The influence of the mass media on health policy

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Ask a dozen people whether the media—newspapers, magazines, radio, and television—influence governmental health policy, and you will almost certainly get a unanimous and resounding “of course.” Ask just how the media do it, and you will get a dozen different answers.

One person says the all-powerful media essentially set the governmental agenda. No, says another, press coverage simply moves higher on the agenda an issue already growing at the grass roots. A third respondent suggests that the media act merely as a conveyor belt for interest groups seeking government action, while a fourth notes that by exposing shoddy or illegal behavior, the media impel governments to corrective steps. One critic complains that media sensationalism often pushes the government into bad policies, while another charges that by ignoring a vital problem, the media permit the government to ignore it as well.

Of course, each answer is right. At any particular time or on any particular issue, the press performs one or more of those functions. The media’s role in health policy is not essentially different from their role in foreign policy or energy policy or labor policy, except that health policy may be a more intimate concern for most Americans.

A steady stream of medical advances and a steady rise in medical costs have made health and health policy a major subject of news and feature coverage. More newspapers have regular health beats and special health sections or health pages, staffed by well-informed reporters. Radio and television stations offer regular medical programs, often presented by doctors. Several university programs expand journalists’ background on health topics.

To be sure, much coverage is devoted to health matters other than broad policy: the latest medical breakthrough, a new wonder drug, the proper treatment for a peculiar ailment. Much more fits under a “life-
style” umbrella: proper diet, slimming exercises, the need for regular cancer screening after age forty. “The media is vital in conveying health information to the public, changing people’s perceptions of what’s healthy and what’s not,” William L. Roper, head of the Centers for Disease Control (CDC), said.

News And Policy

Of course, lifestyle news can affect policy. For example, although the press certainly did not discover the dangers of smoking, increasing media attention over the past quarter-century has not only changed individual smoking habits (lifestyle) but also helped create a climate in which federal, state, and local governments have been pushed toward tougher antismoking policies.

But a goodly amount of the increasing health coverage is indeed devoted to matters with direct policy impact. The clearest examples involve investigative reporting: careful digging to expose illegalities and abuses in the health system. Well-done investigative reporting produces public outrage (or policymaker outrage) that forces new regulations and laws or tougher enforcement of existing ones. “Ten-thousand-watt klieg lights turned on a situation focuses the minds of policymakers very fast,” one health consultant has observed.

A prime example is the reporting done by Walt Bogdanich and colleagues at The Wall Street Journal. A front-page feature story by Bogdanich in February 1987 documented the way poorly trained or overworked laboratory technicians were misreading Pap smear tests, misleading many women as to whether they did or did not have cervical cancer. The expose not only won a Pulitzer Prize but, far more importantly, prompted congressional passage in 1988 of the Clinical Laboratory Improvement Amendments, prescribing minimum standards of training, testing, and workloads for laboratory technicians.

Articles by Bogdanich and Michael Waldholz in early 1989 spotlighted two other troublesome situations: doctors getting sizable bounties from financially troubled hospitals for referring patients there, and doctors sending patients to testing laboratories and other medical facilities in which they owned a substantial stake. As a result of the first situation, patients often were sent to less proficient hospitals, while so-called self-referral frequently produced expensive overuse of tests and treatments. Acting on these and follow-up stories in other papers, the federal government banned doctors from referring Medicare patients to any clinical laboratory in which they or their relatives had invested, and several states have followed up with more far-reaching prohibitions.
Conscientious reporters throughout the media, often alerted by whistle-blowers or advocacy groups, have for years exposed badly run hospitals and nursing homes, the failure of state medical boards to discipline incompetent doctors, inadequate enforcement of public health regulations, illegal dumping of toxic waste, and more. And government policies have changed as a result.

But let's move on to media coverage of policy proper—writing about broad problems that might require new regulations, new appropriations, new laws, or other government action. “In our society,” said George Lundberg, editor of the Journal of the American Medical Association, “public media are irreplaceable as a mechanism for moving a problem to a solution.” The question is, how does the mechanism operate?

