

# Reporting health inequalities in the British print media

December 2009



# **Reporting Health Inequalities in the British Print Media**

**A Report By**

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## **Contents**

<b>Executive Summary</b>	<b>3</b>
<b>Section 1: Introduction</b>	<b>6</b>
<b>Section 2: Research Aims and Design</b>	<b>13</b>
<b>Section 3: Health Related Coverage in the British National Press</b>	<b>21</b>
<b>Section 4: Health Related Coverage in Four National Magazines</b>	<b>52</b>
<b>Section 5: From the Acheson Report to the Marmot Review: How National Newspapers Reported Health Policy Events</b>	<b>56</b>
<b>Section 6: Report Conclusions</b>	<b>70</b>

## Executive Summary

This project offers one of the most comprehensive examinations of the reporting of health by the UK print media. The research examined nearly two thousand news items in both the opinion forming national press and magazine sectors in order to analyse how health inequalities, in particular, have been covered. The findings indicate that 10% of health coverage identified in the newspapers sampled between 1998 and 2008 focused on the topic of inequalities.

Within the specific coverage relating to health inequalities there was a tendency to focus on the operation, performance and adequacy of health care. These reports tended to be most frequently framed around matters of 'public provision' and 'public health'. Consequently most of this reporting related to: NHS provision; health conditions, pathologies and prospects; and spatial differences (the so called 'postcode lottery'). Cumulatively this coverage was mostly about issues to do with individual access, entitlement, diseases and cures.

Most news reporting sampled was triggered by official statements and/or announcements from ministers, government departments, and quasi-governmental bodies, or else by private sector representatives, academics and voluntary sector organisations. Within this coverage the most widely mentioned and quoted actors were: Labour politicians; civil servants, quangos and other statutory actors; charitable and voluntary sector organisations; and campaign groups and think tanks.

The tenor of most health inequality related coverage was overwhelmingly negative. Reporting of these issues was also noticeably greater in the serious so-called 'quality' newspapers rather than their mid-market and popular rivals. There was, however, no significant difference in the scale of reporting according to the given newspaper's political alignment.

Health inequality coverage in the mid-market press was frequently triggered by unscheduled events or newsworthy incidents rather than official announcements. By contrast the quality and popular titles were more disposed to publishing material on the basis of official or non-official

statements and announcements. In partisan terms the centre right newspapers were significantly more likely to quote or mention a member of the public. By contrast the left of centre and de-aligned press were more likely to quote and mention campaign groups and think tanks.

Although health inequalities have been increasingly a feature of political debate, it would seem the topic rarely makes it onto the print media agenda if judged by the analysis of national newspapers contained in this project. While the 1998 Acheson Report received minimal coverage, the Marmot Review consultation (June 2009) received none. Both of these government initiatives reflect consensus amongst various centre left opinion formers that health inequalities is a major issue of public concern. Yet this is rarely reflected in the pages of the agenda-setting print media including the quality component. Where there was concerted debate, over the 2004 white paper *Choosing Health* the issue of health inequalities tended to be marginalised in a wider discussion of the relationship between the citizen and what some dismissed as the 'nanny' state.

The research found:

- Over the five sample periods taken between 1998 and 2008 overall health inequality coverage accounted for only ten percent of health related coverage in the daily national press, and this was mainly in the broadsheet press.
- Coverage of major official announcements and publications on health inequality over the last 11 years proved to be intermittent generally and those about health inequality generated the least press coverage.
- HI coverage was dominated by a nexus of political and policy elites, the precise ordering of which varied modestly, according to the political and market orientation of different titles.
- Themes related to 'Health Conditions/ Pathologies/ Prospects' and 'Health Service Provision' dominated all coverage. In health inequality coverage themes related to 'spatial differences' (i.e. local, regional and national variations) were very apparent.

- Stories on local, regional and national variations in provision increased markedly over the period of the study, particularly reports using the phrase 'post code lottery'.
- Negative news coverage of health inequalities outweighed the positive by considerable way with 4 out of every 5 items on health inequalities containing 'bad news' elements.
- In proportional terms health inequality became a more prominent aspect in press reporting over the five sample years. However, this study has also provided substantial evidence of stasis. For example, the negativity of HI coverage was found to be remarkably consistent across the five sample periods.

## **Section 1: Introduction**

This study investigates the changing way health inequalities are represented through a content analysis of newspaper and magazine coverage. In accordance with the requirements of the tender document this study:

- Gauges the extent to which issues relating to health inequalities receive coverage in mainstream print media.
- Explores the presentation of issues relating to health inequalities in the print media.
- Examines specific print media coverage of government policy in this area.
- Identify changes in this coverage over time.

Before providing the detailed results of this analysis, it is necessary to explain the policy context for the research and review existing research evidence on media reporting of health.

### **Policy Context: the Acheson Report Onwards**

The Acheson Report was commissioned by the new Labour government in July 1997 and reported in November 1998. It was an attempt to make a clean break with the previous government's approach to health inequality. Tessa Jowell, then Minister for Public Health, criticised the previous Conservative administrations for concentrating too much on lifestyle and placing too much emphasis on the responsibility of the individual for their own health.<sup>1</sup> The Acheson Report took the view that health inequalities were not only the result of inequalities in health provision (for example, different treatments being available in different areas of the UK) but were also caused by economic, social, and cultural factors (for example, increasing income inequality in the 1980s and 1990s contributed to widening health inequalities). This socio-economic analysis led to the conclusion that reducing health inequality was

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<sup>1</sup> Dorling, D., Shaw, M. & Davey Smith, G. (2007) 'Inequalities in mortality rates under New Labour' in Dowler, E & Spencer, N. Challenging Health Inequalities: from Acheson to 'Choosing Health' Policy Press, Bristol. p. 32

not simply a matter of improving healthcare as such (as more privileged groups tend to make more use of the health services) but also tackling other, more fundamental inequalities in society that cause health inequalities. Given the importance of income inequality in determining health inequality, for example, it is highly significant that income inequality began to rise again in 2004/5 to 2006/7 and is likely to increase further as a consequence of the economic recession in 2008/9 and this forms the challenging context of the latest review of health inequality led by Sir Michael Marmot.

### *Acheson and the social determinants of health*

The Acheson Report was published against a background of two decades of rapidly increasing health inequalities and the suppression by the Conservative government of the 1980 Black Report that had detailed the extent of health inequality in the UK.<sup>2</sup> For example, the mortality rates for unskilled men, while double those for professional men in the early 1970s, by the early 1990s were three times the rate for professionals. The Acheson Report picked up the dropped baton from the Black Report and the Health Secretary Frank Dobson welcomed the publication of the report as a 'further stage in our unprecedented commitment to tackle inequalities in health'. The Acheson Report had 39 recommendations that sought to address the wider social determinants of health (for example, poverty and educational attainment), life-course factors such as nutrition, smoking and alcohol consumption, factors specific to particular ethnicities, gender, age, and the effectiveness of healthcare itself. National targets for reducing health inequalities were introduced in 2001 and followed by a broader action programme, along the lines of the Acheson Report, in 2003. There have been substantial health improvements over the last twelve years but they have been relatively evenly distributed across socio-economic groups and so health inequality has not declined. If we take two key indicators, life expectancy and infant mortality rates, the relative gap between the poorest and the average has increased between 1995-7 and 2005-7 but not substantially so.<sup>3</sup>

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<sup>2</sup> Ibid, 2007, 33.

<sup>3</sup> Department of Health (2009) Tackling Health Inequalities: Ten Years On: a review of tackling health inequalities in England over the last ten years. May 2009. p. 3



The Acheson Report's socio-economic approach distinguishes it clearly from an approach that stresses individual behaviour as a cause of health inequality. Smoking, for example, is more prevalent in poorer socio-economic groups. Is smoking seen as an individual choice that may be more or less rational (made with or without considering the risks to long-term health)? Or is it substantially determined by social and cultural conditions that individuals find themselves in (for example, working and socialising in contexts where smoking is 'the norm' rather than the exception)? The Acheson Report would stress the latter and that obviously has policy implications as policy to reduce inequality would have to tackle the social conditions of smoking rather than say merely provide more information aimed at persuading individuals to give up smoking. The danger inherent in the individual approach is that of 'blaming the victim' if individuals do not mend their ways. It also raises profound questions concerning the proper role of the state in influencing 'lifestyle' issues such as eating, drinking, and smoking.

#### *Helping Citizens Make Better Health Choices*

A 2009 review of progress on health inequality undertaken in preparation of the Marmot Review makes the point that health inequality was perceived in 1998 as a marginal issue to the NHS concerned primarily with service delivery but that since then, as a consequence of the 2004 Wanless Report and the 2004 White Paper *Choosing Health*, health inequality and public health generally have moved up the policy agenda as prevention came to be seen as important to the future viability of the NHS. The White Paper, however, tended to emphasise the importance of public health campaigns to influence the life-course and individual choices rather than emphasising the importance of reducing, for example, income inequality. It placed more emphasis on the responsibility of individuals to make healthy choices with the role of the state limited to 'enabling' those choices rather than on tackling the socio-economic determinants of health inequality and thus was a policy step towards (or

perhaps a step backwards bearing in mind Tessa Jowell's criticisms of previous Conservative administrations) 'self-health' and a step away from a more encompassing vision of welfare state provision. This 'slimmed down', circumscribed role for the state was expressed by Tony Blair in the White Paper's Foreword: 'We are clear that the Government cannot – and should not – pretend it can 'make' the population healthy. But it can – and should – support people in making better choices for their health'<sup>4</sup>.

The *Choosing Health* White Paper was, therefore, a move away from the Acheson Report and its predecessor, the Black Report. Both of these reports had adopted a socio-economic approach to health inequality that saw the decisions individuals make as being largely determined by the economic, social, and cultural conditions in which they find themselves. The state could alleviate health inequalities through tackling economic and social deprivation. It was this that would enable individuals to lead healthier lives. The 2004 White Paper tends to emphasise the *informational* rather than *redistributive* role of the state and the individual's responsibility to make a healthy choice. It could be argued that the social democratic values of the Black and Acheson Reports and their commitment to a welfare state that combats inequality were being partially displaced by an informational state or 'enabling' state and an emphasis on individual responsibility. John Reid, then Secretary of State for Health, described it as a 'Third Way' between the 'paternalistic' state and the free market.

#### *A Return to the Acheson Agenda?*

If the 2004 Wanless Report and the *Choosing Health* White Paper emphasised individual responsibility for one's own health, the present Marmot Review set up by Alan Johnson in November 2008 seems to reassert a socio-economic approach to health inequality and the Labour government's determination to address the conditions that lead to health inequality post-2010. The Marmot Review has so far produced a consultation report, published in June 2009, with the final report due in early 2010. The

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[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4120792.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4120792.pdf)

consultation review recognises the persistence of gaps in health inequalities in the UK and the challenging economic circumstances that affect the prospects of reducing health inequality. Despite the clear commitment to reducing health inequalities from the Labour government in 1997 after 12 years of Labour administration the health gap between rich and poor persists.

While the government has redistributed income through the tax and benefit system, increased spending on the NHS, and has increased the profile of preventative public health, health inequality remains high. The Labour government in 1997 certainly put health inequality on the political agenda after many years of invisibility but it is not clear that this led to increased visibility in the print media.

### **Previous Research on Media Representations of Health and Health Inequalities**

There is a relatively small research literature on the reporting of health issues in the British print media and few of these studies address coverage of health inequalities directly. The earliest study of the health coverage we located is Kristiansen and Harding's 1984 study, which examined seven British national newspapers (three broadsheets and four tabloids) over a two month period in 1981. Although the study did not specifically look at health inequalities they found that overall health coverage was 'modest and lacking in information' with news reports originating mainly from 'daily events and describ[ing] health issues superficially'.<sup>5</sup> A later study, conducted by Entwistle and Hancock-Beaulieu, looked at UK coverage of health and medical issues in eight national newspapers (two tabloids, two mid-markets, and four broadsheets) over a two month period in 1990.<sup>6</sup> This research highlighted significant differences in the way the tabloid and quality press report health issues generally, identifying in the former a strong human interest bias and greater emphasis upon individual health case histories and health episodes of

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<sup>5</sup> Kristiansen, C M and Harding, C M. (1984) Mobilization of Health Behavior by the Press in Britain. Cited in Entwistle, V. and Hancock-Beaulieu, M. (1992) Health and Medical Coverage in the UK National Press. *Public Understanding of Science*, 1, p. 370.

<sup>6</sup> Entwistle, V. and Hancock-Beaulieu, M. (1992) Health and Medical Coverage in the UK National Press. *Public Understanding of Science*, 1, 367-382.

celebrities. The tabloids were also more likely to quote patients or health subjects and less likely to quote medical experts or journals. The tabloids also adopted a 'look after yourself orientation' placing responsibility for health on the individual in a way the broadsheets did not.<sup>7</sup> Perhaps what is most striking about their findings was the almost total absence of the reporting of health inequalities in both popular and quality newspapers. Over the sample period they documented 2959 articles on health related issues but only 18 (less than 1 percent) were on 'class inequalities in health'.<sup>8</sup> They conclude that the connection between poverty and ill health was ignored by the press, with 'class relations' not part of either broadsheet or tabloid journalists' 'reporting framework'.<sup>9</sup>

As discussed earlier, by the late 1990s health inequalities was at the forefront of the policy agenda. In this context, a study by Davidson et al. focused on newspaper reporting of government Green and White papers on health inequalities in England and Scotland in 1998 and again in 1999 in the national and Scottish press.<sup>10</sup> In relation to England, the study looked at four broadsheets, two mid market papers, and two tabloids as well as the Sunday press in the period around the green and white papers' launch. It found that there were 11 reports on the English Green Paper, *Our Healthier Nation*, and 27 on the English White Paper, *Saving Lives*. The research found that the reporting of the Green and White papers was far more comprehensive in the broadsheets and almost invisible in the other newspapers. Further, the study found that the left of centre press, namely the *Guardian* and the *Independent*, provided the greatest support for Government initiatives addressing health inequalities, even if it was not unconditional, whereas the right of centre press, although agreeing with the need to tackle such inequalities, 'subtly undercut' this with an emphasis on the 'importance of individual health behaviour'.<sup>11</sup> In

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<sup>7</sup> Ibid, 1992: 380.

<sup>8</sup> Ibid, 1992: 373.

<sup>9</sup> Ibid, 1992: 380.

<sup>10</sup> Davidson, R., Hunt, K. and Kitzinger, J. (2003) 'Radical Blueprint for Social Change'? Media Representations of New Labour's Policies on Public Health. *Sociology of Health and Illness*, 25(6):532-552.

