

National Collaborating Centre for  
Healthy Public Policy

education housing income  
community employment  
public transportation

## CONTENT ANALYSIS OF MEDIA COVERAGE OF HEALTH INEQUALITIES IN CANADA, 2008

### HIGHLIGHTS OF THE REPORT

Preliminary version—for discussion



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**FOREWORD**

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**DATE**

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**LAYOUT**

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The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. It is one of six centres funded by the Public Health Agency of Canada located across Canada, each with a mandate for knowledge synthesis, translation and exchange in a different area of public health.

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The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available in its entirety in electronic format (PDF) on the National Collaborating Centre for Healthy Public Policy website at: [www.ncchpp.ca](http://www.ncchpp.ca)

La version française est disponible sur le site Internet du CCNPPS au [www.ccnpps.ca](http://www.ccnpps.ca).

This is a preliminary document. We invite reader feedback, which can be sent to [ncchpp@inspq.qc.ca](mailto:ncchpp@inspq.qc.ca).

Information contained in the document may be cited provided that the source is mentioned.

## PROLOGUE

### **About the National Collaborating Centre for Healthy Public Policy**

The National Collaborating Centre for Healthy Public Policy (NCCHPP) is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. They provide focal points for the exchange of knowledge on these topics.

The specific mandate of the NCCHPP is to support public health actors across Canada including practitioners, community organizations and non-governmental organizations in their efforts to promote healthy public policies through the development, sharing, and use of evidence-informed documents, tools, and strategies. The healthy public policy field is specifically concerned with the impacts of policies from outside of the health sector (transportation, housing, agriculture, finance, urban planning, employment, etc.) on the health of the population as well as its' social, economic, and environmental determinants.

## FOREWORD TO HIGHLIGHTS SECTION

2008 was a banner year for the study and discussion of health inequalities in public health circles in Canada and elsewhere.<sup>1</sup> In anticipation of the release of the final report of the World Health Organization (WHO)'s Commission on the Social Determinants of Health (WHO, 2008), a number of regular public health meetings and publications focused on the issue of health inequalities. In order to ascertain whether the release of several public health reports and the publicizing of conferences and events would garnish significant press coverage, The National Collaborating Centre for Healthy Public Policy (NCCCHPP) commissioned the Caisse Chartier press analysis laboratory at the Université du Québec à Montréal. They analyzed 81 articles published in the Canadian media in 2008 related to health inequalities. A number of interesting things emerged from the study and the highlights of the full report are offered here.

A significant lesson that can be taken away from this study is that while there is relatively limited coverage of health inequalities in the Canadian press, it is a subject that is of interest to the media and when they do cover it, they do so in depth. This suggests that media outreach on the part of local and regional public health actors in presenting and explaining health inequalities should be given priority.

The full report is available on the NCCCHPP website.

Val Morrison

Research Officer

*National Collaborating Centre for Healthy Public Policy*

### References cited

Government of Canada (2008). *The Chief Public Health Officer's Report on the State of Public Health in Canada*, 2008. Ottawa: Government of Canada, Ministry of Health.

World Health Organization (2008). *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health*. Geneva: WHO.

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<sup>1</sup> The Report of the Chief Public Health Officer on the State of Public Health in Canada defines health inequalities as, "differences in health status experienced by various individuals or groups in society. These can be the result of genetic and biological factors, choices made or by chance, but often they are because of unequal access to key factors that influence health like income, education, employment and social supports." (Government of Canada, 2008, p.5)

