

## **Civic journalism meets civic social science: foregrounding social determinants in health coverage**

Darrin Hodgetts\*

**Abstract:** Many of the intricacies of health feature regularly in news reports depicting, medical practices, specific diseases, breakthroughs in treatment, and lifestyle-orientated interventions. Despite social scientists also demonstrating the importance of economic prosperity, community cohesion, stress, material hardship and stigma for health, such social determinants are often absent from health news. The inclusion of social determinants of health in coverage is crucial for ensuring a vibrant public sphere for health. This article draws on the example of street homelessness as a pressing societal health concern in order to explore the potential of collaborations between civic-orientated journalists, social scientists and marginalized groups. Such collaborations are central to the production of a civic-oriented form of health journalism that extends and re-politicizes the present scope of news coverage.

**Keywords:** journalism, health, civic, news, homelessness.

News media play a central role in processes of symbolic power through which health and social issues are defined and solutions legitimized. A criticism of media health coverage is that it privileges biomedical and lifestyle explanations that promote individualism, and neglect the impact of social determinants and inequalities in health (Hodgetts et al., 2005, 2008a). Health journalists typically focus more on individual than social factors as sources of health disparities (Gasher et al., 2007). Illness is often framed as a personal, rather than a social problem (Howell & Ingham, 2001). This orientation in coverage is particularly important if we accept that rather than simply drawing on and reflecting public understandings, news media are central to how health and illness are understood and addressed in society. The present article explores the ways in which

\* Department of Psychology, University of Waikato – Private Bag 3105, Hamilton, New Zealand (dhdgetts@waikato.ac.nz).

social determinants of health can be foregrounded in health news and can contribute to the mediation of public understandings of health in everyday life.

Social determinants of health include poverty, employment, housing, social support, crime, stress and neighbourhood environments (Wilkinson & Marmot, 2003). In combination, these factors have a large impact on social gradients in health where more affluent citizens (by virtue of their more favourable social positioning) enjoy better health, less illness and longer lives (Hofrichter, 2003; Wilkinson & Marmot, 2003). Conversely, lower socio-economic groups often get sicker and die quicker (Hodgetts et al., 2010). One stark example of this disparity concerns those citizens who do not have access to domestic dwellings and instead must work to preserve their health on the streets (Hodgetts et al., 2007). From a social determinants perspective, street homelessness can be conceptualized as a societal illness primarily affecting people from marginalized backgrounds, thus intensifying existing risks of illness associated with social positioning (Wilkinson & Marmot, 2003).

Health journalists can be more effective in contributing to societal dialogues relating to social determinants of health and the inclusion of economically and socially marginalized groups by cooperating with civic-orientated social scientists who are engaged with the health concerns of these groups. In considering such connections, this article begins with a review of the role of health news in society, which is linked to present trends in health coverage. We then consider links between the representational landscape provided by news coverage and the urban landscape in which homeless people find themselves, and in which they struggle to maintain their health. This leads to a discussion of the importance of civic-orientated journalists and social scientists cooperating in news production processes that extend health coverage to include issues of social stratification, stigma, exclusion and homelessness.

### **Health in the mediapolis**

News media remain primary forums for debate in society, and in many respects power and participation in society is reflected in who has access to participate in mediated deliberations (Couldry, 2007) regarding health and what agendas are promoted. Silverstone (2007) developed the concept of the mediapolis to explain the contemporary presence of media in civic life. This concept involves an extension of the ancient Greek polis, the shared civic space where political communication occurred:

Contemporary media...reproduce, though of course in an intensely technologically mediated form, the discursive and judgmental space of the polis. Like the polis this mediated space is often, indeed mostly, elitist and exclusive. Like the polis it depends on visibility and appearance in the media... Increasingly what passes for public life in contemporary societies takes place, more or less exclusively, on the screen. (Silverstone 2007: 29-31)

Silverstone's mediapolis invokes an image of citizens engaged via media in a regulated, but pluralistic symbolic landscape where controversy can take shape and be

worked through. The mediapolis is seen as extending beyond the screen or page to face-to-face conversations between citizens about health (Hodgetts & Chamberlain, 2003).

