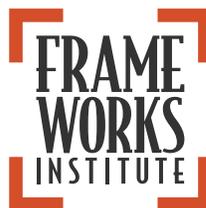# TOXINS AND TENSION

Media and Organizational Discourse about Public Health

A FrameWorks Research Report

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Introduction

Some of the most dramatic improvements to health outcomes—declines in infectious diseases, improvements in oral health, lower rates of tobacco use—have been the result of public health interventions. Experts in public health understand that continuing to make these kinds of improvements to health outcomes at a population level will require greater collaboration with other sectors. But public health professionals who are working towards greater collaboration between their field and sectors such as housing, education, health systems, and business face a serious challenge. Despite public health's impressive history, people outside the field have a narrow understanding of it and tend to think of public health professionals as siloed researchers who lack the real-world skills to make significant cross-sector collaborations.[1]

These widespread perceptions are shaped by public discourse about public health—the stories and messages that people hear. News media coverage plays a particularly important role in determining how public health is understood by those outside the field. The media act as an information gatekeeper, amplifying or muting the messages non-expert audiences receive about public health.[2] By repeating certain stories and frames, and excluding others, news media can significantly shape people's beliefs, attitudes, thoughts and actions, a phenomenon some researchers have called the "drip, drip" effect.[3]

The media, however, are not the only source of information about public health for members of the public or leaders in other sectors. Advocacy, policy, and research organizations in the public health sector also communicate directly with the public and leaders of other sectors, all the while serving as important information resources for media. In these dual capacities, public health organizations play a pivotal role in shaping how the public and professionals in other sectors think about their field.

To shift perceptions so that leaders in other sectors are more open to engaging and collaborating with public health, the public health field needs to understand how to change both media coverage and its own communications practices. As a first step, we must understand the current landscape of media and organizational discourse around public health.

This report presents the results of research mapping that landscape. This research is sponsored by the de Beaumont Foundation and the Aspen Institute's Health, Medicine and Society Program, as part of the Public Health Reaching Across Sectors (PHRASES) initiative[4]—a broad effort to understand what decisionmakers in other sectors need in order to engage with the public

health sector, and to improve how public health professionals communicate the impact and value of their field to other sectors, foster cross-sector collaborations, and generate sustainable support for public health problem-solving approaches.

In this report, we identify dominant patterns in media coverage and in the communications of public health advocacy, policy, and research organizations. By analyzing how these practices are likely to affect the thinking of the public and leaders in other sectors, we are able to pinpoint the ways in which current media coverage and organizational communications must shift in order to promote a fuller understanding of public health. That knowledge also shows how the field can, if empowered and engaged, improve health and wellbeing across American society. After sketching the current landscape of public discourse and exploring its implications, we conclude with a set of initial recommendations for communicators—strategies that can be used to begin to shift how our society thinks about and talks about public health.

Toxins and Tension

Methods and Data

We designed this research to answer three questions:

1. How are the news media and advocacy, policy, and research organizations currently communicating about public health?
2. What are the similarities and differences between media and public health organizations' communications?
3. How should experts and advocates shift the way that the media and their own organizations communicate about public health to expand understanding of and support for the field among members of the public and professionals in the business, health systems, housing, and education sectors?

The media sample includes articles taken from major print news sources available across the United States, and, when possible, content from their online versions or official blogs (e.g., *The Washington Post Blog*).[5] Sources were selected based on circulation levels, as well as to ensure geographic and ideological diversity. The sources include *The Arizona Republic*, *The Boston Globe*, *The Boston Herald*, *Chicago Sun Times*, *Chicago Tribune*, *The Cincinnati Enquirer*, *The Columbus Dispatch*, *Daily News*, *The Dallas Morning News*, *The Denver Post*, *Detroit Free Press*, *Honolulu Star-Advertiser*, *The Houston Chronicle*, *Los Angeles Times*, *The Mercury News*, *The New York Post*, *The New York Times*, *Newsday*, *The Orange County Register*, *The Philadelphia Enquirer*, *The Plain Dealer (Cleveland)*, *The San Diego Union Tribune*, *Star Tribune (Minneapolis/St. Paul)*, *The Star Ledger (Newark)*, *Tampa Bay Times*, *The Tampa Tribune*, *USA Today*, and *The Washington Post*. The searches were limited to articles published between January 1, 2017, and December 31, 2017.[6]

To capture discussion of the various meanings of public health (i.e., profession *and* outcomes) and the broad range of coverage related to this topic, we searched the full text of news articles on LexisNexis for at least three mentions of the phrase "public health" anywhere in the text. We randomly selected and downloaded 500 of these articles, which we then verified for relevance. Articles that did not deal substantively with the health of the U.S. public or the field of public health within the United States, duplicate articles, non-news documents (e.g., obituaries, letters to the editor), and articles containing fewer than 500 words were removed from the sample.[7] This process resulted in a final sample of 250 articles, each of which was fully coded and analyzed.

We also gathered materials from advocacy, policy, and research organizations in the U.S. public health sector that communicate externally about the health of the public or the field of public health within the U.S.[8] To ensure a sizable and diverse sample, we entered an initial list of organizations provided by project partners into IssueCrawler, a web-based application that uses a method called link analysis to identify connections among organizations. This process reveals a "network" of influential organizations whose work is strongly related.

Through the IssueCrawler link analysis, in conjunction with the initial list of seed organizations, we constructed a sample of 17 organizations. The sample of organizations includes the American Public Health Association, the Association of Public Health Laboratories, the Association of Schools and Programs of Public Health, the Association of State and Territorial Health Officials, the Big Cities Health Coalition, the CDC Foundation, the Centers for Disease Control and Prevention, Cityhealth, The Community Guide, the de Beaumont Foundation, the National Association of County and City Health Officials, the Public Health Institute, the Robert Wood Johnson Foundation, Roots of Health Inequity, the Taskforce for Global Health, the Trust for America's Health, and the World Health Organization. We then purposively sampled communication materials from each of these organizations. As with media, we only included materials that were clearly targeted towards audiences outside the field of public health, and substantively focused on the health of the U.S. public, or the public health field within the United States. To capture the diverse ways that organizations reach external audiences, we sampled a variety of materials, including press releases, reports, "About Us" web pages, online blog posts, and other relevant types of communications. We selected these materials because they contained content about how each organization described its mission and specific orientation toward public health. In total, the organizational sample consisted of 171 materials.

Analysis

Researchers coded each media and organizational material to identify the presence or absence of each of the narrative components shown in Table 1.

