



WP2

Research Report & Recommendations

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Main Partner:

Institute of Preventive Medicine,
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Other Partners:

Coventry University, United
Kingdom

University of Tartu, Estonia

Finnish Institute of Occupational
Health, Finland

University of Applied Sciences
Düsseldorf, Germany

Center for Independent
Journalism, Romania



HeaRT WP2 - Health Journalism in Europe: situation and needs

Introduction

The aim of this WP was to present the situation concerning health reporting in EU media through a literature review and a journalists' survey. All partners had to conduct an extensive literature review of published and grey literature following standard procedures for scientific research. Specific aspects of the issue would be allocated to each partner based on predesigned guidelines. The objective was to describe and understand how health is reported in EU media (e.g. needs, limitations, mostly/under-reported issues, sources of information, frequency of health stories, effect of health reporting on attitudes and decision making concerning health, health journalism education, qualification criteria for health journalists).

To ensure an in-depth comprehensive understanding of the issue, original research also had to take place. The aim was to assess journalists' education, experience, skills, perceptions, barriers and needs concerning health reporting. Each partner had to record the number of journalists covering health issues in their country and conduct a survey, in their language, with a representative sample of around 20-30 journalists per country (eg. newspapers, TV, radio, e-media).

Milestones:

- Guidelines for the bibliography review and allocation to partners
- Bibliographic results
- Development of the survey tool (questionnaire, etc.)
- Analysis of the survey results
- Finalization of the report

The guidelines for conducting the bibliographic analysis had to ensure quality and uniformity of results. The Evaluation WP Leader had to review the reports and assess compliance to guidelines. Changes were requested when problems were found and, in some cases, reports were improved. Indicators included coverage of literature from 1998 onwards, common survey methodology and tool and ≥ 20 survey participants per partner.

This report along with the WP1 report will lead to the development of the WP3 educational methodology and WP4 tools.

As part of the HeaRT project development work load, WP2 started in November 2010 and was intended to last for 10 months, until August 2011. Due to a number of research obstacles as unintended delays by some partner countries (the last country report was sent to us in August), the work package ended October 2011.



1 - Description of the milestones, deliverables and its accomplishment

1.1 - Deliverables of Work Package 2

1.1.1 - Journalists' Survey Questionnaire

Based on WP1 and the literature review a purpose-made questionnaire had to be developed and translated in partners' languages (back translation to ensure uniformity). It had to be administered to journalists of different media to assess their background, self-perceived ability and barriers of health reporting, need for training, perceptions on how they affect public's knowledge/attitudes/decisions concerning their health.

This should be a research tool available for future use by other investigators.

1.1.2 - Discussion document: Health Journalism in Europe: situation and needs

A report should be delivered based on the literature review and the survey results. It should indicate the way researchers, experts and journalists perceive and describe the current health journalism situation, training and needs, as well as suggest validation criteria. This report should be used by the consortium to contribute to the development of the educational methodology and tools. Its electronic version should be available on the website for further use by interested researchers/organizations.

As for both deliverables, the **Journalists' Survey Questionnaire and the Discussion Document**, they implied the completion of a number of milestones. Their accomplishment and current status will be described next. It will also be acknowledged any type of difficulty associated with the gathering and reception of data and the quality of the information provided. Table 1 summarizes which countries were covered and Table 2 shows on which topics was provided information.

Therefore, in the upcoming sections we will review the following Milestones and their accomplishment:

- Guidelines for the bibliography review and allocation to partners
- Bibliographic results
- Development of the survey tool (questionnaire, etc.)
- Finalization of the report

1.2 - Milestones

1.2.1 - Guidelines for the bibliography review and allocation to partners

Each partner was allocated with specific countries (including its own) to review, to ensure that the situation across Europe would be thoroughly recorded. This **process of allocation** maintained exactly the same distribution as the one established for WP1 and followed the same criteria: distribution was primarily and where applicable based on each partner's language. More specifically, countries were allocated to be reviewed by partners according to the following schema:

- FHD: Germany, Austria, (Switzerland, Liechtenstein), Belgium, Netherlands, Luxembourg and Iceland;
- Prolepsis: Greece, Cyprus, Slovenia, (Albania, Bosnia-Herzegovina, Croatia, Serbia) and Malta;
- COVUNI: UK, Ireland, USA, Italy and Turkey;
- University of Tartu: Estonia, Latvia, Lithuania, Poland (Belarus, Russia Ukraine);
- FIOH: Finland, (Norway), Sweden, Denmark;
- CIJ: Romania, Bulgaria, Hungary, Slovakia, Czech Republic and Moldova;
- UMinho: Portugal, Spain, France.