Media present a large array of health stories for public consumption, both reflecting and informing public discourse (Malone, Boyd & Bero, 2000). Research has established the importance of such coverage in communicating disease risk, showcasing medical breakthroughs and framing professional concerns (Finaly & Faulkner, 2005; Clarke & Everest, 2006; Kline, 2006; Salleh, 2008; Wallis & Nerlich, 2005; Wilson et al., 2004). Coverage also promotes the importance of personal behaviour change in maintaining health and preventing illness, particularly in relation to lifestyle 'diseases' such as obesity (Howell & Ingham, 2001). Such stories reflect a moral obligation to be healthy based on notions of individual responsibility for health (Hodgetts, Bolam & Stephens, 2005). Health is predominantly defined by medical and lifestyle-oriented perspectives and has become a major category for news, shaping coverage of a range of health concerns, from surgery, diabetes and stress to health service reform (Hodgetts, Bolam, & Stephens, 2004; Kline, 2006; Seale, 2003). In a content analysis of US prime-time television, Byrd-Bredbenner, Finckenor, and Grasso (2003) defined health-related content as:

...any scene that included visual or verbal information related to mental or physical health, medical treatments (e.g., medications, surgery), substance use (i.e., tobacco, alcohol, drugs), food / nutrition, body image, fitness / exercise, promiscuous sex, or safety. (331)

This definition highlights a restricted mediapolis for health coverage, which tends to neglect population health perspectives. Even when wider social determinants of health such as crime or deprivation are present, they are dismissed as politically motivated distractions (Hodgetts, Masters & Robertson, 2004). In short, coverage tends to depoliticize health by emphasizing individual responsibility and biomedical technologies (Davidson, Hunt & Kitzinger, 2003; Hodgetts & Chamberlain, 2006; Howell & Ingham, 2001; Thorson, 2006).

The framing of health news plays a role in setting, legitimating, sustaining and undermining health agendas and policies. "Media coverage is thus not simply a by-product of policy initiatives. It can be an integral part of how policy is formed and re-formed..." (Davidson et al., 2003: 534). News coverage is often taken to reflect public opinion regarding policy issues, and as a result policies are more likely to be developed and implemented if policy makers consider there to be sufficient public support 'expressed through' media coverage. As Tompsett et al. (2003) comment:

The effects of the media on public opinion may be most significant in how it effects how powerful policy-makers perceive public opinion. A false perception of collective opinion derived from biased media coverage could prove particularly detrimental when it is held by those with the power to shape social policy. (p. 242)

How media frame topics is an important consideration for those trying to promote health and to sustain policies aimed at providing wellness for all. Policies are more likely

to be developed and implemented if policy makers consider there to be sufficient public support expressed through news coverage. Tester (2001) made a similar observation, coining the CNN effect, with reference to the linkage between television images of children in need and policy initiatives to assist such children.

Research into the production practices involved in constructing health news and why biomedical and lifestyle explanations are privileged remains sporadic (Hodgetts et al., 2008). Work in the area of 'health', 'medical' or 'science' journalism is often guided by the idea that journalists are central to the interface between science, health professionals and the public. The public are often seen to lack an adequate understanding of science and specific health issues. Therefore, it is presumed to be the role of journalists to educate lay people (Salleh, 2008). Research into health news production remains somewhat narrowly focused on the miscommunication of medical or scientific knowledge (Hodgetts et al., 2008a; Salleh, 2008). Pettersen (2005) linked a lack of technical training among journalists with inaccuracy in reporting. Larsson and colleagues (2003) documented barriers to the accurate reporting of scientific facts, identifying time restraints, problems accessing sources, commercialisation, and a general lack of scientific and medical knowledge among journalists. Such issues are considered to generate problems with terminology and an over-reliance on specific findings from medical research. The 'fourth estate' tradition is also at play when it comes to health scares and the role of news to act as a 'watchdog' to hold health professionals and entities such as pharmaceutical companies to account.