<sup>11</sup> Ibid, 2003: 550.

addition, the right of centre papers also addressed their readers as ‘potential victims’ of such reforms and not the beneficiaries.<sup>12</sup>

There are very few studies of health coverage in UK magazines. The main one is Elliott’s examination of eight popular women’s weekly magazines over a four week period in 1993. This revealed an absence of the coverage of substantive health policy issues, with a dominant focus upon ‘diseases, conditions and treatments’ rather than issues such as the ‘NHS or local provision of services’ the later topic accounting for just 8 per cent of the total number of articles.<sup>13</sup>

Collectively, these studies provide invaluable context for the research evidence presented in this report. This study contributes and extends knowledge about this topic in several significant ways. On a basic level, it provides an updated audit of coverage, as even the most recent of the studies outlined previously were conducted more than a decade ago. More significantly, it directs attention to coverage of health inequalities but without divorcing this analysis from a general understanding of health reporting trends. Existing research to date has tended to focus on either health inequality reporting *or* health reporting. This makes it difficult to establish whether there is a dependent or independent relationship between these two dimensions. Finally, all the studies so far have provided cross-sectional reviews of press coverage of health. There has been no attempt to develop a longitudinal analysis of trends in health coverage.

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<sup>12</sup> Ibid, 2003: 550.

<sup>13</sup> Ibid, 1994: 102.

## **Section 2: Research Aims and Design**

This research has three empirical components.

**Component 1:** a sampled analysis of general Health Inequality (HI) coverage and Other Health (OH) coverage published in the British national press between 1998 and 2008.

**Component 2:** a general sampled analysis of HI and OH coverage published in a selection of national magazines for 2005 and 2008.

**Component 3:** a sampled analysis of immediate press responses to nine major government reports, papers and announcements on health and inequality that have occurred between 1998 and 2009.

### **Research Sampling**

The study utilised thematic content analysis and qualitative frame analysis methods and comprised three components.

#### ***Component 1: General Analysis of British Press Coverage***

##### *Terms of inclusion*

All 'health related coverage' in the British national press coverage published during a sample of five composite weeks was coded using the thematic content analysis method (n.b. the content need not necessarily relate specifically to health inequality issues). The purpose of this exercise was to gain a general measure of the focus and extent of health coverage in the press over time and thereby an insight into the proportion of attention given to health and inequality in health coverage *per se*. Individual news/ feature/ editorial items were the basic units of analysis, from which a range of details were coded (for details, see later).

### *Method of analysis*

Our search for relevant content was conducted manually and did not depend upon the keyword searching of digital news archives (such as Nexis or other digitalised archives such as those for the *Daily Mirror* and the *Guardian*). Research undertaken by LCRC has shown that, while computer-based searches have a utility for certain purposes, they raise significant validity and reliability concerns when used as the principal means for analysis<sup>14</sup>.

### *Newspaper sampling*

The newspapers examined for this part of the analysis were the *Guardian*, *The Times*, the *Daily Mail*, the *Daily Express*, the *Daily Mirror* and the *Sun*. These titles were selected to ensure a wide variety of press opinion was captured, both in terms of market and political orientation.

With respect to market orientation, the titles group into three categories based on distinct differences in their readership demographics for each of the six titles. Table 2.1 shows that *The Times* and the *Guardian* have readerships that are overwhelmingly from A,B, C1 socio economic groups. In this study we refer to them as the 'quality press' (a term that is widely used in media research and relates to the informational content of these publications rather than any social judgements about the merits of their audiences). The *Daily Express* and the *Daily Mail* attract a much more significant proportion of readers from C2, D and E social economic groupings, although these do not constitute the majority of readers. We have labelled these as 'mid-market' titles in this analysis. The *Sun* and the *Mirror* draw the majority of their readerships from C2, D and E groupings and are designated in this study as 'popular' titles.

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<sup>14</sup> Deacon, D. (2007) Yesterday's Papers and Today's Technology: Digital Newspaper Archives and 'Push Button' Content Analysis, *European Journal of Communication*, 22(1): 2-25

**Table 2.1: Readership Background for National Newspapers and Supplements for 12 months July 2008 to June 2009 (%)**

	<b>A,B,C1*</b>	<b>C2, D, E</b>	<b>15-44</b>	<b>45+</b>	<b>Men</b>	<b>Women</b>
<b>The Sun</b>	38%	62%	51%	49%	55%	45%
<b>The Mirror</b>	39%	61%	41%	59%	53%	47%
<b>Daily Mail</b>	66%	34%	26%	74%	48%	52%
<b>The Express</b>	61%	39%	22%	78%	51%	49%
<b>The Guardian</b>	90%	10%	51%	49%	58%	42%
<b>The Times</b>	88%	12%	43%	57%	58%	42%
Source: author compiled from National Readership Survey Readership Estimates data						

The newspapers were also selected according to different political/ ideological orientations. The issue of press partisanship has become a complex phenomenon, particularly since the election of the Blair government in 1997. The once predominantly and stridently pro-Tory press of the 1980s is no longer and where party affiliations persist these tend to be more conditional and nuanced<sup>15</sup>. Broadly speaking the *Mirror* and *Guardian* support Labour and are more to the left than their *Daily Mail* and *Daily Express* counterparts, both of which usually endorse the Conservatives during elections. However, it is more difficult to categorise the so-called Murdoch press titles because although both the *Sun* and *The Times* have until very recently endorsed Labour, their editorialising reflects a more right-wing ideological predisposition.<sup>16</sup>

\* The National Readership Survey used the following definition of social status. Social Grade A = Upper Middle Class, Higher managerial, administrative or professional. Grade B = Middle Class, Intermediate managerial, administrative or professional. Grade C1 = Lower Middle Class, Supervisory or clerical and junior managerial, administrative or professional. Grade C2 = Skilled Working Class, Skilled manual workers. Grade D = Working Class, Semi and unskilled manual workers. Grade E = Those at the lowest levels of subsistence, Casual or lowest grade workers, pensioners and others who depend on the state for their income.

<sup>15</sup> Deacon, D. and Wring, D. (2002) 'Partisan Dealignment and the British Press' in Bartle, J., Mortimore, R. and Atkinson, S. (eds) *Political Communications: The General Election of 2001*, London: Frank Cass

<sup>16</sup> The *Sun* had not declared its support for the Conservatives until after the period of this study.



For analytical purposes, we have grouped the sampled titles in three ways. 'Aligned Centre Left' refers to the *Guardian* and the *Mirror*. 'Aligned Centre Right' refers to the *Daily Mail* and the *Daily Express*. 'De-aligned' refers to the *Sun* and *The Times*.

### *Time Sampling*

Five sample weeks were chosen between January 1998 and December 2008. These were composite weeks. They were selected and constructed in the following way:

1. A search using a combination of keywords was conducted of coverage in the *Guardian* and *The Times* held by the Nexis news archive for each calendar month between January 1998 and December 2008.
2. The keywords used were (i) ('Health') AND (ii) ('equal\*' OR 'inequal\*' OR 'Fair' OR 'Unfair'). These were combined with a proximity restriction that required terms from (i) and (ii) to be present in the same paragraph.
3. The list of articles identified by this search were perused manually and all duplicated articles and false positives (i.e. spurious articles) were removed.
4. The number of articles that remained for each month were counted.
5. The sample period was divided into five equal periods and the calendar month with the greatest number of identified items within each quintile was taken as the basis for the next stage of sampling.
6. For every day of each selected month a keyword search was conducted via Nexis of coverage in *The Times*, the *Guardian*, the *Daily Mail*, the *Daily Express*, the *Daily Mirror* and the *Sun*.
7. The keyword used for this search was 'health'.
8. All duplications and false positives were removed from the resulting list.
9. The number of articles that remained for each day were counted
10. The totals for every day of the week were compared. On this basis, we identified the Monday within each month with most health coverage,

Tuesday with most coverage, and so on. These dates were then taken as the final sampling days.

The rationales for this sample strategy were:

- To ensure that the sampled weeks were reasonably evenly distributed across the 11 year sample period.
- To make sure that the sample periods targeted those periods when there was most coverage of health inequality issues in the national press. (This was the rationale for [i] targeting two titles that are renowned newspapers of public record (see stage 1), and [ii] for using a directive and restricted keyword search strategy [see stage 2]).
- To optimise the amount of health related coverage that would be coded in the composite week taken from the sampled month. This explains the wider list of titles and less restrictive keyword requirements used in the subsequent Nexis search (see stages 6 & 7).

The specific sample dates for this component of the research are listed in Table 2.2 below.

**Table 2.2: Sample Dates for the Newspaper Content Analysis**

<p><b>October 1998</b></p> <p>Monday 4 October 1998          Tuesday 12 October 1998          Weds 13 October 1998          Thursday 7 October          Friday 8 October 1998          Saturday 9 October 1998</p>	<p><b>April 2002</b></p> <p>Monday 22 April 2002          Tuesday 23 April 2002          Wednesday 17 April 2002          Thursday 18 April 2002          Friday 19 April 2002          Saturday 20 April 2002</p>
<p><b>July 2004</b></p> <p>Monday 12 July 2004          Tuesday 13 July 2004          Wednesday 7 July 2004          Thursday 8 July 2004          Friday 30 July 2004          Saturday 10 July 2004</p>	<p><b>March 2005</b></p> <p>Monday 7 March 2005          Tuesday 15 March 2005          Wednesday 23 March 2005          Thursday 17 March 2005          Friday 4 March 2005          Saturday 5 March 2005</p>
<p><b>June 2008</b></p> <p>Monday 2 June 2008          Tuesday 3 June 2008          Wednesday 18 June 2008          Thursday 5 June 2008          Friday 6 June 2008          Saturday 28 June 2008</p>	

**Component 2: General Analysis of Magazine Coverage**

*Terms of Inclusion*

The same terms of inclusion were used to those in the general press analysis

*Methods of Analysis*

The same methods of analysis were also used (i.e. a manual, visual review of all content)

*Magazine Sampling*

Four titles were selected for this part of the analysis: *Cosmopolitan* and *Marie Claire*; *FHM* and *GQ*.

These magazines were selected because:

- They provide a balanced sample of magazines targeted at female and male readerships.
- They have some of the highest circulations in Britain (NB At the time of the sampling, *Cosmopolitan* and *FHM* were best selling, paid-for monthly magazines in their respective sectors and *Marie Claire* and *GQ* were among the top 5 sellers).
- They are more generalist in their content than other leading circulation magazines in their market sector (for example, *Men's Health* and *Glamour*).
- Their audience demographic (see Table 2.3) is broader than other competitors (e.g. *Nuts* and *Loaded*).

**Table 2.3: Readership Background for Monthly Magazines for 12 months July 2008 to June 2009 (%)**

	A,B,C1*	C2,D,E	15-44	45+	Men	Women
<b>Cosmopolitan</b>	68%	32%	79%	21%	10%	90%
<b>Marie Claire</b>	68%	32%	72%	28%	6%	94%
<b>FHM</b>	57%	43%	90%	10%	86%	14%
<b>GQ</b>	76%	24%	88%	12%	85%	15%

Source: author compiled from National Readership Survey Readership Estimates data  
 \* For definition of social status used see table 1.

### *Time Sampling*

Coverage from two entire years was scrutinised for all HI and OH coverage (2005 and 2008) and all relevant coverage was coded.

### **Component 3: Press Coverage of Government Policy Interventions**

We identified nine major government policy interventions concerning health inequalities and related issues since 1998. These were:

- *Independent Enquiry into Inequalities in Health* (the Acheson report), 26 November 1998.
- *Saving Lives: Our Healthier Nation*, White Paper, 5 July 1999.

- *The NHS plan: A Plan for Investment, a Plan for Reform*, 1 July 2000.
- *Securing Good Health for the Whole Population* (the Wanless report), 25 Feb 2004.
- *The NHS Improvement Plan: Putting People at the Heart of Public Services*, 24 June 2004.
- *Choosing Health: Making Healthy Choices Easier* White Paper, 16 November 2004.
- *Our NHS, Our Future: NHS Next Stage Review*. Interim Report, (Darzi interim report) 4 October 2007.
- *High Quality Care for All: NHS Next Stage Review*. Final report, 30 June 2008, (Darzi final report).
- *Consultation Report on Health Inequalities post 2010*. 22 June 2009. (Marmot Review).

#### *Sampling Dates*

For each of these publications we sampled five days' worth of coverage, starting two days before the publication date and concluding two days after. This was to capture pre-launch as well as post-launch publicity.

#### *Press Sampling*

The same newspapers were sampled as those in component 1, for the reasons already stated.

#### *Terms of inclusion*

We only coded items that manifestly referred to these publications. It was not essential that the items addressed health inequality issues.

### Section 3: Health Related Coverage in the British National Press

This section examines the results of the content analysis of national press coverage of health related issues published over the five composite weeks in October 1998, April 2002, July 2004, March 2005 and June 2008. In total **1580** separate items were identified as qualifying as health related coverage across the five sample periods. Of these items, only 10 percent addressed 'Health inequalities' (HI). Further analysis of these figures across the periods demonstrates how HI related issues became proportionally more prominent over time when measured as a percentage of all health related coverage as well as actually more prominent when considered in terms of the number of items published per sample week. In sum, HI coverage was not a dominant feature of health related reporting but it did rise up the agenda during the period under consideration (Table 3.1).

**Table 3.1: Amount of Health Inequality Coverage by Sample Period (%)**

	1998	2002	2004	2005	2008	All
	%	%	%	%	%	%
Health Inequality	4	9	8	12	14	10
Other Health Coverage	96	91	92	88	86	90
(Number of Cases)	(242)	(366)	(310)	(344)	(318)	(1580)

Notes: all percentages are rounded and may not add up to 100.

P<0.000

Table 3.2 considers the degree of attention given to HI and Other Health (OH) coverage by the market orientation of titles. The results highlight some statistically significant differences between the press sectors, the most obvious of which was the tendency on the part of the so-called 'quality' titles to devote more coverage - in both actual and proportional terms - to HI related issues.

**Table 3.2: Amount of Health Inequality Coverage by Newspaper Market Orientation (%)**

	Quality	Mid Market	Popular
	%	%	%
Health Inequality featured	12	9	8
Health inequality not featured	88	91	92
(Number of Cases)	(504)	(601)	(475)

Notes: Notes: all percentages are rounded and may not add up to 100 'Quality' = the *Guardian* and *The Times*; 'Mid Market' = the *Daily Mail* and the *Daily Express*; 'Popular' = the *Daily Mirror* and the *Sun*  
P<0.05

However, it should be noted that these categories mask some internal differences that deserve further exploration (see Table 3.3). Although proportions of HI coverage in the *Guardian* and *The Times* are very similar, the former published 50 percent more health related items than its rival during the sample periods. In contrast, there was little difference between the popular newspapers, although the *Sun* gave slightly more prominence to HI matters. The greatest proportional variation was in the mid market sector with the *Daily Express* devoting 5% more coverage than the *Daily Mail*, although it should also be noted that the latter had more health related reporting (n.b. the *Daily Express* had 30 items focusing on HI, the *Daily Mail* had 23)

**Table 3.3: Amount of Health Inequality Coverage by Newspaper (%)**

	Guardian	Times	Express	Mail	Mirror	Sun
	%	%	%	%	%	%
Health Inequality featured	13	12	12	7	6	9
Health inequality not featured	87	88	88	93	94	91
(Number of Cases)	(305)	(199)	(259)	(342)	(240)	(235)

Notes: all percentages are rounded and may not add up to 100

P<0.03

In sum, there is an imperfect relationship between the newspaper sector and the amount of HI coverage. But nevertheless there appears to be some linkage. By contrast market position has no strong relationship to the amount of generic health related coverage, given the *Guardian* had the

second largest amount of coded coverage whilst *The Times* had even less than the popular titles. The political orientation of a given newspaper seems not to have much relationship to the reporting of HI issues because although the *Guardian* led *The Times* in this respect, the *Mirror* devoted less coverage to HI issues than the *Sun*. Collectively, these results were surprising, given that health inequality is traditionally seen as both a left of centre and middle class concern.