Often, policymakers get their first information on a problem or its urgency from the press—even if the press is not itself digging up the information but simply conveying it from an advocacy group, a research organization, or the general public. Every agency or congressional staffer knows how often the boss starts the day demanding to know more about an item in that morning’s paper or on the previous night’s news. The press puts the information into the policy-making process.

RAND medical researchers receive a stream of queries from Washington the minute the media carry stories about RAND’s latest study. When CDC chief Roper wants to reach a broad array of policymakers in Washington, he finds that getting the information into a half-dozen key media outlets is faster and sometimes more certain than going through normal government channels. “We depend on people who fix our appropriations and make decisions about us knowing what we do,” Roper said. “The media not only communicates to the general public but to the White House, Congress, and people who lead public opinion.” He cited a New York Times story about a CDC conference where state public health officials and other experts warned of a deadly new strain of tuberculosis; concern in Washington was almost instantaneous.

Nor is it just the lay press that performs this policy role. Major professional journals, such as The New England Journal of Medicine, Journal of the American Medical Association, Science, Nature, and one or two others, have substantial impact. Most send copies regularly to key government offices but probably exert even greater influence indirectly as papers and news programs report on articles in the latest weekly issues. The media’s decisions on what to cover and what to ignore have obvious policy results. Media attention to a congressional hearing often encourages sponsors of a particular bill or program to follow through. As one example, the plight of people with relatively rare diseases—diseases that pharmaceutical companies were ignoring because of the small mar-
ket potential—was originally highlighted by their families and friends, not by the press. But when Rep. Henry A. Waxman (D-CA) held hearings on a proposal to give government help to companies interested in producing these “orphan drugs,” he found that sympathetic press coverage of the hearings helped to build broader support. “Policymakers’ ability to bring about change often depends on whether and how the press reports the issue,” Waxman said. Some issues, however, lack the emotional appeal of people with rare diseases, and media indifference can discourage lawmakers and policymakers from trying to grapple with them. DBI (dull but important) stories are usually hard to get into a paper or on the air. That strongly reduces reporters’ zeal in pursuing such stories. “Not many reporters get fire in their eyes over doctor reimbursement policies,” one top health care writer has remarked.

A contrary criticism is that individual papers or programs too often sensationalize and overplay stories, exaggerating risks and scaring the public, particularly in environmental and other areas involving public safety. That, critics say, produces governmental responses such as requiring removal of asbestos in schools or lead paint in homes that may go much farther than scientifically justified, diverting money that might be better used to extend prenatal care or vaccinate more children.

The Power Of The Media

The media’s role is best illustrated by examining in greater depth two specific policy issues: health system reform and acquired immunodeficiency syndrome (AIDS).

Health system reform, Media coverage of health system reform illustrates particularly well the difficulty of deciding whether the press places a problem on the public policy agenda or simply moves higher an already cogent concern. Some would argue that the surprise election of Sen. Harris Wofford (D-PA) in fall 1991 first made health system reform into front-page news. However, the media had actually been telling about rising costs, over thirty million uninsured persons, and other health care problems for years before Senator Wofford’s victory. Many would maintain that steadily expanding media coverage, not the election, really put health system reform on the national agenda.

Others contend that health system reform reached the nation’s agenda because of a rapidly rising level of anxiety all across the country. This anxiety was communicated to policymakers via letters, resolutions, and opinion polls. “It would be a mistake to think the health care issue wouldn’t be there if the papers didn’t write about it,” said Arnold Relman, editor-in-chief emeritus of The New England Journal of Medi-
Press coverage, this line of argument suggests, simply reinforced the message already being sent to policymakers.

In either case, the complexity of the health care system and the lack of consensus among the experts on how to repair it made this an extremely difficult story to cover clearly and interestingly. Indeed, for a long while, health reporters had difficulty selling their editors on stories about health care policy. ‘Was a yawnner,” editors would say. But as the problems spread during the late 1980s, the stories became more frequent: the hardships of the uninsured, health benefits as a key issue in union negotiations, business executives’ complaints about ruinous health care costs, hospitals overburdened with caring for the indigent, doctors burdened under paperwork.

