National Collaborating Centre
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REPORT | NOVEMBER 2009

Centre de collaboration nationale
sur les politiques publiques et la santé

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FOREWORD

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Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP).

The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

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LEGAL DEPOSIT – 4th QUARTER 2010
BIBLIOTHÈQUE ET ARCHIVES NATIONALES DU QUÉBEC
LIBRARY AND ARCHIVES CANADA
ISBN: 978-2-550-60515-7 (FRENCH PRINTED VERSION)
ISBN: 978-2-550-60516-4 (FRENCH PDF)
ISBN: 978-2-550-60517-1 (PRINTED VERSION)
ISBN: 978-2-550-60518-8 (PDF)

ABOUT THE NATIONAL COLLABORATING CENTRE FOR HEALTHY PUBLIC POLICY

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. The 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. In addition to the Centres' individual contributions, the Collaborating network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics.

FOREWORD

2008 was a banner year for the study and discussion of health inequalities in public health circles in Canada and elsewhere.[1] While the topic has gained considerable attention in recent years, particularly since the 1986 Ottawa Charter, research reports, workshops, and conferences reached an apex in 2008. 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. Annual meetings of the two most prominent public health associations (Canadian Public Health Association Annual Conference and les Journées annuelles de santé publique) had inequalities as their theme. The NCCHPP wished to find out if these publications and events garnished increased attention in the Canadian media about the social determinants of health generally, and more specifically, about health inequalities. Recent research has suggested that these public health issues receive very little media coverage (Hayes et al., 2007a) and it has been posited in some policy analysis research that media attention is an important contributor to public opinion and policy changes (True, Jones, and Baumgartner, 2007). In order to ascertain whether the release of several public health reports and the publicizing of conferences and events would garnish significant press coverage, we commissioned the Caisse Chartier press analysis laboratory at the Université du Québec à Montréal (UQAM). They analyzed 81 articles published in the Canadian media in 2008 related to health inequalities. The laboratory uses a method (the Morin-Chartier Method) which has been in use for some 40 years and this allowed them to see how the press coverage of health inequalities compared with the many others that they have carried out. This method breaks down the articles into units of information which are then analyzed in terms of their tendency towards negative, positive, or neutral. This method has been traditionally used to measure the image of different organizations as presented in the media but has also more recently been used to analyze the tendency of the coverage of topics (in our case, health inequalities) in the press. Further, the method allows the researchers to categorize the units of information into different issues and subjects as well as by region of the topics covered and of the media covering them. A number of interesting things emerged from the study.

The study confirms that there was limited coverage of health inequalities in Canada in 2008. This is in keeping with recent Canadian research which has shown that media coverage of health inequalities, population health approaches, and the social determinants of health is quite restricted in this country (Hayes et al., 2007a, 2007b). The analysis we commissioned does show, however, that the articles written in response to the publication of population health documents, press releases, and conferences were in depth and contained a much greater density of information than is usually found in their studies. This further confirms that the reports published did have an impact on the press coverage. This is particularly true of the final report of the WHO Commission on the Social Determinants of Health, and of the

[1] 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).

Saskatoon Health Region report, *Health Disparities in Saskatoon* (Lemstra and Neudorf, 2008).

The articles were firm in their assertion that health inequalities stem from social inequalities and poverty. They presented a reduction in the economic gap between social groups and major state intervention to improve health care accessibility as priorities. Place (of residence) occupied a relatively large portion of the coverage as a determinant of health. The often cited life expectancy difference between rich and poor places was largely picked up by the media.

The two months which showed a peak in coverage correspond to the publication of the documents by the WHO and Saskatoon Health Region. Indeed the coverage of health inequalities in Saskatchewan, and in Saskatoon particularly, far exceeds that of most other (and much larger) cities and provinces. This suggests that local health regions may have a great role to play in influencing media coverage of health inequalities.

Finally, the articles related to the publication of a number of reports and to two major public health conferences tend to take a negative view of health inequalities. If indeed, as many researchers have posited, media coverage can and does impact on both public opinion and policy, public health practitioners would do well to emphasize the public dissemination of their work on health inequalities.

Val Morrison

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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.[2]
- Four subjects stood out, with each generating more than 10% of content. These include **social class**[3] (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* (3.0%).
- 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 3rd

[2] On a scale going from -100 to +100.

[3] For ease of identification, subjects appear in bold and issues in italics.

and 4th in terms of volume: *Le Devoir* (6.7%) and *La Presse* (6.4%). Other media produced less than 5% of content each.

- Grouped by region, the Ontario media (25.5%) showed the most interest in the issue of health inequalities. They placed ahead of Québec (22.0%), 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 the 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 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 (28.0%) 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.

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1 INTRODUCTION

Overview

This report was prepared by the Laboratoire d'analyse de presse Caisse Chartier under the UQAM Chaire de relations publiques et communication marketing (the Caisse Chartier press analysis Laboratory under the UQAM public relations and marketing communications chair) for the NCCHPP. It presents a global view of how the subject of health inequalities was treated in Canadian media in 2008.

Objective

The aim of this report is to measure the impact on press discourse of eight reports and two conferences focused on health inequalities. A detailed list of these reports and conferences is provided in Appendix 2. All units of information dealing with health inequalities were coded, but only those referring to these eight reports and two conferences were evaluated.

Documents analyzed

The corpus provided by the NCCHPP was comprised of 101 documents, including some originating from press agencies or newswire releases that did not bear the signature of a media outlet, and others that did not deal with the subject of this study. A total of 81 documents were ultimately retained for purposes of analysis. The composition of the corpus is described in detail in Section 3, which focuses on methodology.

A detailed analysis of this corpus, based on the Laboratory's research method, led to the identification of 1,094 units of information linked to 16 subjects related to health inequalities. The resulting average is 13.5 units per document, whereas the average that has been observed over the past 25 years is 6.2. Thus, the articles contain a very high density of information.

2 METHODOLOGY

2.1 SELECTION OF CORPUS

2.1.1 Composition of corpus

Two databases indexing the principal Canadian publications were used to identify articles dealing with health inequalities that appeared between January 1st and December 31st of 2008. These were Eureka.cc on *CEDROM SNI* and Canadian Newsstand on *ProQuest*. To locate the articles, the following keywords were used:

- health inequalities/inequities/*inégalités de santé*
- health disparities/*disparités de santé*
- income + health/*revenu* + *santé*
- poverty + health/*pauvreté* + *santé*
- social determinants of health/*déterminants sociaux de santé*

It is important to note that these databases do not archive all Canadian media, and, in particular, do not include those of Quebecor and its subsidiaries (such as Sun Media and Osprey). These are archived on other databases, access to which for consultation purposes is complicated by high fees and copyright restrictions.

A similar search, using the same terms, was carried out using the *Northern News Services Online* database, which resulted in the location of one more article. However, it should be recalled that this database does not index all the newspapers of the Canadian North. While the corpus excludes content from some of Canada's principal newspapers, such as the *Journal de Montréal* and the *Toronto Sun*, it is nevertheless illustrative of the body of news published daily in Canada.

2.1.2 Sorting of corpus

The corpus selected is comprised of 101 documents. However, several of these were rejected for the following reasons: they do not address the subject under study, or they come from news agencies or news wires and were not picked up by any media outlet. A total of 81 documents were ultimately retained for purposes of analysis.

2.2 PRESS ANALYSIS METHOD

2.2.1 Overview of the Morin-Chartier method

To determine the orientation of this coverage, the press analysis Laboratory used a method based on university research that has been tested in application for over forty years. This method, referred to as the Morin-Chartier method in honour of its two greatest contributors, Violette Naville-Morin and Lise Chartier, relies on the concept of the "unit of information," a unit of measurement used to segment news content.

> A unit of information corresponds to an idea originating from a given source that is formulated and transmitted by a media outlet and understood by its audience. Together, all units of information create a formless mass in which we all bathe. When isolated, each idea extracted from the news may be understood differently, depending on the actor, the transmitter or the receiver.[4]

A unit of information is thus an idea or a subject found in a document. A unit is identified as soon as the subject under study is addressed, the subject here being health inequalities. The unit ends as soon as one of its defining characteristics changes. For example the unit ends if the tone of the discourse changes from neutral to negative, if the author changes subject or if an actor is cited.

Individually evaluating each of these units, by asking the following question:

> Is what is being said in this unit about the "subject of the unit" favourable, unfavourable or neutral with respect to health inequalities?

allows the orientation of the coverage to be established, once all the units have been compiled. It should be recalled that, in this study, only units that refer to the conclusions of the eight reports and two conferences listed in Appendix 2 were evaluated. Each unit is linked to various categories, such as subjects, media, issues, or actors.

These are then coded using the Laboratory's press analysis software and the results are presented in the form of indexed tables, analyses of which are presented in this report. The indexed tables of results can be viewed in Appendix 1.

2.2.2 Indices

The various indices used in this analysis are defined below:

- **Quantity** indicates the number of units focused on each subject.
- **Frequency** is the expression of this number as a percentage. **Visibility** refers to the place occupied by a subject in the coverage as a whole.
- **Partiality** indicates what percentage of the press took a stance on each of the subjects. This is based on the number of units with an orientation (positive or negative) over the total number of units identified (the others are neutral). This index makes it possible to measure the amount of zeal with which the media responded. The average observed by the Laboratory over the past 25 years is based on a compilation of the results of over 300 studies. This average stands at 40%, which means that if the rate of partiality observed is higher than 40%, then the media coverage involved a high degree of passion and the subject was widely debated. Inversely, a rate of partiality lower than 40% indicates that the media reported the facts using a neutral tone and thus showed limited interest. Thus, the rate of partiality presented here is not a measure of "journalistic bias."

[4] Lise Chartier. *Mesurer l'insaisissable.* Presses de l'Université du Québec, 2003, page 70. *Translator's note: It should be noted that all citations from French sources are a translation of the original.*

- Finally, the **orientation** of coverage is determined using the **trend-impact** index, which is, in a sense, an "index of favourability," indicating whether an organization's image is positive, negative or neutral. The scale goes from -100 to +100, with 0 indicating that coverage is neutral. With a score of between -10 and +10, coverage can be considered neutral or slightly favourable or unfavourable; above +25 or -25, coverage can be said to be very favourable or very negative; above +40, coverage can be qualified as exceptional. The average score for coverage, based on all the studies the Laboratory has carried out, is +9.6. The **weighted trend** index indicates the weight of each subject relative to the whole of the coverage.

2.2.3 Classification categories

To carry out this study, the press analysis Laboratory determined what type of media treatment the topic was given overall by assigning various classification categories to the content found in the media: these included subjects, issues, actors, media, region of media, region under discussion, language, events, type of document and period.

Each time the analyst identified a unit of information, in addition to evaluating the content, s/he had to answer the following questions: What subject is being discussed? In relation to what issue? By which media outlet? Is an actor cited? etc. Below is a brief description of these categories.

Subjects

Social class
Poverty, working class, middle class, gap between rich and poor, etc.

Education
Level of education, degrees, literacy, etc.

Work
Working conditions, work-related stress, stability, unionization, etc.

Income
Welfare recipients, LICO (low income cut-off), income brackets, etc.

Gender
Comparison of men/women, single parenting, women, men, etc.

Ethnicity/race
Minority status, racism, Aboriginal peoples, linguistic groups, ethnic communities, ethnic inequalities, etc.

