 2007](#)), it should accelerate our commitment to take matters into our

own hands. We have the credibility and means of taking on this task. Let's get on with it.

POSTSCRIPT

On 16 December 2010, the Health Council of Canada—an arm-length advisory agency to Canadian health ministries—issued a call to action for governments to adopt a ‘whole of government’ approach to addressing the ‘determinants of health’ (Health Council of Canada, 2010). Despite the best efforts of a number of their media specialists, the release was covered by only two mainstream media sources: a small column in the *Toronto Star* and a story in the *Vancouver Sun*.

This was followed on 3 January 2011 by the national government-funded Canadian Broadcasting Company announcing a major 6-month ‘*Live Right Now*’ effort that will message Canadians on the importance of achieving healthy lifestyle changes (e.g. increased physical activity, diet change and weight loss) (Canadian Newswire, 2010). The CBC plans to ‘encourage, educate and support Canadians to make small, manageable changes that will have a big impact on their health and the health of this country’. The CBC platform website—<http://www.cbc.ca/liverightnow/>—makes no mention of the social determinants of health.

As follow-up to the CBC’s ‘*Live Right Now*’ initiative, two interviews with directors of community health centers in Toronto and Ottawa provided brief opportunities for moving the discussion beyond lifestyle approaches to health promotion. What is most striking about these interviews was the consistent attempt by the CBC interviewer to steer the discussion back to healthy eating and exercise as the biggest problems facing low income and other marginalized Canadians.

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