The 1990 recession, striking well into the ranks of the middle class, increased the frequency of stories still further and added a deeper tone of urgency. Reporters told not only of workers and managers who lost health care coverage when they lost their jobs but of other people who were afraid to shift jobs for fear of winding up with lesser coverage.

More sophisticated reports analyzed the various solutions being offered, told of experiments seeking to improve the situation, examined the Canadian or German health systems, conducted in-depth interviews with experts, and reported on what different companies were doing to hold down health care costs. If press was not originating the issue, it certainly was aggressively enlarging and publicizing it. David Nexon, Sen. Edward M. Kennedy’s (D-MA) health specialist, said: “There is a feedback loop. The media senses the public is interested in or unhappy about something and so they write about it. Then the public starts telling pollsters and writing congressmen that there’s a big problem. It takes the media to legitimate an issue as an issue of public concern.”

Some of the expanded coverage drew criticism, however. Media stories often had several experts arguing with each other, frequently confusing readers and listeners. Former Institute of Medicine head Samuel 0. Thier, now president of Brandeis University, observed that “the media do a better job documenting a problem than illuminating the debate. They frame the issue and create pressure to do something. But too much coverage tends to be why this or that solution won’t work, and the public gets the sense of there being no solution.”

Conservatives criticize the media for liberal bias on health system reform. “I hate to be paranoid,” said James S. Todd of the American Medical Association. “Maybe it’s not a conscious bias, but where’s the easiest place to put blame? On the doctors, of course. The stuff on the wonders of the Canadian health system defies objective reporting.”

Certainly the press coverage of health system reform has not been
extensive or detailed enough to satisfy most health care specialists. Even
the best stories do not plumb the depths as far as the experts would like,
and, admittedly, little attention has been paid to such matters as doctors’
fee schedules or Medicaid waivers. But too highly specialized analysis
would in all probability merely turn off all but the most dedicated readers
and viewers. Given the complexity of the subject, I believe the press’s
role in the debate has thus far been a fairly positive one, whether it
actually placed reform on the national agenda or just helped the public
put the issue there and keep it there. “A lot of what appears is frothy and
unsubstantial,” Relman said. “But mixed in, especially in the more
substantial papers, there has been very informative and solid reporting
about the problem and about the options for solving it.”

The media and AIDS. The media’s role in the AIDS crisis has not
been equally distinguished. As various books have documented-espe-
cially Randy Shilts’s And the Band Played On and James Kinsella’s Cover-
ing the Plague-most of the general media long ignored the growth of the
AIDS epidemic, seeing it as a problem involving only gay males and
peculiar sex practices likely to offend readers and listeners, or else drug
abusers who were deemed undeserving of public sympathy or help.

Although AIDS began to be noticed in the United States in early
1981, only a few papers or stations paid much attention; the expanding
coverage in the San Francisco media and the gay press was largely
dismissed by the rest of the media. At most, coverage consisted of brief
items on articles in medical journals or speeches at medical conferences.
In spring 1983 there finally came a brief flurry of media attention.
Newsweek ran an AIDS cover story in April, and in May there were scare
stories based on an article in the Journal of the American Medical Associa-
tion suggesting that AIDS could be transmitted through routine house-
hold contact. Coverage continued slightly higher for the next few
months but then dropped off again. This was long to be the pattern: a
flurry in the summer of 1985 when film star Rock Hudson died of AIDS
and then a drop-off in interest; a flurry over attempts to keep human
immunodeficiency virus (HIV)-infected children out of school and
then a drop-off; a flurry when a health care worker was revealed as
having AIDS and then another drop-off. All the while, the number of
AIDS cases and AIDS deaths mounted.