Social cohesion/social capital
Support systems, social networks, empowerment, etc.

Material circumstances
Housing, neighbourhood, safety, food security, etc.

Place
District, country of residence, etc.

Physical environment
Violence, environment, green spaces, traffic, pollution, etc.

Behaviour/Lifestyle
Tobacco use, drug/alcohol consumption, physical activity, eating habits, etc.

Biological/genetic factors
Hereditary factors, chromosomes, genes, etc.

Health system
Social determinants of health, access to health system, treatments, affordability, overall health, etc.

Events
Reports and conferences.

Early childhood/youth
Nutrition, breastfeeding, daycare, etc.

Health inequalities in general
Everything that could not be coded under the other subjects.

Issues

Below is a list of all the issues traced in the corpus:

Aboriginal peoples
Access, waiting time
Birthplace
Children
Diet, nutrition
Disability
District
General health
Generalists vs. specialists
Government intervention (spending, assistance, etc.)
Health determinants in general
Housing
Infant mortality
Legislation
Life expectancy
Lifestyle (sports, smoking, alcoholism, drug abuse, etc.)
Neighbourhood
None
Overall mortality
Parks, green spaces, environment
Pollution
Poverty
Prevention
Primary health care
Resources - accessibility
Safety
Seniors
Single parenting
Social and economic effects
Social inequalities
Traffic
Types of diseases studied and technology
Unemployment/Full employment
Women
Working conditions

Region of media

This category makes it possible to identify the province or urban centre where media are published:

National
Province of Québec
Québec city
Montréal
Ontario
Toronto
Ottawa
New Brunswick
Nova Scotia
Halifax
Moncton
Newfoundland/Labrador
St. John's
Manitoba
Winnipeg
Saskatchewan
Regina
Saskatoon
Alberta
Calgary
Edmonton
British Columbia
Vancouver
Victoria
Etc.

Region or urban centre under discussion

This category makes it possible to identify the region or urban centre being discussed in the document analyzed:

National
Québec
Québec city
Montréal
Ontario
Toronto
Ottawa
New Brunswick
Nova Scotia
Halifax
Moncton
Newfoundland/Labrador
St. John's
Manitoba
Winnipeg
Saskatchewan
Regina
Saskatoon
Alberta
Calgary
Edmonton
British Columbia
Vancouver
Victoria
Etc.

Actors

Authors of the reports
NCCHPP spokespersons
Spokespersons of other health organizations (INSPQ, DSPM, etc.)
Hospital directors
Physicians and surgeons
Family physicians
Specialists
The health ministries of each province and territory
The federal Department of Health

The governments of each province and territory
The federal government
Health lobby groups
Specialists and researchers (at universities)
Public, citizens
Other

The complete list of actors cited can be found in Appendix 1.

Media

La Presse
Le Devoir
Le Soleil
The Gazette
The Globe and Mail
National Post
Ottawa Citizen
Toronto Star
The Province (Vancouver)
Other daily newspapers
Regional weeklies
Internet sites
Television-radio stations or networks
Specialized journals or magazines (all identified individually)

The complete list of media outlets is available in Appendix 1.

Periods

Each month in the year 2008.

Language

French or English

Events

The events category makes it possible to determine the amount of press coverage that was linked to the publication of eight reports and the holding of two conferences as compared with content generated by the specific interest of journalists or the media in the topic under study here. This classification category includes two codes: events (reports and conferences) and journalistic responsiveness. Appendix 2 contains a list of the events.

Type of document

Letters to the editor
News
Columns and editorials

3 EVENTS

The aim of this study is to measure the impact on press discourse of eight reports and two conferences. Appendix 2 presents a complete list of these events. Figure 1 shows, firstly, that 56.2% of the corpus studied was generated by journalistic initiative. Next, the table lists, by frequency of appearance, the studies targeted by the NCCHPP that had a particular impact on the press. It should be recalled that only those events of interest to the NCCHPP were evaluated. Thus, journalistic responsiveness is characterized as neutral.

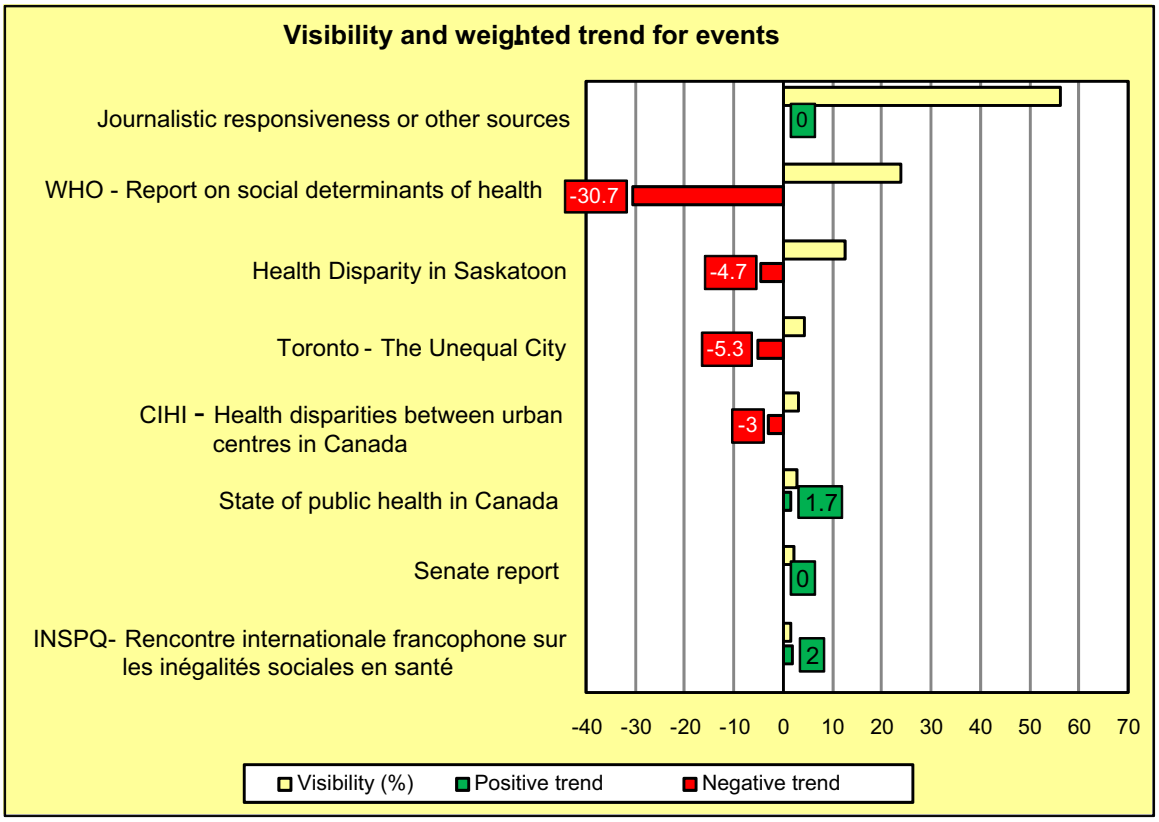

Figure 1 The impact of events on press discourse

Two reports drew the most attention to the problems generated by health inequalities, generating more than a third (36.6%) of content:

- the Final Report of the WHO Commission on Social Determinants of Health;
- a report from the Saskatoon Health Region on health disparities in that city.

The WHO report had an impact on the Canadian press as a whole. Practically every media outlet devoted at least one news item to the report, with the result that it alone generated almost a quarter (23.9%) of content. The media reported the conclusions, which lead to the denunciation of social inequalities, both between and within countries, as the cause of significant health inequalities. The widening gap between **social classes**[5] and the rise of

[5] For the sake of clarity, subjects appear in bold and issues in italics.

inequalities and *poverty* are seen to be largely responsible for the increase in health inequalities, a situation that demands media response: “Soaring social inequality makes too many people sick; WHO study confirms health closely linked to unfair distribution of material resources” (*Toronto Star* headline, August 31, 2008). The authors of the report emphasized differences in *life expectancy* that are linked to **place** of residence. On this subject, *The Ottawa Citizen*, notably, wrote: “For instance, a boy living in the Glasgow suburb of Calton is expected to live to 54 -- 28 years less than a boy born in nearby affluent Lenzie [and] that same child from Calton will typically have a shorter life than a child born in India, where life expectancy is 62” (August 29, 2008).

The media outlets that showed the most interest in this study were *Le Devoir* (Montréal), the *Leader-Post* (Regina), Radio-Canada, *La Presse* (Montréal) and Global-TV. The general interest the press showed in this report can be compared to the coverage given to the report published by the Saskatoon Health Region (SHR). The latter generated 12.7% of content, divided among the *StarPhoenix* (Saskatoon) (10.5%), the *Leader-Post* of Regina (2.1%) and the *Toronto Star* (0.1%). This study underlines the “health gap between rich [and] poor” (*StarPhoenix* headline, November 18, 2008) and proposes “an analysis of poverty strategies from around the world and 46 recommendations to help diminish that gap.” This particularly well-documented research focuses solely on Saskatoon. And, because its content is locally-oriented, it generated the most interest in local media, such as the *StarPhoenix*, going practically unnoticed outside of Saskatchewan.

Five other events were traced to 11.8% of the corpus. They all deal with health inequalities in Canada. The report on the state of public health in Canada published in June only produced echoes in the *Toronto Star* which expressed its disappointment at the rather low-key release of the report. The Toronto daily “was disappointed it was not announced with more fanfare. A press release was posted to the Public Health Agency of Canada website Wednesday but was not sent out to reporters and Butler-Jones [the Chief Public Health Officer] did not announce the report himself” (*Toronto Star*, June 20, 2008).

Finally, three other events were not discussed in the media searched:

- Healthy People, Healthy Performance, Healthy Profits: The Case for Business Action on the Socio-Economic Determinants of Health. Conference Board of Canada. December, 2008.
- Health Inequities in British Columbia. Health Officers Council of B.C.
- Canadian Public Health Association (CPHA). Annual conference. Halifax, June.

4 SUBJECTS

A total of 16 subjects were identified in the corpus analyzed. Figure 2 shows the visibility and the weighted trend for those subjects which were most often addressed by the media. It should be recalled that the trend concerns only coverage related to the eight reports and two conferences targeted by the NCCHPP.