### *Health Coverage Genres*

**Table 3.4: The Genres of Health Coverage (%)**

	HI Coverage	Other Health Coverage
	%	%
News item	58	57
Editorial	3	3
Feature	14	20
Column	9	7
Letter	8	8
Other	8	5
(Number of cases)	(153)	(1427)

Notes: all percentages are rounded and may not add up to 100  
P=0.364 (NS)

Table 3.4 subdivides coverage compares the genres of HI and OH coverage. Overall, no statistically significant differences emerged from this comparison – for example, HI issues were neither more nor less likely to attract editorial comment than OH issues.

Table 3.5. compares the genres of HI coverage only, by market sector and shows some significant variations. Only the mid market titles directly editorialised on these matters during the sample periods and published the highest proportion of numbers. In contrast, column pieces were more evident in the popular press. Quality press coverage provided by far the highest proportion of feature items.



**Table 3.5: The Genres of Health Inequality Coverage by Newspaper Market Orientation (%)**

	Quality	Mid Market	Popular
	%	%	%
News item	56	58	59
Editorial	-	9	-
Feature	27	6	5
Column	8	6	14
Letter	6	13	3
Other	3	8	19
Number of cases	(63)	(53)	(37)

Notes: all percentages are rounded and may not add up to 100

P<0.05

### *Triggers*

Table 3.6 (below) examines the ‘triggers’ for HI coverage. By this we mean, the issue that precipitated a news story to be written (n.b. this can only be reliably categorised for news items). By far the two most common triggers were statements and/or announcements, some supported by research evidence, from official (i.e. ministers, government departments, quasi-governmental bodies) or non-official (private sector representatives, academics and voluntary sector organisations) sources. The latter had the slight edge in terms of their instigation of coverage but this is largely accounted for by the disproportionately low level of articles in mid market titles that originated from official announcements or research.

**Table 3.6: Triggers for Health Inequality News Reporting by Newspaper Market Orientation (%)**

	Quality	Mid Market	Popular	All
	%	%	%	%
Non official policy statement/research	40	39	27	36
Official policy announcement/ research	43	16	41	31
Unscheduled event/ incident	6	32	9	16
Parliament	3		13	5
Citizen action/ activism	3	6		3
Media initiative	3	6		3
Other	2	1	10	6
(Number of cases)	(35)	(31)	(22)	(88)

(Notes: data solely relate to news items. Percentages are rounded and may not add up to 100)  
P<0.00

Overall, the figures, in table 3.6, highlight the influence of so-called ‘issue entrepreneurs’ in stimulating media debate over HI issues. By contrast

citizen activism, not to mention parliament, were negligible as triggers for reporting. 'Media initiated' triggers were also rarely evident.

It is particularly striking how the mid market newspapers, as opposed to their counterparts, were:

- (a) far more likely to publish news items triggered by unscheduled events/incidents;
- (b) prone to reporting stories that originated from statements or research provided by non official sources;
- (c) less inclined to pay attention to government initiated material;
- (d) had the highest incidence of 'media initiated' news items.

Both titles in this sector are well known for their antagonism towards the present government, and it may be that their lower levels of source dependency may be another manifestation of this hostility.

Table 3.7 compares the triggers of HI coverage by political orientation of newspapers and also identifies some statistically significant variations. The differences related to the right wing papers have already been discussed (as these were also the papers in the mid market category). Comparing the de-aligned and centre-right aligned groupings it is evident that de-aligned titles had most coverage triggered by official announcements. Whether this was indicative of the close working relations that have developed between the Murdoch press and the Labour government at the time can only be speculated upon here.

**Table 3.7: Triggers for Health Inequality News Reporting by Political Orientation (%)**

	Centre Left Aligned	De- aligned	Centre Right Aligned	All
	%	%	%	%
Non official policy statement/research	36	35	39	36
Official policy announcement/ research	39	46	16	31
Unscheduled event/ incident	7	8	32	16
Parliament	7	8	-	5
Citizen action/ activism	3	-	6	3
Media initiative	-	4	6	3
Other	9	-	1	6
(Number of cases)	(31)	(26)	(31)	(88)

(Notes: data solely relate to news items. Percentages are rounded and may not add up to 100)  
P<0.05

Overall these results suggest the main stimulus for reporting in this area derives from the policy nexus of government and established interest groups, suggesting this is a policy elite directed debate where the wider citizenry is marginalised. Parliament, a supposed arbiter between elite and popular concerns, is noticeable by its minor role in media discourses in relation to this topical subject. This is of course part of wider and growing journalistic trend. This is also a source initiated discussion in that the titles analysed here rarely instigated coverage by the media themselves (although some variation is evident).

These findings beg the question as to whether they are a distinct feature of Health Inequality coverage or typical of Health Coverage more generally.

**Table 3.8: Triggers for Other Health News Reporting by Newspaper Market Orientation (%)**

	Quality	Mid Market	Popular	All
	%	%	%	%
Non official policy statement/research	27	37	28	31
Official policy announcement/ research	46	16	20	27
Unscheduled event/ incident	8	30	23	21
Parliament	2	1	1	1
Citizen action/ activism	1	6	16	8
Media initiative	5	2	5	4
Trial/ Judicial process	7	1	6	5
Other	4	7	1	3
(Number of cases)	(260)	(309)	(248)	(817)

(Notes: data solely relate to news items. Percentages are rounded and may not add up to 100)  
P<0.00

Table 3.8 examines the triggers for Other Health coverage. Once again reporting in the mid market sector was most likely to have been triggered by unscheduled events or non-official sources. By contrast the quality newspapers were the titles most disposed to publishing on the basis of official statements and announcements. The popular titles were more disposed to publishing citizen originated stories although this was far from being the dominant trigger. Across all sectors there was a dearth of solely media initiated reports.

From this comparison it is possible to draw some tentative conclusions.

Overall there were marked similarities in the triggers for the reporting of HI and OH news coverage. Health news in both categories was most likely to have been stimulated courtesy of elite leadership arenas rather than more informal civil society related ones. It is also noteworthy that the peculiar patterns evident in the mid market coverage of HI resembled those relating to their more general health reporting. With the popular press there was some divergence, in that the elite source triggers evident in their HI coverage were not so strongly replicated in their general reporting which was more likely to be influenced by unscheduled events and citizen actions or activism.

### *Whose Presence? Whose Voice? Actors in Health Coverage*

The initiation of media coverage is but a preliminary and imperfect measure of the relative presence and influence of different public and political arenas. For example, it may be that official statements and reports have prominence because they are routinely challenged, even derided, by other accessed sources. To gain a more robust understanding of who commanded greatest presence in media coverage, this section examines the presence of different 'actors' within HI and OH coverage.

For this analysis an 'actor' was defined as any individual or institution whose actions, opinions or existence was directly mentioned in an article and where this reference demonstrated some independent status within the piece (i.e. they had to have an active presence in the item and were not simply mentioned or discussed by another protagonist). Up to five actors could be coded per item; where this number was exceeded, the most prominently featured and extensively quoted were coded.

Table 3.9 (below) compares the prominence of actors in HI and OH coverage by working out the percentage of items that featured at least one actor within each category. Chi square tests were then conducted to ascertain whether certain groups were statistically more or less likely to feature in different types of coverage. These actor categories have been ranked in order of their overall prominence in the sample data.

**Table 3.9: Ranking of Actors in Health Inequality and General Health Coverage (%)**

Rank	Actor group	HI	Other Health	Stat sig? p<0.05
		%	%	
1	Citizens	15	26	Yes
2	NHS	17	19	
3	Policy experts/researchers	16	20	
4	Labour party	25	17	Yes
5	Other statutory agencies	23	14	Yes
6	Other charitable/voluntary sector	14	9	Yes
7	Campaign groups/think tanks	13	9	Yes
8	Health staff groups	10	8	
9	Media	5	9	
10	Conservative party	13	8	Yes
11	Non UK based actors	5	7	
12	Corporate sector	5	7	
13	Other political parties	9	3	Yes
	(Number of cases)	(153)	(1427)	

Notes: Percentages are separate and do not add up to 100. Percentages = (the proportion of items that featured at least one actor in this category divided by total number of items)\*100. All percentages are rounded.

Taking the significant differences first:

- Citizens were significantly less prominent in HI reporting
- Political party actors were more prominent in HI coverage
- Although there is evidence of a general incumbency effect in all types of health coverage – in which the party of government attracts higher levels of coverage than their opponents – this effect was least evident in HI coverage. Twenty five percent of HI items featured at least one Labour actor, compared with 22 percent that presented actors from other political parties. In other health coverage, Labour actors appeared in 7 percent more items than all other parties combined.
- The ‘two party squeeze’, in which the main political parties command an overwhelming proportion of media presence, was less acute in HI coverage compared with OH coverage
- Although there was no significant difference in the presence of NHS

actors across the two categories, other statutory sources had greater proportional presence in HI coverage

- Campaign groups, charities, think tanks and other voluntary organisations were more prominent in HI coverage than general health coverage

With regard to other actor distributions, it is important to consider those with the most peripheral presence. Media actors were marginal figures, and notably so in relation to HI reporting; journalists appeared reluctant to 'write themselves into the story'. Despite ongoing discussions relating to the privatisation and/or commodification of health care, the major corporate businesses active in the sector were also marginal actors across all coverage. The very limited presence of non UK actors in all coverage needs to be interpreted cautiously, as this is likely to be in part an artefact of the terms of inclusion of the content analysis (and which required there to be an explicit connection to people, organisations and events in the UK for an item to be included in the study)

We were also interested in exploring the extent to which the market orientation and political orientation of newspapers affected who appeared in coverage. Table 3.10 (below) focuses on how the newspapers' different political/ ideological orientations might impact on reporting and solely addresses HI coverage. (n.b. the rankings have been adjusted from those in table 3.9 to indicate the prominence of different actors within HI coverage only).

**Table 3.10: Ranking of Actor Presence in HI Coverage Only by Political Orientation (%)**

Ranking	Actor group	Left Aligned	De-aligned	Right Aligned	Statistically significant difference? p<0.05
		%	%	%	
1	Labour party	27	31	17	
2	Other Statutory Sector	26	22	21	
3	NHS	26	13	11	
4	Policy Experts/ researchers	18	18	11	
5	Citizens	9	7	28	Yes
6	Other Charitable/ Voluntary Sector	13	7	21	
7=	Conservative party	9	16	15	
7=	Campaign groups/ Think Tanks	22	7	9	Yes
9	Health Staff Groups	16	9	4	
10	Other Political Parties	9	11	6	
11=	Non UK based actors	7	-	8	
11=	Media	4	2	-	
13	Corporate sector	9	4	-	
	(Number of cases)	(55)	(45)	(53)	

Notes: Percentages are separate and do not add up to 100. Percentages = (the proportion of items that featured at least one actor in this category divided by total number of items)\*100. All percentages are rounded

Table 3.10 reveals quite a degree of variation across the categories, but only in two cases were these sufficient to be deemed statistically significant (p<0.05). ‘Citizens’ were far more prominent in Right aligned newspapers than the rest and ‘Campaign groups/ think tanks’ were more prominent in ‘Left aligned’ newspapers.

Table 3.11 breaks the actor distributions down by the market orientation of newspapers. These data reveal a greater number of statistical variations between categories

- Citizens were most commonly featured in mid market titles as were charitable and voluntary organisations;
- Conservative actors were far more prominent in the popular press, and far less present in the quality press. However, any political advantage this might have delivered to Labour was mitigated by the greater proportional presence of other party political actors;

- 'Health staff groups' (i.e. trade unions and professional bodies) received more coverage in the quality press, as did corporate sector actors.

**Table 3.11: Ranking of Actor Presence in HI Coverage Only by Newspaper Market Orientation (%)**

Ranking	Actor group	Quality	Mid Market	Popular	Statistically significant difference? p<0.05
		%	%	%	
1	Labour party	29	17	30	
2	Other Statutory Sector	30	21	14	
3	NHS	19	11	22	
4	Policy Experts/ researchers	18	11	19	
5	Citizens	8	28	8	Yes
6	Other Charitable/ Voluntary Sector	14	21	3	Yes
7=	Conservative party	6	15	22	
7=	Campaign groups/ Think Tanks	22	9	3	Yes
9	Health Staff Groups	18	4	5	Yes
10	Other Political Parties	13	6	5	
11=	Non UK based actors	5	8	3	
11=	Media	5	9	3	
13	Corporate sector	10	-	3	Yes
	(Number of cases)	(63)	(53)	(37)	

Notes: Percentages are separate and do not add up to 100. Percentages = (the proportion of items that featured at least one actor in this category divided by total number of items)\*100. All percentages are rounded

### *Actors and News Access*

The actor data presented so far has assessed the prominence of different categories in an undifferentiated way. However, although these results provide a measure of the news presence of different actors they do not tell us anything about differences in news access.

News presence and news access are linked but distinct phenomena. News presence concerns the frequency with which the actions and opinions of individuals and organisations are the subject of editorial discussion. News access addresses the extent to which particular sources interact directly with journalists to provide information and convey their opinions. News access is



often determined by matters of opportunity and availability but it can also be a measure of sources' influence and credibility as there is an implicit process of accreditation involved in journalists' decisions as to whom they talk to. To give a contemporary example, terrorist organisations often command considerable news presence through their threats and actions but their news access – opportunities to justify directly their actions, explain their demands, and so on - is negligible.

News presence is a straightforward matter to assess by comparing which sources are most frequently mentioned in coverage and which are side-lined or ignored (see previous tables). News access is less easy to adduce through these means, as there can be occasions when powerful sources exert surreptitious influence 'behind the scenes'. Nevertheless, the frequency with which sources are directly quoted in coverage does provide a telling, if imperfect, indicator of the availability and/or perceived credibility of news sources by journalists.

Table 3.12 (below) compares the proportion of items that quoted different actor categories in HI and OH coverage. The results show that citizens were quoted less in HI coverage. Conversely, representatives of the Conservatives, campaigning groups and other parties were all quoted more. In terms of quoted access, Labour's incumbency advantage disappears. This adds a significant qualification to any assessment of party advantage in relation to HI coverage. Opposition political parties may command a lower news presence, but collectively their quotation opportunities exceed those of the party of government.