Eventually the leading papers and networks began to take AIDS more
seriously. Some assigned reporters to follow the story, and these reporters
did a good job when given the space or air time. But coverage still
remained more fragmentary than consistent, driven more by personality
than by policy. AIDS was front-page news only when a Magic Johnson
or an Arthur Ashe revealed infection with HIV.
Largely because the media dragged their feet on the story, public awareness of the full threat posed by AIDS was slow in coming. The Washington press corps never really challenged the Reagan or Bush administrations on their lack of commitment to combating AIDS. There was (and still is) little real media attempt to depict all of the ramifications of the AIDS crisis: its full impact on urban black communities or particular professions, how it might be overloading the health care system, or whether government funds allocated to AIDS research and treatment were being well spent. Only very late in the game did the press begin to notice the impact of the disease on women or the plight of children with AIDS. “Early lack of attention to the AIDS epidemic shows the influence of the media,” one health policy specialist said. “When the press didn’t pay attention, neither did Washington.”

Improving Media Coverage Of Health

Whatever influence the press has had on health policy thus far, there’s little doubt it could do still better. Editors and reporters often dismiss important reports, such as those from the Institute of Medicine, Congress’s Office of Technology Assessment, or the General Accounting Office, as too complicated or too dull. Likewise, congressional hearings that merely explore a situation, instead of uncovering scandal or moving legislation, are routinely skipped. These sources of information could be used to provide background on today’s complex health policy discussion.

More stories are needed on what different states are doing to solve health care problems. Even the enlarged coverage of health system reform has not dug deeply into the hard choices down the road, whatever path is taken in the near future. Too few stories have asked whether the nation really can afford to pay for every new treatment and every new drug for everyone, whether the government ought to rule out some technologies or treatments that make only a marginal difference in outcome, or whether the country might not have to adopt some type of rationing by age or medical condition (rather than on the basis of income, as now occurs).

Even the best of the media still fail to devote enough time and attention to “dull but important” stories. For instance, the critically important area of risk assessment—whether the government uses the right standards in its decisions on workplace hazards, the safety of new drugs, or the dangers from air or water pollution—is carefully avoided as too complex to explain or too difficult to make interesting.

There still is not enough good investigative digging. As noted earlier and as the AIDS coverage showed, health policy can be made by what is
not written as well as by what is. As another example, women’s groups, not the media, raised the issue of why so much medical research deals with the medical problems of men and slight those of women.

The media certainly could do more to spotlight the impact that various interest groups have on policy, both in the executive branch and on Capitol Hill. For example, the possibility that employers and insurance companies will use new genetic discoveries to screen out poor health risks from employment or from health and life insurance coverage has received little or no attention. Also, there has not been enough coverage of the financial side of the health care industry—the economic workings of drug companies, the commercialization of medical practice, the overabundance of specialists and the relative scarcity of internists, and the place of investor-owned health care facilities.

**The role of television.** A final comment needs to made about the role of television—an increasingly vital concern as the nation gets more and more of its information and opinion from television rather than from print media. The common reaction of many policymakers and academic experts is to sneer at “sound-bite journalism,” to suggest that television may do well enough covering an urban riot but fails dismally in treating such complicated subjects as health care.

As one who made his entire journalistic career in print and who tends to blame television for most of the world’s current ills, I find myself in the strange position of seeking to rebut this put-down. It certainly is true that much television news provides only the barest hints of the policy dilemmas, but that is only part of the picture. Many television networks and stations have done and are doing an excellent job of enlightening their viewers on health policy. Numerous segments of ABC’s “World News Tonight” with Peter Jennings, an ABC “special” with Jennings on AIDS, a two-hour Phil Donahue exploration of health system reform on the Public Broadcasting System, many extended discussions on the nightly “MacNeil/Lehrer NewsHour,” a WNET documentary comparing the U.S. and Canadian systems, WGBH’s “Health Quarterly” programs, an NBC series with former Surgeon General C. Everett Koop, and many other programs I have watched have been solid, first-class journalism, every bit as thorough as stories likely to appear in the elite papers and news magazines. Moreover, they reach a far larger audience and carry the extra impact of interesting pictures, easy-to-read charts, and other enlightening graphics.

It is hard to deal with complex issues such as health policy on television, producer Jonathan Ward has conceded, but once he or she “has the story clearly in mind, a good television journalist can find what is needed to make it into something that is both interesting and informative.”