Journalists regularly make judgments about what topics and events constitute important health stories (Finally & Faulkner, 2005). Kitzinger's (2000) concept of media templates, or set news stories that are re-written to feature new examples of existing plot lines, is relevant here. Media templates serve as a kind of rhetorical shorthand that is cultivated among journalists and audiences over time and are used to make sense of and communicate emerging events, including new medical breakthroughs. The prominence of the biomedical/lifestyle template is enhanced by the simplicity of a plotline that presents clear links between causes, consequences and solutions, and relies on stock characters such as doctors, nurses and physical scientists (Hodgetts et al., 2008a). Casual references to hospitals and doctors in this context can obscure the highly interpretative nature of medical explanations for health, invoking such explanations as primary taken-for-granted conceptual frames underlying health news templates. Journalists often prefer to use familiar frames that are shaped by tropes, such as advances in biomedical science leading to the resolution of problems through technological solutions (Salleh, 2008).

Social science health research has repeatedly highlighted that health is not determined solely by issues of lifestyle, gym membership and access to medical services (Hodgetts et al., 2010). For some time, research documents how adverse material circumstances are a fundamental influence on health (Chadwick, 1842). Given that health varies according to socioeconomic status, ethnicity, gender, and environmental factors, including crime, housing, social cohesion and participation (Hodgetts & Chamberlain, 2006), it is inherently political (Hofrichter, 2003). If we are to have an adequate research agenda for health and the media, we need to extend the focus to include the mediation of

these broader social determinants (economic, material, structural and socio-political factors) of health. Understanding, challenging and expanding the focus of constructions of health thus becomes a population health strategy (Wallack, 2003). The application of such a broader focus is evident in the way Coleman and Thorson (2002) examined audience reactions to crime and violence reporting. These authors propose that:

Although it may seem unusual to put crime and violence in the same category as heart disease or AIDS, public health officials point out that as the leading cause of death in this country, violence can and should be approached in the same way as any other deadly social disease. (p. 402)

Their study demonstrates a rare attempt to investigate the relationship between media, social determinants and health. Exemplifying the broader focus taken, Rodgers and Thorson (2001) tested the relevance of a public health perspective for analyzing the reporting of crime and violence in the Los Angeles Times. Specifically, they examined whether causes of crime were attributed to structural or individual factors. They found crime to be typically depicted as a set of isolated cases perpetrated by blameable individuals. In contrast, by conceptualising crime from a public health perspective these authors were able to support the proposition that an alternative media framing of crime, as an epidemic, could lead to the development of interventions focused on addressing the broader social determinants of crime as social disease.

Likewise, Hodgetts, Masters and Robertson (2004) explored how the findings of a New Zealand Ministry of Health report entitled 'Decades of Disparity', were framed across press releases, television and radio news items, and print forms. The report itself proposed that the introduction of neo-liberal social reforms in the 1980s and 1990s had led to reduced income levels, poorer housing and reduced social cohesion for socially vulnerable groups. In turn, it was argued that these factors impacted negatively on mortality rates, particularly for Maori and Pacific peoples. Hodgetts and colleagues found that as the media response to the report evolved, the importance of societal determinants of health was constantly challenged. News outlets privileged individual-level explanations, invoking personal decisions about access to medical services and associating health disparities with individual lifestyle choices. By privileging notions of individual responsibility, this coverage set restricted and ideologically related limits to more complete understandings of health disparities and to the legitimization of communally-orientated solutions.

Such studies demonstrate how medicalized media templates constitute a mediapolis in which explanations for health and illness are made sense of, and in relation to which new media frames must be justified. Such research is crucial in highlighting the media's role in sustaining inequitable social relations even when presented with evidence for the health consequences of such social arrangements. If we are to address inherently inequitable disparities in health we need to address the limitations of current health coverage. First, let us consider the importance of social determinants and the media for the health and everyday lives of homeless people.