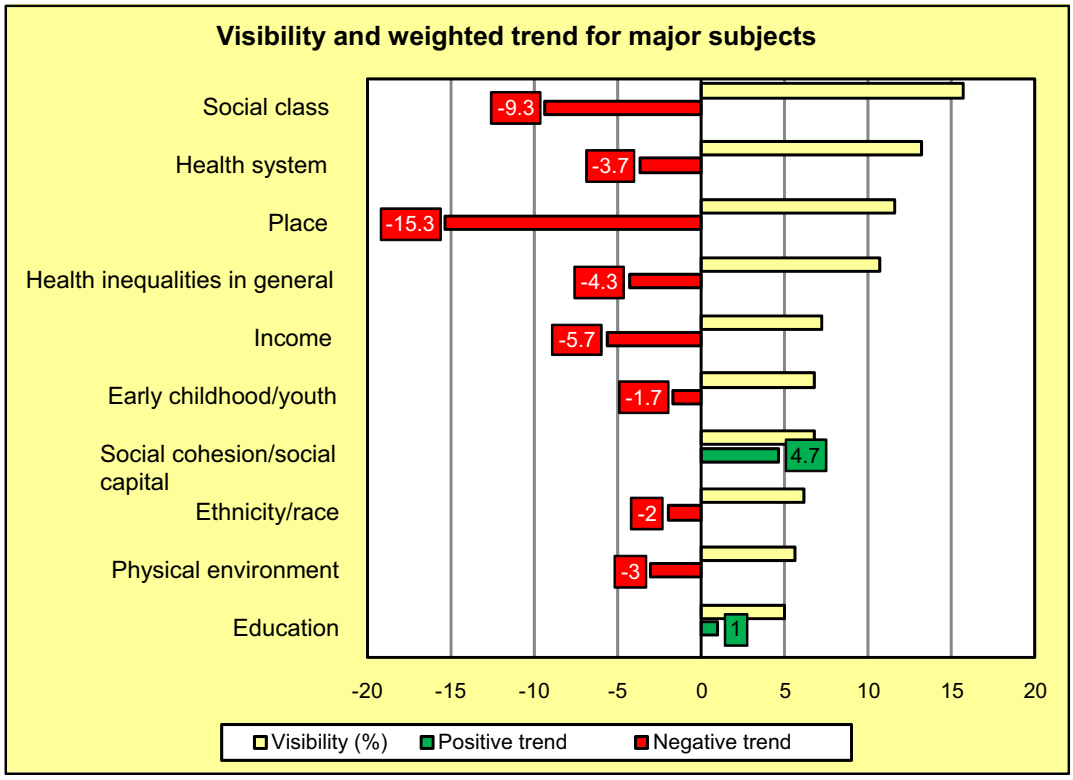

Figure 2 Visibility and weighted trend for major subjects

The subjects of **social class**, the **health system**, **place** (districts and countries) and **health inequalities in general** were particularly prevalent, together producing more than half of the content circulated (51.3%).

4.1 MAJOR SUBJECTS

4.1.1 Social class

The media emphasized that health inequalities are generated by the stratification of society into **social classes** so effectively that this subject had the most visibility in the coverage (frequency of 15.7%). The table below lists the main issues linked to this subject:

Issues	Frequency %	Weighted trend
General health	4.5	-3.7
Social inequalities	2.8	-4.7
Poverty	1.9	-0.3
Government intervention (spending, assistance, etc.)	1.4	0.0

The two reports given the most visibility in this coverage, which we listed in section 4, had a major impact on this subject, being linked to it one out of three times (4.8% of the total of 15.7%). They prompted the media to focus on problems generated by the gap between **social classes**, which is particularly evident in headlines such as “A report from the World Health Organization - social inequities are killing people on a grand scale” (from *Le Devoir*, Montréal, August 29, 2008). The impact of *poverty* on the *general health* of the population was made entirely clear in the press, which lamented the fact that “social health inequalities are increasing. In Québec, and everywhere in the world” (*La Presse*, Montréal, November 18, 2008). They went further, stating that “growing financial disparities […] is costing years of lives lost” (*The Vancouver Sun*, October 6, 2008). *Le Devoir* (Montréal) stated on August 30, 2008 that:

> not only does social class determine our longevity, it also determines our cause of death: cardiovascular, gastrointestinal and kidney diseases, CVAs, violent or accidental death, all cancers, including lung cancer, as well as chronic conditions such as diabetes (30 percent of Québec residents over the age of 12), obesity, arthritis and asthma. The gradient of incidence from the high to the low end of the social scale concerns us all.

In the Saskatchewan media, this position was strengthened by the conclusions of a report from the Saskatoon Health Region on health disparities in that city. The regional press stated that this report “offers solutions to poverty” and noted, among other things, that “an investment of $300 million from Saskatchewan taxpayers into the province's poorest citizens could potentially save $1 billion down the line” (*Leader-Post*, Regina, November 14, 2008). Given this context, the media asserted that *government intervention* is needed to reduce *social inequalities*. While this observation may be pessimistic, the press nevertheless stressed the optimism of health organizations that believe it is possible to “combat the unequal distribution of power, wealth and resources [a realistic goal that can be reached] in one generation” (*La Tribune*, Sherbrooke, August 30, 2008).

The two reports referred to above were published in November and August, their impact being such that the media dealt most extensively with the problem generated by the gap between **social classes** during these periods of the year. The *Toronto Star*, The *StarPhoenix* (Saskatoon) and the *Leader-Post* (Regina) were the most voluble newspapers.

4.1.2 The health system

The **health system** received particular attention from the media. It was the subject with the second highest visibility in the coverage. The table below lists the main issues linked to this subject:

Issues	Frequency %	Weighted trend
Government intervention (spending, assistance, etc.)	3.2	+1.0
Resources - accessibility	2.6	-2.3

The media's discourse related to unequal access to the health system can be qualified as social-democrat, in the sense that the newspapers lamented the "commercialization of health" and called for strong *government intervention* to ensure that all citizens benefit from universal protection. The World Health Organization's reports, along with the comments of health professionals (physicians and researchers) played a major role in orienting the press discourse. The newspapers picked up on statements from Michael Marmot, Chair of the WHO Commission on Social Determinants of Health, according to whom: "the Commission [on Social Determinants of Health], considers health care a common good, not a market commodity, [and] advocates financing the health-care system through general taxation and/or mandatory universal insurance... [because] the evidence is compellingly in favour of a publicly funded health-care system" (Global-TV, August 28, 2008). Given this context, the media were highly critical of the neoliberal approach to the health system, referring to the example of the United States, whose system is based on private insurance and where "around 49 million Americans do not have health insurance" (Global-TV).

However, the media went further, claiming that it is not the countries who spend the most on their health system that, in fact, have the best results: "The countries with the healthiest populations are not those that spend the most on sickness care, but those with the most carefully woven social safety nets, those that recognize that good (or bad) health is intimately linked to socioeconomic circumstances" (The *Globe & Mail*, November 27, 2008). The report on health disparities in Saskatoon supports this logic. The authors state, notably, that social spending in various areas, such as improvement of **education**, would lead to significant savings in health costs. They also point out that health professionals tend to avoid disadvantaged neighbourhoods. This makes access to the **system** still more difficult for the less well-off.

Coverage of this subject was greatly influenced by the publication of the WHO report and that of the Saskatoon Health Region in August and November, the two periods during which the **health system** came up most often. Michael Marmot and other spokespersons for the WHO were the most frequently cited actors. The *StarPhoenix* (Saskatoon), the *Leader-Post* (Regina), and *La Presse* (Montréal), were the most voluble newspapers. Essentially, they focused on the situation in the world and in Saskatoon.

4.1.3 Place

The relationship between **place** of residence and health was of such concern to the media, that this subject ranked third in terms of visibility and generated 11.6% of content in 2008. The reports on health inequalities demonstrate the impact of people's **place** of residence on their health and their conclusions are damning; this subject's coverage had the most negative orientation (-15.3). The table below lists the main issues linked to this subject:

Issues	Frequency %	Weighted trend
Life expectancy	2.2	-6.0
General health	2.0	-1.3
Social inequalities	1.5	-1.7
Poverty	1.3	-3.4

The media were disturbed by the observations of the Final Report of the WHO Commission on Determinants of Health, which showed that **place** of residence has a very clear impact on the *life expectancy* and *general health* of citizens. These inequalities exist both within and between countries:

> Between countries we have life expectancy differences of more than 40 years. A woman in Botswana can expect to live 43 years, in Japan 86 years [but] huge discrepancies also exist within countries, including Scotland, where a boy born in the deprived Glasgow suburb of Calton can expect to live 28 years less than one born in affluent Lenzie, just 13 km (eight miles) across town (The *Leader-Post*, Regina, August 30, 2008).

The media are aware that health inequalities associated with **place** of residence result from significant social inequalities, which oblige the poorest people to live in the most dangerous districts (because of many factors, such as violence, traffic, etc.), where services are of lower quality (shortage of physicians, lower-quality food, air pollution, etc.).

The prevalence of this subject in the media resulted from the dynamic work of the WHO and the conclusions of the report on determinants of health published in August. Thus, during this period, the press showed increased interest in the issue of place of residence. Michael Marmot was again the most frequently cited actor, while *Le Devoir* showed the greatest interest in this subject. The example from Scotland drew so much attention that, with respect to **place**, information of an international nature took precedence.

4.1.4 Health inequalities in general

The subject of **health inequalities in general** ranked fourth in terms of visibility in the coverage; it generated 10.7% of content. The table below lists the main issues linked to this subject:

Issues	Frequency %	Weighted trend
Government intervention (spending, assistance, etc.)	2.0	-0.3
Social inequalities	1.7	-1.3
General health	1.3	-2.0
Poverty	1.2	+0.3

Influenced by the WHO, the media lamented the upsurge in **health inequalities**, which, they stated, coincides with a widening of the gap between rich and poor. They cited numerous examples illustrating this situation. The *Globe & Mail* reported the fact that “poor women in Ontario are four times as likely to develop diabetes as high-income women. They also are more likely to suffer from high blood pressure, heart disease and depression” (November 27, 2007). The *Times Colonist* (Victoria) stated that “nations with higher levels of

income inequality had higher levels of morbidity and mortality from heart disease and of particular risk factors, including obesity" (April 20, 2008).

The media analyzed noted that "health systems do not naturally tend toward equality" (*Le Devoir*, August 29, 2008) and concluded that *government intervention* is necessary. Investing in social programs, according to the press, is more advantageous, both economically and in terms of the long-term general health of the population, than letting citizens' actions be determined by their means. The media referred to a study by a team of economists, bankers and food bank directors about the cost of poverty, which showed "that poverty taxes both the health of those in its grasp and the wallets of all of us in society. The study found that Canadians could save $7.6 billion per year in health-care expenditures by elevating the health status of the bottom 20 per cent to that of the next-to-bottom 20 per cent on the income ladder" (*Toronto Star*, December 2, 2008).

The Saskatchewan newspapers echoed this view, referring to the conclusions of a report on health disparities in Saskatoon and stating that: "the additional cost to the health system from people living in poverty [being estimated] at $640 million a year across the country… an investment of $300 million from Saskatchewan taxpayers into the province's poorest citizens could potentially save $1 billion down the line" (*Leader-Post*, Regina, November 14, 2008). However, elsewhere the press observed that Canada was heading in the wrong direction with respect to this issue: "Canada is failing to live up to a World Health Organization recommendation to address inequitable distribution of power, money and resources" (*The Vancouver Sun*, October 6, 2008).

Again in August, the media addressed the subject of **health inequalities in general**, in response to the publication of the WHO report. Monique Bégin, the former federal Minister of Health and Welfare and current member of the Commission on Determinants of Health, was the most frequently cited actor, owing to the publication in *La Presse* (Montréal) and in *La Tribune* (Sherbrooke) of a letter that she personally wrote and in which she denounces the fact that health inequalities are increasing in Canada and around the world. The *Toronto Star* covered this subject most extensively. Canada was the place most often discussed.

4.2 MINOR SUBJECTS

4.2.1 Income

The question of **income** drew response from the media, which called attention to a correlation between the **income** level of a population and its *general health*. The press reported that: "within Metro Vancouver, it [the study: Reducing the Gaps in Health, 2008] found low income groups have at least double the rates of hospitalization as those in high-income areas for diabetes, heart or lung disease and mental health disorders" (*The Abbotsford News*, British Columbia, December 1, 2008). The CBC, for its part, asserted that, in Toronto, the "poorest die earlier [and] suffer more health problems" (CBC, Thunder Bay, October 22, 2008). However, the media pointed out that many people are ready to sacrifice their health for a higher **income**: "choice could very well be socio-economic, i.e. working in a mine pays better than other jobs the individual might be qualified for" (*Medicine Hat News*, Alberta, March 11, 2008).

