Assessment of newspaper reporting of public health and the medical model: a methodological case study

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SUMMARY
A case study over a 4-week period reviewed health items reported in the Australian newspaper, The [Brisbane] Courier Mail, under the two broad categories of public health and the medical model. Content analysis was utilized to assess 19 criteria which measured prominence, content, stakeholders, orientation of reporting and tone of items. The findings suggest that public health, including health promotion, is presented less often, less prominently and less positively than medical model issues (Westwood, 1995). No comparable review of press reporting of these two models was identified in extensive international literature searches and this study is considered to break new ground. The potential influence of the print media in the education of the population on public health issues is presented. It is proposed that a greater understanding of the dynamics of health reporting and particularly the relationship between public health and the medical model may lead to more constructive and informative reporting.

INTRODUCTION
Newspapers are a major source of factual information, opinion and analysis. They impart knowledge, influence the understanding of issues by their readers and may also act as advocates for the recipients of news items. A smorgasbord of items is offered but most people will neither read all of the articles nor read to the end of selected articles. Newspapers are less likely to therefore grab attention on low salience stories unless presented in a manner designed to attract attention (Neuman et al., 1992).

In this case study, reported health issues were separated into two models: public health and the medical model. Such separation is based on a thorough review of the literature and represents the best fit in resolving health issues into two basic components. The methodology developed enables analysis of the presentation of health issues in the print media rather than relying on anecdotal and generalized preconceptions in determining future strategy for the promotion of public health.

Public health for the purposes of this study includes health promotion and primary health care as major components. Many public health issues, may be seen as poor attention grabbers, but are none the less important for the general population. Much of the determinants of personal health status lie within the control of individuals including issues of life-style, nutrition, consumption of alcohol and tobacco products. Such behaviour may be modified through health promotion activities and incorporate the effect on others such as immunization of children. How these issues are presented in the print media can influence the response by individuals and the subsequent effects on their health status.
Newspaper items included in this study as public health were those which featured as their major component the three main objectives developed by the World Health Organization (WHO Health for All 2000) of life-styles conducive to health, prevention of preventable conditions and rehabilitation (WHO, 1981). Health promotion activities feature strongly in the first two of these. Also included were broader issues increasingly being incorporated into public health of life-style factors, beliefs, religion, culture, language and social groups; and their interaction with factors and conditions including economic circumstances, work, education, political and cultural/urban issues (Wenzel, 1983; Hetzel and McMichael, 1987; McMichael, 1989; Wenzel, 1994; Lee, 1997). This is consistent with health promotion being seen as ‘any combination of health education and related organizational, political and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health’ (Bates and Windsor, 1984).

The development of primary health care was included as being central to the attainment of the goal of Health for All 2000 (Ashton and Seymour, 1992) as was the protection and promotion of the health of the population as a whole, by activity that is usually funded and organized by governments. Public health research was included which identified factors determining health and illness in the population as a whole with respect to living conditions (Baum et al., 1992).

The medical model provided a suitable counterpoint to public health for the purposes of analysis of media reporting (Macklin, 1991). It has been the basic paradigm of medicine since the development of the germ theory of disease in the nineteenth century (Abercrombie et al., 1988) and assumes that all disease is caused by specific aetiological agents (the ‘disease entity’). The patient tends to be seen as the passive target of medical intervention rather than part of a complex social environment. Newspaper items included under the medical model were those which featured as their main theme, medical intervention or treatment, scientifically based procedures, technology and institutionally based care (usually in hospitals or other facilities) founded on laboratory based research about disease processes. These included items dealing with hospitals, medical treatment and technology and those items with a focus on restoration of health through treatment of people who were already sick. Medical ‘experts’ featured prominently and complex medical terminology was frequently utilized (Baum et al., 1992; Pasternak and Pine, 1997).