Table 1: Coding scheme

Narrative Component	Brief Description	Examples of Codes[9]
Topic	What and who is the document about? What overarching issues are discussed?	Demographic groups (e.g., men, women, children) Issues (e.g., healthcare access and services, cancer, opioid use, Zika virus, HIV/AIDS) Topics (e.g., successful program or intervention, overreach of the field) Role of public health professionals (e.g., research, public outreach and education, policy development or implementation)
Causal factors	What determines the health of the public?	Biological factors (e.g., age, sex, pre-existing conditions) Behavioral factors (e.g., substance use, diet, exercise) Social and environmental factors (e.g., discrimination and stigma, material resources, housing access and quality) Healthcare access and services (e.g., health insurance coverage)
Effects	How does the health of the public affect other outcomes?	Positive or negative effects on various outcomes (e.g., business profits, school graduation rates, income, healthcare expenses, school attendance)
Messengers	Who are the people and/or organizations that provide or communicate information about public health? Which types of public health professionals provide or communicate information about public health?	Non-public health sector (e.g., elected officials and legislators, healthcare professionals and providers, housing organizations and professionals, members of the public) Public health sector (e.g., federal, local, or state government agencies or professionals, academic researchers, non-profit organizations and representatives)
Solutions and responsibility	What, or who, has the ability or power to maintain or improve the health of the public?	Public health professionals Healthcare professionals and providers Members of the public

After coding materials, we conducted a frequency analysis to determine how often each code appeared among the materials. We supplemented the frequency analysis with a qualitative examination to deepen our understanding of the character of media and organizational discourse.

We then examined and interpreted these results against the backdrop of cultural models from parallel research that FrameWorks has conducted for this project. These findings identify the deep assumptions and implicit understandings that members of the public and leaders in other sectors use to think about public health.[10] Examining media and organizational materials in light of these cultural models allows us to understand how the discourse is likely to affect the ways in which the public and other sectors understand public health. The initial communications recommendations offered in the conclusion derive from that analysis.

Analysis

Toxins and Tension

Findings

In this section, we provide findings about media and organizational communications related to public health in the United States. Together, these findings provide a picture of how public health is framed by news media and public health organizations.

It is important to note that researchers could attach multiple codes to the same feature of a single document. For example, a document might mention both behavioral and social causes of health outcomes, in which case researchers attached both codes to it. Therefore, in many cases, the percentages reported from the frequency analysis add up to more than 100 percent.

FINDING 1

Media and organizational materials talk frequently about the social determinants of health—but the story they tell focuses narrowly on exposure to environmental toxins.

Both news media and organizational materials about public health frequently discuss social and environmental factors as causes of health outcomes. In fact, as Figure 1 shows, both sources mention social or environmental factors as causes slightly more often than other factors, with over 50 percent of materials in each sample mentioning at least one social or environmental determinant (Figure 1).

Figure 1: Types of factors mentioned as causes of health outcomes in media and organizational materials

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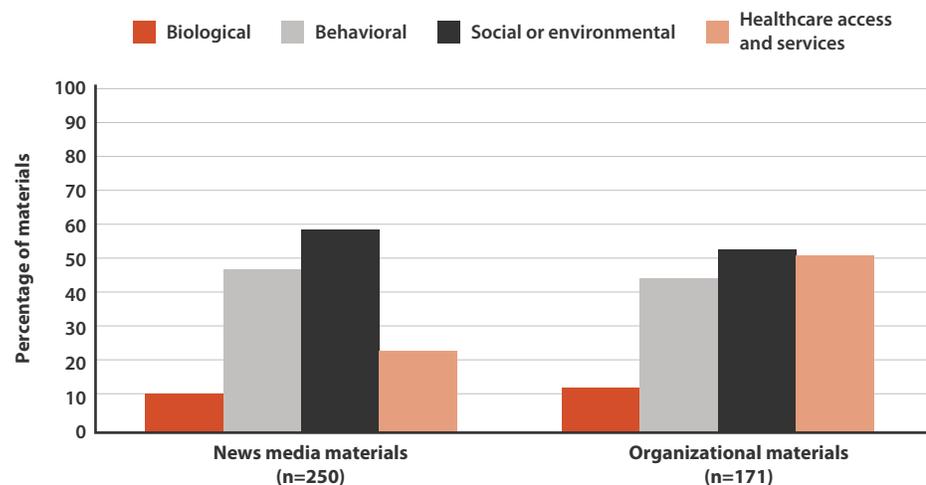
That would seem to suggest that news media and public health organizations highlight social determinants of health, but closer inspection reveals that much of the focus is on just one type of social determinant—exposure to environmental toxins and pathogens.

As Table 2 shows, this is particularly pronounced in media stories, which mention exposure to toxins and pathogens nearly four times more often or more than the next most frequently mentioned factors.

Table 2: Five most frequently mentioned social and environmental factors in media and organizational materials

Factor	Percent of media materials (n=250)
Presence of/exposure to toxins or pathogens	37.6%
Food and water access or quality	9.6%
Information environment (e.g., advertising, accuracy of news media)	7.6%
Housing access or quality	6.8%
General state of natural environment (e.g., climate change)	6.0%
	Percent of organizational materials (n=171)
Presence of/exposure to toxins or pathogens	16.4%
Food and water access or quality	12.9%
Housing access or quality	8.2%
Quality of spatial or built environment (e.g., walkability of neighborhood)	6.4%
Financial resources	5.8%

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Furthermore, numerous social factors that public health experts highlight as core drivers of health outcomes, such as discrimination and stigma, physical safety, financial resources, occupational status, working conditions, educational opportunities and quality, and citizenship and immigration status, are each mentioned in fewer than six percent of media and organizational materials.

Taken together, these results make clear that media and organizational materials are telling a relatively narrow story about the social determinants of health, which is likely to limit appreciation of the field's ambition and ability to collaborate across many sectors of society.

FINDING 2

Organizational materials devote a large amount of attention to healthcare.

Table 3 reports the five factors that are most frequently mentioned in media and organizational materials as causes of health outcomes. Healthcare access and services is the second most frequently mentioned cause of health outcomes in media materials (23.6 percent), and the most frequently mentioned cause in organizational materials (50.9 percent). In addition, 15.8 percent of organizational materials cite decision-making about healthcare services or behavior as an important causal factor, making it the third most frequently mentioned cause.

Table 3: Five most frequently mentioned causes of health outcomes in media and organizational materials

Factor	Percent of media materials (n=250)
Presence of/exposure to toxins or pathogens	37.6%
Healthcare access and services	23.6%
Opioid use	20.4%
Food and water access, or quality	9.6%
Information environment (e.g., advertising, accuracy of news media)	7.6%
	Percent of organizational materials (n=171)
Healthcare access and services	50.9%
Presence of/exposure to toxins or pathogens	16.4%
Healthcare-related choices, or behaviors (e.g., getting vaccinated or screened)	15.8%
Opioid use	14.0%
Food and water access, or quality	12.9%

While access to healthcare is, of course, an essential public health good, the emphasis on healthcare in both media and organizational sources means that these communications reinforce, to a considerable extent, a medicalized understanding of health. While frequent discussion of social determinants counterbalances this medicalized perspective, communications still often lean into and buttress people's default association of health with healthcare.

