

4.3.2 MEDIA AND HEALTH

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Medicine/healthcare, media/mass-media and public are three independent entities which overlap in certain circumstances. Such definition of their relationship comes from past research of communication models influence of media and public (1-3). There are areas of human activities with which public does not have direct contact with and on which it is informed only through media (politics or science, for example). On news in the medicine and public health the public learns mostly from media, and medicine becomes topic outside personal experience or interest, also through media when media chose it amongst many events and topics and start speaking or writing about it.

The main challenge in South-Eastern Europe is democratization of societies, improving access to information concerning health and environment and media-experts/journalists ability to communicate them to general public. On the other hand, mass-media, politicians and professionals all must take responsibility to improve health literacy (4). Unfortunately, lack of communication and miscommunication are making very often the gap between the public health professionals and journalists. Important questions are:

- How to raise health issues on the editorial and policy agenda?
- How to bring improvements into the health and media experts relationship?
- How to exchange health news in response to globalization?

This paper is a trigger for reflection and discussion aiming to:

- To stress the importance and value of communication with mass-media in health promotion and disease prevention
- To understand the necessities of collaboration and dialogue between media and health sector since only together, with joint efforts, they could bring improvements in health and quality of life of the people
- To find out how to make ethically and scientifically founded, relevant, reliable and understandable information about more publicly available through media (e.g. improve public access to good quality health information
- To treat news people (journalists) as health co-workers
- To promote idea that health (not only disease) could make attractive story as well as a positive (not only negative) side of patients rights and health service provision.

Two roles of media: health and healthcare

Health, disease and healthcare are constantly present issues in media. The long term aim of health promotion is to improve public access to high quality and reliable information concerning health. Role of media in delivering a message has been recognized a long ago. Examples of good practice have shown strong influence of media in two areas (5).

The first role is the transfer of health messages, providing information about health and disease, creating value system in communities which accepts certain behaviors and stigmatizes others. It is about role of media in health education, health literacy and promotion of health culture.

In spite of the strong evidence that lifestyle choices are major contributors to the global burden of disease, public health efforts have met with only limited success (6,7). Analysis of these limited successes points to the need to enhance the visibility and impact of public health aims and values in the health information marketplaces that shape the choices, behaviours and perceptions of policy-makers and the general public. Those information marketplaces are currently dominated by hazard merchants. Hazard merchants utilize their enormous buying power to push and keep public health issues on the margins of the health information marketplace. Therefore, media has an extremely important role in advocacy and raising awareness in general public, policy-makers and others.

Second role of media refers to process of information, informing patients and (healthy) people about the health care system itself, about the success and mistakes of health workers and professionals, about the breakthroughs and new insights in medicine, and at the same time encouraging the population to have more active role in the creation of health policy, deciding on patient right's issues, selection of health care strategy development, expenses in health care, choices in health care measures, and all other numerous issues of health and social policy (8).

Today media, worldwide and in Croatia, differently fulfils two main roles. One of the reasons is a change of roles in communication process, "providers" and "receivers" of the messages. Until recently, lay-user of media messages was passive recipient at the end of linear process, without possibility for interaction and with limited possibilities of active search and finding what he wants to know and wants to participate in.

In the 21st century – century of knowledge, we are witnessing changes both in expectations and demands towards the media. Besides information itself, receiver of the message is looking for credible source, professional and ethical explanation of the information, not satisfied with merely transfer of facts, demanding relaxation with media message which influences quality of life. Media today play significant role in esthetics and explication.

Privatization of the "big" media (TV, radio, press) has influenced choice of the issues these media are covering. Head line news, content appealing to the readers and "bad news" are most frequently chosen. This leaves us with numerous dilemmas:

- Are media helping to health professionals in practice, participating in health education or they do more damage then benefit?
- Are the health and disease related information always professionally credible and ethically justified?
- Is active participation of health professionals in media self-promotion or real need?
- Can public health and healthcare without media and can media professionals without collaboration with health professionals?

The news media are one of the most valuable and powerful resources for change in society – yet they are also very misunderstood and poorly used (9).