Historically, the medical model justifies the use of medical technology and promotes the medicalization of health, has taken little account of the aetiology of chronic diseases due to life-style factors and has generally been inappropriate in the treatment of mental illness (Lupton and Najman, 1987). However, the roots of hospital involvement in health promotion go back to community education programs. Burke (1989) argues that it became incumbent on hospitals to try and reduce illness through health promotion programs aimed at the root causes of illness. This case study was intended in part to show if media reporting reflects this concept.

An extensive search of published literature in both journals and monographs was undertaken looking for items on media and health both directly and through cross-referenced searches in both English and other languages in Australian and international databases.

This included AMI (Australian Medical Index), APAIS (Australian Public Affairs Information Service), APAIS Current Contents, AUSTROM (Australian social science, law and education database), CINAHL (Cumulative Index to Nursing and Allied Health Literature), Sociofile, Cochrane Library databases CDSR and DARE, Health Periodicals Database—Health Planning and Administration, HEAPS (the national health promotion database in Australia and New Zealand), HeathSTAR, Index Medicus, Internet searches by specific key topic words, Medline, PsycLIT, RURAL (Monash University rural and remote health database), SSDA (Social Science Data Archives) at the Australian National University, Canberra with access to international data through the ICPSR (Inter-university Consortium for Political and Social Research at the University of Michigan, USA), and World C AT D AT via Internet Catalogues.

Index Listing (a public domain computerized database available through the Queensland Health Department Library in Brisbane, Australia) was used as a cross-reference to ensure all relevant reported items were included in the study period. It provides a comprehensive listing of contents and items reported by subject matter for all major Australian newspapers. A
précis of each item is available through this system.

Over 700 relevant records were identified but none dealt with reporting of health and media in a similar nature to this study. Only one article (Lupton, 1995) reviewed how health generally is presented in the print media and this was specific to the front page of one newspaper without separation into models of health care. Most articles dealt with single issues, such as breast cancer or AIDS. Many dealt with television, film and other visual forms of presentation and with social marketing, health and health promotion, again usually focusing on single issues such as effects of smoking.

During this study, The [Brisbane] Courier Mail had the largest readership of any newspaper in Queensland at 700,290 copies weekdays and 900,780 on Saturday (October 1994), and provided an adequate volume of data for a case study. Interpretation of results was undertaken guardedly and a larger more comprehensive study is required before drawing broader significance for the print media generally.

METHODOLOGY

A content analysis methodology was employed enabling an objective, systematic, quantitative description of the content (Berelson, 1954) and assessment of the relative extent to which specified references, judgements, attitudes, or themes permeated the items (Stone, 1964). This technique has been utilized in numerous health related studies on the print media coverage of a diversity of specific health issues such as hazards of smoking (Warner and Goldenhar, 1989), dementia (Commissaris et al., 1991) and tranquilizer abuse (Gabe et al., 1991). The criteria included:

1 Measures of prominence:
   • frequency of reporting
   • day of week
   • page of item
   • location on page
   • headline size
   • text size
   • analysis of photographs

2 Primary and secondary content:
   • policy/politics (covering direction setting in the health system and power issues)
   • workforce/industrial/educational/legal/ethical (broadly workforce issues)
   • gender/age/ethnicity/socio-economic (a sociologically based grouping of content components)
   • geographic/demographic/promotion/prevention (relating to life-style and community oriented issues)
   • treatment/rehabilitation/facilities/technology/research (grouping of treatment or more institutionally based aspects of content)

3 Stakeholders:
   • those most affected by the reported issues and provides a measure of ownership of the issues.

4 Orientation of reporting:
   • author (indication of the bona fides of the person reporting in relation to the subject matter and hence legitimacy of statements made)
   • opinion maker (indicator of credibility of persons to whom comments or opinions attributed and assessment of any potential bias in reporting)
   • orientation of item—person or other (indicator if item is primarily about issues or people)
   • nature of reporting—article, feature article, column, editorial, letter (relative indicator of importance of item)
   • type of report—event announcement, new item, recurring item, mixed new and recurring item (indicator of flavour of item reported)