FINDING 3

Media coverage offers a limited depiction of the field of public health.

Discussions of the public health field in media stories paint a picture that reinforces a traditional and narrow understanding of the field. The impression that these materials create is of a field that focuses mostly on infectious disease and environmental toxins, is primarily engaged in research, and is located within health departments. While this image does, of course, reflect important parts of the field, it excludes others and undermines a fuller understanding of public health in the 21st century.

We can see the narrow understanding of the field's functions in the areas of health that public health is more often depicted as being responsible for. We coded and analyzed materials to see whom they attributed responsibility for protecting or improving the health of the public—individuals or members of the public themselves, policymakers, public health professionals, or other sectors. By looking at the information, emphasis, language, or sentence structure, researchers determined to whom a news article or organizational material attributed responsibility for the issue at hand. Consider, for example, the following excerpt from a news article in our sample:

> *Parents across Greater Cincinnati can use the start of a new school year to help teenagers make one change to their routines. It's a change that studies have shown can improve mental health and reduce the potential risk of youth suicide. Get more sleep […] "I've worked with adolescents who sleep with their phones under their pillows," said Stacey Spencer, a clinical neuropsychologist at Lindner Center for Hope in Mason. "You have to take a stepwise approach, such as, you can use your phone until an hour before bedtime, then you have to make your bedrooms ready for sleep, dark and quiet. But it's hard to go cold turkey."* (**The Cincinnati Enquirer, August 23rd 2017**[11])

In this example, responsibility for health outcomes is clearly assigned to members of the public themselves, and more specifically, parents and their adolescent children. Although the excerpt never explicitly states that individuals are responsible, the use of second-person, instructional language directed toward parents implies that parents and adolescents are, at least in part, responsible for improving adolescents' mental health.
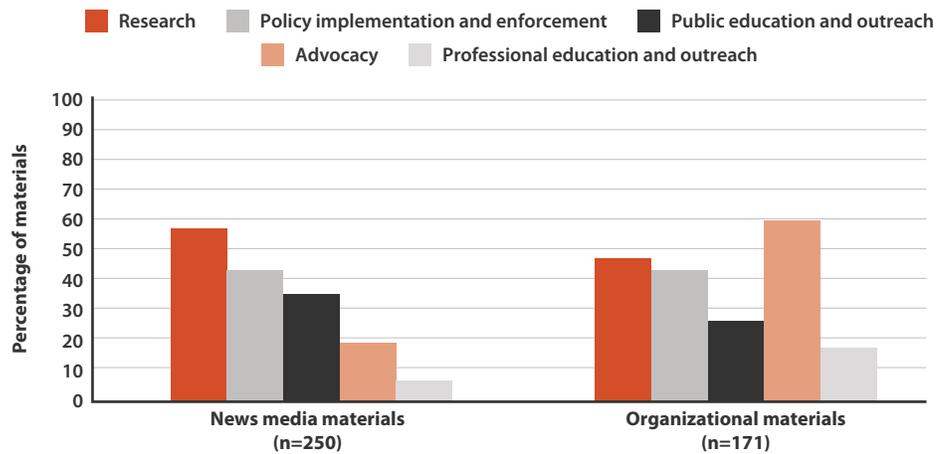
As Figure 2 shows, media materials generally attribute responsibility to public health professionals more often than they do others. However, the figure shows that the extent to which public health professionals are attributed responsibility depends significantly on the issue. Public health professionals are much more likely to be attributed responsibility for infectious diseases and environmental health issues than for non-infectious diseases and illnesses or behavioral and mental health issues. Almost 60 percent of media materials mentioning an infectious disease or illness, and nearly 80 percent of those mentioning an environmental health issue, attribute responsibility for dealing with those issues to public health professionals. By contrast, fewer than 30 percent of articles mentioning behavioral and mental health issues, and about 40 percent of articles mentioning non-infectious diseases and illnesses, attribute responsibility to public health professionals. These differences provide a restricted picture of what public health professionals do—and should—address in their work.

Figure 2: Attributions of responsibility for different types of health issues in media materials
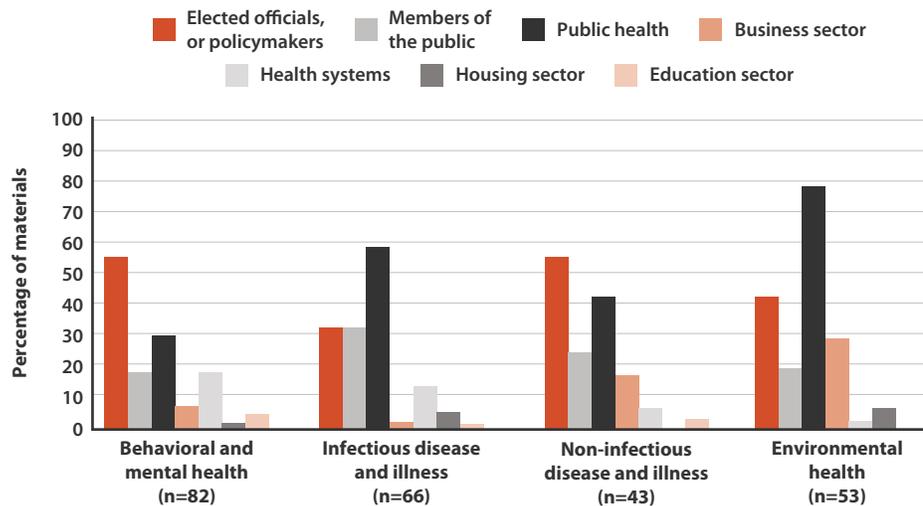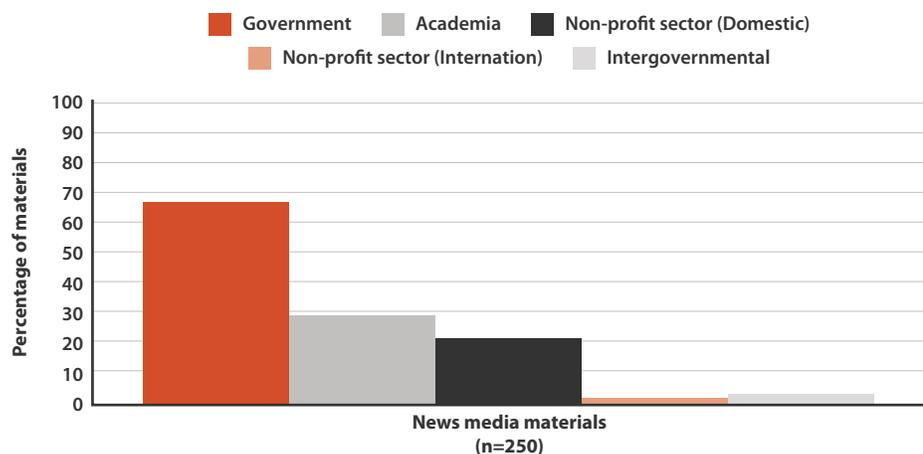
The narrow view of the field presented in the news media extends not only to the types of issues that public health professionals deal with, but also to the types of roles they play. Figure 3 contrasts how frequently media and organizational materials mention different roles of public health professionals—research, policy implementation and enforcement, public education and outreach, advocacy, and professional education and outreach. Nearly 60 percent of media materials mention research, while less than 20 percent mention advocacy. By contrast, organizational materials highlight the advocacy dimension of public health, with almost 60 percent of them describing public health professionals as advocates or engaging in advocacy, making this the most frequently mentioned role among these materials. We thus get very different pictures of the field from organizational and media materials—the media reinforces the perception of public health professionals as book smart (but somewhat out of touch) researchers,[12] while the field encourages a view of the field as advocates who roll up their sleeves and engage with the real world.