Media and health professionals – intersectoral collaboration

Creating and influencing change is a long-term process with much resistance and it is critical to identify and develop collaboration between two sectors – media and public health. Both sectors have the same basic principles. Professional task of health care is information of citizens about news in health and medicine, about patient rights and obligations, dissemination of knowledge and messages about health and disease to individuals, groups and community. Professional task of media experts is satisfying the public's needs and expectations, and the

right to truth is a part of the Codex of honor of the Journalist association. Common for both sectors is to provide messages which are (a) professionally correct, (b) professionally and ethically justified and (c) understandable and clear.

Collaboration with media often resembles to swimming up the river, if you stop for a moment you are meters down again. Prerequisite of the successful collaboration is continuing work and joined education.

Expanding national and transnational telecommunication capacities have created opportunities for communicators (public health workers, other health professionals, media experts, policy communicators, nongovernmental organizations, etc) to influence lifestyles choices. Therefore, the WHO Regional Office for Europe established the European Health Communication Network (EHCN) aiming to:

- Recognize and promote awareness of the importance of health communication;
- Bring communication professionals more centrally into the health sector and improve the relationship between health professionals, government, NGOs and the media, and
- Support skill development and highlight good practice;
- Make health information available through the media that is ethically and scientifically sound, relevant to current health concerns, reliable and understandable by target audiences (9).

In order to help in work media with health and health care European Health Communication Network has prepared following ten guidelines for professional health correspondents:

- Seek to do no harm. Human rights and the public good are paramount.
- Get it right. Check your facts and your sources, even if deadlines are put at risk.
- Do not raise false hopes. Be especially careful when reporting on claims for miracle cures or potential health scares.
- Beware of vested interests. Ask yourself, “Who benefits most from this story?”
- Reject personal inducements. Always make it clear if material is being published as a result of sponsorship.
- Never disclose the source of information imparted in confidence.
- Respect the privacy of the sick, the handicapped and their families at all times.
- Be mindful of the consequences of your story. Remember that individuals who may be sick or handicapped – especially children – have lives to live long after the media have lost interest.
- Never intrude on private grief. Respect the feelings of the bereaved, especially when dealing with disasters. Wherever possible avoid close-up photography or television images of victims or their families.
- If in doubt, leave it out.

There is no doubt about mass-media influence on creating and shaping of public opinion. There is no doubt whether to use media in health promotion. Prerequisite for effective use of media is good plan (what, to whom, what purpose), implementation (co-workers, media channels, costs) and evaluation during the implementation and of the effectiveness. But the most important prerequisite for developing media messages is active collaboration and team work among professionals from different sectors – journalists, designers, psychologists, representatives of the target audience. Only then invested resources will be fully justified.

Case study: Building Bridges between health professionals and journalists: Motovun Summer School of health promotion – Media and Health Course

Introduction

Nine years ago, the European Office of the World Health Organization and International Press Institute had initiated the process of development of European Health Communication Network. Ideas promoted by this initiative had found, in Croatia, very fruitful soil. Due to the existence of the respectable national focal point (Andrija Stampar School of Public Health) and due to (already) established local, Healthy Cities - media network we quickly gain “operational” capacity. The aim of this project in Croatia is to improve public access to high quality and reliable information concerning health, health service and environment.

In order to stress importance and value of communication in health promotion, and promote dialogue between media and health sector, in 2001 we introduced a monthly thematic gatherings. Through thematic gatherings we are primarily, seeking to improve journalist’s access to information concerning health and environment and to demonstrate journalist ability to make a great story out of relevant, reliable and scientifically sound information. Croatian Health Communication Network is promoting idea that health (not only disease) could make attractive story as well as a positive (not only negative) side of patient’s rights and health service provision. Common training and joint work on media projects is seen as a way to upgrade collaboration between media experts and health professionals and bring improvements in health reporting in our country and, hopefully, throughout sub-region.

Motovun Summer School of Health Promotion – Media and Health Course

Since 1999 Croatian journalists’ participation in all World Health Organization major events was ensured. They contributed to Ministerial Conferences presenting the Croatian situation regarding nursing and tobacco control. Since the year 2000 Courses Media and Health have become an integral part of the Motovun Summer School of Health Promotion and the focal point for yearly health and media professionals gathering. Media and Health Course is organized in collaboration among Andrija Stampar School of Public Health, Croatian Journal Association – Section of health care journalists and Croatian healthy Cities Network. Our mission is simple – to improve collaboration between media experts and health professionals. Each year we define our goal according to current situation and events.