5 Tone of reporting:
   • positive or negative (assesses the way in which readers may perceive reported health items as ‘good’ or ‘bad’)

Items printed in The [Brisbane] Courier Mail were included in the study if they met the broad definition for the two models of health care. News articles, features, columns and editorials were included along with accompanying photographs. Letters to the editor were included as a means of gauging public response to printed health reports. Items referring to overseas issues of no obvious importance for Australia were excluded given the different cultural and social settings for health care in different countries. The
intention was to assess reporting of health issues of significance to Australian readers of the newspaper. Items also excluded were those where the issues were categorized as primarily about violence or accidents, or reports with another primary focus such as court cases in which health was a secondary issue as these are frequently biased towards institutional, technology and treatment issues skewing the results significantly towards the medical model. Cartoons were excluded based on their relative infrequency.

The sampling period consisted of four single randomly selected weeks commencing on 12 September and 7 November 1994, and 20 February and 15 May 1995. The data were recorded and analysed utilizing the SAS System database (Cary, 1993). The Chi square test ($\chi^2$) at $p = 0.05$ was taken as the significance level generally accepted in the medical and social sciences (Hennekens and Buring, 1987).

**RESULTS**

**Significant measures**

Four key measures revealed statistically significant differences between reporting of medical model and public health issues (Table 1). These were frequency of reporting, content, stakeholders and tone of reporting, which suggests that these may be major determinants of the impact of health reporting.

**Frequency of reporting**

A total of 264 health items were identified in The [Brisbane] Courier Mail as meeting the criteria for inclusion, an average of 66 items per week. Public Health accounted for approximately one-third (34.47%, $n = 91$) of all items with a similar distribution between public health and the medical model in each week with the exception of week 1 where public health had a slight predominance (Figure 1).

**Content of items**

The content of items provides an estimate of the broad subject material reported and was assessed by primary content, or the main focus of the item, and secondary content, which complemented or competed with the primary focus. For ease of analysis, the 20 categories analysed under content were grouped into five combinations of similar nature (Table 2) after an initial preliminary sample which suggested that some categories would have insufficient numbers for valid statistical analysis.

The combination of treatment, rehabilitation, facilities, technology and research (Figure 2, group E), as a grouping of more institutionally oriented issues, contained 52.60% ($n = 91$) of medical model items compared with 20.88% ($n = 19$) of public health items. This is consistent with expectations that medical model issues

<table>
<thead>
<tr>
<th>Measure</th>
<th>$\chi^2$ Value</th>
<th>Degrees of freedom</th>
<th>$p$-value for $\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>8.533</td>
<td>3</td>
<td>0.036</td>
</tr>
<tr>
<td>Primary content</td>
<td>97.922</td>
<td>4</td>
<td>0.001</td>
</tr>
<tr>
<td>Secondary content</td>
<td>16.560</td>
<td>5</td>
<td>0.005</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>32.268</td>
<td>5</td>
<td>0.001</td>
</tr>
<tr>
<td>Tone</td>
<td>9.220</td>
<td>1</td>
<td>0.002</td>
</tr>
</tbody>
</table>

Table 1: Statistically significant media reporting of health issues
relate more to institutionally based components of health.

The sociologically based categories traditionally associated with public health (Davis and George, 1990; Holman, 1992) of gender, age, ethnicity and socio-economic status (Figure 2, group C), contained few items with 4.40% (n = 4) of Public Health and 3.47% (n = 6) of medical model items. However, geographic, demographic, promotion and prevention (Figure 2, group D), which relate to life-style and community oriented issues, accounted for 53.85% (n = 49) of public health items but only 2.89% (n = 5) of medical model items. The two groups together contained 58.24% (n = 53) of public health items compared with 6.40% (n = 11) of medical model items. This is to be expected given that promotion and prevention are strong public health issues.

Workforce, industrial, education and legal/ethical (Figure 2, group B) contained 21.87% (n = 38) of all medical model items but only 8.79% (n = 8) of all public health items while policy/political (Figure 2, group A) accounted for 19.08% (n = 33) of medical model items and 12.09% (n = 11) of public health items.