## **Social determinants of health, homelessness and news coverage**

Early epidemiological work allied to the public health movements of the nineteenth century documented the health impacts of adverse living conditions (Chadwick, 1842), often paying specific attention to the plight of ‘vagrants’ (Mayhew, 1861). Issues such as peoples’ relative standing within social formations, the quality of their social relations, the stigmatising of marginalised groups, and reduced civic participation were and still are fundamental to health (Hodgetts et al., 2010). Evidence suggests that social stratification not only impact on people materially, but also psychologically through people’s experiences of stigma, stress, loneliness, low self-esteem, powerlessness, and poor quality social relations (Wilkinson & Marmot, 2003). Advocates of both ‘materialist’ and ‘psychosocial’ explanations for health inequalities now acknowledge the importance of material conditions, such as having to sleep on a wet and cold concrete doorstep, and emotional experiences such as being stigmatized or fearing assault as a result of living on the doorstep. Due to the social exclusionary nature of homelessness, people face barriers to accessing basic physical necessities, such as a warm dwelling and adequate food, as well as facing a dearth of psychological resources for good health, including support networks, respite from stress, and a sense of belonging, self-esteem and hope (Hodgetts et al., 2007). When compared with domiciled citizens, homeless people are more likely to experience a raft of illnesses and unmet health needs, physical or sexual violence, a sense of insecurity and fear, and reduced social integration. Homeless people are 34 times more likely to commit suicide, 25 times more likely to die at any point in their homeless lives, and 150 times more likely to be assaulted fatally (Hodgetts et al., 2007). The material hardship and economic and social exclusions that accompany homelessness are core determinants of health (Wilkinson & Marmot, 2003).

Media images pervading everyday life often reproduce social relations that adversely affect the lives of homeless people (Hodgetts et al., 2011). How homeless people are characterized in news items contributes to public understandings of homelessness, and affects the way homeless people are treated (Greenberg et al., 2006; Hodgetts et al., 2006). With such issues in mind, researchers have interrogated news characterizations of homeless people. For instance, Hodgetts, Cullen and Radley (2005) found that UK television news worked to limit homeless peoples’ relationships with domiciled citizens and their participation in society. Homeless people were portrayed as occupying another world distinct from the community of housed taxpayers; with whom ‘vagrants’ were only depicted interacting when engaged in prescribed activities such as begging, theft or prostitution. Despite being ever present in news landscapes, homeless people were rarely given opportunities to frame their own experiences, relationships or public images. This lack of diversity of voices being drawn into mediated news deliberations regarding homelessness functioned to narrow the scope of coverage. Schneider and colleagues (2010) also found that Canadian newspapers represented homelessness as a personal problem, rather than a structural health concern (Hodgetts et al., 2005). Coverage worked to fix boundaries between ‘us’ the housed audience and ‘those’ homeless people existing outside of the ‘normal’ bounds of urban life. Both studies illustrate how news items often employ two contrasting frames for homeless people. First, the

more prominent conservative frame individualises ‘the homeless as the cause of their own situations by choosing to not participate economically. Second, the liberal frame portrays ‘homeless people’ in a more sympathetic light as ‘needy victims’ of inequitable social structures who must be regulated and managed.

News coverage provides one space for homeless and housed people (or personas) to meet. This is a symbolic space that overlaps and contributes to the texturing of the urban environment in which homeless people dwell (Hodgetts et al., 2008b). The combined use of sympathetic and punitive frames in news coverage reflects wider tensions in social policy and public consciousness between notions of the ‘undeserving’ and ‘deserving’ poor (Laurenson & Collins, 2007). Such framing also reflects processes of estrangement and social distancing. Mediated public deliberations carry a polarising tendency where ‘undeserving’ homeless people are often constructed as strange and unlike us, or conversely as ‘deserving’ people just like us who have suffered trauma and misfortune (Kingfisher 2007). The later more sympathetic and less distant accounts arise when the degree of hardship and suffering endured by homeless people is acknowledged (Hodgetts et al., 2005). Less sympathetic accounts arise when emphasis is placed on difference and the unease some domiciled citizens feel about sharing public spaces with homeless people (Mitchell & Heynen, 2009). Such processes reveal how news can simultaneously contribute to a social climate that advances punitive measures to displace vagrants, and one that ensures tolerance and social inclusion.