Media and Health 2001 Course convened even larger number of participants who arrived from almost all Southeast European countries (Albania, Bulgaria, Romania, Yugoslavia, Bosnia and Herzegovina, Croatia) to discuss the issues of democratization of society (improving access to information concerning health and environment and journalist ability to communicate them to general public), on how to bring improvements into the health and media experts relationship, on how to raise health issues on the editorial and policy agenda, on how to improve Ministries and media relationship and how to create an Internet-based health news exchange (in response to globalization, media and health issues).

Media and Health Course 2002 started exploring gaps in crisis communication among health care professionals, journalists and general public. Since the “Baxter case”, October 2001, in which 23 patients on dialysis died due to manufacturer’s mistake, health related crisis seemed to become Croatian everyday story. During that course we have started to work on crisis communication plan which would obligate all interested parties.

Media and Health Course 2003 continued discussion regarding crisis communication, resulting with preliminary “Guidelines for crisis communication”, developed by Croatian Journalist Association, Ministry of Health of the Republic of Croatia, Croatian Parliament, Croatian Health Insurance Fund, Croatian Chamber of Physicians. 2002 and 2003 Motovun Media and Health Courses emphasized the need of introducing the role of a spokesperson in Croatian health care sector, especially in national institutions like Ministry of Health, Croatian Institute of Public Health and large clinical hospitals.

In 2004 we devoted *Media and Health Course* to credibility of information and patient’s rights, in 2005 to mistakes, both in medicine and in health journalism, and in 2006 during Media and Health Course new reform of Croatian health care along with Health Strategy of Croatian Ministry of Health was presented to public.

Since we try to stay current with the issues every year, *Media and Health Course in 2007* was called “Political battle for health” because Croatia is facing parliament elections in November 2007. We have invited all parliament parties from Croatia to present election programs concerning health and health care. We are witnessing importance of health in upcoming presidential elections in the USA, so by emphasizing health in our parties political programs we wanted to give our politicians an opportunity to present their visions of Croatian health care development, to see whether they are feasible for health care work force and acceptable for patients, are they restrictive or developmental. Croatian television broadcasted a 3 minute lead story in central evening news about 2007 Media and Health Course, confirming our belief that health is the essential part of political programs.

Every year Media and Health Course gathers all journalists members of the Croatian Journal Association – Section of health care journalists, physicians, Ministry of Health officials, hospital managers, representatives of pharmaceutical companies, representatives of health related NGO’s. Events like this, that give a chance to media experts and health professionals to work together and learn from each other, are very rare globally, but informal and charming surrounding of Motovun and Central Istria is helping to keep usually confronted sides on the same goal of improving collaboration. That’s why our course has throughout the years become almost unique, and each year we have “old” participants who are coming back to Motovun to enjoy the spirit of understanding and tolerance, and each year we attract more and more new participants.

Our experiences in the last 7 years working with Croatian Journal Association – Section of health care journalists confirm the thesis that communication is essential. Problems often occur when we only see one side of the problem (our side). Team work and networking provide better understanding, enabling media experts and health professionals to experience the demands of each profession. One of the most interesting details was role play exercise during 2002 Media and Health Course, when physicians played a role of journalists during press-conference and journalists played a role of physicians. Neither of them felt comfortable in “new” position and both gained experience which helped them to become more aware of the demands and expectations of each profession. 2006 course will be remembered by outstanding discussion about Croatian Health Strategy, during which Minister of Health devoted 2 hours of his time to be available for questions from participants.

Bad examples show us that there is much more to do in the domain of improving communication between media experts and health professionals, and we all have so much to learn. Good examples have become a part of the collective memory of Motovun’s Media and Health Courses and have silently become a part of our every day routine, as if they were

always present in our communication. This is one of our successes, and the friendships made in Motovun are very important success too. This is one of the ways we are trying to aware the importance and meaning of communication in health promotion, and to determine how by media present to public information that are relevant, evidence-based, ethically correct and credible.

