EDITORIAL

The media and public health: where next for critical analysis?

In this editorial we examine what we see as the critical issues facing media research in emerging public health debates and call for a research agenda that takes account of media production underpinned by political sciences.

It has been well-established that the media play a crucial role in framing public health debates and shaping public perceptions by selecting which issues are reported and how they are represented (Seale, 2002). We know that in public health debates the media contribute to the framing of health problems, their drivers, and potential solutions, with stakeholders variously positioned across those debates. This is particularly the case when corporate interests run counter to public health interests. In such cases, the media have an important function as both producer of narratives and as narrator to public audiences. However, all too often, the actual processes of media production are absent from analysis – yet these can be vital to consider, as they call into question issues of how culture, power and the political economy influence the debate.

In this respect, media production needs to be considered in its broadest terms, not simply as "discourse" manufactured in newsrooms, television studios and other media institutions, but as the outcome of specific networks, occupational practices, technologies and structural contexts with embedded ideological assumptions (Henderson, 2018a). As sociologist Stuart Hall argued, the production of meaning or signification within the media narrative is itself a specific practice rather than a mere reflection of reality. Narrative discourses thus become a field in which political and cultural articulations are played out in an attempt to establish hegemonic formations (Hall, 1985). In other words, we need to explore the practice whereby a particular and specific world view becomes the accepted cultural norm.

Non-communicable diseases (NCDs) have been identified as one of the main global public health challenges of the 21st century, driven in part by unhealthy commodity industries (Freudenberg 2014). Despite this, media research in public health has not been able to shed light on comparative media strategies employed by industries marketing commodities such as alcohol, tobacco and ultra-processed foods and beverages that increase NCD risk, or how media coverage of these industries influences public health policy debates (Weishaar, Dorfman, Freudenberg, Hawkins, Smith, Razum, et al 2016). In the case of NCDs, media production research could usefully consider the relationships between powerful institutions such as media corporations and the harmful commodity industries driving NCDs. This gap in media research limits our understanding of the detrimental impact of commercial interests on public health and of how best to counter the claims and strategies of such industries when they 'directly lobby' the public and policymakers via the media. Every day people are bombarded with messages from stakeholders involved in politically-contested public health debates. These range from sugar-sweetened beverage taxation, to minimum pricing for alcohol (Hilton, Wood, Patterson, Katikireddi et al 2014), to emerging debates such as the polluting nature of plastics (Henderson, 2018b).

We also know that stakeholders seek to present evidence and arguments for or against specific policy initiatives that are in line with their interests, and that they deliberately engage with the media to influence the political climate and promote positive public perceptions of their activities to advance their business goals. Strategies might thus include making 'their' industry goals appear to be 'our' universal goals which are 'naturally' in everyone's interests. For example, promoting the idea that people should be free to choose what they eat, regardless of how healthy their choice, can successfully side-line powerful concerns regarding the global marketing practices of Big Food (for examples see Williams and Nestle, 2015).

By ignoring the political economy shaping such media discourses, we risk side-lining crucial questions of power, and (re)producing media analyses that merely describe health topics in

the public domain but fail to reveal the insidious nature of media production in these contexts or to identify strategies for public health advocates. Methodological innovation and engagement with alternative theoretical paradigms can be gained through working with political scientists. New opportunities could be facilitated by a greater focus on comparative research on the representations of different industries whose products increase NCD risk. Current media research tends to focus on describing media representations of single issues or specific topics; however, there may be benefits to appraising media reporting on a range of issues to facilitate learning that transcends individual topics. Analysing debates concerning different public health issues enables identification of key discursive components of policy debates to make some comparisons. A key challenge here is the direct lobbying of the public by industries which have extensive resources to use media in ways which are favourable to their interests. In this special issue, for instance, Douglas, and colleagues (Douglas, Knai, Eastmure, Durand & Mays, 2018) provide a cross industry focus by examining how the food, beverage and alcohol industries frame public health policy problems and solutions in terms of their own vested interests, demonstrating the sheer reach of industry, legitimising their viewpoints and protecting their agendas.

The role of industry is also of central concern to US sociologists Adams and Harder (2018), who analyse how the pharmaceutical industry construct lifestyle behaviour in direct-to-consumer television advertising aimed at overweight and obese people by emphasising the necessity of drug regimens to manage health and, in so doing, establish the hegemonic formation of 'being thin' as the desirable norm.

So, in this special media and critical public health issue, we bring together a range of papers from academics and health practitioners based in Australia, India, Canada, USA, New Zealand, Denmark and the UK. These report on studies which highlight different traditional and 'new' media and explore how public health messaging in the various sites of social media, online news and radio might frame health issues and the ways in which audiences or users engage (or not) with messages. Media reporting both reflects and shapes cultural

ideas about public health issues and, perhaps more importantly, frames solutions and responsibilities in ways which are politically charged and have policy consequences. Mass media health campaigns can reach large numbers of people quickly and relatively cheaply, but their efficacy is often critiqued on the grounds that the focus is on individual 'choices' and behaviour thus obscuring or marginalising power dynamics. We argue here that media are part of the macro factors which influence health behaviour and policy and so critical public health researchers with an interest in media need to ask some key questions such as who is setting the agenda?', 'in whose interests does it serve?' and indeed 'who are the media?'.