Hodgetts and colleagues (2011) explored such issues in terms of domiciled peoples’ perceptions of social distance and estrangement from homeless people, finding regular recourse by participants to media constructions. In this paper I expand on this work to consider how news media can play a role in policing relations between domiciled and homeless people. The concept of social distance derives from Simmel’s (1908/1921) work on ‘the stranger’; an ideal type of individual or group that is distanced socially from others, being only partially a member of society, and who often transgress social conventions. The stranger is not there one day and gone the next, but remains in our midst. According to Simmel (1950: 402), “Distance means that he, who is close by, is far, and strangeness means that he, who also is far, is actually near”. Strangers can come into contact with other groups, yet they are excluded from membership, and consequently they embody a dialectics of proximity and distance. Socially distanced strangers are often deemed to be ‘dirty’, ‘disruptive’ and ‘out of place’ (Mitchell & Heynen, 2009). In her seminal work on Purity and Danger, Douglas (1966) asserts that the removal of tainted bodies is not just about the fear of filth, contagion and disease: “There is no such thing as absolute dirt: it exists in the eye of the beholder... Dirt offends against order. Eliminating it is not a negative movement, but a positive effort to organise the environment” (Douglas, 1966:2). This reflects practices of social hygiene and exclusion evident in many policies regarding homelessness. Kristeva (1982:4) reiterates this point when she writes, “It is thus not lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions, rules”. Dirt associated with homelessness is in many respects both material and discursive. Douglas writes: “...if uncleanness is matter out of place, we must approach

it through order. Uncleaness or dirt is that which must not be included if a pattern is to be maintained” (1966:40). Being deemed unclean and out of place is associated with social embarrassment and sanctions including ostracism, contempt, fumigating, displacing, erasing and the re-imposition of the social order (ibid). Homeless bodies are often depicted as being dirty and requiring regulation and removal because, as polluters, they have come to be seen as defective and to signify a lack of compliance with social norms and regulations of decency (Hodgetts et al., 2008b, 2011). To understand the broader processes at play in this estrangement of homeless people in news coverage, public discourse and policy, we must be “...prepared to see in the body a symbol of society, and to see the powers and dangers credited to social structure reproduced in small on the human body” (Douglas, 1966:115). Processes of estrangement, social distancing and abjection render homeless bodies and lifestyles unsanitary. Briefly, the framing of relationships between domiciled people and ‘the homeless’ by journalists has material and health consequences for homeless people.

There is much at stake in bridging the distance between domiciled and homeless citizens. Mitchell and Heynen (2009) note that the geographies of survival among homeless people rely on ad hoc coalitions and practices that extend to sympathetic domiciled people. Such loose coalitions and the survival of homeless people often necessitate domiciled citizens transgressing their distance from homeless people. People are more likely to act for the collective good when they experience ‘nearness’ (Hodgetts et al., 2011). If we are to ensure the inclusion of homeless people as citizens we must develop ways to manage social distancing processes occurring, in part, through news reporting. Collaborations between civic-orientated journalists and social scientists provide a starting point for addressing such issues of distance and estrangement, and in promoting more inclusive health reporting.

### **Civic-orientated journalists and social scientists**

The early work of Henry Mayhew alerts us to the overlapping roles of journalists and social scientists in society. As a journalist, Mayhew produced some of the most detailed research on homelessness in the early 1800s. Today, both civic-orientated journalists and social scientists attempt to engage ethnically with communities; interpret and offer explanations for events in society; contribute to history and common knowledge; and are concerned with issues of social inclusion, democracy, civic participation and justice. There are signs in both professions of moves away from primarily talking at the public, and towards listening and engaging in ongoing dialogues with the public. As Law (2004: 7) states:

Since social (and natural) science investigations interfere with the world, in one way or another they always make a difference, politically and otherwise. Things change as a result. The issue, then, is not to seek disengagement but rather with how to engage...

Research into the mediation of social science suggests that when concerted efforts are made by scholars to engage with journalists both can benefit in terms of extending public deliberations regarding issues of social concern (Fenton et al., 1998). Such efforts enact the traditional role of the public intellectual that is epitomized by Henry Mayhew. This requires the embracing of a shift from a journalism and social science of information to that of conversation.

International accounts of journalism demonstrate that it is erroneous to conceive of journalism as involving one fixed model of professional practice (Hallin & Mancini, 2004). In part, because most research on journalism has focused on the US, there has been a tendency to privilege a ‘journalism of information’ mode as the predominant model. This is characterized ideally by media independence from governments, and is associated with professional codes of objectivity and neutrality, and by the elevation of ‘hard news’ (over ‘soft news’) as the most important task of journalism (Patterson, 2000). However, and especially in countries with strong traditions of public service, a ‘journalism of information’ has co-existed alongside other professional models. A ‘journalism of conversation’ imposes broader responsibilities on journalists, to include the nation as a whole and to treat audiences as citizens with a stake in key political, social and health debates that shape the policies of a nation. This civic-orientation is the prime ‘vulnerable value’ that Blumler and Gurevitch (1995) alluded to when investigating the state of public service around the world, questioning the losses and gains to be had from the 1990s tide of deregulation and the explosion of new media outlets enabled by the growth of digital technology.