**Table 3.12: Ranking of Directly Quoted Actors in HI and Other Health Coverage (%)**

Ranking	Actor group	Health Inequality	Other Health Coverage	Statistically significant difference? p<0.05
		%	%	
1	Citizens	11	20	Yes
2	NHS	14	13	
3	Policy Experts/ researchers	9	13	
4	Labour party	14	10	
5	Other Statutory Sector	14	7	Yes
6	Other Charitable/ Voluntary Sector	9	5	
7	Media	4	6	
8=	Conservative party	9	5	Yes
8=	Campaign groups/ Think Tanks	9	5	Yes
10	Health Staff Groups	7	5	
11=	Non UK based actors	3	4	
11=	Corporate sector	3	4	
13	Other Political Parties	6	2	Yes
	(Number of cases)	(153)	(1427)	

Notes: Percentages are separate and do not add up to 100. Percentages = (the proportion of items that featured at least one actor in this category divided by total number of items)\*100. All percentages are rounded

Table 3.13 (below) examines variation in news access across the five sample time periods. No statistically significant fluctuations were evident in Health Inequality coverage over the sampling period.

**Table 3.13: Ranking of Directly Quoted Actors in HI and Other Health Coverage Over Time by Sample Period (%)**

Ranking	Actor group		1998	2002	2004	2005	2008	Statistically significant difference? p<0.05
			%	%	%	%	%	
1	Labour party	Inequality	33	28	20	29	20	
		Other	11	23	13	22	14	Yes
2	Other Statutory Sector	Inequality	22	13	28	26	24	
		Other	15	8	17	13	17	Yes
3	NHS	Inequality	33	16	20	12	18	
		Other	23	16	15	22	21	
4	Policy Experts/ researchers	Inequality	11	16	4	19	20	
		Other	27	20	20	18	18	
5	Citizens	Inequality	-	3	24	17	20	
		Other	32	19	24	31	29	Yes
6	Other Charitable/ Vol Sector	Inequality	33	3	20	17	11	
		Other	9	7	11	9	8	
7=	Conservative party	Inequality	11	13	12	19	9	
		Other	4	9	4	13	4	Yes
7=	Campaign groups/ Think Tanks	Inequality	22	6	12	2	27	Yes
		Other	10	9	10	7	10	
9	Health Staff Groups	Inequality	11	13	12	7	9	
		Other	16	9	5	6	8	Yes
10	Other Political Parties	Inequality	-	9	-	12	11	
		Other	3	2	3	3	4	
11=	Non UK based actors	Inequality	-	-	12	5	7	
		Other	8	7	9	4	8	
11=	Media	Inequality	-	-	12	2	9	
		Other	8	5	13	9	12	Yes
13	Corporate sector	Inequality	11	3	-	2	9	No
		Other	3	5	6	8	11	No

Notes: Percentages are separate and do not add up to 100. Percentages = (the proportion of items that featured at least one actor in this category divided by total number of items)\*100. All percentages are rounded

## Themes in Coverage

Up to three themes could be coded for each item included in the analysis. The coding of themes was used to assess the interpretative dimensions of Health inequality and other health reporting – put simply, what was the coverage about, and which issues were emphasised and which were marginalised?

**Table 3.14: Ranking of themes in Health Inequality and Other Health Coverage (1998-2008) (%)**

Rank	Theme	All Coverage	Health Inequality Coverage	Other Health Coverage	Statistically significant difference? (P<0.05)
		%	%	%	
1	Health Conditions/ Pathologies/ Prospects	44	36	45	Yes
2	Health Service provision	37	50	36	Yes
3	Diet	11	3	12	Yes
4	Medicinal developments/ regulation and failures	10	9	10	
5	Alcohol/ Drug (mis)use	10	14	9	Yes
6	Health preventions (other than diet)	9	1	10	Yes
7	Antenatal	7	1	8	Yes
8	Children	8	7	9	
9	Spatial differences	5	44	1	Yes
10	Environment	4	-	5	Yes
11	Older people	4	11	3	Yes
12	Gender	3	7	3	Yes
13	Employment	3	2	3	
14	Exercise	3	-	3	Yes
15	Genetics	2	-	3	Yes
16	Sex	2	-	2	
17	Public Communication	2	-	2	
18	Temporal Changes	1	7	1	Yes
19	Poverty	1	13	0.1	Yes
20	Education	1	1	2	
21	Ethnicity	1	5	1	Yes
22	Other	0.3	1		
	(Number of cases)	(1580)	(153)	(1427)	

Notes: up to three themes could be coded per item. Percentages = the number of items in which each theme was coded / the total number of items. Percentages are separate and do not add up to 100.

Two thematic categories dominated health reporting (see Table 3.14). The greatest proportion involved coverage of 'conditions/ pathologies/

prospects', i.e. items about the identification, diagnosis and implications of health problems and conditions. These items ranged from impersonal informative pieces to emotive human interest stories; but all shared a focus upon the functions and malfunctions of the human body. The news value of particular health conditions was variously determined by their severity, rarity or ubiquity. Overall, attention to these matters was found to be significantly higher in Other Health (OH) coverage, but, even so, more than a third of Health Inequality (HI) items also contained some prominent reference to these matters.

'Health service provision' was the next most prominent category, which refers to coverage of the efficiency, effectiveness, organisation, delivery and funding of health services in the UK. Overwhelmingly, this reporting concentrated on public provision and the NHS, which - for all the opinion poll evidence that attests to the depth and longevity of public support for universal health care – remains a highly controversial and contested subject in political and media discourse. Discussion of health service provision was found to be statistically greater in HI coverage than other coverage, but, here too, it was a prevalent subject for media attention in both categories.

#### **Health inequality stories on conditions/ pathologies/ prospects**

In the *Mirror* (18/6/08), well known health columnist Dr Miriam Stoppard, reflected on the findings of research by the World Cancer Research Fund which suggested that a third of cancer cases could be prevented by a lifestyle change. Miriam noted, it is not being poor but the choices that individuals made that are important. What followed were her tips to increase the reader's chances of 'a long healthy life', these included: 'ditch the ciggies'; 'sneak in exercise'; 'be sensible about booze'; and 'make meals healthier'. In a report on women's health (10/7/04), the *Daily Express*' Health Editor, under the headline 'Cancer Womb linked to Stress', suggested that stressful lives could increase the risks of womb cancer in post-menopausal women.

### **Stories about inequalities in health service provision**

Articles about inequalities in health service provision often dwelt on criticisms of the NHS or another body which provided services, such as NICE. In such articles provision was often equated to a lottery. For example, *The Times* (17/4/02) highlighted a report by the Clinical Standards Board for Scotland which suggested the NHS was, 'failing on schizophrenia'. The journalist suggested that NHS care of those with schizophrenia was akin to a lottery in which many were 'losing out on vital treatment and care'. In the *Daily Mail* (12/10/98) the victims were not those with schizophrenia but patients 'waiting for vital cataract treatment' (Vital Treatment for Eye Disease is Hit by Waiting Lists Lottery). Repeating the criticisms of the NHS voiced in a report by RNIB, the journalists suggested Scottish cataract patients faced a 'lottery', with delays having potentially dangerous outcomes. Sometimes the journalists drew on their own experience or those of others. In the *Mirror* (13/7/04), an article by Fiona Phillips attacked NICE policy on funding drugs. In the article she suggested that her mother was only alive thanks to an Alzheimer's drug that is being denied other sufferers by NICE. The article compared her treatment to those with cancer sufferers, noting: 'If she had cancer she'd be treated by the NHS...'. In terms of other people's experience, there were stories like that in the *Daily Express* (4/3/05) about a couple who having moved to Wales were being forced to travel 200 miles to see an NHS dentist. There was also coverage of legal action by patients around drug top-ups. The *Guardian* (2/6/08), for example, highlighted the plight of a couple who had treatment by the NHS withdrawn after having spent their own money on a course of medication. Concern about this issue was also raised in the *Sun* (5/6/08) who branded health chiefs 'heartless'.

Themes related to 'diet' and 'other health preventions' were among the next most commonly identified across the whole sample, but these were significantly less likely to appear in HI coverage than Other Health coverage. This was also found to be the case with 'medicinal developments/ regulation and failures', 'antenatal' and 'environment' themes. Of greater significance to

the concerns of this analysis were the themes that were significantly more likely to appear in HI coverage. The most dramatic disparity was found for themes related to 'spatial differences', i.e. local, regional and national factors related to health issues. Forty four percent of HI items contained some reference to spatial differences, compared with only 1 percent of other health items. That there was such a dramatic correlation is perhaps not surprising, given that a theme of this kind tends to invite discussions of distributions, difference and thereby potential inequalities.

### **Stories about spatial differences**

One typical spatial themed story was the regional comparison. For example, the *Mirror* (4/3/05) picked up on a Department of Health report that examined deaths from drink-related illnesses. Under the headline '6,500 Shock Death Toll per year From Booze' it explained how national death toll from drink-related illnesses had increased from 5,970 in 2001 to 6,500. The story highlighted the worst areas in the country, Blackpool for men and Corby, in Northamptonshire, for women. This best/worst regional comparison could also be seen in quality press. The *Times* (8/7/04), under the headline 'Highest Stroke Risk in Sussex and Dorset', drew attention to yet more research findings that showed people living Sussex, Dorset and Devon have the greatest 'risk of suffering a heart attack or stroke over the next ten years' compared to North East Oxfordshire and the Eden Valley in Cumbria which had the lowest rates. Comparisons were sometimes international with the UK experience compared to those in other countries. For example, *The Times* (3/6/08), drawing on a health report, observed that stroke patients in Britain has one of the lowest physical qualities of life compared to other developed countries. The *Sun* (23/3/05) reporting Jamie Oliver's campaign for healthier school meals, compared meals provided in the UK with a range of other countries, concluding that only American school meals 'were a worse disaster' than our own.

However, what is notable is that other thematic categories that similarly suggest a connection were nowhere near as prominent in inequality reporting.

For example, 'poverty' themes were more apparent in HI coverage than OH coverage – where this dimension was all but absent - but still only appeared in 13 percent of items. Themes related to 'temporal changes', i.e. historical trends regarding health, also commanded a proportionally greater presence in HI coverage but were even more marginal (7 percent of all HI coverage). 'Gender', 'older people' and 'ethnicity' displayed similar patterns in attracting even lower composite levels of press attention.

#### **Health inequality stories about poverty**

Poverty as an issue often emerged linked to other themes such as provision and geographical inequalities. Under the headline 'Poor Lose Out in Campaign to Combat Heart Disease' (7/3/05) The *Guardian's* Health Editor highlighted Health Commission criticisms suggesting that despite extra NHS funding the NHS still needed do more to address heart disease in the poorest communities. The *Guardian's* Social Affairs Editor in further piece (8/7/04) highlighted the findings of another Healthcare Commission report which suggested that the government had 'short changed patients in some of England's poorest parts' while those in the richest were gaining more than their fair share.

The above thematic patterns are intriguing and we contend confirm conclusions made by previous authors about the deeper structures of interpretation in press reporting of health (see section 1). The overall dominance of 'conditions/ pathologies/ prospects' theme and the associated prominence of themes related to 'medicinal developments/ regulation and failures' suggests that the press tend to be more interested in reporting the biological and technological dimensions of health issues than socio-economic variations and determinants. Further support to this interpretation is leant by the marginal attention given to questions of poverty, ethnicity, age, education and gender even in coverage focused on health inequality. Instead, the most frequently reported divisors were found to be spatial differences, which again potentially detracts attention from socio-economic divisions. Over recent years, the term 'post code lottery' has gained considerable prominence in the



public sphere as a means of describing the arbitrary and unfair distribution of health services in Britain (for more details see figures 3.2 and 3.3 below). Contained in this phrase are some significant semantic implications as it connotes, and connects with, this dominant emphasis upon perceived NHS institutional bureaucratic geographic injustice rather than broader socio-economic inequities. These findings are also broadly consonant with the conclusions of the earlier study conducted by Entwistle and Hancock-Beaulieu and discussed in section 1, which concluded that the connections between poverty and ill health tend to be ignored in press coverage.<sup>17</sup>

These findings also corroborate those authors' conclusions that a significant proportion of health reporting is often underwritten by an individuated frame. For example, themes related to 'diet' and 'other health prevention strategies' were found to be largely disassociated from health inequality debates, suggesting that they are principally connected with individual actions and personal responsibility rather than the societal distribution of opportunity. The ideology of 'self help' is deeply rooted in our political culture, existing well before its formal articulation in Samuel Smiles' 1859 treatise with that title that extolled the virtues of personal industry, thrift and self-improvement. It would seem these values live on in the deeper structures of much health reporting in the UK, revealed in a subtle but pervasive emphasis in reporting on the strategies for, and importance of, the pursuit of 'self health'.

### *Thematic Changes over time*

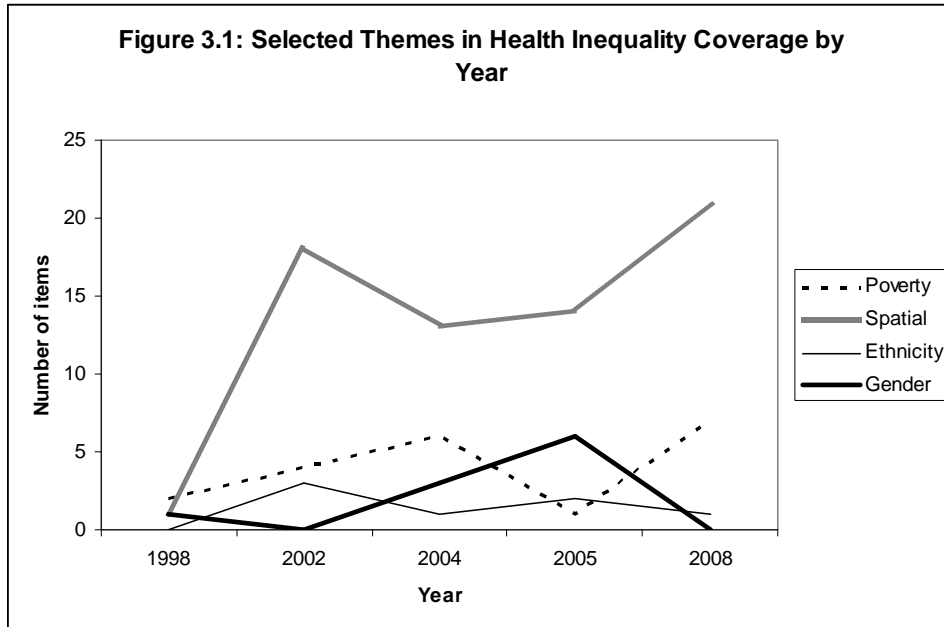
Figure 3.1 (below) focuses solely on HI coverage and assesses the extent to which selected themes attracted more or less coverage over the sample period<sup>18</sup>. These themes have been selected because of their natural affiliation with health inequality debates, and the results show that discussions of spatial differences came to the fore in 2002 and have retained prominence across the ensuing sample periods. Coverage of 'poverty', 'ethnicity' and 'gender'

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<sup>17</sup> Entwistle, V. and Hancock-Beaulieu, M. (1992) Health and Medical Coverage in the UK National Press. *Public Understanding of Science*, 1, p.373.