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Figure 3: Types of roles for public health professionals mentioned in media and organizational materials

Legend: ■ Research ■ Policy implementation and enforcement ■ Public education and outreach ■ Advocacy ■ Professional education and outreach

Percentage of materials (y-axis: 0 to 100)

News media materials (n=250): Research ~57, Policy implementation and enforcement ~43, Public education and outreach ~35, Advocacy ~19, Professional education and outreach ~6

Organizational materials (n=171): Research ~47, Policy implementation and enforcement ~43, Public education and outreach ~26, Advocacy ~60, Professional education and outreach ~17

A narrow understanding of the field is further reinforced by the types of public health professionals who are most often quoted, paraphrased, or cited in media materials. Government employees (local, state, or national) are referenced more than twice as often as any other type of public health professional (see Figure 4). Sixty-seven percent of media materials refer to a public health professional from government, while only about 30 percent refer to someone from academia and 21 percent refer to a professional from the domestic non-profit sector. This pattern reinforces the traditional association of public health professionals with health departments.

Figure 4: Types of public health professionals quoted, paraphrased, or cited in media materials

Legend: ■ Government ■ Academia ■ Non-profit sector (Domestic) ■ Non-profit sector (Internation) ■ Intergovernmental

Percentage of materials (y-axis: 0 to 100)

News media materials (n=250): Government ~67, Academia ~29, Non-profit sector (Domestic) ~21, Non-profit sector (International) ~2, Intergovernmental ~3

Together, these results paint a clear picture. Media stories reinforce the common perception of public health professionals as health department employees who conduct research on infectious diseases and environmental toxins and pathogens. This limited depiction of the field severely hinders public health experts' goal of collaborating across sectors to address a wide range of social determinants of health.
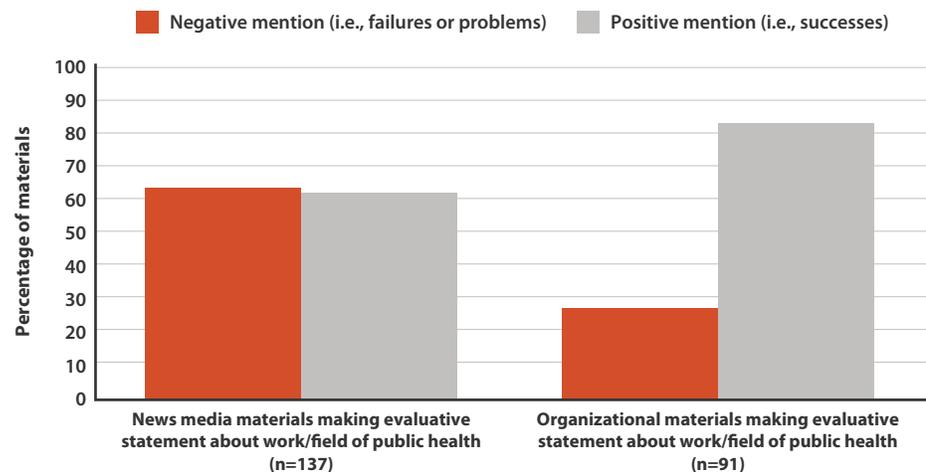
FINDING 4

Media coverage devotes significant attention to public health's failures.

A primary goal of any professional sector is to be recognized and perceived as competent, effective, and credible. This is perhaps especially true for public health because it requires cooperation with members of the public and other sectors, and its ability to effectively engage these groups requires trust and confidence.

It is, therefore, highly concerning that media coverage of the field is often negative. Figure 5 shows how frequently media and organizational materials included positive or negative mentions of the field. Negative mentions include describing specific programs, or the field, as wasteful, inefficient, or ineffective. Positive mentions typically involve describing successes, such as programs that achieve their intended aims.[13]

We found that 55 percent of media materials and 53 percent of organizational materials contained an explicit evaluative statement or discussion of the public health field. Media materials that included an evaluative statement were about as likely to include a negative or positive mention (63 vs. 62 percent). Organizational materials, by contrast, were much more likely to discuss the field's work in positive terms.

Figure 5: Positive and negative mentions about public health in media and organizational materials

Negative mention (i.e., failures or problems)   **Positive mention (i.e., successes)**

Percentage of materials

News media materials making evaluative statement about work/field of public health (n=137)

Organizational materials making evaluative statement about work/field of public health (n=91)

The different tenor of positive and negative discussions of the public health field—and their likely impact on the trust and confidence that the public and other sector leaders place in it—is best shown through examples. The following is one example of negative discussion of the field in the news media:

> *Dr. Edward Ehlinger resigned Tuesday as Minnesota's commissioner of health in the wake of published reports and controversy over the state's mishandling of allegations of criminal abuse in senior care facilities […] Ehlinger's resignation comes five weeks after a five-part Star Tribune series that chronicled breakdowns in the agency's handling of elder abuse allegations. The series documented that hundreds of residents at senior care centers across Minnesota are beaten, sexually assaulted or robbed each year. Yet the vast majority of these incidents are never resolved, and the perpetrators go unpunished, in part because the Health Department lacks the staff and forensic expertise to investigate them […] In interviews, former employees at the agency described an office so overwhelmed by backlogged cases that workers dumped dozens of maltreatment complaints into recycling bins without reading them, according to a Star Tribune report. Others said unread complaint forms piled up into stacks 2 feet high and went unexamined for months.*
> (**Star Tribune (Minneapolis/St. Paul), December 20th 2017**[14])

Here, the field of public health is described as being inept and negligent toward its purported goals and responsiblities. As such, the excerpt raises doubts both about the intentions and efficacy of the field overall, and also about its current programs and policies.