Although civic-oriented journalism is endangered by increasingly competitive markets, it has survived into the new media environment. It is evident in the civic journalism movement of the US, inspired, as Rosen (1991: 269) succinctly states, by the attempt to “engage more citizens in public life while we make public life more engaging”. Civic-oriented journalism involves a “journalism of conversation”, in which journalists see themselves less as ‘detached observers’ of society and more as a part of society. A similar repositioning is occurring within some domains of the social sciences (Hodgetts et al., 2010). “According to this approach, the journalists do not explore reality from an external point of view, but rather function as representatives of the society in which they operate and as delegates of the culture they share” (Zandberg & Neiger, 2005: 133). This approach emphasizes the negotiation of meanings about health constructed through news processes. Journalists are members of interpretative communities whose reservoir of stored societal meanings influence the focus and scope of public debate, and decisions about what matters and what should be taken seriously (Berkowitz & Terkeurst, 1999; Schudson, 1995, 2003). In a civic-oriented approach, emphasis is placed on public deliberation and the role of news in fostering an active public sphere, communal space or mediapolis for developing and revising public narratives of health through ongoing dialogue among citizen groups (Berkowitz & Terkeurst, 1999). Such deliberations have important implications in terms of reproducing or challenging economic and social systems that impact on health (cf., Avraham, 2002).

Civic-orientated journalism emerged, in part, from a growing frustration among minority groups in the United States who felt their voices were not heard and their

issues were not presented fairly in media coverage (Wallack, 2003). This journalism form emphasizes the value of marginalized groups gaining a voice through working with news professionals to promote participation in public problem solving and decision-making. An emerging emphasis on a journalism of conversation necessitates a willingness to advocate for the interests of minority and marginalized groups (Singer, 2006). Efforts to promote the interests of specific groups are a core component of programmes such as 'Reader's First' in mainstream news outlets. Aligned initiatives involve cooperation between media professionals and communities whereby marginalized citizens participate in news production and include the experiences of marginalized groups (Downum et al., 2007). Such projects illustrate how stories regarding adversity can be framed from the perspective of those affected so as to be relevant to the interests and concerns of audiences in general (<http://www.inclusionthroughmedia.org/>). In order to address the health needs of marginalized groups, mainstream groups must become more engaged and experience a greater sense of communal responsibility (Silverstone, 2007). This is because processes of governance and the allocation of resources which affect marginalized groups are often conducted with limited input from the groups themselves (Hodgetts et al., 2004, 2005, 2008a, 2008b).

What we see here is a shift in emphasis away from journalists telling people what they should be concerned about towards extending the range of voices in societal conversations about what matters to the public (Brants & de Haan, 2010; Deuze, 2005; Hodgetts et al., 2008a; Meijer, 2010). This shift can be facilitated by collaborations between journalists, social scientists and community groups (cf., Salleh, 2008). To begin, some social scientists may need to revise how they think about news media. The reliance of many social scientists on notions such as 'ideological state apparatus', 'manufacturing of consent', and 'propaganda' to conceptualise processes of social power manifest in the production and impact of health news can:

... blind analysts to the complexities of journalism's communicative architecture as well as its democratizing possibilities. Simply put, there is more going on in the communication of news than the manipulation of news agendas by powerful strategic interests or the circulation of powerful semiotic codes and agendas. (Cottle & Rai, 2006: 164)

Power to name and define issues is often linked to economic and social privilege. Conversely, economically and socially disadvantaged groups often lack a voice regarding issues affecting their lives. As a result, such people face on-going material and symbolic inequalities despite the efforts of 'good Samaritans' (Hodgetts et al., 2007). Although we can identify fairly persistent trends in health coverage it would be wrong to see news templates as totally fixed and immutable. Less powerful communities can develop tactics to either resist and challenge negative news constructions of them, and/or to gain access to news production processes and symbolic power (Couldry, 2007). Civic-orientated journalists and social scientists can work together with community partners to expand coverage and diversify the voices involved; thus extending symbolic power to homeless people.