Table 1 summarizes the production and reception of information, for each allocated country (ahead, information will be provided on the specific content of the data that was delivered). As can be observed information was provided for about one third (34%) of the countries initially considered for revision. If we consider only members of the EU, the proportion of covered countries slightly rises to 44%, still less than a half.

The lack of information about countries can be attributed to two different motives:

- research was conducted, but no information was found;
- no research was conducted.

At this point we cannot advance any further information about this topic, because none was provided that allowed the distinction. We can only identify the countries on which information was provided. Those (limited) data will be the basis for the literature review and the construction of the questionnaire, as established by the Project.

Data were provided for these countries: Australia, Canada, Denmark, Estonia, Finland, Germany, Greece, Lithuania, Norway, Portugal, Romania, Spain, Sweden, United Kingdom and USA.

Country	No data was delivered by partners	Data was delivered by partners
<i>Albania</i>	<input checked="" type="checkbox"/>	
<i>Australia</i>		<input checked="" type="checkbox"/>
<i>Austria*</i>	<input checked="" type="checkbox"/>	
<i>Belarus</i>	<input checked="" type="checkbox"/>	
<i>Belgium*</i>	<input checked="" type="checkbox"/>	
<i>Bosnia-Herzegovina</i>	<input checked="" type="checkbox"/>	
<i>Bulgaria</i>	<input checked="" type="checkbox"/>	
<i>Canada</i>		<input checked="" type="checkbox"/>
<i>Croatia</i>	<input checked="" type="checkbox"/>	
<i>Cyprus</i>	<input checked="" type="checkbox"/>	
<i>Czech Republic</i>	<input checked="" type="checkbox"/>	
<i>Denmark</i>		<input checked="" type="checkbox"/>
<i>Estonia</i>		<input checked="" type="checkbox"/>
<i>Finland</i>		<input checked="" type="checkbox"/>
<i>France</i>	<input checked="" type="checkbox"/>	
<i>Germany</i>		<input checked="" type="checkbox"/>
<i>Greece</i>		<input checked="" type="checkbox"/>
<i>Hungary</i>	<input checked="" type="checkbox"/>	
<i>Iceland</i>	<input checked="" type="checkbox"/>	
<i>Ireland</i>	<input checked="" type="checkbox"/>	
<i>Latvia</i>	<input checked="" type="checkbox"/>	
<i>Liechtenstein</i>	<input checked="" type="checkbox"/>	
<i>Lithuania</i>		<input checked="" type="checkbox"/>
<i>Luxembourg*</i>	<input checked="" type="checkbox"/>	
<i>Malta</i>	<input checked="" type="checkbox"/>	
<i>Moldova</i>	<input checked="" type="checkbox"/>	
<i>Netherlands</i>	<input checked="" type="checkbox"/>	
<i>Norway</i>		<input checked="" type="checkbox"/>
<i>Poland</i>	<input checked="" type="checkbox"/>	
<i>Portugal</i>		<input checked="" type="checkbox"/>
<i>Romania</i>		<input checked="" type="checkbox"/>
<i>Russia</i>	<input checked="" type="checkbox"/>	
<i>Serbia</i>	<input checked="" type="checkbox"/>	
<i>Slovakia</i>	<input checked="" type="checkbox"/>	
<i>Slovenia</i>	<input checked="" type="checkbox"/>	
<i>Spain</i>		<input checked="" type="checkbox"/>
<i>Sweden</i>		<input checked="" type="checkbox"/>
<i>Switzerland *</i>	<input checked="" type="checkbox"/>	
<i>Turkey</i>	<input checked="" type="checkbox"/>	
<i>Ukraine</i>	<input checked="" type="checkbox"/>	
<i>United Kingdom</i>		<input checked="" type="checkbox"/>
<i>USA</i>		<input checked="" type="checkbox"/>

Table 1 – Summary of countries considered for revision by partners

(non-EU-countries in *Italics* were included for comprehensive coverage and for comparative purposes)

*According to the partner's indication, a list of references was compiled about these countries. However the information was sent mixed and we cannot distinguish it.

As for the **Guidelines for the bibliography review**, we decided to maintain the schema proposed by the Project. According to that proposal, all partners had to conduct an extensive literature review of published and grey literature following standard procedures for scientific research. The objective was to describe and understand how health is reported in EU media and these topics should be accounted for:

- needs and limitations;
- mostly/under-reported issues;
- sources of information;
- frequency of health stories;
- effect of health reporting on attitudes and decision making concerning health;
- health journalism education;
- qualification criteria for health journalists.