Consider, in contrast, the following news article excerpt, which offers a more positive view of the field:

> *The Minnesota measles outbreak just hit an alarming benchmark. The 73 cases reported so far in the state this year have topped the entire number of measles infections reported nationally in 2016—a milestone first reported in the Washington Post. That this number isn't higher, and that no child has died from measles' potentially deadly complications, reflects the skills of Minnesota medical providers and the world-class abilities of the state's public health response teams. Measles is a familiar yet fearsome pathogen. The virus is highly contagious and snuffs out more than 134,000 lives around the world each year.*
> (**Star Tribune (Minneapolis/St. Paul), June 5th 2017**[15])

This excerpt characterizes the public health field as uniquely adept, and therefore successful, at protecting people and keeping them healthy. The article fosters a stronger sense of confidence in the field.

FINDING 5

Media coverage rarely links public health to the concerns and work of other sectors.

Public health leaders can meet their goal of partnering with other sectors to address the social determinants of health only if potential partners recognize that the health of the population they serve, and of the broader community, are intertwined with the outcomes they care most about.

It is thus important to know whether communications materials from the media and public health organizations discuss how a healthy (or unhealthy) public affects the outcomes that concern other sectors (e.g., for business, how health affects profits, work productivity, spending on consumer goods, or the economy more generally). These impacts need to be widely discussed in order to build understanding of them.

Yet only 24 percent of media materials mention how public health outcomes affect outcomes of interest to business, health systems, education, and housing sectors (see Figure 6). By contrast, 76.6 percent of organizational materials do so.

Figure 6: Mentions of how the health of the public affects outcomes of interest to other sectors, in media and organizational materials
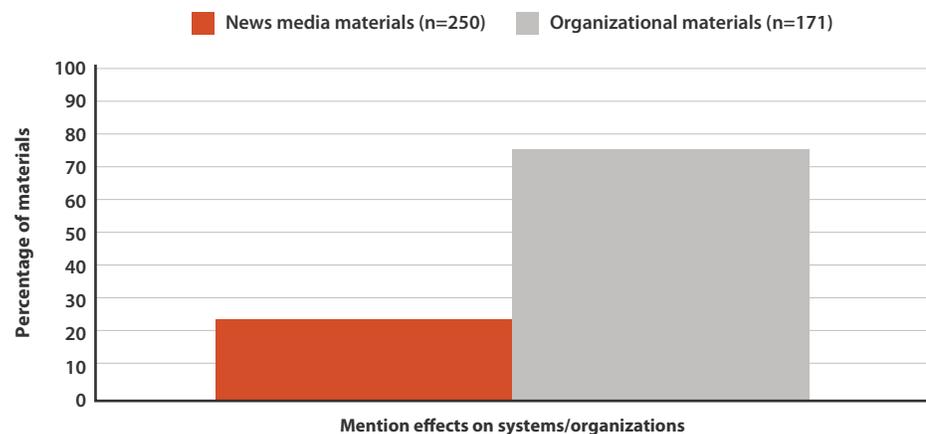
When media and organizations do connect health to outcomes of relevance to other sectors, most of the discussion is confined to the business and hospital and health systems sectors (see Figure 7). Rarely do the materials discuss how health affects outcomes relevant to the education (e.g., school graduation and attendance rates) or housing sectors. Organizational materials discuss outcomes of interest to the housing and education sectors somewhat more frequently, but their materials still devote much more attention to outcomes relevant to business and health systems.
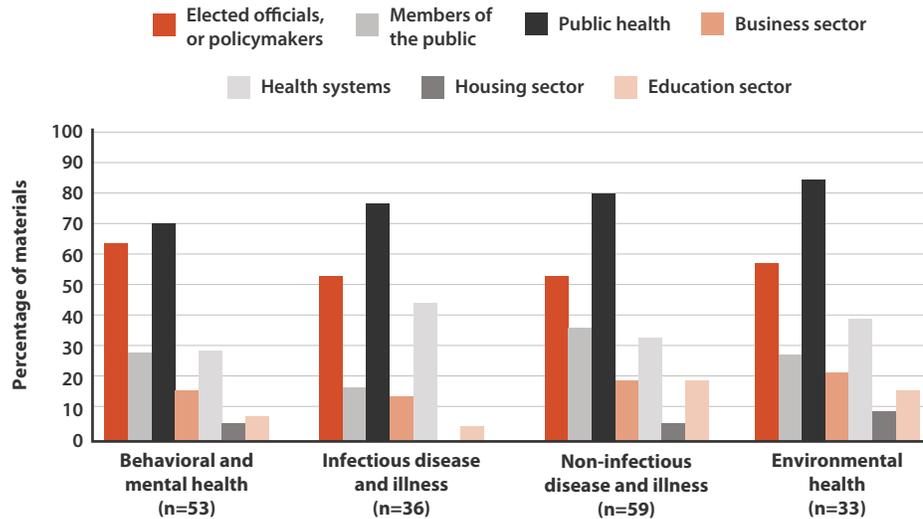
Figure 7: Types of effects mentioned in media and organizational materials (i.e., effects relevant to business, health systems, housing, or education)
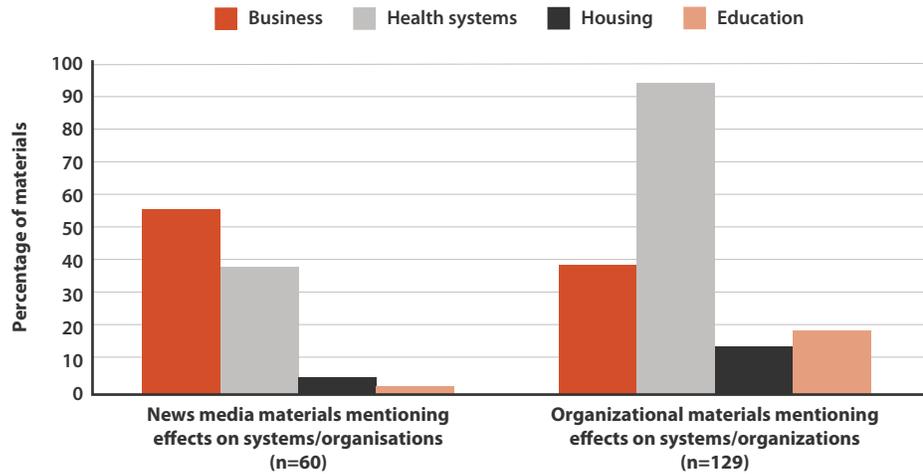
We can also see a narrow understanding of the relationship between public health and other sectors from who materials attribute responsibility for the health of the public. Looking back at Figure 2 shows that media materials attribute responsibility to the business, housing, and education sectors much less often than they do either public health professionals or government and elected officials across different types of health issues.