Secondary content of each item was categorized as a clearly identified distinguishing aspect which complemented or competed with the primary content or main thrust of the item. Only 34.85% (n = 92) of items contained a codeable secondary content. All combinations of items (Figure 3) showed very similar proportional distributions to those described by the primary content.

### Table 2: Primary content of items

<table>
<thead>
<tr>
<th>Category combination</th>
<th>Proportion all items</th>
<th>Proportion of category combination by model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>A: Policy/politics</td>
<td>16.67</td>
<td>44</td>
</tr>
<tr>
<td>B: Workforce, industrial, education, legal/ethical</td>
<td>17.39</td>
<td>8</td>
</tr>
<tr>
<td>C: Gender, age, ethnicity, socio/economic</td>
<td>3.79</td>
<td>10</td>
</tr>
<tr>
<td>D: Geographic/demographic, promotion, prevention</td>
<td>20.45</td>
<td>54</td>
</tr>
<tr>
<td>E: Treatment, rehabilitation, facilities, technology and research</td>
<td>41.67</td>
<td>110</td>
</tr>
<tr>
<td>Total</td>
<td>100.00</td>
<td>264</td>
</tr>
</tbody>
</table>

Fig 2: Primary content of item (percentage of all items by model).
Stakeholders

Stakeholders were those identified as most affected by the reported issues and were grouped into six broad categories (Table 3). They provided a measure of ownership of the issues.

The majority of stakeholders were doctors, policy makers, politicians and professional organizations and associations. Health consumer perspectives represented in the grouping of other persons and academics and researchers were less well represented while nurses and other professionals were least well represented.

In most groupings the medical model accounted for the majority of items by a substantial margin (Figure 4). Not surprisingly, among doctors, there were 26.59% ($n = 46$) of medical model items but only 14.29% ($n = 13$) of public health items.

Similarly, the group of academics and researchers contained 12.72% ($n = 22$) of all medical model items and 9.89% ($n = 9$) of public health items.

The only grouping in which public health predominated was professional organizations and associations with 38.46% ($n = 35$) of public health items compared with 15.03% ($n = 26$) of medical model items. This is consistent with the fact that this group contained organizations largely dealing with public health issues, such as the National Heart Foundation.

Tone

Tone provided a means of assessing the way in which readers perceived reported health items as ‘good’ or ‘bad’. One of the major aims of the study was to test the perception that public health issues were presented in a more negative fashion than were medical model issues. Items were assessed for tone as positive or negative using categories modified from those developed in the United States for analysing reported media studies (Larson, 1992).

(i) Positive. Where the item suggests, implies or states that the issue reported is beneficial, helpful, good or useful to individuals and/or society. The topic of the item is presented in a benevolent and good light.

(ii) Neutral. Where the item neither indicates, implies, accuses or states that the reported health issue was good, bad, helpful or harmful to society or to individuals, nor does it redeem, promote or destroy them in any way. Items which are well balanced in presenting alternative opinions are also included in this category.

(iii) Negative. Where the item suggests, implies or states that the health issue reported was
harmful, fatal, or dangerous to individuals or to society. In these items the reader receives a message of caution or disdain towards the issue reported, or a feeling that the content, e.g. technology involved, should be approached with caution or dread (Brand, 1990; Larson, 1992).

The press does not simply provide neutral information. It presents largely manufactured and often subjective accounts of reality through emphasis, prominence, omission and selection (Schwartz, 1992). To reflect more simply any potential bias on the part of the coder, neutral items were combined with positive ones. This resulted in only those articles assessed as truly negative being coded in that category. The assessments were validated in an initial trial sample utilizing two non-health educators, two health science academics, a media studies academic, a health services administrator and an academic sociologist. Codings in each case were almost identical to those of the principal author.

The ratio of positive to negative reporting across all items was approximately 2 : 1 with 64.02% \( (n = 169) \) being positive and 35.98% \( (n = 95) \) being negative items.