Central here are issues of voice in health coverage. Freire's (1970) work on critical consciousness-raising and community-based action research approaches to social transformation is particularly pertinent. Freire developed an approach to education that conceptualized teachers and learners as co-constructors of knowledge. He shifted power relations in education from a sermon type approach (similar to a journalism of information) to a conversational approach involving the mutual exploration of topics. This egalitarian orientation saw insight and knowledge as the product of joint introspection and exploration fostered through dialogue (comparable to a journalism of conversation). Freire emphasized that social change requires a combination of insights from actual experiences and daily life along with more abstract academic understandings of the social processes shaping such lives. Dialogue facilitates the interweaving of everyday experiences into broader societal processes; enhanced reflection, understanding and action through a process of walking forward together while questioning.

Cooperation between civic-orientated social scientists and journalists in addressing health issues such as homelessness and mental illness are emerging. For example, Hodgetts and colleagues (2008b) investigated links between the representational space offered by newspaper portrayals of homeless men's use of a public library and their lived interactions in this physical space in New Zealand. The authors responded to an item in a local newspaper that raised concerns about the appropriateness of homeless men being present in a city library. The item promoted the exclusion of homeless men by emphasising the deviancy of these men and the danger they allegedly posed for housed citizens. Homeless participants in a larger research project initially raised the issue of library access and the controversy with the social scientists, asking if something could be done about the situation. Hodgetts and colleagues brokered a dialogue between a local journalist, the homeless men, leading social agency staff and other stakeholders. Through the ensuing conversation a space was created for homeless men to present the library as a place to take time out to read, to reflect on their situation, and to engage in positive interactions with housed people. Emphasis was placed on developing an alternative picture that depicted the importance of relationships enacted within the library, where positive interactions between homeless men, library staff and other patrons supported a sense of belonging, respite and refuge among homeless men. Dialogue produced an alternative account of homelessness and library use that bridged the 'us' and 'them' framing that is more typical of homelessness in news coverage. A two-page feature article fore-grounded the positive functions of libraries in homeless men's lives and challenged previous accounts advocating the exclusion of 'the homeless' from such prime public spaces in the city. It introduced the opinions of homeless men, librarians and charity staff on the issue, and documented how as a civic facility the library allowed homeless men to engage in academic pursuits and provided a space for them to move beyond the stigma of a displaced identity. The news article discussed the broader functions of libraries in homeless men's lives, as a space for safety, social participation and respite from a life predominantly lived alone in marginal spaces, and challenged the assumption that these men were dangerous. It included comments by domiciled library patrons who were more compassionate towards the homeless men, and raised the importance of the everyday

interactions with library staff and patrons for engaging homeless men in civic life. Calls to exclude these men from the library were subsequently dropped.

A limitation of the library project lies in its response to a specific event and the lack of a plan for long-term, planned and sustained engagements between stakeholders. In the USA, Buila (2009) recounts a sustained effort to: promote mental wellness among marginalized people; reduce stigma and social distance; bridge ‘us’ and ‘them’ distinctions, and to raise public awareness. The project involves civic-orientated scholars and journalists working with community members to challenge stigmatizing characterizations of people with mental illnesses. This collaboration resulted in the production of a weekly newspaper column, ‘Living Well’. Again the social scientists did not try to become journalists. Rather, they worked in collaboration with a local newspaper to promote social inclusion, human rights and citizenship by breaking down stereotypes and opening up dialogue between people with mental illnesses and the broader public. One of the members of the community team approached the newspaper and it was agreed that the column would be a productive undertaking. The newspaper assigned an editor for the column and the partnership began. The team meet once per month to discuss potential topics, plan articles and monitor progress. Once a topic is agreed, members of the team work individually or in pairs to draft articles. Journalistic expertise helps shape content for publication. Buila espouses the importance of regular meetings, a set meeting place and diversity in the group for sustaining the effort and generating varied and interesting copy. She makes the important point that “This type of partnership is not difficult to establish and maintain” (p. 367). The result is increased normalization of mental illness, the overcoming of false divisions between the mentally well and the mentally ill, and increased public buy in for social inclusion initiatives. Other journalists from the newspaper have also been more receptive to extending the scope of coverage of issues around mental illness and social marginalization.