<sup>18</sup> Due to the small numbers involved for many of these theme categories actual count of items identified has been used rather than percentages

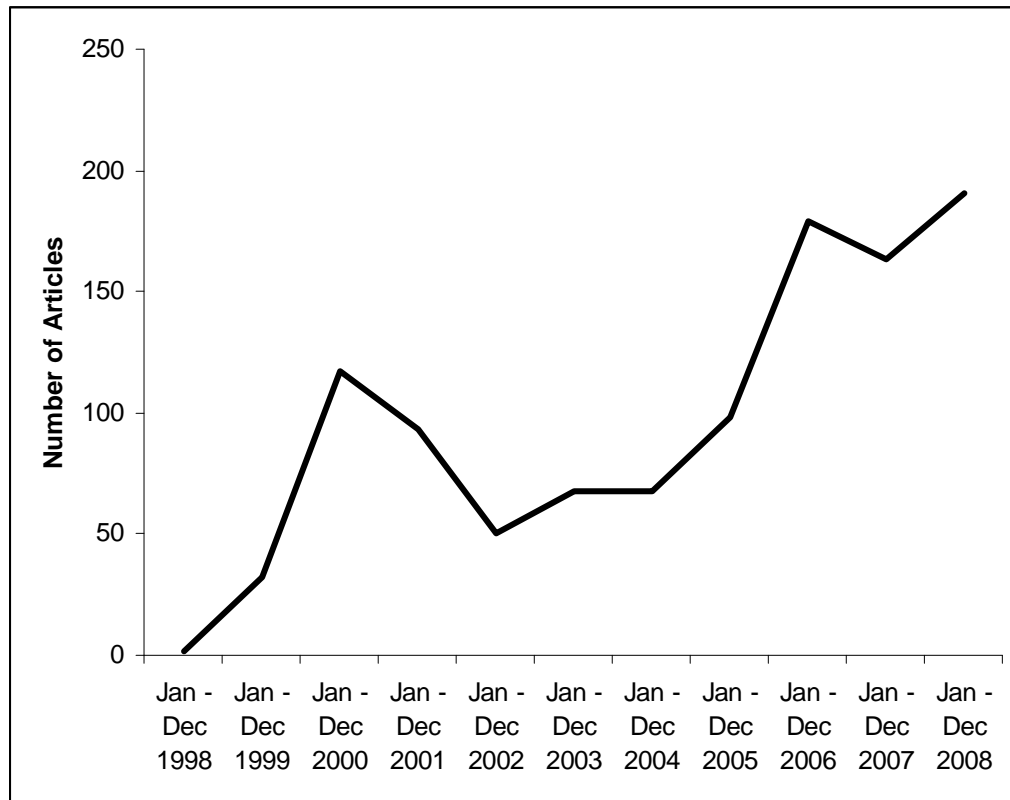
themes have, by comparison, attracted far more intermittent and less consistent coverage. For example, poverty themes attained their highest level of coverage in the 2008 sample period, but this followed their virtual absence from the 2005 sample period.



The research also examined one kind of spatial difference story in more detail, namely those that used the words ‘post code lottery’. Figure 3.2 (below) shows the annual number news items in the sample of British daily newspapers that contained any reference to the keywords ‘Health’ and ‘Post code lottery’. The results demonstrate that the latter phrase initially gained prominence in the media lexicon in 2000, but this was followed by a reduction and then considerable resurgence in its usage towards the latter part of the decade. These trends suggest that the term is now a consistent and established referent in the reporting of Health Inequalities in the British press.

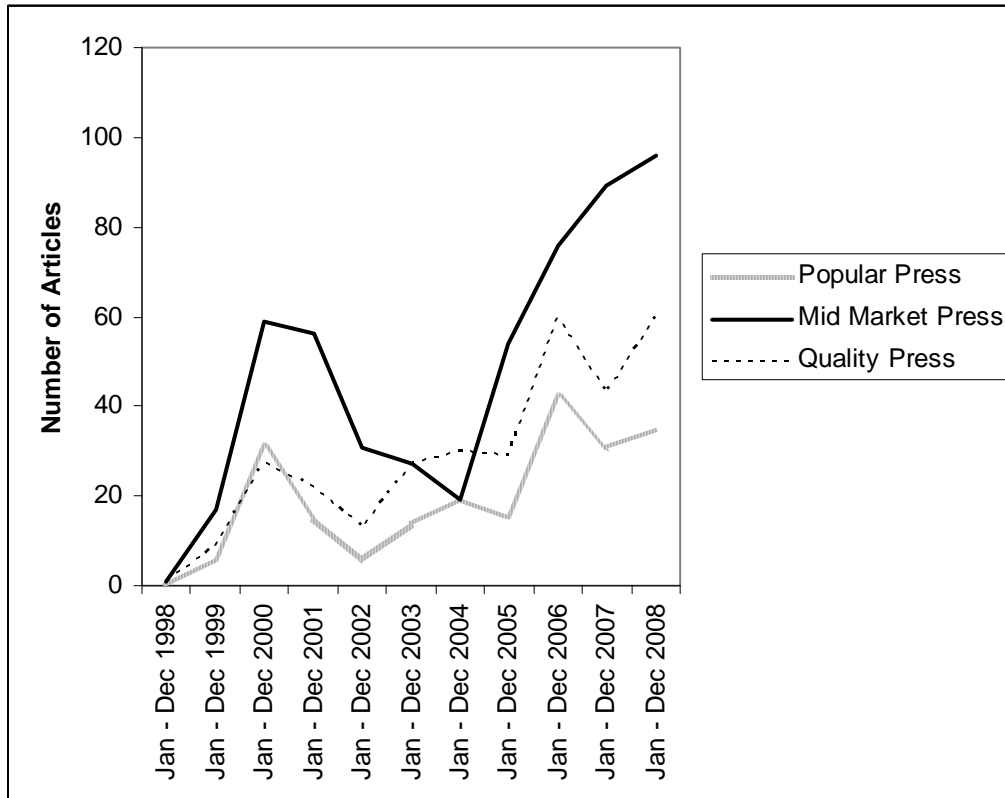
Figure 3.3 (below) shows that the career of this term varied according to market sector. Although the trend towards increased usage is evident across all three sectors, both the emergence and recurrence of the term is most evident in the mid market titles, the *Daily Mail* and *Daily Express*. In only one year was their usage of the term exceeded by other newspapers (2004).

**Figure 3.2: Annual Number of Articles that Referred to ‘Health’ and ‘Post Code Lottery’ in British National Daily Newspapers (Jan 1998 – December 2008)**



Notes: Papers = the *Guardian*, *The Times*, the *Daily Mail*, the *Daily Express*, the *Daily Mirror* and the *Sun*

**Figure 3.3: Comparison of the Annual Number of Articles that Referred to 'Health' and 'Post code lottery' in the 'Quality Press', 'Mid Market Press' and 'Popular Press' (January 1998 to December 2008)**



Notes: 'Popular Press'= the *Sun* and *Daily Mirror*, 'Mid Market Press' = *Daily Mail* and *Daily Express*, 'Quality Press'= *The Times* and *the Guardian*

As we explore further elsewhere, we contend there are significant ramifications to the emergence and adoption of the term 'post code lottery'. Its media appeal is undoubtedly explained by its catchiness, comprehensibility and controversial connotations. However, it contains two implicit assumptions that connect with, and may reinforce, the wider reporting of health inequality in the mainstream media. First, the term 'post code' tends to orientate attention towards bureaucratic inequities rather than social injustices. Second, it focuses attention towards inequalities that are an immediate outcome of existing health care provision, rather those that are formed in the longer term by patterns of social and economic disadvantage.

### *Thematic Differences within the Press Sample*

In sketching these broad parameters we are conscious of the dangers of over-generalisation. Indeed, the analysis so far has already noted some significant variations within the national press both in relation to market and political orientation. Table 3.15 (below) compares Health Inequality and Other Health themes broken down by the market orientation of titles. The important elements of this table concern statistically significant variations found in HI coverage. These are, in summary:

- Mid market papers focused most attention on ‘conditions/ pathologies/ prospects’;
- Popular papers gave more coverage to ‘alcohol/ drug (mis)use’ and ‘antenatal’ issues;
- Coverage of ‘spatial differences’ was most evident in the Popular press and least evident in the mid market titles;
- The quality press gave by far the most coverage of ‘poverty’ themes and ‘ethnicity’.

This suggests that some of the trends discussed in the earlier section are more attenuated in some media sectors than others. For example, the individuated ‘self health’ frame seems to gain a fuller articulation in the popular and mid market papers, albeit with slightly differing inflections, than in the quality press, who were far more attentive to socio-economic dimensions of Health Inequality. This is, again, consistent with differences identified in the Entwistle and Hancock-Beaulieu study<sup>19</sup>.

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<sup>19</sup> Ibid. p.380.

### **Interpretation by market orientation in health inequality stories**

The same research findings were reported differently across different market orientations. For example, research by the National Cancer Intelligence Network (NCIN) was reported by *The Times* (18/6/08) under the headline, 'Smoking and poverty blamed as cancer kills more in the North'. In the story the paper noted that, 'people living between Manchester and the Scottish border are 20% more likely to die from some form of the disease than those in the South'. The same research findings were treated very differently in the *Daily Mail* whose headline on the 18 June 2008, noted, 'Being well off is a breast cancer risk'. Their story challenged the notion that health inequalities stemmed from disadvantaged lifestyles of those in the north. Focusing on breast cancer, the paper observed that 'while general cancer rates for northerners are 20 per cent higher - mainly due to greater rates of poverty and smoking - the trend is dramatically reversed for breast cancer...'. The story went on to note that 'women in the south are more likely to die from breast cancer than those with more disadvantaged lifestyles'.

Table 3.16 (below) compares Health Inequality and Other Health themes broken down by the political orientation of titles. Once again, some significant differences were discernible in HI coverage, but these were fewer in number compared with the market orientation differences previously discussed:

- Left aligned papers were the least likely to report 'Conditions/ Pathologies/ Prospects' and most likely to report themes related to 'older people'.
- De-aligned papers gave greatest coverage to 'Spatial differences'.

Comparing these two tables it would seem that market orientation had a greater impact on the interpretative dimensions of health inequalities than political orientation.

**Table 3.15: Ranking of Themes in Health Inequality and Other Coverage by Newspaper Market Orientation (%)**

	Theme	Type of coverage	Quality	Mid Market	Popular	Significance ? (P<0.05)
			%	%	%	
1	Conditions/ Pathologies/ Prospects	Inequality	29	59	16	Yes
		Other	36	55	41	Yes
2	Health Service provision	Inequality	51	40	65	
		Other	52	30	27	Yes
3	Diet	Inequality	2	2	8	
		Other	5	14	17	Yes
4	Medicinal developments/ regulation and failures	Inequality	10	9	5	
		Other	13	13	6	Yes
5	Alcohol/ Drug (mis)use	Inequality	6	19	22	Yes
		Other	6	9	13	Yes
6	Health preventions (other than diet)	Inequality	-	4	-	
		Other	3	10	16	Yes
7	Antenatal	Inequality	2	2	-	
		Other	7	7	10	
8	Children	Inequality	5	9	5	
		Other	6	9	10	Yes
9	Spatial differences	Inequality	48	25	65	Yes
		Other	2	1	-	
10	Environment	Inequality	-	-	-	
		Other	6	4	4	
11	Elderly	Inequality	13	13	3	
		Other	4	3	1	Yes
12	Gender	Inequality	3	11	5	
		Other	2	2	4	
13	Employment	Inequality	5	-	-	
		Other	7	1	2	Yes
14	Exercise	Inequality	-	-	-	
		Other	2	4	4	
15	Genetics	Inequality	-	-	-	
		Other	5	2	2	Yes
16	Sex	Inequality	2	-	-	
		Other	3	1	3	Yes
17	Public Communication	Inequality	-	-	-	
		Other	4	1	2	Yes
18	Temporal Changes	Inequality	5	13	3	
		Other	1	1	0.2	
19	Poverty	Inequality	25	6	3	Yes
		Other	-	0.2	-	
20	Education	Inequality	3	2	-	
		Other	1	1	1	
21	Ethnicity	Inequality	10	2	-	Yes
		Other	1	1	1	
22	Other	Inequality	2	-	-	
		Other	0.2	-	0.5	

Notes: up to three themes could be coded per item. Percentages = the number of items in which each theme was coded / the total number of items. Percentages are separate and do not add up to 100.

**Table 3.16: Ranking of Themes in Health Inequality and Other Coverage by Political Orientation (%)**

	Theme	Type of coverage	Left Aligned	De-Aligned	Right Aligned	Significance (P<0.05)
			%	%	%	
1	Conditions/ Pathologies/ Prospects	Inequality	18	31	56	Yes
		Other	39	37	55	Yes
2	Health Service provision	Inequality	53	60	40	
		Other	39	40	30	Yes
3	Diet	Inequality	6	2	2	
		Other	13	8	14	Yes
4	Medicinal developments/ regulation and failures	Inequality	13	2	9	
		Other	9	9	13	
5	Alcohol/ Drug (mis)use	Inequality	13	11	19	
		Other	11	8	9	
6	Health preventions (other than diet)	Inequality	-	-	4	
		Other	8	11	10	
7	Antenatal	Inequality	2	-	2	
		Other	7	10	7	
8	Children	Inequality	4	7	9	
		Other	6	11	9	Yes
9	Spatial differences	Inequality	44	67	25	Yes
		Other	2	0.3	1	
10	Environment	Inequality	-	-	-	
		Other	7	3	4	
11	Elderly	Inequality	16	-	13	Yes
		Other	4	1	3	
12	Gender	Inequality	4	4	11	
		Other	4	2	2	
13	Employment	Inequality	6	-	-	
		Other	5	4	1	Yes
14	Exercise	Inequality	-	-	-	
		Other	4	2	4	
15	Genetics	Inequality	-	-	-	
		Other	4	3	2	
16	Sex	Inequality	2	-	-	
		Other	2	5	1	Yes
17	Public Communication	Inequality	-	-	-	
		Other	3	2	1	Yes
18	Temporal Changes	Inequality	6	2	13	
		Other	1	1	1	
19	Poverty	Inequality	18	16	6	
		Other	-	-	0.2	
20	Education	Inequality	2	2	2	
		Other	1	-	1	
21	Ethnicity	Inequality	4	9	2	
		Other	0.4	1	1	
22	Other	Inequality	-	2	-	
		Other	-	1	-	

Notes: up to three themes could be coded per item. Percentages = the number of items in which each theme was coded / the total number of items. Percentages are separate and do not add up to 100



### *Directional Dimensions of Coverage*

Aside from the interpretative dimensions of coverage it is also important to assess the evaluative dimensions of coverage, what is sometimes referred to 'directional balance' – i.e. the extent to which coverage is negative, positive or has no evident evaluative aspect.