Conclusion

Most of the information that the public receives on health problems comes through the media. This is very obvious as regards issues like AIDS, Ebola fever or “mad cow” disease, but it is equally true of “diseases of civilization” linked to such unhealthy lifestyles as smoking, alcohol abuse or lack of physical exercise. But if they serve as vehicles of information, the media also help to propagate harmful ways of life. Especially vulnerable in this respect are those people in countries in transition who indiscriminately yearn to adopt “Western” lifestyles.

For evidence of this we need look no further than the ubiquitous advertisements for cigarettes in Eastern Europe, both in the newspapers and on giant hoardings. After helping to create new smokers among young people impelled by one-upmanship or unthinking admiration for imported novelties, the media in those countries will certainly convey information about the harmful effects of smoking and publicize the draconian measures taken by other countries to fight against this scourge.

So the impact of the press, radio and television on public health is a complex affair, but its importance is steadily growing. Every opinion poll that examines what the public wants puts health high among the priorities for readers, listeners and viewers. Yet regular sections or programs devoted to health problems are far from common in the media, though nobody could possibly imagine them failing to have a section on sport, the weather or celebrity gossip.

It is something of a paradox that information about health should be considered of secondary importance by editors and program directors when public interest is clearly so strong. One possible explanation is that “medical” news is often considered too “specialized” and that journalists themselves may suspect they don’t have sufficient knowledge to discuss such topics without the risk of making mistakes. What cannot be denied is that many scientists, particularly in the health field, complain that their statements have occasionally been distorted by journalists. This is certainly a real problem, but there are wrongs committed on both sides, however: If it is true that the press sometimes takes these matters too lightly, the specialists themselves are often ignorant of the ways in which journalists work and of the constraints they face. They may refuse to make an effort to explain matters precisely to interviewers who, generally speaking, have rather limited ideas about the subject of the interview. The specialists therefore have to share the responsibility and take pains to ensure that what they say is very clear. The journalists in turn should not hesitate to say so if they have not fully understood and to ask the person interviewed to explain. With a little effort on both sides, there can be much better collaboration between those whose precious findings or knowledge are vitally needed by the general public (doctors, research workers, specialist groups or international bodies) and those whose task is to transmit that information.

We hope our work will create mutual understanding and closer collaboration. Through media news and stories exchange all aspects of this project are assuring Croatian general public access to European knowledge and experience in the area of health and environment.

It is assuring mutual exchange of health promotion ideas, experience and technology between countries of the region (and sub-region) on the equal base. Project is upgrading collaboration between health and media professionals inside country and between the countries what will result, finally, in overall better understanding. Improved journalist's access to information, assured through the monthly topic gathering concerning health will benefit general public but as well us, health professionals. We will gain partners (health co-workers) and ensure two-way communication even in the crisis situations (like the one with Baxter dialysis equipment, physician's strike, SARS, etc.), which are not uncommon in our part of Europe.

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9. Apfel A. Reframing the lifestyle and health debate: enhancing the impact of public health communications. European Health Communication Network Summit "From Marginal to Mainstream". Communication Reader. Bratislava, 2001.

Recommended additional readings

1. Wallack L, Woodruff K, Dorfman L, Diaz L. News for a change: An advocate's guide to working with media. London: Sage Publications, 1999.
2. Chapman S, Lupton D. The fight for public health: Principles and practice of media advocacy. London: BMJ Publishing Group, 1994.
3. Wallack J, Dorfman L. Media advocacy: A strategy for advancing policy and promotion health. *Health Education Quarterly* 1996; 23:293-317.

List of useful Web resources

1. <http://www.sla.purdue.edu/academic/comm/healthcomm/Introduction.html> (Health Communication Around the World)
2. <http://library.emerson.edu/guides/healthcomm.html> (Health Communication Resources - Emerson College Library)
3. <http://www.aed.org/JhealthCom/> (Journal of Health Communication)
4. <http://www.hcn.net.au/> (Health Communication Network)
5. <http://www.hcmn.org> (Health Communication Materials Network)
6. <http://www.who.dk> (World Health Organisation Europe)
7. <http://www.who.dk/london99/cpa01.htm> (WHO Europe Health Communication Network)
8. <http://www.journalofhealthcommunication.com> (Journal of Health Communication)