Proportionally 70.52% \( (n = 122) \) of all the medical model items were coded as positive in tone compared with 51.65% \( (n = 47) \) of all public health items (Figure 5).

**Non-significant measures**

A number of measures were generally not statistically significant but are nevertheless of interest and worthy of analysis in a larger study.
Measures of prominence

Measures of prominence assess how effectively each item may attract the attention of readers and the degree of information potentially imparted.

(i) Day of week. The day of the week on which items appear was assessed as an indicator for potential targeting of future health information programs, but no particular pattern was evident.

(ii) Important pages. The pages rated by The [Brisbane] Courier Mail as being of primary (pp. 1, 3, 5) and secondary importance (pp. 4, 6, 7) or of political significance (p. 2) contained almost half (45.07%, \( n = 119 \)) of all health items suggesting a degree of prominence of health reporting. Public health was less represented (16.29%, \( n = 43 \)) than the medical model (28.79%, \( n = 76 \)).

(iii) Quadrant. The upper left and right quadrants of the page where the eye naturally falls contained 68.56% \( (n = 181) \) of all items with almost equal distribution of public health and medical model items.

(iv) Headlines. These were assessed for size with public health being marginally better represented in medium and larger headlines than the medical model.

(v) Text length. The length of text, in standard newspaper column centimetres, was used as a measure of the importance and prominence given to a particular news item. No particular pattern was evident.

(vi) Photographs. These accompanied approximately one-third of all items with similar proportions for medical model and public health items. The size of the photograph was not significant.

Orientation of reporting

Orientation of reporting gave an indication of the direction of the reporting, credibility of those reporting and style in which the item was presented. The following subgroups were assessed.

(i) Author. An author was only identified in 46.21% \( (n = 122) \) of items reported.

(ii) Opinion maker. The reporter was the opinion maker in 49.62% \( (n = 131) \) and ‘experts’ in 38.26% \( (n = 101) \) of all items. ‘Experts’ contained approximately 40% of both medical model and public health items.

(iii) Orientation of item. This gave a measure of whether each item was primarily about issues or people (Figure 6) and was the only subgroup of orientation of reporting to be of significance \( (\chi^2 = 8.526; p = 0.014) \). Of the 180 issue-oriented items, 79.12% \( (n = 72) \) were public health and 62.43% \( (n = 108) \) were medical model. This was reversed in person-oriented articles with 26.50% \( (n = 46) \) medical model and 12.09% \( (n = 11) \) public health items.

(iv) Nature of report. This assessed the relative importance of each item by size. The briefest and hence potentially least important items, columns, accounted for 22.73% \( (n = 60) \) of all health items with 14.29% \( (n = 13) \) of public health items compared with 27.17% \( (n = 47) \) of medical model items. Articles accounted for 53.79% \( (n = 142) \) of all coded items with 62.64% \( (n = 57) \) of public health items compared with 49.13% \( (n = 85) \) of the medical model items. Only 14.02% \( (n = 37) \) of items were coded as features (the largest...
size) with approximately 14% of both public health and medical model items.

(v) Letters and editorials. These sections of newspapers are generally regarded as the interactive public and forum pages and accounted for only 9.47% \((n = 25)\) of all items with approximately 9% of both public health and medical model items.

(vi) Type of report. This gives a flavour for the style of item reported with new items predominating at 69.32% \((n = 183)\) with similar proportions of medical model and public health items. The remainder being event announcement, new, recurring or mixed new and recurring items.

**DISCUSSION**

The definitions used in this study of both the medical model and of public health may be criticized as artificial. However, they are based on a thorough review of the literature and represent the best fit in separating health into two basic components. It is acknowledged that public health does contain elements of the medical model such as in the field of epidemiology, which is a cornerstone of traditional public health disease surveillance. Conversely, treatment areas included in the medical model may include elements of public health such as in analysis of vector-transmitted diseases as part of treatment programs. Health promotion activities may be a feature of both models but for simplicity have been included as part of public health. There is both a ‘science’ and an ‘art’ component to health promotion which properly constituted is a truly intersectoral activity (Egger *et al*., 1992).