Directional balance is notoriously difficult to assess reliably, particularly when assessing articles in their entirety. News and feature items in particular are often organised in such a way as to obscure any clear bias on the part of the author.

To gain some sense of directionality in a robust manner, we focused our coding entirely on the main themes identified in coverage. For each theme we coded the initial evaluative thrust conveyed in the report. For example, an article on hospital waiting lists might begin with some positive claims about the government's success in their reduction that later in the item were challenged by other critical commentators. In this case, the direction would be coded as 'good news' as this was the initial thrust of the discussion, the peg upon which the whole story hangs. For this part of the analysis we used possible codings: 1, The initial discussion of the theme is mainly or solely negative; 2, The initial discussion of the theme is mainly or solely positive; 3, Both negative and positive themes are evident in the initial discussion; 4. There is no clear evaluative direction evident in the initial discussion. Table 3.17 (below) compares the evaluative direction of thematic codings in HI and OH coverage differentiated by market orientation (NB the percentages in each cell indicate the proportion of items that contained at least one theme displaying this directional characteristic). Table 3.18 provides a comparison on the basis of the political orientation of newspapers. Table 3.19 breaks the data down by sample period.

**Table 3.17: Evaluative Direction of Themes in Health Inequality and Other Health coverage by Newspaper Market Orientation (%)**

Direction	Type of coverage	Quality	Mid Market	Popular	Sig? P<0.05
		%	%	%	
<b>Negative</b>	Health Inequality	78	93	95	Yes
	Other Coverage	53	64	67	Yes
<b>Positive</b>	Health Inequality	18	19	22	
	Other Coverage	31	34	39	
<b>Mixed</b>	Health Inequality	13	13	5	
	Other Coverage	15	10	9	
<b>No Direction</b>	Health Inequality	14	-	-	Yes
	Other Coverage	20	6	2	Yes

Notes: up to three directions could be coded per item. Percentages = the number of items in which at least one direction was coded / the total number of items \* 100. Percentages are separate and do not add up to 100

**Table 3.18: Evaluative Direction of Themes in Health Inequality and Other Health coverage by Political Orientation (%)**

Direction	Type of coverage	Centre Left Aligned	De-Aligned	Centre Right Aligned	Sig? P<0.05
		%	%	%	
<b>Negative</b>	Health Inequality	82	87	93	
	Other Coverage	59	62	64	
<b>Positive</b>	Health Inequality	27	9	19	
	Other Coverage	42	25	34	Yes
<b>Mixed</b>	Health Inequality	15	4	13	
	Other Coverage	14	10	10	
<b>No Direction</b>	Health Inequality	6	13	-	Yes
	Other Coverage	9	14	7	Yes

Notes: up to three directions could be coded per item. Percentages = the number of items in which at least one direction was coded / the total number of items \* 100. Percentages are separate and do not add up to 100

**Table 3.19: Evaluative Direction of Themes in Health Inequality and Other Health coverage by Sample Year (%)**

Direction	Type of coverage	1998	2002	2004	2005	2008	Sig? P<0.05
		%	%	%	%	%	
<b>Negative</b>	Health Inequality	89	84	84	88	89	
	Other Coverage	72	56	53	66	62	Yes
<b>Positive</b>	Health Inequality	22	22	24	19	13	
	Other Coverage	33	35	42	29	34	Yes
<b>Mixed</b>	Health Inequality	22	9	4	21	4	
	Other Coverage	9	14	8	11	14	
<b>No Direction</b>	Health Inequality	-	13	4	2	7	
	Other Coverage	7	14	8	7	10	Yes

Notes: up to three directions could be coded per item. Percentages = the number of items in which at least one direction was coded / the total number of items \* 100. Percentages are separate and do not add up to 100  
add up to 100

Taken together, Tables 3.17-3.19 demonstrate that

- Bad news consistently outweighed good news in all forms of health coverage.
- Negatively directed themes, however, were consistently more prominent in Health Inequality coverage than Other Health coverage.
- Positively directed themes were consistently more evident in OH coverage compared to HI coverage.
- Certain types of newspapers were significantly more likely to present negatively directed themes than others. Table 3.17 shows that nearly the entire coverage of the popular press and the mid market newspapers contained at least one theme with an initial ‘bad news’ angle.
- Although bad news themes appeared in the majority of HI items in the quality press they were less omnipresent.
- These significant differences dissipated once newspapers were grouped by political orientation.
- There is no evidence of any statistically significant variations over time in the proportion of good and bad news related to Health Inequalities. Negative evaluations were preponderate and sustained across the sample.

It could be argued that the higher proportions of negatively inflected themes in HI coverage are to be expected. In contrast, other health stories can often gravitate to more positive subjects – be they miraculous recoveries, miracle cures, scientific breakthroughs or effective strategies for the pursuit and maintenance of ‘self health’. Nevertheless, the level of negativity in HI coverage is striking and difficult to account for solely in terms of the nature of the topic. Moreover, the stubbornness of this media negativity in the face of more than a decades’ action by government, may in part be the product of ‘real world’ policy difficulties and disappointment, but is likely to also indicate a

political failure on the part of government to change the evaluative disposition of the news media.

To assess the legitimacy of this conclusion requires a more detailed assessment of press responses to the variety of government initiatives, reports and announcement that have been presented over the last decade or so. This material is presented in Section 5 of this report: 'From the Acheson Report to the Marmot Review: how national newspapers reported health policy events'. Before that discussion, however, we compare the extent to which the patterns identified in this section in the British press are evident in the Health related coverage of four of the largest selling monthly magazines in Britain.

## Section 4: Health Related Coverage in Four National Magazines

As a supplement to the audit of health inequality coverage in the British national press outlined in the previous section, a review was conducted of the extent of health coverage in a sample of monthly magazines targeted at female and male readerships. As explained in Section 2, the magazines selected were *Cosmopolitan*, *Marie Claire*, *FHM* and *GQ*. These were selected because of their market prominence, their differential orientation to male and female readerships and their generalist content.

Table 4.1 shows that, with regard to all health coverage (i.e. Health Inequality and Other Health coverage), *Cosmopolitan* published the greatest number of articles for both sample periods, although the amount of its coverage reduced in 2008, thereby narrowing the differential with *Marie Claire*, the magazine with the next greatest amount of coverage. Women's magazines' health coverage consistently exceeded their male counterparts: in 2005, 83 percent of the items were published in the women's magazines; in 2008, this dominance lessened, but articles still accounted for 2/3rds of the coded material.

**Table 4.1: All Health Coverage in Sampled Magazines by Year (%)**

	2005	2008	Total
Cosmopolitan	62	38	51
Marie Claire	21	28	24
FHM	10	25	17
GQ	7	9	8
(Number of cases)	(241)	(207)	(448)

Table 4.2. ranks the most prominent actors found in all health coverage in these national magazines differentiated by title. Although these figures invite comparison with similar data for the national press, a couple of caveats need to be borne in mind. First, these elements of the study used different sampling strategies and covered different sampling periods. Second, the genres of

coverage in magazines tend to be less dependent upon the routinised reporting of actors than news and commentary genres in the press. Whereas news depends centrally upon the identification and quotation of external sources to construct their objectivity, in lifestyle magazines subjective and experiential commentary is far more prevalent and permissible. This meant that magazine articles tended to report fewer actors than newspaper articles.

**Table 4.2: Ranking of Actors by Magazine (%)**

Ranking	Actor group	Cosmo	Marie Claire	FHM	GQ	Sig? p<0.05
				%	%	
1	Citizens	39	27	20	14	Yes
2	Medical or medical policy experts/ researchers	33	23	14	25	Yes
3	Media	6	16	4	14	Yes
4	NHS	8	8	9	6	
5	Other Charitable/ Voluntary Sector	7	8	4	3	
6	Corporate sector	1	1	4	6	Yes
7	Campaign group	1	2	5	-	
8	Non UK	-	4	1	-	
9	Health staff groups	0.4	1	1	-	
10	Other statutory sector	0.4	1	-	-	
11	Labour party	-	1	-	4	
12	Conservative party	-	-	-	0.3	
13	Other Political Parties	0.4	-	-	3	
	(Number of cases)	(228)	(107)	(77)	(36)	

Notes: Percentages are separate and do not add up to 100. Percentages = (the proportion of items that featured at least one actor in this category divided by total number of items)\*100. All percentages are rounded

There were some notable disparities in actor coverage in magazines compared to the national press. Health coverage in the magazines was significantly divorced from the policy environment (see the relatively low proportions of items that featured NHS source, voluntary organisations, other statutory sector agencies, and campaign groups). It was even more dramatically disassociated from the party political realm. While Labour sources gained slightly more presence than their political opponents, this was not significant as hardly any party and governmental actors appeared in coverage.

The dominant actors in all of these magazines were ordinary people (see 'citizens') and apolitical experts (see 'Medical or medical policy experts/ researchers'). Media actors were also far more prominent in magazine

coverage, which was entirely due to the higher presence of celebrities (celebrities accounted for 7 percent of all actors coded magazine coverage).

Table 4.3 ranks health themes in magazine coverage, differentiating between Women’s and Men’s magazines.

**Table 4.3: Ranking of Themes in All Health Coverage in National Magazines (%)**

Rank	Theme	All	Women’s magazines	Men’s Magazines	Sig? (P<0.05)
1	Conditions/ Problems/ Cures	34	38	21	Yes
2	Sex	32	28	43	Yes
3	Diet	24	26	18	Yes
4	Health preventions (other than diet)	16	19	4	Yes
5	Exercise	14	12	21	Yes
6	Antenatal	10	11	1	Yes
7	Drugs/ Alcohol use/ abuse	9	10	5	
8	Gender	3	4	1	
9	Medicinal developments/ regulation and failures	1	2	-	
10	Environment	1	1	-	
11	Spatial differences	1	1	1	
12	Health Service provision	1	1	1	
13	Education	1	1	1	
14	Children	0.4	1	-	
15	Public Communication	0.4	0.3	1	
16	Genetics	0.4	0.3	1	
17	Employment	0.2	0.3	-	
18	Ethnicity	0.2	0.3	-	
19	Older people	0.2	-	1	
20	Poverty	0.1	-	0.1	
21	Temporal Changes	-	-	-	-
	(Number of cases)	(448)	(335)	(113)	

Notes: up to three themes could be coded per item. Percentages = the number of items in which each theme was coded / the total number of items. Percentages are separate and do not add up to 100

Here again, there are some stark differences compared with the national press. As with press coverage, themes orientated to a ‘Self health’ frame were by far the most prominent – i.e. health problems and cures, preventative strategies etc. In contrast, macro social issues concerning health received extremely low levels of coverage (e.g. poverty, education, spatial differences, older people). Particularly remarkable is the very low amount of coverage given to ‘Health service provision’, which was one of the most prominent theme categories found in national press coverage. The thematic

rankings reveal some statistically significant differences in the interpretative focus of male and female targeted magazines for the sample periods. Women's magazines gave proportionally greater attention to 'conditions/problems/ cures', 'diet', 'other health preventions' and 'antenatal' issues, whereas men's magazines gave greater prominence to 'sex' and 'exercise'. This suggests male magazines provide a more constricted coverage of health matters than their female competitors, being primarily focused with activity and sex. Having said this, both types of magazines shared a common aspect.

#### *Health inequality coverage in magazines*

From the marginalisation of political and policy actors and dominance of individualistic frames and themes in magazine coverage it is evident that health coverage in all of these magazines was decidedly asocial and apolitical. This orientation is unlikely to be conducive to the coverage of health inequality issues. Nevertheless, the impact these interpretative structures have upon coverage of health inequalities is striking. There was an almost total absence of attention to health inequality issues in magazine coverage, with only six of the 448 items coded found to have addressed this aspect. With such a small number of cases, disaggregation across sampled titles is pointless. For all the differences found in health coverage, these magazines' common and consistent neglect of health inequalities is tantamount to negation.



## Section 5: From the Acheson Report to the Marmot Review: How National Newspapers Reported Health Policy Events

This aspect of the study examined newspaper coverage of nine health 'events' that were crucial to the development of Labour health policy over the lifetime of three parliaments. For each event five days of coverage were examined (two days before, the day of, and two days after publication). The research looked at all health coverage of these events and not just coverage that related to health inequalities.

At the outset of the research we imagined that these significant events in the development of Labour health policy and practice would stimulate sustained discussion at least in the broadsheet newspapers. However, only 199 articles mentioned one of these events in the immediate pre- and post-publication period when we would expect there to be greatest levels of media interest (see table 5.1). While the events may be very significant in terms of government policy, they clearly for the most part did not drive media coverage of health in general or health inequality in particular. This was true also for the larger period sample of health issues. Reviews, plans, and White Papers do not generally enjoy a high level of media visibility and we can conclude that there is rarely sustained discussion of health policy documents even in broadsheet national newspapers.

**Table 5.1: Newspaper Coverage of the Nine Health 'Events' (%)**

	Percent
the Guardian	26
the Times	26
the Daily Express	12
the Daily Mail	15
the Daily Mirror	13
the Sun	9
Total	199

Notes: percentages are rounded and may not add up to 100.

In a generally low visibility environment, the reporting was dominated, as we might expect, by the *Guardian* and *The Times*, with each accounting for a quarter of the total coverage. The health policy debate, such as it was, was conducted largely in the broadsheet newspapers. Coverage in the *Mirror* was higher than expected given its popular market segment. One explanation of this is that the paper has an ideological commitment to the reduction of health inequality and a close relationship historically with the Labour Party and was thus more receptive to report government initiatives. However, these findings do seem to contradict the findings outlined in section 4, that found the *Mirror* to have comparatively low levels of coverage of Health Inequality issues in the generally sampled content (see Table 3.3)

The positioning of the articles that mentioned the health events again highlights their lack of media visibility. Only 2 out of 199 articles made it to the front page (see Table 5.2).

**Table 5.2: The Locations of Coverage (%)**

	Percent
Front page lead	1
Front page other	1
Home News section	32
Foreign News Section	1
Designated Health section	1
Other non front page location	66
(Number of Cases)	(199)

Notes: percentages are rounded and may not add up to 100

Again, we found a significant incumbency effect. The Labour government was developing and implementing its health policy and for this reason it is to be expected that Labour Party actors would have dominated the coverage. Tables 5.3 and 5.4 show they appeared in roughly three-quarters of the articles. This was true for all newspapers irrespective of their political alignment or market sector.