4.2.2 Early childhood

The media lamented the fact that so many children live in poverty, this being harmful to their health: “Poor economic conditions do make children sick” according to *The Ottawa Citizen* (May 16, 2008). The press argued that making an effort to help improve their living conditions would bear fruit in the long-term and cited Doctor David Butler-Jones, Canada’s Chief Public Health Officer. The latter states, in a report on the state of public health in Canada, that: “every dollar spent in ensuring a healthy start in the early years will reduce the long term costs associated with health care, addictions, crime, unemployment and welfare" (*The Vancouver Sun*, October 6, 2008). *La Presse* (Montréal), for its part, asserted that “the presence of good daycare centres in disadvantaged neighbourhoods reduces to zero the difference between the performance of poor children and rich children” (November 18, 2008).

Helping children escape poverty was a subject of concern in the Ontario media, which observed that: “poverty makes Ontario sick [because] economic inequality translates into limited access to health-care for province's poor” (*Toronto Star*, August 5, 2008). *The Star* claimed that it is, however, possible to improve the living conditions of young people, and referred to the examples set by Nordic countries and by Québec: “In 2002, when Québec introduced its poverty action plan, its childhood poverty rate was 18 per cent higher than Ontario's. Just three years later, the Québec rate was 24 per cent lower” (August 5, 2008).

4.2.3 Social cohesion and social capital

The Ontario and Saskatchewan media, mainly, expressed awareness that health inequalities threaten the country’s **social cohesion** and were of the opinion that *federal and provincial governments should take action* by investing more in social programs, which would improve the population’s health and, at the same time, reduce the heavy costs that currently burden the **health system**. They lamented the fact that: “Canada's inequality and poverty rates are among the highest in the developed world” (*Toronto Star*, December 2, 2008). In reference to this, Senator Hugh Segal, a member of the Senate Subcommittee on Population Health, wrote that:

> The financial impact of unaddressed poverty drastically increases healthcare costs, illiteracy costs and helps fill our prisons and hospitals and courts and policing bills every day. So while the annual number for non-health and non-education income support costs annually is near two hundred billion, the real cost in terms of the wild overrepresentation of the poor in our jails, hospitals and among drop-outs and the unemployed costs us all billions more every year (The Kingston Whig-Standard, Ontario, August 26, 2008).

4.2.4 Ethnicity and race

The issue of **ethnicity** was the subject of a few specific articles. Some documents were concerned with blacks. CBC reported on a study, according to which, “a community of black Nova Scotians have higher rates of illness from heart disease and stroke, Type 2 diabetes and psychiatric disorders compared with the general population and poverty, immigration and language don't seem to account for the difference” (CBC, September 22, 2008). This report was confirmed by *The Gazette* which referred to an article in the *Los Angeles Times* asserting that: “Doctors subconsciously favour whites” (*The Gazette*, Montréal,

October 19, 2008). The accessibility of health care to immigrants who have been in Canada for a long time was also judged problematic by the CBC (October 9, 2008) and the *Toronto Star* (September 8, 2008), notably.

However, it was the situation of Aboriginal peoples that received the most attention. The press lamented the fact that these populations have poorer health than Canadians on average. Thus, *The Globe & Mail* revealed that "life expectancy in Nunavut is 10 years less than the national average. Infant mortality is four times the Canadian average. More than anything, this is a testament to Canada's shameful neglect of aboriginal peoples" (November 27, 2008). *Northern News Services* added that "Inuit in Canada have a rate of tuberculosis (TB) 90 times higher than the national average" (November 17, 2008). The visibility given to the issue of *Aboriginal peoples* stems largely from the studies published by the Saskatoon Health Region and reported on by the *StarPhoenix* (Saskatoon). This newspaper concluded that: "the researchers found it is the disproportionate number of aboriginals living in poverty that creates the impression aboriginal people have worse health than non-aboriginals" (November 20, 2008).

4.2.5 Physical environment

The media acknowledged that **physical environment** plays an important role in relation to health. Thus, "housing, […] neighbourhood assistance and support systems, environment, and safety are all factors that, to some degree, shape the health and quality of life of all members of society" (*La Tribune*, Sherbrooke, August 30, 2008). They pointed out the striking inequalities that exist in relation to physical environment; disadvantaged neighbourhoods are the most polluted and the quality of life they offer is diminished by the highways that pass through them or the small number of parks they contain. The *Toronto Star* lamented the fact that: "low-income families, many already facing diminished health from stress, bad nutrition, diabetes and poor dental care, are placed at further risk because they breathe air contaminated with pollutants suspected of causing cancer and reproductive disorders." *La Presse* (Montréal) put "traffic on trial" when it pointed out that "in disadvantaged neighbourhoods, denser traffic and more numerous highways increase health problems: more people suffer from respiratory problems, and four to six times more pedestrians are injured and end up in the hospital" (November 18, 2008).

Nevertheless, the media attempted to remain optimistic, detailing solutions aimed at reducing these inequalities "by creating green spaces, improving the daycare system, and reducing speed limits in poor neighbourhoods." It was argued that, "access to green spaces and well-lit streets would encourage citizens in poor neighbourhoods to walk more. And reduce accidents" (*La Presse,* Montréal, November 18, 2008). A CBC headline announced: "parks help narrow health gap between rich, poor" (November 7, 2008). In the same vein, *The Vancouver Sun* pointed to the benefits of green spaces with the headline: "More trees on streets means less asthma for children" (*The Vancouver Sun*, May 10, 2008).

4.2.6 Education

Education was viewed by the press as a significant determinant of health, even though it lagged far behind *social inequalities*. The media held that a good **education** allows *young people* to get better, higher-paying jobs, which reduces *social inequalities*, and thus health inequalities, in the long term. They pointed out, among other things, that a well-educated population can save the whole nation substantial sums in numerous areas. The *Telegraph Journal* (New Brunswick, March 8, 2008) gave the following example, observing that:

> The prevalence of diabetes declines as health literacy increases. By 2016, the number of Canadians with diabetes is expected to rise to 2.4 million, costing our health-care system more than $8 billion annually. While genetics is a key factor among others, diabetes is a disease that is highly influenced by individual behaviour. The ability of people to self-manage their diabetes treatment can influence their quality of life, longevity and the risk of complications. Improved health literacy can contribute to the prevention and management of diabetes as it plays a role in modifying behaviour and communicating core knowledge.

Thus, according to the media, education represents a good investment.

4.2.7 Other subjects

There was hardly any attention given to the six other subjects, which, together, represented 11.2% of the corpus. These subjects included **events** (2.6%), **work** (2.3%), material **circumstances** (2%), **lifestyle** (1.9%), **gender** (1.7%) and **biological factors** (0.6%).

5 ISSUES

Figure 3 provides an overview of the visibility and the trend associated with the main issues attached to health inequalities:

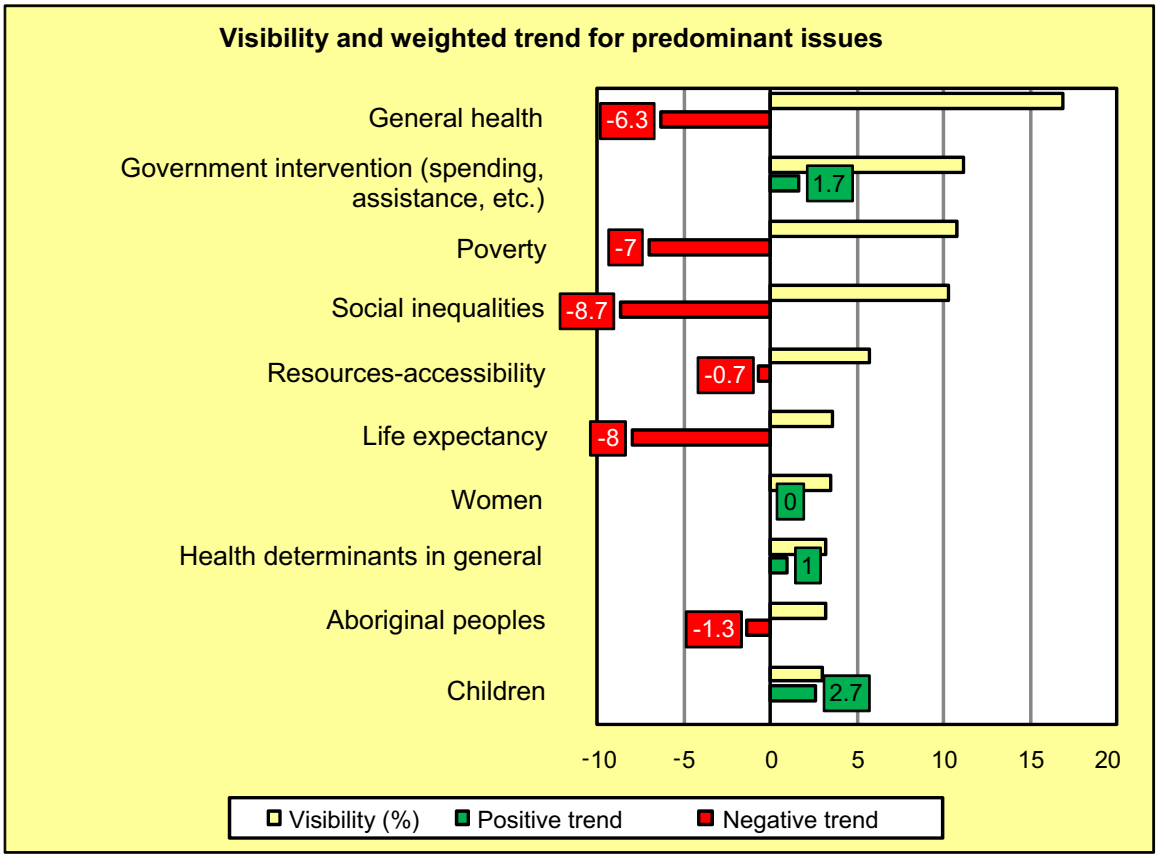

Figure 3 Visibility and weighted trend for predominant issues

The media, in general, issued statements to the effect that *social inequalities* and *poverty* have a major impact on health inequalities. They promoted the idea that more *government intervention* is needed to ensure quality care for the entire population. Of particular interest to the media were the conclusions of the Final Report of the WHO Commission on Social Determinants of Health, indicating that there are significant differences in *life expectancy* between countries, as well as within Canada.

Questions relating to *women, children* and *Aboriginal peoples* also drew attention. The press showed more optimism regarding these groups, pointing out that the situation for *women* and *children* has been tending overall toward improvement and that certain programs aimed at improving the situation have proven their effectiveness. Observations regarding Aboriginal peoples were, however, more pessimistic, with the media pointing out that this population group is less healthy than Canadians on average.

6 MEDIA

The most voluble media are listed in Figure 4.