Though they attribute responsibility for health issues to other sectors more often than media materials, Figure 8 shows that organizational materials similarly attribute responsibility to other sectors much less often than they do public health and elected officials. Depending on the type of issues they mention, at least 70 percent of organizational materials attribute responsibility to public health professionals. In contrast, about 45 percent or less attribute responsibility to health systems, 21 percent or less to the business sector, 9 percent or less to the housing sector, and 19 percent or less to the education sector. Thus, as with effects, both media or organizational materials are also more likely to attribute responsibility to health systems than other sectors, regardless of the issues they mention (see Figures 2 and 8).

Figure 8: Attributions of responsibility for different types of health issues in organizational materials

Legend:
- Elected officials, or policymakers
- Members of the public
- Public health
- Business sector
- Health systems
- Housing sector
- Education sector

Y-axis: Percentage of materials (0–100)

X-axis categories:
- Behavioral and mental health (n=53)
- Infectious disease and illness (n=36)
- Non-infectious disease and illness (n=59)
- Environmental health (n=33)

We were also interested in whether and how media and organizational materials discussed collaboration between the public health sector and other sectors. Coverage of, and communication about, cross-sector collaboration is important because it can help potential partners recognize the possibility and value of collaboration with public health.

To explore this, we coded and analyzed mentions of collaboration between the field of public health and the business, health systems, housing, and education sectors. The following excerpt offers a typical example of such a mention:

> For public health advocates, the partnerships have the potential to get healthier foods in the marketplace. Among the largest of the new initiatives is a partnership with PepsiCo, which will allow PHA [Partnership for a Healthier America] to audit the company's 10-year reduction of added sugar, saturated fat and sodium in its food and beverage portfolios. Pepsi has indicated it will make the changes, which will apply to two-thirds of its beverage and three-quarters of its food portfolio, by investing in healthier product lines […] In most cases, these partnerships are binding: PHA requires that its partners sign legal contracts to that effect. In exchange for making, and keeping, these public health commitments, the foundation provides companies publicity, networking and technical assistance. (**The Washington Post Blog, May 11th 2017**[16])

Cross-sector collaboration was mentioned in 76 percent of organizational materials, and only 10.4 percent of news media articles. We see here a repetition of the pattern identified with regard to outcomes relevant to other sectors: frequent mention in organizational materials, and little discussion in media materials.

And just as with types of effects, discussions of collaboration typically focus on the business and health systems sectors (Figure 9). Among media materials that mention collaboration, 30.8 percent are about business and 50 percent are about health systems, while collaborations with the housing and education sectors are rarely discussed. 83.8 percent of organizational materials that mention collaboration discuss those with the health systems sector. Collaborations with business are much less frequently mentioned, although they are discussed more frequently than collaborations with the education and housing sectors.

Figure 9: Mentions of collaborations between public health and other sectors in media and organizational materials
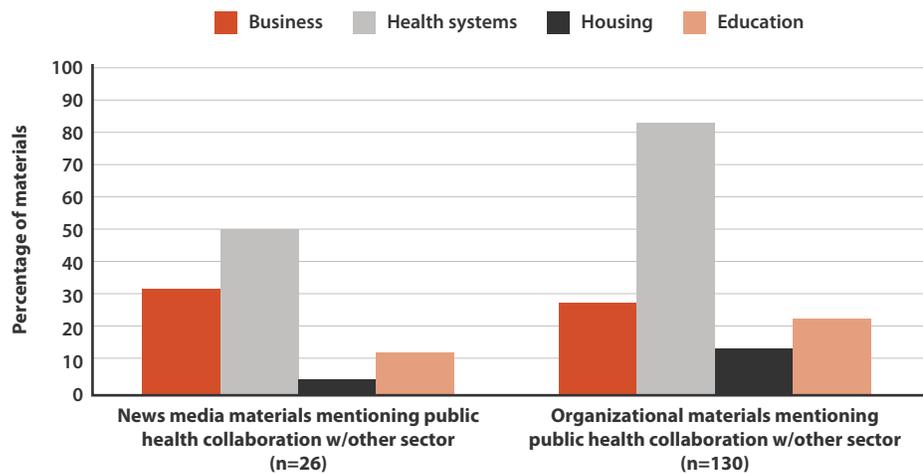
By mostly failing to discuss how health impacts outcomes of interest to other sectors, attributing responsibility for the health of the public much less often to other sectors, and largely neglecting cross-sector collaborations, media coverage undermines recognition of the value of collaboration with public health. Organizations in the field provide greater discussion of these topics, though in focusing primarily on business and health systems, their communications do not consistently convey the value of collaboration across a multitude of sectors.

FINDING 6

Media characterize the goals of public health and the business sector as inherently at odds.

Given public health leaders' interest in cross-sector collaboration, it is important to know whether relationships between the field and other sectors are characterized in media and organizational materials as collaborative or conflictual. Exposure to negative characterizations of cross-sector relationships is likely to undermine the goals that public health shares with other sectors and the willingness of professionals in other sectors to engage in relationships with the field.

Organizational materials mostly characterize relationships between public health and other sectors as collaborations or cooperation, regardless of the sector in question. However, as Figure 10 shows, while media materials largely characterize relationships between public health and other sectors in positive terms, they more often cast the relationship between public health and the business sector in negative terms. 75 percent of stories that mentioned any relationship between public health and the business sector characterized the relationship as conflictual, while only 25 percent characterized the relationship as collaborative.