**Table 5.3: Ranking of Actor Presence in Coverage by Newspaper Market Sector (%)**

Ranking	Actor group	Left Aligned	De-aligned	Right Aligned	Sig? p<0.05
		%	%	%	
1	Labour party	66	77	79	No
2	Conservative party	21	16	34	No
3	Campaign groups/ Think Tanks	17	16	21	No
4	Other Statutory Sector	17	32	9	Yes
5	Health Staff Groups	13	16	15	No
6	Policy Experts/ researchers	10	17	11	No
7	NHS	12	16	15	No
8	Corporate sector	9	10	6	No
9	Citizens	4	10	8	No
10	Other Political Parties	4	3	13	Yes
11	Other Charitable/ Voluntary Sector	4	1	8	No
12	Media	3	6	-	No
13	Non UK based actors	1	-	1	No
	(Number of cases)	(77)	(69)	(53)	

Notes: Percentages are separate and do not add up to 100. Percentages = (the proportion of items that featured at least one actor in this category divided by total number of items)\*100. All percentages are rounded

**Table 5.4: Ranking of Actor Presence in Coverage by Political Orientation of Newspapers (%)**

Ranking	Actor group	Quality	Mid	Popular	Statistically significant difference? p<0.05
		%	%	%	
1	Labour party	70	79	74	No
2	Conservative party	16	34	26	Yes
3	Campaign groups/ Think Tanks	18	21	12	No
4	Other Statutory Sector	27	9	16	Yes
5	Health Staff Groups	18	15	7	No
6	Policy Experts/ researchers	17	11	7	No
7	NHS	16	13	5	Yes
8	Corporate sector	12	6	5	No
9	Citizens	6	8	9	No
10	Other Political Parties	3	13	5	Yes
11	Other Charitable/ Voluntary Sector	3	8	2	No
12	Media	5	-	2	No
13	Non UK based actors	1	1	-	No
	(Number of cases)	(103)	(53)	(43)	

Notes: Percentages are separate and do not add up to 100. Percentages = (the proportion of items that featured at least one actor in this category divided by total number of items)\*100. All percentages are rounded

It is also clear that health policy is perceived by the media as a debate among elites: a matter for political parties (though not apparently for the Liberal

Democrats), think tanks, staff health groups, and researchers. Citizens who use the health service and for whom the health service exists were rarely given a voice by newspapers (see Table 5.4 above). Here again, this pattern is consistent with the trends identified in general HI reporting in section 3.

With respect to specific event reporting, the most frequently reported was the November 2004 White Paper *Choosing Health* with almost twice as much coverage as the next most reported event (see Table 5.5 below). The Acheson Report attracted very little attention. Generally though interim reports received less coverage than final reports. The Marmot Review consultation is not included in the table because it attracted no coverage in our sampled titles despite what appears to be an inherently newsworthy story that, despite government intentions over 12 years to reduce health inequality, the gap persists. There are a number of plausible explanations for this: it was a consultation document rather than an interim or final report, it was released in a news environment dominated by recession and its implications for unemployment, public spending and borrowing, and its brief to examine health policy options to reduce health inequality after 2010 may appear to be redundant in light of present opinion polls concerning voting intention at the 2010 General Election.

Overall, we can conclude that the health policy documents examined in this review were only poorly visible in national newspapers and that the two health documents that focus specifically on the socio-economic determinants of health inequality (Acheson and Marmot) were almost invisible. Health inequalities persist and they have been persistently ignored by newspapers even when they have formed an important part of the government's political agenda.

**Table 5.5: Number of Articles on Health Events 1998-2008 (%)**

	Percent
<i>Independent Enquiry into Inequalities in Health</i> (the Acheson report), 26/11/98	5
<i>Saving Lives: Our Healthier Nation</i> , White Paper, 5 July 1999	9
<i>The NHS plan: A Plan for Investment, a Plan for Reform</i> , 1 July 2000	5
<i>Securing Good Health for the Whole Population</i> (the Wanless report), 25 Feb 2004	10
<i>The NHS Improvement Plan: Putting People at the Heart of Public Services</i> , 24 June 2004	16
<i>Choosing Health: Making Healthy Choices Easier</i> White Paper, 16 November 2004	30
<i>Our NHS, Our Future: NHS Next Stage Review. Interim Report</i> , (Darzi interim report) 4 October 2007	9
<i>High Quality Care for All: NHS Next Stage Review. Final report</i> , 30 June 2008, (Darzi final report)	19
(Number of cases)	(199)

(note: All percentages are rounded)

**Table 5.6: Number of Articles related to Health Inequality and Other Health Coverage (%)**

	HI	Other Health coverage
	%	%
<i>Independent Enquiry into Inequalities in Health</i> (the Acheson report), 26/11/98	100	-
<i>Saving Lives: Our Healthier Nation</i> , White Paper, 5 July 1999	88	12
<i>The NHS plan: A Plan for Investment, a Plan for Reform</i> , 1 July 2000	44	56
<i>Securing Good Health for the Whole Population</i> (the Wanless report), 25 Feb 2004	37	63
<i>The NHS Improvement Plan: Putting People at the Heart of Public Services</i> , 24 June 2004	35	65
<i>Choosing Health: Making Healthy Choices Easier</i> White Paper, 16 November 2004	17	83
<i>Our NHS, Our Future: NHS Next Stage Review. Interim Report</i> , (Darzi interim report) 4 October 2007	11	89
<i>High Quality Care for All: NHS Next Stage Review. Final report</i> , 30 June 2008, (Darzi final report)	38	62
(Number of cases)	(72)	(127)

Notes: Percentages are ROW percentages. All Percentages are rounded and may not add up to 100

As mentioned, this component of the project coded all articles that made manifest reference to the selected health policy documents, regardless of whether their coverage made reference to health inequality issues. Table 6.6. compares the proportion of items that addressed HI issues for each of the nine policy events analysed. The results show that in percentage terms the proportion of coverage of inequality coverage reduced consistently until the publication of Darzi’s final report in 2008. To what extent this reflects a changing emphasis in the government agenda or the changing interests of newspapers themselves as they are no mere conduits of government policy is a complex matter. As discussed in section 1, in the early years of the Labour government health inequality enjoyed relative prominence in its policy initiatives compared to other health issues (see the publication of the Acheson Report in 1998 and the response to it, the 1999 White Paper *Saving Lives*). However, since 1999 other health issues, primarily health service provision and the role of the state in health generally have assumed greater prominence in the policy agenda.

This is also evident if we examine only the health inequality reporting of policy events that directly mentioned ‘poverty’ as a significant theme (see Table 5.7). The high-water point, such as it was, of linking health inequality to income inequality and of a socio-economic approach to health inequality generally was 1998 and 1999. After this, health inequality as a consequence of poverty is rarely, if ever mentioned.

**Table 5.7: Number of Articles Related to Health Inequality Coverage**

	<b>Number of articles</b>
Acheson 1998	8
White Paper 1999	9
The NHS Plan 2000	0
Wanless Feb 2004	2
The NHS Improvement Plan, June 04	2
White Paper 2004	3
Darzi Interim report 2007	0
Darzi Final report 2008	2

While the impact of poverty on health was given some media attention around the policy events in 1998 and 1999, other socio-economic determinants were not even briefly on the media agenda. This is evident if we look at the themes of coverage across all sampled events (see Table 5.8). We notice that employment as a factor in health is not mentioned (possibly reflecting the relatively low rates of unemployment during this period). Neither were the considerable gender and ethnic differences in health. A plausible explanation for this is that journalists tend to simplify a complex reality or a complex report, dwell on matters of personal interest and perceived interest to their readers, and/ or to focus on issues that are politically contentious. The reporting of the 1998 Acheson Report, for example, highlighted the issue of poverty as a cause of income inequality and overlooked the many other socio-economic determinants of health inequality (for reasons that will be examined in more detail later).

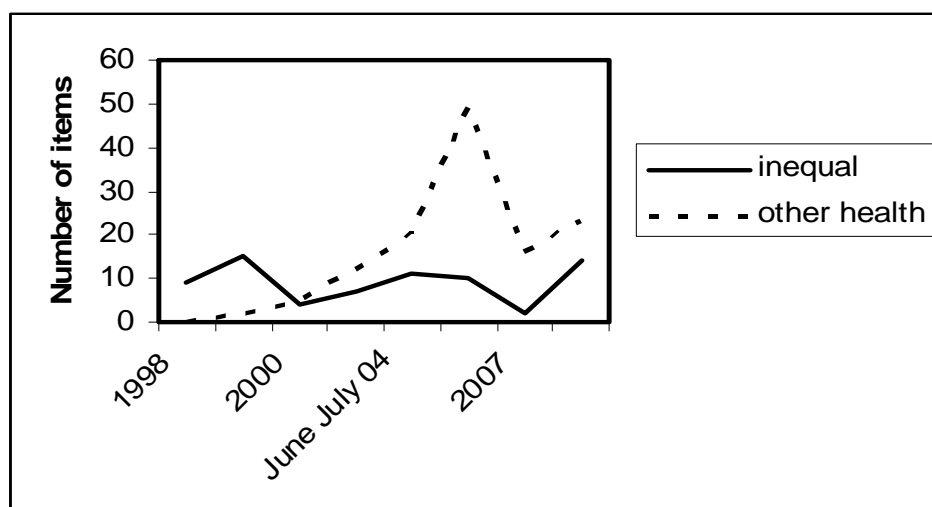
**Table 5.8: Ranking of Themes in Health Inequality and Other Health Coverage(%)**

	Theme	All Coverage	Health Inequality Coverage	Other Health Coverage	Sig? (P<0.05)
1	Health Service provision	79	80	79	No
2	Drug use and abuse	26	13	33	Yes
3	Conditions/ Problems/ Cures	19	24	17	No
4	Poverty	14	36	1	Yes
5	Spatial differences	10	19	4	Yes
6	Diet	11	11	12	No
7	Public Communication	8	-	12	Yes
8	Children	5	6	4	No
9	Exercise	5	4	5	No
10	Medicinal developments/ regulation and failures	4	7	2	No
11	Elderly	2	3	2	No
12	Temporal Changes	2	3	2	No
13	Education	2	-	4	No
14	Sex	2	1	2	No
15	Antenatal	1	2	1	No
16	Health preventions (other than diet)	1	-	1	No
n/a	Environment	1	-	1	No
n/a	Gender	-	-	-	-
n/a	Employment	-	-	-	-
n/a	Genetics	-	-	-	-
n/a	Ethnicity	-	-	-	-
	Other	-	-	-	-
	(Number of cases)				

Notes: up to three themes could be coded per item. Percentages = the number of items in which each theme was coded / the total number of items. Percentages are separate and do not add up to 100

As mentioned above, the most appealing event for newspapers was the 2004 *Choosing Health* White Paper. While coverage of health inequality issues remained relatively constant over the period there was a spike in the coverage of other health issues surrounding the 2004 *Choosing Health* White Paper (see Figure 5.1). Clearly there was some unusual feature of this reporting that requires further examination.

**Figure 5.1: Health Inequality and Other Health Coverage Over Time**



Not only was there a general spike in other health coverage in November 2004 but the amount of coverage in mid market and popular titles increased markedly (see table 5.9).

**Table 5.9: Number of Articles Related to Health Inequality by Newspaper Market Orientation (%)**

	Quality	Mid Market	Popular
	%	%	%
Acheson 1998	5	6	2
White Paper 1999	8	6	14
The NHS Plan 2000	8	2	-
Wanless Feb 2004	11	11	5
The NHS Improvement Plan, 2004	13	17	21
White Paper 2004	27	40	23
Darzi Interim report 2007	12	6	7
Darzi Final report 2008	18	13	28
(Number of cases)	(103)	(53)	(43)

Notes: All percentages are rounded



The 2004 White Paper coverage was striking in yet another way, as it was the standout policy event for both de-aligned and centre-right aligned newspapers by a considerable margin, in contrast, the 2004 NHS Improvement plan attracted more coverage in the centre-Left titles (see table 5.10). It is clear that there was something other than the issue of health inequality in the 2004 White Paper that caught the attention of mid-market, popular, and right of centre newspapers disproportionately.

**Table 5.10: Number of Articles related to Health Inequality by Political Orientation (%)**

	Centre Left Aligned	De-Aligned	Centre-Right Aligned
	%	%	%
Acheson 1998	7	1	6
White Paper 1999	10	9	6
The NHS Plan 2000	5	6	2
Wanless Feb 2004	5	13	11
The NHS Improvement Plan, 2004	21	7	17
White Paper 2004	17	36	40
Darzi Interim report 2007	16	4	6
Darzi Final report 2008	18	23	13
(Number of cases)	(77)	(69)	(53)

Notes: All percentages are rounded

### **Comparing Commentary and Editorials on the Acheson Report and the Choosing Health White Paper\***

The 1998 Acheson Report and the 2004 Choosing Health White Paper represented very different moments both in Labour Party policy development and in the newspaper coverage of Labour health policy. As mentioned in section 1, the Acheson Report marked the return of health inequality to the political agenda almost two decades after the publication of the Black Report. It shared with the Black Report an emphasis on the socio-economic determinants of health inequality. The 2004 *Choosing Health* White Paper, on

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\* This qualitative review of newspaper content examines a broader range of newspapers than examined in the quantitative review of news coverage.

the other hand, signalled, according to its advocates, a distinctively New Labour 'Third Way' approach with its emphasis on individual responsibility and 'self-health'. It is instructive to examine in greater detail the how these two events were commented upon. They attracted significantly different coverage. The coverage of the 1998 Acheson Report produced an extremely modest high-water point of the coverage of the socio-economic determinants of health inequality (and particularly the impact of income inequality) while the 2004 White Paper provoked considerably more coverage than other policy events and from unexpected corners. This coverage did not for the most part consider health inequality. In the following discussion attention will be paid to commentary and editorials concerning these two events to discern to what extent health inequalities were seen as an issue by national newspapers.

#### *The Acheson Report: Press Comments and Editorials*

The Acheson Report attracted relatively little coverage at the time of its publication and indeed subsequently considering the importance of tackling health inequalities for the Labour government. The report was largely ignored by right of centre press whether 'broadsheet', mid-market, or popular. One article in *The Mirror* emphasised one recommendation of the 39 contained in the Acheson Report, namely that benefits should rise (27/11/98 p.18). *The Mirror* claimed that the Report said that benefits need to rise by one-third in order to close the gap between rich and poor and thus reduce health inequality (the Report itself does not mention a figure but recommends 'where possible' to redistribute income in order to narrow the gap between rich and poor). At the time there was considerable dispute within the Labour Party between Old and New Labour factions with respect to the goal of income redistribution and the article's headline 'Benefits must rise by a third' and its use of a quotation from Acheson himself that the government should not 'cherry pick' his most appealing recommendations indicates a commitment to an Old Labour or social democratic agenda. *The Guardian* also honed in on the key issue of income inequality: 'Radical reform urged on killer poverty'(27/11/98 p. 3). A *Guardian* editorial criticised as 'absurd' the government's restriction of the brief for the Report (that it was not to set targets to reduce inequality, that it did not have an economist to cost the

recommendations, and that it was to work within the constraints of the government's financial strategy) (27/11/98 p. 25). For both newspapers the central issue was income inequality as this lay at the root of health inequality and the government had effectively tied one hand behind the back of Acheson's report. While present in the Acheson Report, some have criticised it for not stressing the importance of income inequality clearly enough in the midst of 39 recommendations. The *Mirror* and the *Guardian*, however, went straight for what they saw as the overriding cause of health inequality. This was reinforced in a comment article by Joan Smith in the *Independent*: headline 'Poverty is a sentence of death' (29/11/98 p. 29) while an editorial recognised the Old Labour nature of the Report and urged action to address inequality through labour market and benefit reform(27/11/98 p. 3). Will Hutton in the *Observer* greeted the report as a social democratic call to arms, headline 'The Acheson Report shames us all' describing the report as deservedly taking its place 'alongside the great social documents of this century'(29/11/98 p. 30). That said, apart from Hutton who returned to the Report in subsequent commentaries, the Report attracted relatively little coverage in left of centre newspapers. Left of centre coverage greeted the report enthusiastically stressing the key issue of poverty and income redistribution as the way to reduce health inequality but expressed some scepticism that the government would commit to the degree of income redistribution necessary in order to reduce health inequalities. The Acheson Report was a social democratic document and the left of centre press chose to emphasise this by dwelling on income inequality. While this reflects a tendency on the part of newspapers to look for a more simple rather than a more complex story or to simplify a more complex story it also reflects a clear commitment to Old Labour social democracy on the part of both broadsheet and tabloid left of centre newspapers at least on this occasion. The publishing of the Report was an opportunity, not simply with respect to health inequality, to put the case for social democracy and income redistribution in the face of what they perceived to be a reluctant government.