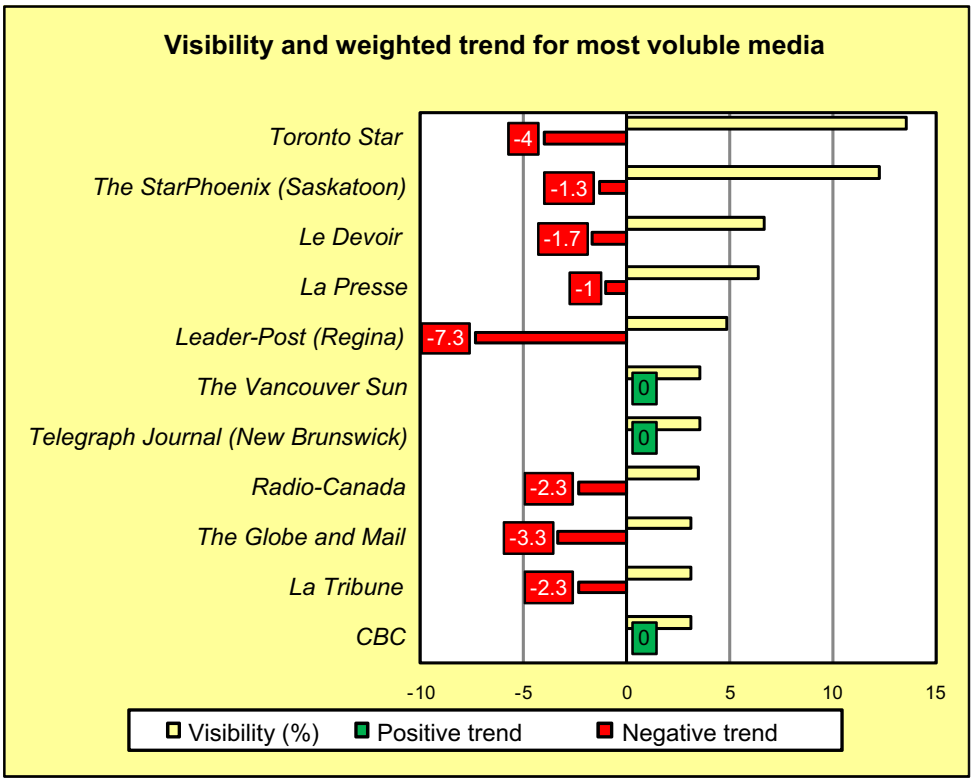

Figure 4 Visibility and weighted trend for most voluble media

The *Toronto Star* and *The StarPhoenix* (Saskatoon) were the two newspapers that showed the most interest in health inequalities in 2008. The *Toronto Star* showed more concern for the situation prevailing in *Toronto*, devoting extensive coverage to the report entitled, *The Unequal City: Income and Health Inequalities in Toronto*. It also published an in-depth article on the report focused on the state of public health in Canada.

The StarPhoenix (Saskatoon) wrote extensively about the study focused on health disparities in Saskatoon; it chose this as its predominant topic and did not discuss the WHO reports. Still in Saskatchewan, Regina's *Leader-Post* was broader on the subject of health inequalities; it responded to both the WHO report on social determinants of health and to the report focused on the situation in Saskatoon.

The Québec media, notably *La Presse* (Montréal) and *Le Devoir* (Montréal), took notice of the WHO report on Social Determinants and published detailed articles on this subject.

7 ACTORS

A third (34.1%) of the press coverage devoted to health inequalities in 2008 was based on citations, which is higher than the average of 30% observed by the Laboratory. In all, the statements of close to 150 persons or groups of actors were reported by the press. Figure 5 shows the main actors referred to in the coverage.

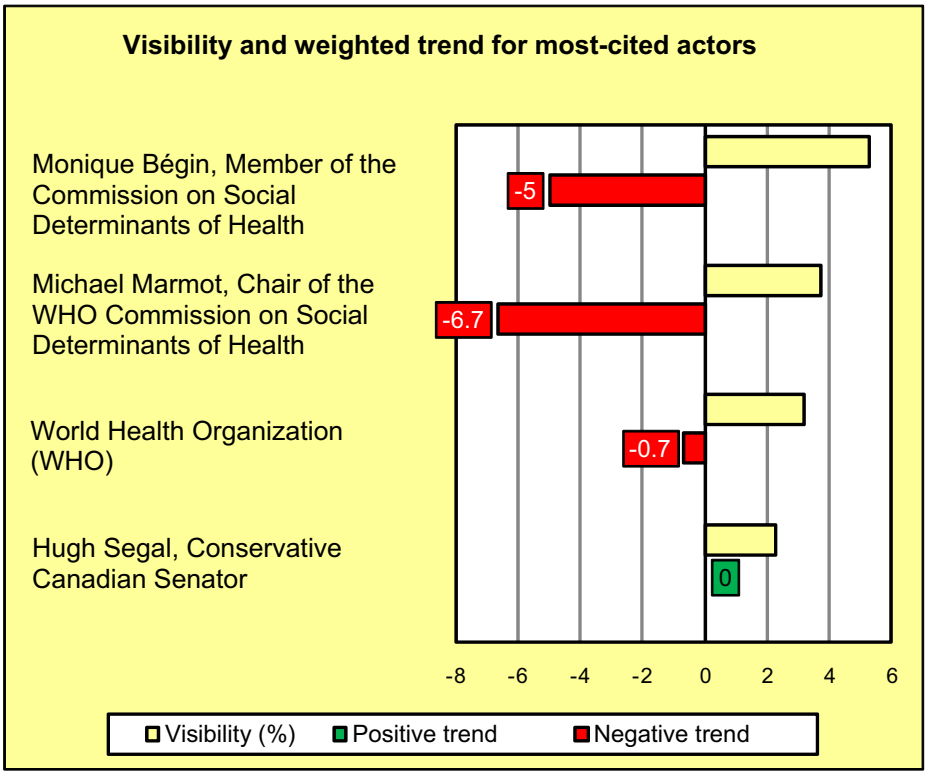

Figure 5 Visibility and weighted trend for most-cited actors

Owing to the publication of a long letter in *La Presse* (Montréal) and in *La Tribune* (Sherbrooke), Monique Bégin, a member of the Commission on Social Determinants of Health and former Canadian Minister of Health and Welfare, is the actor whose comments were reported most extensively by the press. She reacted strongly to the publication of the WHO report on the social determinants of health, revealing her outrage at the fact that health inequalities are increasing in Canada and around the world. She asks:

> Are we proud to have the United Nations Special Rapporteur, writing of the availability of decent housing in Canada, say less than a year ago: “Wherever I went in Canada, I met people living in the streets or in unsanitary or unsafe dwellings.” Last spring, FRAPRU (le Front d'action populaire en réaménagement urbain) asked the Québec government for a five-year plan that would make possible the creation of 50,000 new social housing units. And these situations exist to one degree or another in every Canadian city. All this in the country that was ranked first by the United Nations for seven years running, and labelled the “best country in the world.” We were quite boastful of this! And, even though we have fallen to fourth position, we continue to boast. And yet… The truth is that our immense wealth – for we are a rich country, very rich – succeeds in hiding the reality and in rendering poverty invisible.

Spokespersons for the WHO, owing to the visibility generated by their reports, form the group of actors whose statements were cited most frequently. Michael Marmot, Chair of the WHO Commission on Social Determinants of Health, was quoted with reference to his forceful denunciation of the fact that health inequalities are increasing; Margaret Chan, Director-General of the WHO, was also provided with a solid platform by the press.

Hugh Segal, Conservative Canadian Senator and member of the Senate Subcommittee on Population Health, was the fourth most-visible actor, owing to the transcription of a presentation he gave: *The New Poverty Agenda: Reshaping Policies in the 21st century*, which was published only by the *Kingston Whig-Standard* (Ontario). The other actors had very low visibility.

8 REGIONS

Figure 6 shows a comparison between the regions where media publish and the regions discussed in the articles on health inequalities that they broadcast or published. The regions are defined in terms of provinces or territories.

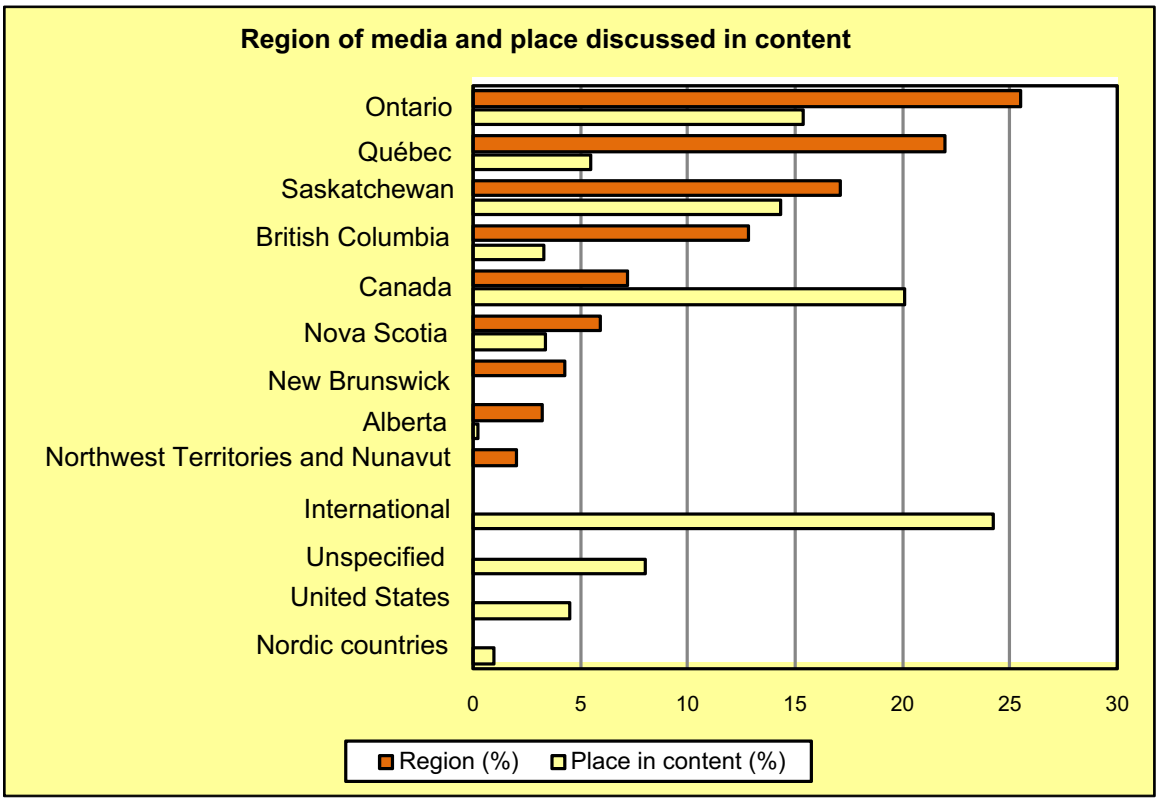

Figure 6 Comparison between region of media and place discussed in content

In the corpus studied, the Ontario media were the most voluble, owing, in particular, to the *Toronto Star*. The pronounced interest in health inequalities shown by *La Presse* (Montréal) and *Le Devoir* (Montréal) put Québec in second position. Surprisingly voluble was Saskatchewan, where the study focused on inequalities in Saskatoon raised keen interest from the local newspaper, *The StarPhoenix*. The British Columbia media, and notably *The Vancouver Sun*, caused this province to rank fourth.