No attempt was made to evaluate the accuracy of factual information presented. Such an analysis would involve referring each article to a relevant ‘expert’ in the respective medical discipline or returning to the source material utilized by the reporting journalist. A task of such magnitude was considered to be beyond the scope and time frame of the study (Craik, 1994, personal communication; Dawson, 1994, personal communication; Granato, 1994, personal communication). Similarly, no attempt was made to interview journalists or editors in any depth to assess health reporting from their perspective given the nature of a brief case study. Contact was made with editorial staff regarding emphasis in the placement of items.

It is acknowledged there may be some bias in the selection of health items reported in *The [Brisbane] Courier Mail* given that it is a major daily newspaper clearly aimed at a mass audience and therefore items are selected for inclusion which will have a popular appeal and increase newspaper sales. However, such biases do not invalidate this study which utilized *The [Brisbane] Courier Mail* as a case study to assess if differences existed between the medical model and public health reporting.

Extensive literature reviews revealed little published material on differences in health care reporting between the public health and the medical model. The only similar study focused on general health reporting but made no distinction between public health and the medical model (Burns and Robinson, 1992). No similar analytical tool was identified in the literature. The relative lack of literature to support assertions made is accepted and strengthens this case study as a piece of original work.

**Significance for public health and health promotion**

Although a limited study, the results suggest that there are significant differences in the manner in which public health and medical model issues were reported, as seen in *The [Brisbane] Courier Mail*. Newsworthiness is a significant factor in determining what is reported both with respect to who determines what is newsworthy and how the news is used (White, 1991). Textbooks on journalism also argue that there is little agreement on defining what is news (Burns and Robinson, 1992).

Four categories: frequency, content, stakeholders and tone contained results which were statistically significant and may be of importance for future development of public health reporting in the print media on the basis of this study. The numerical predominance of medical model issues over public health by 2 to 1 supported the initial hypothesis that public health was given less prominence than the medical model. The general population can readily identify with the latter, which includes tangible identifiable physical entities, including hospitals and technological equipment. Public health being more about programs and issues, may be less easily conceptualized by the average person.

The lower frequency in reporting of public health was paralleled by health expenditure in
Queensland. In 1994/95 within Queensland a total of $2.4 billion was spent on health but only 5% or $120 million was expended on identified population health programs. This compared with 54% or $1.3 billion spent on adult surgical and medical programs (Queensland Health, 1995, personal communication).

The content of each item was one of the most strongly polarized and significant categories. Of all aspects of the reporting of health care items considered in this study, the distribution of the subject nature of the content was the single most distinguishing feature between the two components of health care.

Predictably the medical model was clearly dominant in the majority of all categories, particularly those dealing with more traditionally medical model issues such as treatment, rehabilitation, facilities, technology and research. Conversely, in the traditional public health oriented groups of gender, age, ethnicity, socio-economic status, health promotion and illness prevention, public health was the clearly dominant theme. In areas such as workforce, industrial, education and legal/ethical, which might be thought to be common to both areas of health care, the medical model predominated. No particular explanation is obvious for such a distribution. A larger study may elucidate this further.

Stakeholders generally were identified in the medical model reinforcing the concept in our society of the doctor as medical expert sustaining medical dominance where autonomy, authority and medical sovereignty acts with the doctor as the expert (Willis, 1989).

The disparity in tone of reporting is probably the most significant finding of the study in terms of importance in presentation to the general population of public health issues. Not only were public health issues featured less often than the medical model (2:1) but, with the tone overall being significantly more negative, the impression generated to readers was of an arm of health care with fewer positive features or successes.