The *Choosing Health* White Paper: *Press Comments and Editorials*

We have shown that the *Choosing Health* White Paper in November 2004 received roughly seven times more attention than the Acheson Report. Despite its emphasis on individual responsibility (see discussion in section 1), it had a frosty reception from the *Daily Telegraph* who dismissed it as a series of 'gimmicks'. Public health campaigns were unnecessary it claimed as 'the entire population' is aware of the health implications of not exercising or poor diet and do not need personal trainers to tell them so. Not only do these 'gimmicks' divert attention away from the real problem (for example, NHS bureaucracy) but threaten liberties (such as the freedom to smoke in public places or the freedom to advertise 'junk' food). The emphasis in the White Paper on individual responsibility was clearly not emphatic enough for the *Daily Telegraph* who claimed that the message of the White Paper is that: "It is not your fault if you make yourself ill by eating, drinking or smoking too much. That is a problem for Government and big business." (17/11/04 p. 23). *The Times*, in contrast, argued that concerns about the 'nanny state' were over played. Rather the problem was that the nanny was not strict enough. This was manifest in a lack of decisive action by the state through seeking industry self-regulation, for example, on advertising 'junk' food to children rather than through legislation:

This was an opportunity to focus on practical goals of particular benefit to children, and use the full force of the law to achieve them. Instead it relies on websites, leaflets and cajolery. Mr Reid insisted it would realise the dreams of the founders of the NHS. They would, more likely, be baffled (*The Times*, 17/11/04 p.15).

While the *Telegraph* and *The Times* were critical of the White Paper from contrasting perspectives, the *Independent* supported the government's position of industry self-regulation of advertising backed up with the threat of legislation in order to strike a balance that was liberal but not purely liberal (14/11/04 p. 26) and one that remains liberal while accepting that the state has 'protective responsibilities' (17/11/04 p.30). Polly Toynbee writing in the *Guardian* was likewise supportive of the White Paper: 'The nanny state is the

good state' but criticised the government's lack of consistency in addressing economic and social inequality (17/11/04 p. 26) while a *Guardian* editorial called, in a similar fashion to *The Times*' position, for a smoking ban in public places 'the sooner the better'(15/11/04 p. 21). Jo Revill, commenting in the *Observer*, would have liked to see a smoking ban imminently as 'Wanting people to lead healthy lives is a liberating not a fascist tendency'(14/11/04 p. 18). Similarly India Knight in the *Sunday Times* argued for a ban on junk food advertising to children 'for once, those meddling noses [of the state] are actively welcome'(14/11/04 p. 4).

Moving to the mid-market papers the *Daily Mail* criticised the state for its nanny tendencies 'dabbling its fingers into every nook and cranny of national life'(17/11/04 p.14) while Tim Shipman writing in the *Sunday Express* described the White Paper as 'official meddling'(14/11/04 p.6). Amongst the popular papers we see strongly contrasting views: *The Sun* railed against 'the nanny state' and looks to strike a sexist blow for liberty: 'A pint and a fag is a man's right'(16/11/04 p. 8) while *The Mirror* argued for a smoking ban and accused the government of pandering to the smoking lobby (17/11/04 p. 6).

Although expressed in different vocabularies (for example, 'cigs' and 'smoking') there are two positions that cross market segments in the UK. It was for once a genuinely national press debate rather than one that took place primarily in the quality newspapers. On the one hand, we have the *Daily Telegraph*, the *Daily Mail*, *Daily Express*, and the *Sun* who saw the White Paper as a dangerous symptom of 'the nanny state', of too much state interference, regulation and consequent threats for individual liberties. On the other, we have *The Times*, *Guardian*, *Observer*, *Sunday Times*, and the *Mirror* all arguing for state legislation on smoking in public and junk food advertising rather than industry self-regulation. If anything, they wanted more of a 'nanny state' rather than less of one, with the state and not the individual taking the responsibility for public health. The *Independent* is alone in wholeheartedly supporting the government's 'Third Way' between state and market approaches to healthcare and public health.

The debate about the *Choosing Health* White Paper was easily the most vigorous of the nine chosen health events. A plausible explanation for the amount of debate generated was that its public health brief (including the

regulation of food advertising on television and smoking in public) was seen as more newsworthy by journalists and as more publicly accessible than reports on socio-economic determinants of health inequality. It was clearly a politically contentious issue that touched a national nerve and divided both elites and public: what role should the state play in influencing private life? The public debate about the White Paper, however, was clearly not about health inequality. It was not about how and why poor people are more likely to be obese or to smoke or to take less exercise and what can be done to reduce such inequality by addressing their social causes.

## **Section 6: Conclusions**

This investigation of the reporting of health inequalities in British newspapers and magazines over the last ten years has involved several empirical components. In this concluding section we collate the main findings from these various strands and identify the main conclusions to be drawn on their basis.

### **1. The extent of press and magazine coverage of health inequality issues**

In this study we deliberately avoided analysing coverage of health inequality in isolation. In our view, it is essential to be able to understand the proportional presence of health inequality in the total scheme of health coverage and thereby to identify whether inequality coverage has unique or common traits.

A simple summation of the findings of this study is that while health related issues are of considerable news value, health inequalities are less so. This was most dramatically evident in the health coverage of the national magazines that almost completely ignored health inequalities as an issue. Even in the daily national press, which one would expect to be more attuned to contemporary policy initiatives and political debates, only ten percent of health related coverage addressed inequality issues in those newspapers sampled. Our findings show that the quality press were slightly more likely attentive to these dimensions, but not significantly so. There were increases in coverage of Health Inequality issues over the five sample periods taken between 1998 and 2008 (see table 3.1), but these were not considerable.

Our analysis in section 5, which analyses the amount and detail of press coverage stimulated by major official announcements and publications on health inequality over the last 11 years, confirms the trends identified in the general content analysis presented in section 3. Coverage of these policy events proved to be intermittent generally, and those that related most directly

to questions of health inequality generated the least press coverage and discussion.

## **2. The actors in health inequality coverage**

A further dimension of this review compared the prominence of different political, policy and civil ‘actors’ in mainstream press debate in HI and Other Health (OH) coverage. Measures of news presence and access of these institutions and individuals give a preliminary indication of how these debates were organised discursively and who might have exerted greatest influence in their construction.

In addressing these matters, we need to discuss newspapers and magazines separately. Taking press coverage first, our research shows that the rank order of actor prominence found in general health coverage was different for HI coverage. In general health coverage, ‘citizens’ were the most commonly presented and quoted actors, but lay voices were substantially less evident in inequality coverage (see Table 3.9). Instead, HI coverage was dominated by a nexus of political and policy elites, the precise ordering of which varied modestly, according to the political and market orientation of different titles (see Tables 3.10 and 3.11).

Questions of party political prominence are of inevitable significance here, given the intrinsic electoral importance and controversial nature of health policy. Our results show that Labour actors gained significantly more press coverage in both HI and OH coverage, but that these differences were slightly less evident in HI coverage. Furthermore, the ‘two party squeeze’ so commonly found in press reporting of politics was less evident in HI contexts. The dominance of Labour actors is indicative of an entirely predictable incumbency effect. As Labour is the party of government and the progenitor of health policy it is inevitable that they would assume greatest prominence. When our research examined the proportions of political actors that were directly quoted in coverage this incumbency advantage disappeared. Opposition politicians may have been referred to less frequently in HI coverage, but they were quoted directly at least as often.



With reference to magazines, the actor networks were found to be dramatically different. Party political sources were almost completely excluded, and other professional, statutory and campaign actors were conspicuously marginalised. In magazine coverage, ordinary people, health experts and celebrities had by far the greatest presence. None of them had much to say at all about health inequalities.

### **3. The themes in coverage**

This aspect of the study sought to establish the interpretative dimensions of coverage, in particular to assess what issues and themes were fore-grounded and neglected in HI coverage.

In the national press, a very significant proportion of all kinds of health coverage addressed matters pertaining to personal health and fitness and the ‘fitness for purpose’ of the health care system. Themes related to ‘Health Conditions/ Pathologies/ Prospects’ and ‘Health Service Provision’ (see Tables 3.14) dominated all coverage, although the former was found to be statistically more evident in OH coverage, and the latter was more prominent in HI coverage.

As mentioned stories about health service provision often took the form criticisms of the NHS with service provision being equated to a lottery. For example, *The Times* (17/4/02) highlighted a report by the Clinical Standards Board for Scotland which suggested that NHS care of those with schizophrenia was akin to a lottery in which many were ‘losing out on vital treatment and care’. In the *Daily Mail* (12/10/98) the victims were patients ‘waiting for vital cataract treatment’ who faced a ‘lottery’, with delays having potentially dangerous outcomes. In the *Mirror* (13/7/04) an article by Fiona Phillips attacked NICE policy on funding drugs. In it she suggested that her mother was only alive thanks to an Alzheimer’s drug that is being denied other suffers by NICE. Some stories focused on people’s experience. The *Daily Express* (4/3/05) carries the story about a couple who having moved to Wales were being forced to travel 200 miles to see an NHS dentist. The *Guardian* (2/6/08) highlighted the plight of a couple having treatment by the NHS

withdrawn after having also spent their own money on a course of drugs (for more details see pages 35-43).

Looking beyond these dominant themes, differences between HI and OH coverage become more evident. For example, themes related to 'spatial differences' (i.e. local, regional and national variations) were very apparent in HI coverage, but almost completely absent from OH coverage. The regional comparison was one way spatial differences were shown. For example, the *Mirror* (4/3/05) under the headline '6,500 Shock Death Toll per year From Booze' explained how national death toll from drink-related illnesses had increased from 5,970 in 2001 to 6,500. The story highlighted the worst areas in the country, Blackpool for men and Corby for women. This best/worst regional comparison could also be seen in quality press. The *Times* (8/7/04) drew attention to yet more research findings that showed people living Sussex, Dorset and Devon have the greatest 'risk of suffering a heart attack or stroke over the next ten years' compared to North East Oxfordshire and the Eden Valley in Cumbria which had the lowest rates. Comparisons were sometimes international with the UK experience compared to those in other countries. For example, *The Times* (3/6/08), drawing on a health report, observed that stroke patients in Britain has one of the lowest physical qualities of life compared to other developed countries (for more details see pages 35-43).

Themes related to 'poverty' were also more prominent in HI coverage, but their proportional presence was far lower than spatial differences even in these reporting contexts. Other themes that are frequently connected with issues of health inequality, such as 'education', 'ethnicity' and 'gender', were even more marginalised in HI coverage.

We contend that these patterns reveal something significant about the deeper structures of health inequality reporting, and indeed health reporting in general. As a rule, biological, physiological, technological, institutional and experiential dimensions of health displayed far greater news appeal than social, cultural, historical and economic trends and cases. This individual and institutional focus inevitably affects the receptiveness of the media to debates about structural barriers and the socio economic causes of health inequalities. Furthermore, these preferred news values reveal the dominance of

individuated frames in media reporting of health, in which attention is principally focused upon personal choices, prospects and responsibilities. This is most dramatically demonstrated in the patterns of health coverage found in national magazines, but it is also strongly evident in national press coverage. In a situation where 'self health' sells, questions of social justice struggle to gain a foothold.

#### **4. Directional balance**

Health inequalities are, by definition, bad news. Nevertheless, it is possible to say positive things about them, for example in noting small or significant advances in their redress, or in commending or recommending a policy initiative. In our analysis we examined the extent of negative and positive treatment of HI issues in the national press by noting the evaluative direction of every theme we coded. The aggregated data show that HI items with negatively inflected themes far exceeded their positive counterparts (see Tables 3.16 – 3.18). Furthermore, these consistently high levels of negative coverage cannot be dismissed as typical of general news presentational conventions, where, to quote an old saw, 'bad news is good news'. Our content analysis shows that negatively directed coverage was significantly less prominent in Other Health coverage across, all press sectors. The details of our analysis also revealed that the quality press were significantly less likely to accentuate the negative, but even here nearly 4 out of every 5 HI item contained 'bad news' elements. Comparing newspapers by their political orientation, we found that 'left aligned' papers were no more likely to tell a positive story than 'right aligned' or 'de-aligned' titles.

#### **5. Changes over time**

Assessing the extent to which health inequality coverage has changed over time was one of the core objectives of this research bid. It is because of its importance that we have reserved our conclusions on it to the very end.

In the detail of our study we did find evidence of there having been some degree of change over time in HI reporting. As noted above, in

proportional terms HI became a more prominent aspect in press reporting over the five sample years. These differences were not found to be great but they were statistically significant. A comparison of the annual number of articles that referred to the words 'health' and 'post code lottery' increased between 1998 and 2008 across all newspapers sampled but especially the mid-market press (for more details see Figure 3.3).

This study has also provided substantial evidence of stasis. For example, the negativity of HI coverage was found to be remarkably consistent across the five sample periods (see table 3.19), the rankings of actors did not fluctuate to any significant extent (see table 3.13), government policy interventions on health inequalities tended not to command high levels of press interest (see Table 5.5) and newspaper attention to 'poverty', 'ethnicity', 'education' and other factors that connect with, and explain, the persistence of health inequalities remained conspicuously sidelined, even in HI focused coverage (see Figure 3.1). It is also striking how compatible our findings are with research conducted in previous decades into media reporting of health and health inequality (see section 1).

On this basis, it is difficult to avoid the conclusion that, despite the government's policy emphasis over the last decade upon the importance of identifying and rectifying these social injustices, there is little evidence that this has created a significant shift in the deeply rooted priorities and narratives that shape how the media report health. The persistence of health inequalities has been matched by a persistent lack of visibility of health inequality in the national print media. Judged cumulatively health inequality isn't really a story.