The regions that were most discussed in the content of the articles were: the international setting, because of the impact of the WHO report on social determinants of health, which discusses the situation in planetary terms, and Canada in its entirety. On the provincial level, Ontario came slightly ahead of Saskatchewan. The situation in the United States elicited genuine interest during discussion about health inequalities. So much so that they were discussed in the media almost as much as Québec and British Columbia. The Québec media focused more on problems at the international level than did the Ontario media, which were much more focused on Ontario and Canada. This interest shown by the Québec media can

be explained by the fact that they devoted extensive coverage to WHO reports. On the other hand, the content of Nova Scotian media was much more focused on local problems.

With respect to trends, the media were pessimistic overall regarding the situation in all of the regions discussed, with the exception of Québec and the Nordic countries (Sweden, Finland and Norway). With respect to Québec, *La Presse* (Montréal) cited Marie-France Raynaud, Director of the Centre Léa-Roback sur les inégalités sociales de santé de Montréal, who stated that “Québec is the least unequal of the provinces, because of its daycare system, its prescription drug insurance and its tax credit for private daycares” (November 18, 2008).

9 EVOLUTION OF COVERAGE

The media's interest in health inequalities was relatively limited during the first half of 2008, as shown in Figure 7.

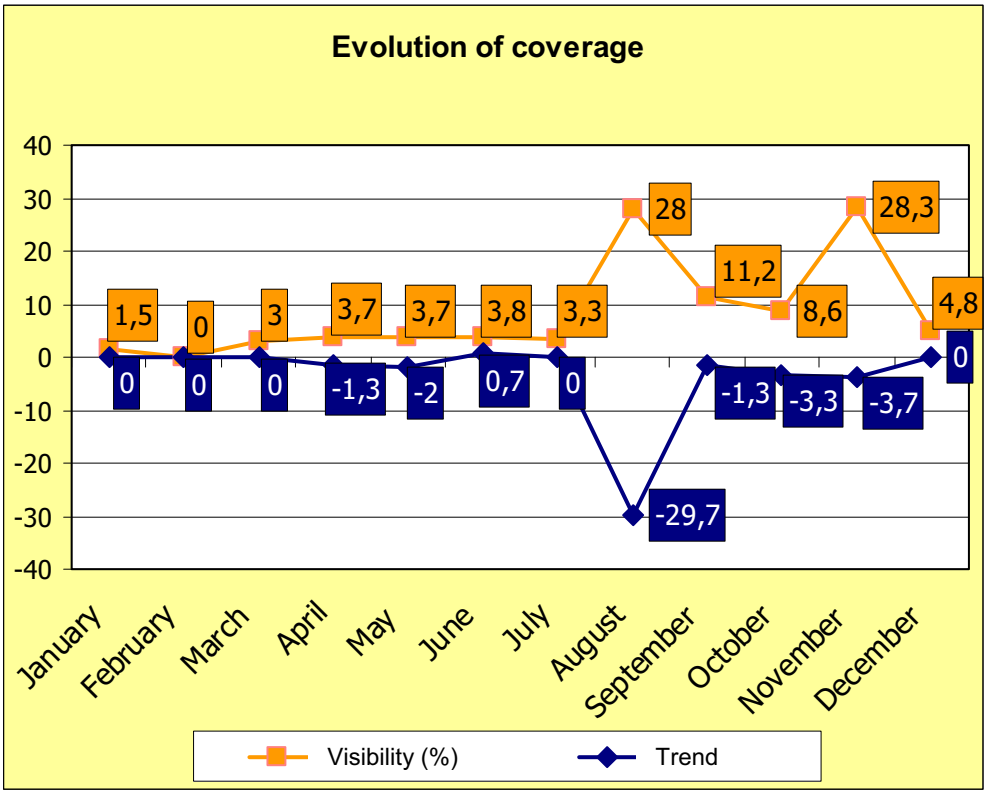

Figure 7 Evolution of coverage

The situation changed completely beginning in August when the WHO published its report on the social determinants of health. Michael Marmot, Chair of the WHO Commission on Social Determinants of Health, and Margaret Chan, Director-General of the WHO, generated significant media interest, with the latter shedding light on health inequalities throughout the world and within Canada. The report published at the end of August was still generating articles in September, which explains the steep rise in coverage during this period.

In October, another report from the WHO addressing world health also had an impact on the media. On November 17, the Saskatoon Health Region released the results of its study of social disparities affecting that city. This event was of particular interest to *The StarPhoenix*, so much so that November became the month during which health inequalities were most extensively discussed.

10 OTHER CATEGORIES

10.1 LANGUAGE

The table below compares the content disseminated by the English and French media.

Language	Volume (%)	Trend
English	74.1	-30.0
French	25.9	-10.7

The French media produced a quarter of the coverage. They showed a pronounced interest in the WHO's publications. The English press showed less interest in the reports targeted by the NCCHPP. The study on social disparities in Saskatoon received more interest than the WHO studies.

10.2 TYPE OF DOCUMENT

The table below shows the volume of content by type of document for the whole of the coverage.

Type of document	Volume (%)	Trend
News and reports	88.1	-41.3
Letters	8.0	+1.7
Editorials and columns	3.8	-1.0

The coverage was essentially composed of news reports.

11 CONCLUSION

Limited press coverage

The Canadian media's interest in health inequalities can be considered relatively limited, given that only 81 press articles were found to have been published in 2008. However, these articles were very dense, showing the media's in-depth coverage of this subject. The articles included in the corpus studied were found to contain 1,094 units of information, or an average of 13.5 per document, which greatly exceeds the norm (6.2).

High impact of reports targeted by the NCCHPP

This study shows that the publication of reports detailing the situation related to health inequalities can truly have an impact on the discourse of the press. The WHO, in particular, stands out in this respect, owing to its report on the social determinants of health. The Saskatoon Health Region also had an impact, in its region, where it benefited from the great interest its report drew from the *StarPhoenix* daily newspaper. A comment made by the *Toronto Star* to the effect that scientific research is unveiled without any "fanfare" raises questions about the way that actors in this sector plan their communication strategies.

Subjects and issues

The media expressed no doubt about the fact that health inequalities stem from *social inequalities* and *poverty*. The reduction of the gap between **social classes** appeared to them to be a priority. Given this view, they recommended *major government intervention* to improve *accessibility* to the **health system**. The question of **place** also generated media response. They expressed the view that "social spending" will ultimately lead to substantial savings. The examples from the WHO, denouncing the gap in *life expectancy* linked to residential district had an impact on the media and were widely disseminated in newspapers.

Media

The French media were more responsive to the WHO studies than the English media and, consequently, published more about the international situation. Studies with a more local focus, such as that conducted by the Saskatoon Health Region, had a greater impact on the English press. Overall, the *Toronto Star* was the most voluble in terms of coverage. It came ahead of *The StarPhoenix* (Saskatoon) and two Québec newspapers: *Le Devoir* and *La Presse*, of Montréal.

In conclusion

Overall, the media presented a bleak view of the situation, pointing out that health inequalities are increasing. They, nevertheless, showed optimism by putting forth numerous solutions that have been identified by health organizations. On this note, we will allow Monique Bégin, former Canadian Minister of Health and Welfare and a member of the Commission on Social Determinants of Health, to provide the concluding remarks: "We must think globally and act locally. Many are the paths to action. This is a serious challenge and not a task for the timid. But it is also a realistic goal that we can reach in a single generation" (*La Presse*, Montréal, August 28, 2008).

APPENDIX 1

INDEXED TABLES

INDEXED TABLES

Project(s): Health inequalities				
Decoding report				
Subject	**Positive**	**Negative**	**Neutral**	**Total**
Social class	12	40	120	172
Health system	11	22	112	145
Place	11	57	59	127
Health inequalities in general	13	26	78	117
Income	6	23	50	79
Social cohesion/social capital	16	2	56	74
Early childhood/youth	2	7	65	74
Ethnicity/race	3	9	55	67
Physical environment	2	11	49	62
Education	4	1	50	55
Events	4	2	22	28
Work	2	2	21	25
Material circumstances	1	5	16	22
Behaviour/lifestyle	0	3	18	21
Gender	2	1	16	19
Biological/genetic factors	0	0	7	7
Total	**89**	**211**	**794**	**1094**
	8.1%	**19.3%**	**72.6%**	**100%**

Report on units by Subject					
Subject	**Quantity**	**Frequency %**	**Partiality %**	**Orientation %**	**Weighted trend**
Social class	172	15.7	30.2	-16.3	-9.3
Health system	145	13.3	22.8	-7.6	-3.7
Place	127	11.6	53.5	-36.2	-15.3
Health inequalities in general	117	10.7	33.3	-11.1	-4.3
Income	79	7.2	36.7	-21.5	-5.7
Social cohesion/social capital	74	6.8	24.3	18.9	4.7
Early childhood/youth	74	6.8	12.2	-6.8	-1.7
Ethnicity/race	67	6.1	17.9	-9.0	-2.0
Physical environment	62	5.7	21.0	-14.5	-3.0
Education	55	5.0	9.1	5.5	1.0
Events	28	2.6	21.4	7.1	0.7
Work	25	2.3	16.0	0.0	0.0
Material circumstances	22	2.0	27.3	-18.2	-1.3
Behaviour/lifestyle	21	1.9	14.3	-14.3	-1.0
Gender	19	1.7	15.8	5.3	0.3
Biological/genetic factors	7	0.6	0.0	0.0	0.0
Total	**1094**	**100.0**			
Overall indices			**27.4**	**-11.2**	**-40.7**

Report on units by Issue					
Issue	Quantity	Frequency %	Partiality %	Orientation %	Weighted trend
General health	185	16.9	21.1	-10.3	-6.3
Government intervention (spending, assistance, etc.)	122	11.2	22.1	4.1	1.7
Poverty	118	10.8	29.7	-17.8	-7.0
Social inequalities	113	10.3	44.2	-23.0	-8.7
Resources - accessibility	63	5.8	44.4	-3.2	-0.7
None	51	4.7	25.5	-9.8	-1.7
Life expectancy	39	3.6	61.5	-61.5	-8.0
Women	38	3.5	10.5	0.0	0.0
Aboriginal peoples	35	3.2	22.9	-11.4	-1.3
Health determinants in general	35	3.2	8.6	8.6	1.0
Children	33	3.0	30.3	24.2	2.7
Pollution	30	2.7	10.0	-10.0	-1.0
Prevention	23	2.1	8.7	0.0	0.0
Parks, green spaces, environment	22	2.0	0.0	0.0	0.0
Diet, nutrition	21	1.9	38.1	-38.1	-2.7
Housing	21	1.9	19.0	-19.0	-1.3
Social and economic impact	19	1.7	68.4	-15.8	-1.0
Seniors	15	1.4	0.0	0.0	0.0
Legislation	12	1.1	8.3	-8.3	-0.3
Primary health care	11	1.0	0.0	0.0	0.0
Access, waiting time	10	0.9	50.0	-50.0	-1.7
Birthplace	10	0.9	70.0	-70.0	-2.3
Lifestyle (sports, smoking, alcoholism, drug abuse, etc.)	9	0.8	33.3	-33.3	-1.0
Infant mortality	9	0.8	44.4	-22.2	-0.7
District	8	0.7	12.5	12.5	0.3
Safety	7	0.6	57.1	-57.1	-1.3
Traffic	6	0.5	16.7	16.7	0.3
Generalists vs. specialists	6	0.5	16.7	16.7	0.3
Types of diseases studied and technology	6	0.5	0.0	0.0	0.0
Working conditions	5	0.5	0.0	0.0	0.0
Single parenting	4	0.4	25.0	-25.0	-0.3
Unemployment/Full employment	2	0.2	50.0	50.0	0.3
Disabled	2	0.2	0.0	0.0	0.0
Overall mortality	2	0.2	0.0	0.0	0.0
Gap between rich and poor	1	0.1	0.0	0.0	0.0
Neighbourhood	1	0.1	0.0	0.0	0.0
Total	**1094**	**100.0**			
Overall indices			**27.4**	**-11.2**	**-40.7**