Figure 10: Type of relationship described between public health and other sectors in media materials

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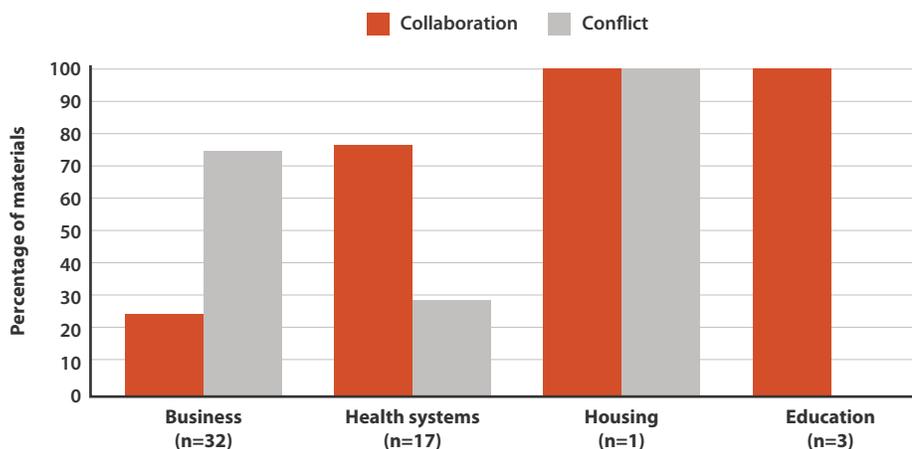
The following example illustrates how the media typically portray the relationship between public health and the business sector:

> *In Pennsylvania, New Jersey, and across the country, a slew of salons are permanently turning out the (ultraviolet) lights, burned by public health efforts to discourage indoor tanning and warn of its skin cancer hazards […] In an in-depth article last year titled "The Twilight of the Tanning Salons," Bloomberg cited data that showed the number of U.S. salons fell from 18,200 in 2008 to 12,200 in 2015, a 30 percent plummet. Chris Sternberg, general counsel at Sun Tan City, one of the nation's largest tanning chains, said more than half of its salons had been shuttered since 2009.*
>
> *"Morale is horrible," Sternberg told Bloomberg. "If the government's intention was to drive tanning salons out of business, they've been successful."*
> (**The Philadelphia Inquirer, September 6th 2017**[17])

That excerpt not only describes how the work of public health officials negatively impacts the business sector, but also suggests that the goals of the public health field directly conflict with those of business. Such characterizations undermine the idea that cross-sector collaboration is mutually beneficial and is likely to perpetuate the perception that public health necessarily works at cross purposes with business interests.

Implications

Based on FrameWorks' prior analysis[18] of the cultural models that the American public and leaders working in the housing, education, and health systems sectors employ to reason about public health, we can identify how the patterns in media and organizational discourse described here are likely to affect the thinking in other sectors:

1. **The association of public health with a narrow set of social determinants in both media and organizational discourse is likely to undermine sector leaders' understanding of the field's goals and capacities.** Leaders in education, housing, and health systems tend to associate public health—as a field and an issue—with traditional health departments that focus on infectious diseases and environmental hazards.[19] Media and, to an extent, organizational communications reflect and reinforce these associations when they focus on toxins and pathogens much more than on other social determinants. These communications undermine recognition that the field of public health can and does address a wider range of social determinants, such as discrimination and income inequality.

2. **The focus on healthcare in media and organizational sources encourages a medicalized understanding of health.** Leaders in the housing, education, and health systems sectors, like members of the public generally, tend to understand health as a medical issue and, in turn, to assume that healthcare providers must be called in to address health issues.[20] This sidelines the field of public health and encourages those outside the field to focus narrowly on health systems as the necessary partners when addressing health issues.

3. **An incomplete picture of the roles and responsibilities of public health in the media reinforces a limited understanding of the field.** Leaders in other sectors tend to think of public health professionals as health department employees who are siloed from other fields, or as book-smart researchers without real-world skills.[21] Media coverage does little to dislodge these understandings, which obstructs recognition of the diversity of public health functions and the ways that public health professionals can contribute to cross-sector collaborations.

4. **Negative media coverage almost certainly undermines confidence in the field of public health and willingness to collaborate with public health professionals.** Media point out failures and problems in the work of public health as frequently as they highlight successes. This drumbeat of negative coverage—even if it is coupled with more positive coverage—is bound to raise doubts about the efficacy and intentions of the field and to foster skepticism and ambivalence about it.

5. **The news media's scant discussion of collaborations between other sectors and public health undermines recognition of their possibility and value.** By neglecting cross-sector collaborations, media coverage fails to build widespread understanding of how they can improve community health while also helping to advance other sectors' interests and goals. Building a greater understanding of the value of cross-sector collaborations requires increasing coverage of existing collaborations and their benefits. While organizational materials discuss collaborations with much greater frequency, they focus disproportionately on collaborations between public health and business and hospitals, which means that the field itself is failing to provide examples of how collaborations with education and housing work and how they help.

6. **The news media's tendency to characterize relationships between public health and business as conflictual is bound to impede business leaders' willingness to collaborate.** In most cases, news media frame the relationship between the business sector and public health as oppositional, with the goals of public health typically positioned against those of business. This is likely to lead business leaders to conclude that collaboration with public health is at best challenging and at worst actively undesirable.

Recommendations

This study reveals that, in some critical ways, public health organizations are communicating about the field and its work in ways that align with the expert perspective detailed in earlier phases of the research.[22] Organizations combat the widespread perception of public health professionals as book smart but out-of-touch researchers by highlighting their roles as advocates. They consistently emphasize the success of public health, painting a positive picture of what the field has accomplished, and what is possible going forward. They also regularly provide examples of productive collaborations with other sectors and explain how addressing public health issues benefits outcomes of interest to them. Unfortunately, these promising narratives are not yet making their way into the news media. Media coverage often portrays public health as ineffective, of limited use, and its goals and work as necessarily at odds with business interests. The first part of the field's communications strategy must involve efforts to get media to pick up the stories the field is already telling.

There are, however, important ways in which the field's communications inadvertently reinforce misperceptions and undermine its own goals. This study has shown that public health organizations tend to perpetuate traditional assumptions about the narrow scope of public health, reinforce the association of health solely with healthcare, and devote insufficient attention to sectors beyond business and hospitals. The second part of the field's communications strategy must involve shifting its own communications to address these limitations.

The following recommendations provide guidance about how public health experts and advocates can expand and improve their communications practice. Subsequent phases of research will uncover further recommendations and explore the most effective ways of executing them.

Use examples of social determinants other than exposure to environmental hazards and pathogens. Communicators must highlight the full range of social and environmental factors that shape health outcomes and clearly explain how public health can and does address these. Talking explicitly about social factors relevant to other sectors is vital to help them see the connections between public health and their own work and to build common cause.

Avoid a singular focus on healthcare. While the work of public health and the health systems sector is, of course, closely related, the tendency to focus only on access to healthcare reinforces medicalized understandings of health that sideline public health. Communicators should talk about a broader range of health determinants and emphasize collaborations with sectors other than hospitals.

Present the full range and breadth of public health work. Members of the public and leaders of other sectors define public health quite narrowly. Communicators should use every opportunity to widen people's understanding by explaining what public health professionals do and offering examples that go beyond research and regulation. Communicators should think strategically about whom they cite, paraphrase, or quote as public health professionals so that the wide range of public health work can be well-represented.

Provide examples of collaboration with the education and housing sectors. Existing communications do not foster an understanding of how collaborations with these sectors work and what their benefits are. Communicators should go beyond examples focused on business and health systems to foster a more general understanding of how collaboration with public health can be useful across a wide range of sectors.