Mass media works perhaps most productively where the focus is on life-style health promotion, but has a less clear role for public health issues stemming from social and material conditions. In this issue for example, Whelan (2018) explores how analysis of media reporting might act as a useful lens to view shifts in responsibility and accountability concerning handwashing to curb epidemics. Campaigns where members of the public are encouraged to compel their health care provider to wash their hands are not only lacking in efficacy but also fail to take account of power relations and structural constraints because handwashing is linked to inequalities rather than a simple question of individual choice.

Health messaging to promote the daily intake of fruit and vegetables has long been a staple of the traditional mass media public health campaign. Kristensen, Jacobsen, and Pihl-Thingvad (2018) draw on the sociology of quantification to highlight how numbers create scientific legitimacy and authority in diverse audiences. Thus, the social meaning of "6 a day" becomes open to translation: different actors can mobilise discourses which may be different from, and indeed possibly undermine, those of the health communicators, augmenting the message in ways that are difficult to predict.

What we consume in terms of health advertising and how we access health related messages has changed immeasurably through, for instance, niche personalised media consumption or micro-targeted health advertising. Popular social media such as Facebook offers tremendous possibilities for analysing audiences/users engagement with public health

messages yet also potentially open up new spaces in which powerful industries might circumvent codes of practise, targeting younger audiences who may be unaware of the pernicious nature of alcohol marketing. As Gupta, Pettigrew, Lam and Tait (2018) highlight, this form of marketing is flexible and user-focused: it can be adapted to suit the preferences of consumers, albeit without their knowledge, offering fresh challenges for regulation.

However, it is crucial that we do not fall into traps of simple moral panics concerning the role of new media in public health. Indeed, the study of media and post-marketing drug safety in New Zealand, by Dew and colleagues (Dew, Gardner, Morrato, Norris, Chamberlain and Hodgetts, 2018) highlights how media reporting can play a key role in increased pharmacovigilance, in which patients report adverse drug reactions. Here the authors argue that such increased reporting should not be dismissed as just another media fuelled 'health scare' but instead drug safety agencies should be tracking and engaging with (social) media to follow up on post-marketing concerns.

Media advocacy groups now commonly work closely with journalists to engender trust and credibility for public health messages. Stephenson, Chaukra and Heywood (2018) demonstrate how, in Australia, media framing of the single issue of immunisation can reveal important ambiguities within public health regarding the positioning of parents and why it is important to move beyond the binary 'pro' and 'anti' stance.

There has been a significant body of research which has highlighted a consistent media focus on gender and the body. This is intensified with media stories of pregnancy and public health messages regarding smoking and alcohol. Here women are 'policed' and under intense surveillance. McCallum and Holland (2018) analyse pregnancy and parenting websites and news stories identifying how drinking during pregnancy was framed as an issue of 'women's rights', thus potentially introducing ambiguity into a simple Australian Government message of abstinence. In a similarly themed paper, the rise of the non-professional actor through reality television, a relatively recent phenomenon, highlights the intense media interest in celebrity 'motherhood'. Hodgetts and Crabb (2018) conduct a

discourse analysis of an Australian media personality who is shamed and forced to 'confess' to smoking during pregnancy.

Breheny and Severinsen (2018), shed light on the reporting of social isolation amongst older people, which is framed rightly within public health as an issue with profound health implications. The authors analyse online interactions concerning these stories and found, however, that the issue was reframed as one of 'poor choices' and family 'inadequacy'. This raises important issues regarding the uncritical celebration of online public forums being a democratising 'healthy' space.

We are thus calling for more holistic approaches to media studies that build upon overarching questions that fully engage with the changing nature of 'the media'. With the advent of Web 2.0, images, videos and text are produced daily representing almost every topic of interest to public health researchers. This brings new methodological challenges in how to analyse the content of these media communications. So we are asking, in our current increasingly complex environment, what are the challenges for critical public health and how can engaging with media in a critical fashion help shed light on power dynamics that underpin these relationships? We call for a critical media analysis which takes account of the complexity of our media saturated contemporary landscape, which shifts away from individualistic case studies and linear models of power that implies the 'dissemination' of health messages to 'the public'. Instead we should build and draw upon theoretical frameworks developed in sociology, media and cultural studies, which may also overlap with a rich literature concerning public understandings of science, health and science communication

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Lesley Henderson, Social & Political Sciences, Brunel University London, UK

Email: lesley.henderson@brunel.ac.uk

Shona Hilton, Social and Public Health Sciences Unit, University of Glasgow, UK

Email Shone.hilton@glasgow.ac.uk

ORCID: ORCID – 0000-0003-0633-8152