## HIGHLIGHTS

- The Canadian media's interest in health inequalities is relatively limited. A small number of large circulation media could not be included in the corpus studied; however, in all the media reviewed, a total of only 81 relevant articles or news items were found to have been published in 2008, which indicates that, collectively, the Canadian press devotes an average of 7 articles per month to this subject.
- This means that health inequalities do not receive much media coverage. Nevertheless, the high number of units of information per document identified through this study indicates that the media consider the topic to be important. For this topic, the average was 13.5 units of information per document in 2008, which greatly exceeds the average of 6.2 units, which the Laboratory has observed over the past 25 years. This indicates that the media publish in-depth articles when they cover health inequalities. A total of 1,094 units were identified in 81 articles.
- Reports and conferences focused on health inequalities have a major impact on press coverage. Thus, of the 10 events that the Laboratory was specifically mandated to track, seven were ultimately traced in the corpus studied. These generated almost half the content studied (43.8%). The Final Report of the World Health Organization's Commission on Social Determinants of Health had a particularly significant impact on newspapers; it alone produced almost a quarter (23.9%) of coverage.
- Only the content focused on the reports and conferences was evaluated. The media reported the generally pessimistic conclusions of these events, to such an extent that the orientation of coverage reached a score of negative 40.7.<sup>2</sup>
- Four subjects stood out, with each generating more than 10% of content. These include **social class**<sup>3</sup> (visibility of 15.7% and reporting orientation of -9.3), the **health system** (13.3% and -3.7), **place** (11.6% and -15.3) and **health inequalities in general** (10.7% and -4.3).
- The media reported the main causes of health inequalities to be *poverty* (10.8%) and *social inequality* (10.3%), which affects the *general health* of the population (16.9%) and explains the high visibility of **social class** as an associated subject. The press also pointed to the **health system's** lack of *resources* and the difficulty certain social groups have *accessing* (5.8%) the health system. The newspapers stressed the importance of *government intervention* (11.2%). Differences in *life expectancy* (3.6%) tied to **place** (districts and countries) received particular attention in the press. Other issues of concern were *women* (3.5%), *Aboriginal peoples* (3.2%) and *children* (3%).
- The *Toronto Star* (13.5%) and *The StarPhoenix* of Saskatoon (12.2%) showed more interest in health inequalities than the other newspapers in the corpus. *The StarPhoenix* showed particular interest in a study carried out by the Saskatoon Health Region, which explains the volume of units traced to this publication. Two francophone dailies ranked 3<sup>rd</sup> and 4<sup>th</sup> in terms of volume: *Le Devoir* (6.7%) and *La Presse* (6.4%). Other media produced less than 5% of content each.

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<sup>2</sup> On a scale going from -100 to +100.

<sup>3</sup> For ease of identification, subjects appear in bold and issues in italics.

- Grouped by region, the Ontario media (25.5%) showed the most interest in the issue of health inequalities. They placed ahead of Québec (22%), Saskatchewan (17.1%) and British Columbia (12.8%). Three quarters of the units identified were found in Anglophone media (74.1%).
- With respect to the location referred to in the content examined, the articles were most concerned with international news (25.2%), and high visibility was given to World Health Organization (WHO) reports dealing with health inequalities on a global scale. Next in prevalence was content referring to Canada in general (20.1%), then to Ontario (15.4%) and Saskatchewan (14.4%). The media in the latter province proved more voluble than that of other regions because of the interest shown by the Saskatoon *StarPhoenix* in a study conducted by the Saskatoon Health Region.
- A third (34.1%) of the press coverage was based on citations, which is higher than the average of 30%, which has been observed by the Laboratory. Monique Bégin, a member of the Commission on Social Determinants of Health and former Canadian Minister of Health and Welfare, received the most visibility (5.3%). She was cited more often than Michael Marmot, Chair of the WHO Commission on Social Determinants of Health. The World Health Organization was particularly well represented; cumulatively, its actors were cited in 7.5% of content.
- The months of August (28%) and November (28.3%) generated more than half of the content found (56.3%). The publication in August of the WHO report on the social determinants of health and that in November on health disparities in Saskatoon heightened media interest during these periods.

These highlights suggest that local and regional public health practitioners would do well to emphasize media outreach in their work on health inequalities as part of an integrated strategy.

Please see the full report at [www.ncchpp.ca](http://www.ncchpp.ca).