Explain how collaboration can be mutually beneficial. Professionals in other sectors often assume that collaborating with public health would not result in real-world benefits, and media coverage spreads the idea that public health professionals often create problems for other fields rather than being an asset to them. To counter these perceptions, communicators should not only provide examples of successful collaboration but actively explain how these collaborations benefited other sectors.

Toxins and Tension

Conclusion

The meaning and value of collaborating with public health is not readily apparent to those outside the field of public health, including leaders in the education, housing, health systems, and business sectors. This is an outgrowth of the stories that people read and hear about public health through the media and related organizations.

The analysis presented in this report shows how current discourse about public health in the U.S. reinforces unproductive assumptions about the field, while also highlighting the more promising aspects of that discourse. Public health professionals must build on the positive aspects of their own communications and push media coverage to tell a more expansive, more positive story about public health and how it connects to the different sectors of American society.

By shifting the types of stories they are telling and working to influence media coverage, public health advocates and experts can build a different perception of public health—one that facilitates and enables the types of collaboration with other sectors that experts in the field know to be so important. Understanding the stories that are currently being told is the first step toward telling new ones.

Endnotes

1. L'Hôte, E., Volmert, A., Davis, C., & Down, L. (2019). *Public Health Reaching Across Sectors: Mapping the Gaps between How Public Health Experts and Leaders in Other Sectors Understand Public Health and Cross-Sector Collaborations*. Washington, DC: FrameWorks Institute.

2. Gerbner, G., Gross, L., Morgan, M., & Signorielli, N. (1994). Growing up with television: The cultivation perspective. J. Bryant & D. Zillmann (Eds.), *Media effects: Advances in theory and research*. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

3. Ibid.

4. www.phrases.org.

5. Researchers gathered content from print sources and, when possible, in their online form, due to both practical and theoretical considerations. This approach allowed us to perform a more refined search (e.g., searching for the presence of the phrase "public health" a specified number of times in documents), and helped a sample of sources that reach a diverse array of geographic and ideological audiences. Recent research suggests that most Americans get their news from a combination of print, digital, and television news sources. See Pew Research Center (2016). *The modern news consumer*. Retrieved from: assets.pewresearch.org/wp-content/uploads/sites/13/2016/07/07104931/PJ_2016.07.07_Modern-News-Consumer_FINAL.pdf

6. Notably, during this time period, there was significant political debate surrounding the Patient Protection and Affordable Care Act, and parts of the legislation were also repealed. Nevertheless, given the sampling approach (e.g., three or more mentions of the exact phrase 'public health'), only articles discussing the legislation as a public health issue were included in the sample.

7. To be included in the sample, media materials had to be substantively focused on the health of the U.S. public, or the field of public health within the United States. We included materials focused on the work of organizations with an international focus only when this work was discussed as encompassing, or specifically related to, the health of the U.S. population. Materials about internationally-focused public health organizations were excluded when they were focused exclusively on the health of populations outside of the United States.

8. We aimed to include mostly organizations that are exclusively focused on the health of the U.S. population. Although the sample includes some internationally-focused organizations, we only sampled materials that were about, or relevant to, the health of the U.S. population.

9. These examples reflect only a small subset of the full codebook.

10. L'Hôte, E., Volmert, A., Davis, C., & Down, L. (2019) *Public Health Reaching Across Sectors: Mapping the Gaps between How Public Health Experts and Leaders in Other Sectors Understand Public Health and Cross-Sector Collaborations*. Washington, DC: FrameWorks Institute.

11. Saker, A. (2017, Aug. 23). Sleep the answer to youth suicides? As deprivation of a good night's rest becomes s health issue, parents may need to encourage their teens to get to bed. *The Cincinnati Enquirer*. p. A1.

12. L'Hôte, E., Volmert, A., Davis, C., & Down, L. (2019). *Public Health Reaching Across Sectors: Mapping the Gaps between How Public Health Experts and Leaders in Other Sectors Understand Public Health and Cross-Sector Collaborations*. Washington, DC: FrameWorks Institute.

13. Through preliminary coding and inductive analysis, we determined that positive mentions were almost always about the efficacy or success of the field or its work at keeping the public healthy or improving the health of the public. In contrast, we found that materials mentioned several different types of failures or problems. Each of these was coded as a negative mention. Negative mentions included: general failure or inefficacy of a public health program or intervention at achieving intended outcomes; corruption or fraud; inefficiency or waste; and overreach—specifically, the idea that the work of public health, or some type of public health program, is an infringement individual freedom.

14. Serres, C. (2017, Dec. 20.). State's health chief resigns. *Star Tribune (Minneapolis/St. Paul)*. p. 1A**.**

15. Act to prevent measles outbreak. (2017, June 5). *Star Tribune*. p. 8A.

16. Dewey, C. (2017, May 11). The one piece of Michelle Obama's legacy that President Trump can't wreck. The food industry is embracing healthier, more nutritious products. *The Washington Post Blog***.** Retrieved from: www.washingtonpost.com/news/wonk/wp/2017/05/11/the-one-piece-of-michelle-obamas-legacy-that-president-trump-cant-wreck/?utm_term=.dac94b9a68d1

17. McCullough, M. (2017, Sep. 6). As public health campaigns cast a cloud on indoor tanning, salons are going dark. *The Philadelphia Inquirer*.

18. L'Hôte, E., Volmert, A., Davis, C., & Down, L. (2019). *Public Health Reaching Across Sectors: Mapping the Gaps between How Public Health Experts and Leaders in Other Sectors Understand Public Health and Cross-Sector Collaborations*. Washington, DC: FrameWorks Institute.

19. Ibid.

20. Ibid.

21. Ibid.

22. Ibid.

ABOUT THE FRAMEWORKS INSTITUTE

The FrameWorks Institute is a think tank that advances the nonprofit sector's communications capacity by framing the public discourse about social problems. Its work is based on Strategic Frame Analysis®, a multi-method, multidisciplinary approach to empirical research. FrameWorks designs, conducts, publishes, explains and applies communications research to prepare nonprofit organizations to expand their constituency base, build public will, and further public understanding of specific social issues—the environment, government, race, children's issues and health care, among others. Its work is unique in its breadth, ranging from qualitative, quantitative and experimental research to applied communications toolkits, eWorkshops, advertising campaigns, FrameChecks® and in-depth study engagements. In 2015, it was named one of nine organizations worldwide to receive the MacArthur Foundation's Award for Creative & Effective Institutions.

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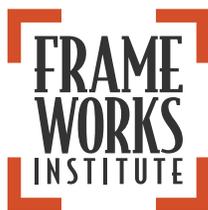
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