Report on units by Actor					
Actor	Quantity	Frequency %	Partiality %	Orientation %	Weighted trend
None	721	65.9	27.9	-11.8	-28.3
Monique Bégin, Professor at the University of Ottawa	58	5.3	29.3	-25.9	-5.0
Michael Marmot, Chair of the WHO Commission on Social Determinants of Health	41	3.7	58.5	-48.8	-6.7
World Health Organization (WHO)	35	3.2	57.1	-5.7	-0.7
Hugh Segal, Conservative Canadian Senator	25	2.3	0.0	0.0	0.0
Canadian Centre for Policy Alternatives	19	1.7	0.0	0.0	0.0
Oxfam Canada	18	1.6	0.0	0.0	0.0
Specialists, researchers, academics	18	1.6	22.2	11.1	0.7
Public, citizens	15	1.4	13.3	0.0	0.0
Michel Bilodeau, CEO Children's Hospital of Eastern Ontario	10	0.9	0.0	0.0	0.0
Lisa Wetmore, Coordinator of the "Dodging Diabetes" project	9	0.8	0.0	0.0	0.0
Marie-France Raynaud, Director of the Centre Léa-Roback sur les inégalités sociales de santé de Montréal	8	0.7	37.5	12.5	0.3
Mark Lemstra, coauthor of the *Health Disparities in Saskatoon* report	7	0.6	42.9	-14.3	-0.3
Anne Doucette, President of the Saskatoon community clinic	6	0.5	66.7	0.0	0.0
Dr. David Butler-Jones, first Chief Public Health Officer of Canada	6	0.5	33.3	33.3	0.7
Dr. Margaret Chan, Director-General of the WHO	6	0.5	16.7	-16.7	-0.3
Dr. Patrick Morency, Public Health Physician at the Direction de santé publique de Montréal (DSPM)	5	0.5	0.0	0.0	0.0
Dr. Richard Shabas, Chief Medical Officer of Ontario	5	0.5	0.0	0.0	0.0
Mandana Vahabi, Professor in the Faculty of Community Services at Ryerson University (Toronto)	5	0.5	20.0	-20.0	-0.3
Mary Russel, Director of Community Health, Capital Health	5	0.5	0.0	0.0	0.0
Dr. Cordell Neudorf, Chair of the Canadian Population Health Initiative (CPHI) Council and Chief Medical Health Officer for the Saskatoon Health Region	4	0.4	25.0	25.0	0.3
John Stapleton, social policy expert	4	0.4	0.0	0.0	0.0
Judith MacBride-King, Human Resources Advisor for the Conference Board of Canada	4	0.4	25.0	-25.0	-0.3
Louise Greenberg, Associate Deputy Health Minister of Saskatchewan	4	0.4	100.0	50.0	0.7
Pat Lorje, City Councillor, Saskatoon	4	0.4	75.0	75.0	1.0
Cheryl Case, Department of Health and Social Services	3	0.3	0.0	0.0	0.0
Fe de Leon, Researcher at the Canadian Environmental Association	3	0.3	0.0	0.0	0.0
Gail Turner, Director of Health Services for Nunavut	3	0.3	0.0	0.0	0.0

Report on units by Actor (cont.)					
Actor	Quantity	Frequency %	Partiality %	Orientation %	Weighted trend
Richard Mitchell, Professor at the University of Glasgow	3	0.3	0.0	0.0	0.0
Sharon Manson Singer, President of Canadian Policy Research Networks	3	0.3	33.3	-33.3	-0.3
Craig Gundersen, University of Illinois	2	0.2	0.0	0.0	0.0
Dr. David McKeown, Toronto's Chief Medical Officer of Health	2	0.2	100.0	-100.0	-0.7
Dr. Gina S. Lovasi, Columbia University	2	0.2	0.0	0.0	0.0
Dr. Terry Hartig, Institute for Housing and Urban Research at Uppsala University in Sweden	2	0.2	0.0	0.0	0.0
Frederick Hertzberg, Psychologist	2	0.2	0.0	0.0	0.0
Jennifer Foulds, Coauthor of the PollutionWatch report	2	0.2	0.0	0.0	0.0
Lynne Raskin, Executive Director of the South Riverdale Community Health Center	2	0.2	0.0	0.0	0.0
Raven Sinclair, Assistant Director of the Indigenous People's Health Research Centre	2	0.2	50.0	-50.0	-0.3
Shan Landry, Vice President of Community Services at the Saskatoon Health Region	2	0.2	0.0	0.0	0.0
Adam Spence, Executive Director, Ontario Association of Food Banks	1	0.1	100.0	100.0	0.3
Ayesha Adhami, Immigrant Women’s Health Centre in Toronto	1	0.1	100.0	-100.0	-0.3
Bill Solberg, Director of Community Services at Columbia St. Mary's Hospital in Milwaukee	1	0.1	0.0	0.0	0.0
Carolyn Benett, liberal health critic	1	0.1	100.0	-100.0	-0.3
Charles MacCormack, President of Save the Children	1	0.1	0.0	0.0	0.0
Daniel Kim, Researcher	1	0.1	0.0	0.0	0.0
Don Drummond, Vice President of the TD Bank	1	0.1	100.0	-100.0	-0.3
Dr. Hazel Stewart, Director of Dental and Oral Health Services at Toronto Public Health	1	0.1	0.0	0.0	0.0
Dr. Jim Sanders of the Medical College in Wisconsin	1	0.1	0.0	0.0	0.0
The Canadian Institute for Health Information (CIHI)	1	0.1	0.0	0.0	0.0
Janice Sabin, University of Washington in Seattle	1	0.1	0.0	0.0	0.0
Ka Tat Tsang, Professor at the University of Toronto	1	0.1	0.0	0.0	0.0
Larry Levin, President of the Ontario Dental Association	1	0.1	0.0	0.0	0.0
Leona Aglukkaq, Canadian Minister of Health	1	0.1	0.0	0.0	0.0
Paul Hachey, Toronto citizen	1	0.1	0.0	0.0	0.0
United Nations Special Rapporteur on adequate housing in Canada	1	0.1	100.0	-100.0	-0.3

Report on units by Actor (cont.)					
Actor	Quantity	Frequency %	Partiality %	Orientation %	Weighted trend
Ronald Labonté, Professor in the Faculty of Medicine at the University of Ottawa and holder of the Canada Research Chair in Globalization/Health Equity	1	0.1	0.0	0.0	0.0
Shirley Isbister, President of the Central Urban Métis Federation, Saskatoon	1	0.1	0.0	0.0	0.0
Susan Rooks, spokesperson for Save the Children Canada	1	0.1	0.0	0.0	0.0
Total	**1094**	**100.0**			
Overall indices			**27.4**	**-11.2**	**-40.7**

Report on units by Language					
Language	Quantity	Frequency %	Partiality %	Orientation %	Weighted trend
English	811	74.1	26.4	-11.1	-30.0
French	283	25.9	30.4	-11.3	-10.7
Total	**1094**	**100.0**			
Overall indices			**27.4**	**-11.2**	**-40.7**

Report on units by Place discussed in content					
Place discussed in content	Quantity	Frequency %	Partiality %	Orientation %	Weighted trend
International	265	24.2	37.0	-27.9	-24.7
Canada	220	20.1	20.0	-3.6	-2.7
Saskatoon	157	14.4	47.8	-9.6	-5.0
Toronto	98	9.0	35.7	-21.4	-7.0
None	88	8.0	0.0	0.0	0.0
Ontario	62	5.7	3.2	0.0	0.0
United States	49	4.5	12.2	-12.2	-2.0
Nova Scotia	36	3.3	0.0	0.0	0.0
Québec	31	2.8	0.0	0.0	0.0
Vancouver	25	2.3	44.0	-44.0	-3.7
Québec (province)	21	1.9	47.6	28.6	2.0
British Columbia	11	1.0	63.6	9.1	0.3
Nordic countries	11	1.0	81.8	81.8	3.0
Ottawa	9	0.8	0.0	0.0	0.0
Montréal	8	0.7	25.0	-25.0	-0.7
Edmonton	2	0.2	0.0	0.0	0.0
Halifax	1	0.1	100.0	-100.0	-0.3
Total	**1094**	**100.0**			
Overall indices			**27.4**	**-11.2**	**-40.7**

Report on units by Media outlet					
Media outlet	**Quantity**	**Frequency %**	**Partiality %**	**Orientation %**	**Weighted trend**
Toronto Star	148	13.5	24.3	-8.1	-4.0
The StarPhoenix (Saskatoon)	134	12.2	49.3	-3.0	-1.3
Le Devoir	73	6.7	42.5	-6.8	-1.7
La Presse	70	6.4	27.1	-4.3	-1.0
Leader-Post (Regina)	53	4.8	45.3	-41.5	-7.3
Telegraph Journal (New Brunswick)	39	3.6	0.0	0.0	0.0
The Vancouver Sun	39	3.6	30.8	0.0	0.0
Radio-Canada	38	3.5	44.7	-18.4	-2.3
CBC	34	3.1	0.0	0.0	0.0
La Tribune	34	3.1	20.6	-20.6	-2.3
The Globe and Mail	34	3.1	35.3	-29.4	-3.3
Cape Breton Post (Nova Scotia)	32	2.9	0.0	0.0	0.0
The Chronicle Herald (Halifax)	32	2.9	0.0	0.0	0.0
The Kingston Whig-Standard (Ontario)	32	2.9	0.0	0.0	0.0
Edmonton Journal	24	2.2	33.3	-25.0	-2.0
Le Soleil	23	2.1	13.0	-13.0	-1.0
Global TV	22	2.0	50.0	-50.0	-3.7
Ottawa Citizen	22	2.0	27.3	-27.3	-2.0
The Vancouver Province	21	1.9	66.7	-66.7	-4.7
The Fredericton Daily Gleaner (New Brunswick)	19	1.7	0.0	0.0	0.0
CKPR-TV (CBC, Thunder Bay, Ontario)	17	1.6	82.4	-58.8	-3.3
The Richmond Review (British Columbia)	16	1.5	0.0	0.0	0.0
CBCS-FM (CBC, Sudbury - Ontario)	14	1.3	0.0	0.0	0.0
Northern News Services Online	14	1.3	0.0	0.0	0.0
South Delta Leader (British Columbia)	12	1.1	41.7	-25.0	-1.0
Medicine Hat News (Alberta)	11	1.0	0.0	0.0	0.0
The Abbotsford News (British Columbia)	11	1.0	45.5	-27.3	-1.0
The News Leader (Burnaby, Vancouver)	11	1.0	36.4	-18.2	-0.7
The Intelligencer (Belleville, Ontario)	10	0.9	0.0	0.0	0.0
The Peterborough Examiner (Ontario)	10	0.9	0.0	0.0	0.0
Le Droit	9	0.8	0.0	0.0	0.0
The Moncton Times & Transcript	9	0.8	0.0	0.0	0.0
The Sun Times (Owen Sound, Ontario)	8	0.7	50.0	50.0	1.3
The Windsor Star	6	0.5	0.0	0.0	0.0
Times Colonist (Victoria)	5	0.5	0.0	0.0	0.0
The Edmonton Journal	3	0.3	0.0	0.0	0.0
The Gazette	3	0.3	0.0	0.0	0.0
The Telegram (Saint John's, Newfoundland)	2	0.2	100.0	100.0	0.7
Total	**1094**	**100.0**			
Overall indices			**27.4**	**-11.2**	**-40.7**