Although Buila’s project focused on people who were marginalized as a result of mental illness, parallels can be drawn with people who are marginalized due to homelessness (many of whom also suffer mental health issues). Projects of this nature raise critical questions with regard to the ways marginalized people are depicted, and in terms of who is included or excluded from civic spaces created by news media. For example, the library study illustrates how cooperation between social scientists and journalists can bring the political nature of exclusionary practices that perpetuate homelessness and associated health inequalities to the fore. Such initiatives necessitate the development of understandings with marginalized groups that are based on their efforts to represent their situations more on their own terms. The idea of understanding homelessness with participants can also form the basis for working together for health.

## **Conclusion**

Media are central to social relations and health. This is because representational spaces constructed by journalists overlap with the physical spaces occupied by marginalized groups such as homeless people, and impact on the availability of the resources to sup-

port wellness (Hodgetts et al., 2008b, 2010). Previous research provides valuable insights into the processes by which news media often stigmatise marginalized groups who are affected by social determinants of health, presenting them as the sources of their own problems (Hodgetts et al., 2005, 2008b). This paper contributes to attempts to explore the ways in which media frame issues and regularly reproduce stigmatizations, and examines how alternative stories can be prompted that draw out the lived realities of marginalized groups. The ultimate goal is to foster a civic-orientated journalism that can help the public come to better understand the impact of social determinants of health, structural constraints on people's lives, and the importance for health of promoting policy responses to poverty that do not rely on punitive strategies (cf., Buila, 2009; Hodgetts et al., 2006, 2008b). This article supports the need to shift the focus of media production research on health from investigations of medical journalism that is scientifically deficient (Pettersen, 2005; Larsson et al., 2003) to considerations of health journalism that is 'civically deficient' (Hodgetts et al., 2004, 2008a; Wallack, 2003).

Existing trends identified from research into media representations of health (Hodgetts & Chamberlain, 2006; Hodgetts et al., 2004) suggest that broader stories are unlikely to be told unless civic-orientated social scientists become involved. There is sufficient overlap between the desires of journalists to engage the public in deliberations about health and social issues and the desires of social scientists and marginalized groups for these stories to be told to cultivate mutual understanding and co-operation (Hodgetts et al., 2008a, 2007). In order to enhance this cooperation, social scientists need to develop better understandings of journalists' practices, including their grasp of health issues, their professional norms, institutional processes, and the potential constraints on health coverage (Wilson et al., 2004). Rather than simply adding themselves to the list of PR lobbyists trying to push particular health stories, it can be more useful for social scientists to engage more directly with journalists in an attempt to broaden their understandings of health determinants and health issues, and how these may be framed to include socio-political perspectives. This is about much more than being sources of information for journalists; as it requires building trust, respect and rapport by working as colleagues with journalists, and consequently the broader public through the media. This certainly does not involve telling journalists what they should do and how they should do it; but instead involves framing and supplying information that meets journalists' needs and work constraints while staying faithful to the hopes and aspirations of marginalized and minority groups.

Ideally, what civic-orientated journalists and social scientists can achieve from increased cooperation is a vibrant and responsive mediapolis within which issues of health and illness spanning medical breakthroughs, prescriptions for health living and social determinants of health. Such a mediapolis can contribute to increase social inclusion and voice for marginalized groups, social cohesion, a sense of belonging, enacted citizenship, and a broader collective understanding of health. Outcomes of civic-orientated journalistic practices in communities include increased perceptions of relevance and trust in news outlets (Voakes, 2004). Emphasis can be placed on objectives such as fairness and balance, as well as on the need to interpret competing accounts and to

advocate for marginalized groups facing health inequalities (Holbert & Zubric, 2000; Hodgetts et al., 2008a). The adoption of a civic orientation in journalism requires a social justice ethic to prevent disparities that stem, in part, from the orientation of mainstream commercial media to 'profitable' audiences and the consequent neglect of 'minority' audiences. A journalism promoting minority as well as majority audience interests can foster dialogue between groups that is conducive for enhancing health for a wider range of groups and communities.

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