Conversely, the positive tone of reporting for the medical model created an impression that these areas are good and deserving of the disproportionately large financial support and resources granted to the medical model of health care. Such reporting does not assist public health programs to obtain additional resources. Health promotion activities in particular suffer in funding competitiveness as they usually involve long-term gains in individual and community health which are not easily quantifiable and are seen as ‘soft’ programs by many funding bodies. Successful health promotion programs may not reduce mortality but have a significant effect on morbidity and hence improved quality of life with less dependency on health services in later life. The concept is of people ‘dying younger at an older age’ (Fries et al., 1989). This is of growing significance in Australia where the population is rapidly aging with an increasing ratio of older (over 65 years) to younger persons (Clinton and Scheiwe, 1995).

This study highlights several areas which may be appropriately developed by public health practitioners to utilize better the media to impart messages. It generally reinforces the view that medical experts predominate in the presentation of health matters to the public at large. Such ‘expertise’ is largely a factor of power and knowledge which doctors and health professionals have used as a tool for political and social control (Turner, 1987). To become truly a major component of our health system, public health must tap into this area of influence and be seen to do so by the general population in media reports.

In this study there was a definite dominance by public health in issue-oriented items and by the medical model in person-oriented items. In attempting to push forward issues relating to the population at large, suitable ‘experts’ able to promote public health issues in a more personable or intimate manner may in fact greatly facilitate the promotion of specific issues.

Given the fact that many newspaper readers only scan portions of each item and infrequently read the full text of longer items (Chapman and Lupton, 1994), public health issues may be better focused on short to mid-length items as a means of imparting important information.

Although not of significance in this study, photographs are a vehicle to attract attention and to reinforce messages. They represent a confirmation of the message in the body of the text and ‘prove’ that the event described really happened or that the person concerned really exists and looks as described in the text (Windschuttle, 1976). Photographs should be encouraged as a means of better transmitting public health messages.

CONCLUSIONS

It should be remembered that this case study was a limited assessment of any obvious differences
in newspaper reporting between the two major health models. The methodology developed has been shown to be both sound and feasible and could be readily applied to a wide variety of health issues and in any location to assess media reporting.

Four key areas of frequency, content, stakeholders and tone of reporting of health items as seen in The [Brisbane] Courier Mail were dominated by medical model issues. Public health items, although scoring well on several prominence measures such as headline size and length of item, were disadvantaged by the general negative tone of reporting. The challenge for public health and health promotion is that although items are receiving reasonable exposure, there is a need to work with the press to turn these reports into ones which promote a positive image of public health, raise public awareness and convince governments of the value of allocating resources to public health measures.

It is possible to intervene in the press reporting to achieve positive outcomes (Jones, 1996) and public relations programs designed to heighten awareness can change newspaper reporting (Ciccocioppo, 1996). The need to be competitive for the health dollar is becoming more important as governments attempt to reduce or contain overall health expenditure. Structured use of the media based on a proven methodology can influence allocation of funds to programs which may improve the general health of the population and reduce demand on treatment services (Boyce, 1997; Detweiller, 1997; Manning, 1996).

Health reporting is subjected to the topicality and newsworthiness of issues which are of limited life such as the introduction of a new technology or the outbreak of a particular disease. The general population is unlikely to have a clear idea of what public health is really about as those items reported tend to be medicalized (Chapman and Lupton, 1994). An example is immunization programs with a focus on general practitioner providers or medical researchers. All media including newspapers alert, educate and constantly update the public in matters of health and health risks. The impact of mass media and effect on individual and public health is a major interest area in health education (Nandy and Nandy, 1997).

Health promotion as a component of public health is particularly well suited to positive media presentation utilizing relevant 'experts'. It can feature programs designed to minimize disease, improve health and maximize quality of life, all good positive factors.

An awareness that newspaper reporting of events does not happen in a social, cultural, political or economic vacuum should be utilized in the context of health reporting to ensure that public health programs reflect the totality of the environment in which they are developed and implemented (Tesh, 1988). Public health practitioners and educators should endeavour to utilize the print media to further the awareness by the general population, health care planners and government of the need for greater resourcing.

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REFERENCES


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