Report on units by Period					
Period	Quantity	Frequency %	Partiality %	Orientation %	Weighted trend
November 2008	310	28.3	28.1	-3.5	-3.7
August 2008	306	28.0	40.8	-29.1	-29.7
September 2008	123	11.2	19.5	-3.3	-1.3
October 2008	94	8.6	27.7	-10.6	-3.3
December 2008	53	4.8	30.2	0.0	0.0
June 2008	42	3.8	14.3	4.8	0.7
April 2008	41	3.7	14.6	-9.8	-1.3
May 2008	40	3.7	25.0	-15.0	-2.0
July 2008	36	3.3	0.0	0.0	0.0
March 2008	33	3.0	0.0	0.0	0.0
January 2008	16	1.5	0.0	0.0	0.0
Total	**1094**	**100.0**			
Overall indices			**27.4**	**-11.2**	**-40.7**

Report on units by Region					
Region	Quantity	Frequency %	Partiality %	Orientation %	Weighted trend
Saskatchewan	164	15.0	49.4	-10.4	-5.7
Toronto	154	14.1	23.4	-7.8	-4.0
Montréal	104	9.5	24.0	-12.5	-4.3
Québec (province)	84	7.7	50.0	-2.4	-0.7
Canada	79	7.2	20.3	-7.6	-2.0
Ontario	76	6.9	18.4	-13.2	-3.3
Vancouver	74	6.8	40.5	-21.6	-5.3
Nova Scotia	64	5.9	0.0	0.0	0.0
British Columbia	62	5.7	33.9	-27.4	-5.7
New Brunswick	47	4.3	4.3	4.3	0.7
Ottawa	43	3.9	14.0	-14.0	-2.0
Sherbrooke	34	3.1	20.6	-20.6	-2.3
Edmonton	24	2.2	33.3	-25.0	-2.0
Regina	23	2.1	39.1	-39.1	-3.0
Québec	19	1.7	15.8	-15.8	-1.0
Northwest Territories and Nunavut	14	1.3	0.0	0.0	0.0
Alberta	11	1.0	0.0	0.0	0.0
Thunder Bay	8	0.7	0.0	0.0	0.0
Windsor	6	0.5	0.0	0.0	0.0
Victoria	4	0.4	0.0	0.0	0.0
Total	**1094**	**100.0**			
Overall indices			**27.4**	**-11.2**	**-40.7**

Report on units by Source					
Source	**Quantity**	**Frequency %**	**Partiality %**	**Orientation %**	**Weighted trend**
Journalistic responsiveness or other source	540	56.2	0.0	0.0	0.0
WHO Final Report of the Commission on Social Determinants of Health, August 28, 2008	261	23.9	55.9	-35.2	-30.7
Health Disparity in Saskatoon: Analysis to Intervention. Saskatoon Health Region, 2008 (Lemstra and Neudorf)	139	12.7	54.7	-10.1	-4.7
The Unequal City: Income and Health Inequalities in Toronto. October, 2008	46	4.2	69.6	-34.8	-5.3
Reducing the Gaps in Health: A Focus on Socio-economic Status in Urban Canada. Canadian Population Health Initiative. November, 2008.	35	3.2	42.9	-25.7	-3.0
Chief Public Health Officer's Report on the State of Public Health In Canada. June, 2008.	32	2.9	59.4	15.6	1.7
Report of the Senate Subcommittee on Population Health	25	2.3	0.0	0.0	0.0
Rencontre internationale francophone sur les inégalités sociales en santé à Québec	16	1.5	62.5	37.5	2.0
Total	**1094**	**100.0**			
Overall indices			**27.4**	**-11.2**	**-40.7**

Report on units by type of document					
Type of document	**Quantity**	**Frequency %**	**Partiality %**	**Orientation %**	**Weighted trend**
News and reports	964	88.1	29.0	-12.9	-41.3
Letters to the editor	88	8.0	19.3	5.7	1.7
Columns and editorials	42	3.8	7.1	-7.1	-1.0
Total	**1094**	**100.0**			
Overall indices			**27.4**	**-11.2**	**-40.7**

APPENDIX 2

LIST OF EVENTS

LIST OF EVENTS

The press analysis Laboratory was mandated to measure the impact on press discourse of the publication of eight reports and two conferences focused on health inequalities. These are listed below:

Reports

1 – World Health Organization: *Closing the gap in a generation: Health equity through action on the social determinants of health*. The Final Report of the WHO Commission on Social Determinants of Health, November, 2008. **(WHO)**

2 – Conference Board of Canada: Healthy People, Healthy Performance, Healthy Profits: The Case for Business Action on the Socio-Economic Determinants of Health, December, 2008. **(Conference Board)**

3 – Toronto Public Health: The Unequal City: Income and Health Inequalities in Toronto, 2008, October, 2008. **(Toronto)**

4 – Canadian Institute for Health Information / Canadian Population Health Initiative: Reducing the Gaps in Health: A Focus on Socio-economic Status in Urban Canada, November, 2008. **(CIHI)**

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

6 – Health Officers Council of B.C.: Health Inequities in British Columbia, December, 2008. **(B.C.)**

7 – Government of Canada: Report of the Senate Subcommittee on Population Health, 2008. **(Senate Report)**

8 – Lemstra, M. and C. Neudorf. Health Disparity in Saskatoon: Analysis to Intervention. Saskatoon Health Region, November, 2008. **(Saskatoon)**

Conferences

9 – Institut national de santé publique du Québec. *Journées annuelles de santé publique : Rencontre internationale francophone sur les inégalités sociales en santé*. Québec, November, 2008. **(INSPQ)**

10 – Canadian Public Health Association. Annual conference: *Public Health in Canada: Reducing Health Inequalities through Evidence and Action*, Halifax, June, 2008. **(CPHA)**

APPENDIX 3

DOCUMENTS ANALYZED

DOCUMENTS ANALYZED

Abbotsford News, The

Nagel, Jeff, 2008, “Rich-poor health gaps flagged: Study,” *The Abbotsford News* (Abbotsford), December 1.

Belleville Intelligencer, The

Ellesworth, Barry, 2008, “Poverty a killer: physicians' report,” *The Belleville Intelligencer* (Belleville), July 30.

Burnaby NewsLeader, The

Nagel, Jeff, 2008, “Health closely tied to income: study,” *Burnaby NewsLeader* (Burnaby), November 26.

Canada NewsWire

2008, « Il n'existe aucun remède miracle : les spécialistes en matière de maladies chroniques et de prévention requièrent l'adoption d'une approche agressive pour réduire les inégalités, » *Canada NewsWire*, November 24.

2008, “No Magic Pill - Chronic disease and prevention experts call for aggressive approach to reduce inequities,” *Canada NewsWire,* November 24.

2008, « Inégalités socioéconomiques et état de santé - Mieux comprendre les liens pour réduire les écarts, » *Canada NewsWire,* November 24.

2008, « Un grand rendez-vous à Québec : la programmation de la Rencontre francophone internationale sur les inégalités sociales de santé est maintenant en ligne, » *Canada NewsWire,* October 1.

2008, “Media advisory - Chronic Disease Experts Gather to Tackle Socio-Economic Issues,” *Canada NewsWire,* November 19.

2008, “Medical Officers of Health Call for Closing the Health Gap in Canada's Large Cities,” *Canada NewsWire,* November 24.

2008, « Il n'existe aucun remède miracle : les spécialistes en matière de maladies chroniques et de prévention requièrent l'adoption d'une approche agressive pour réduire les inégalités, » *Canada NewsWire,* November 24.

2008, « Les médecins hygiénistes réclament la réduction des écarts en matière de santé dans les plus grandes villes du Canada, » *Canada NewsWire*, November 24.

Bégin, Monique, 2008, « À quoi bon soigner les gens pour les renvoyer ensuite dans les conditions qui les rendent malades? » *Canada NewsWire*, August.

Edgeworth, Karen, 2008, “Connecting health-care dots,” *Canada NewsWire*, June 28.

Canadian Press, The

2008, “Report details challenges facing black women despite successes of Rice and Winfrey,” March 5.

2008, “Saskatoon health region to examine options after report notes health disparities,” November 15.

Cape Breton Post, The

2008, “Better job good for your health,” *Cape Breton Post* (Cape Breton), September 3.

Edwards, John Hughes, 2008, “Conservative policy ignores social side of health,” *Cape Breton Post* (Cape Breton), September 27.

CBC

2008, “Illness levels higher among black Nova Scotians: study,” *CBC* (Thunder Bay), September 22.

2008, “Older immigrants not getting support they need,” *CBC* (Toronto)*,* October 9.

2008, “The best and worst places to be a mother or child: survey,” *CBC,* May 6.

2008, “Toronto's poorest die earlier, suffer more health problems: report,” *CBC* (Thunder Bay), October 22.

2008, “Parks help narrow health gap between rich, poor: study,” *CBC* (Sudbury), November 7.

Chronicle-Herald, The

2008, “AFN national chief calls for urgent government action in light of recent WHO report,” *The Chronicle Herald* (Halifax), August 29.

Cyberpresse

2008, « Pour les sortir de la pauvreté, » Cyb*erpresse* (Montréal), April 13.

Lemieux, Louise, 2008, « Les inégalités en santé drainent 800 spécialistes à Québec, » *Cyberpresse* (Montréal), November 18.

Devoir, Le

2008, « Les Canadiens des groupes de statut socioéconomique faible sont plus susceptibles d'être hospitalisés pour une maladie mentale ainsi que pour l'asthme pédiatrique, » *Le Devoir* (Montréal), November 24.

2008, « Un rapport de l'Organisation mondiale de la Santé; Les inégalités sociales tuent à grande échelle, » *Le Devoir* (Montréal), August 29.

2008, « Accès aux soins de santé : des inégalités pires qu'il y a 30 ans, » *Le Devoir* (Montréal), October 15.

Desrosiers, Éric, 2008, « L'inégalité tue, » *Le Devoir* (Montréal), September 8.

Gervais, Lisa-Marie, 2008, « Étude de l'Institut canadien d'information sur la santé. En ville aussi, pauvreté rime avec santé précaire, » *Le Devoir* (Montréal), November 25.

Droit, Le

Orfali, Philippe, 2008, « La Fondation communautaire d'Ottawa dévoile son bilan de santé annuel de la ville "Ottawa fait bien, mais pas assez bien," » *Le Droit* (Ottawa), September 8.

Edmonton Journal, The

Sinnema, Jodie, 2008, "New director to study link between aboriginal living conditions and health," *The Edmonton Journal* (Edmonton), November 19.

Fredericton Daily Gleaner, The

French, William, 2008, "Poverty killing on a grand scale: WHO," *Fredericton Daily Gleaner* (Fredericton), August 28.

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Publication N°: 1174

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