Our decision was motivated by the acknowledgment of the diversity of situations among EU countries when it comes to health journalism reporting and training and even when it comes to the production of research and scientific literature on this subject. Given this diversity, we decided not to excessively specify these topics, to allow partners to adopt them to the specific situation of each country. Also, we didn't find the need to further specify the concept of "extensive literature review", because we assumed it would be of general knowledge.

At this distance we evaluate this decision as, if not a mistake, at least as a not very successful one. Maybe we should have been more detailed even if it would mean a larger amount of work for each partner and sometimes unnecessary work. The truth, as Table 2 shows, is that very few of the topics above were extensively covered for each of the countries. One of the possible reasons for this "low response rate" (proportion of countries and quality of information provided) may be due to the fact that the above topics were not effectively understood. As for the concept of "literature review", it also revealed to be problematic, since many of the partners limited their responses to lists of bibliographic references with summaries, which does not constitute a "literature review".

As Table 2 shows, among countries on which data was received 6 (out of 15) had their contribution limited to Lists of References (displayed in Appendix 1). As for the data provided for the other 9 countries, it made possible, as will be explained next, some insight that allowed us to create the questionnaire (one of the deliverables of WP2). Nevertheless, we cannot provide a wide and extensive literature review for Europe, based on that information, because it comprises a very limited scenario (only 9 countries, and, for the most, from northern and central Europe). Still, in the upcoming sections all the data are presented and organized, so that they can be (eventually) used in a near future, as long as information from other countries is added.



	Overview	Needs & Limitations	Mostly reported issues	Under-reported issues	Sources of information	Frequency of health stories	Effect on attitudes and decision making	Health journalism education	Qualification criteria for health journalists	List of References (Appendix 1)
Australia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Canada	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Denmark	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Estonia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Finland	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Germany	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Greece	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lituhania	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Norway	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Portugal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Romania	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Spain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sweden	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Un. Kingdom	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
USA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Table 2 – Summary for the type of data provided for each country



1.2.2 Bibliographic Results

In this section we address the results of the literature review conducted by all partners. Table 2 depicts the type of data provided by each country, in compliance with the project's guidelines. In some cases, it was provided an Overview which, in some situations, globally contemplated some of the guidelines. We will include those situations in a specific section (Overview). All the information reproduced in this section was included exactly as it was received.

a) Research Methodology

Most countries followed the general methodology that was implied in the project's guidelines: all partners had to conduct an extensive literature review of published and grey literature following standard procedures for scientific research. The objective was to describe and understand how health is reported in EU media and these topics should be accounted for:

- needs and limitations;
- mostly/under-reported issues;
- sources of information;
- frequency of health stories;
- effect of health reporting on attitudes and decision making concerning health;
- health journalism education;
- qualification criteria for health journalists.

This implied (1) a systematic search for "health journalism" production, in all possible databases (general or specialized); (2) listing those references (Appendix 1); (3) and providing a literature review according to the above guidelines, using the information in the listed bibliography.

Some partners further specified their research methodology. This information can be found at Appendix 2.

b) Lists of References

All countries provided bibliographic references, as requested. That information was organized (when possible) in Appendix 1, according to the type of reference: Books & Book Chapters; Scientific Journals; Thesis (PhD; Master's; Bachelor's; High School). This arrangement resulted from an attempt to accommodate the diversity of situations.

c) Contributions by Country

On this subject, and considering only the countries on which we received any kind of data, we received different types of information. All of them sent Lists of references, but only a few provided the literature reviews according to the established guidelines. Table 2 gives an overview of the results: most of the countries provided general overviews; some provided also

data on some of the topics that were listed in the guidelines; only three countries provided the solicited data in total conformity with the proposed guidelines (Romania, Portugal and Germany).

Given this scenario, it would be a misguided decision to elaborate a literature review on the “European situation”, based on this data, because they do not portray a global view. Nevertheless, from our reading of the material, it was possible to list a number of relevant topics that we found to be valid, important and common enough to be eligible for the survey. In the following section (1.2.3 Development of the Survey Tool) we account for those topics in a Model for the Analysis of the concept of “Health Journalism Training”. Even so, we opted to transcribe all the partner’s valuable contributions. They were presented exactly as they were received at Appendix 3.

Also, and despite the lack of data, we tried to summarize some key aspects from the material that was sent:

- The relationship between physicians (and medical experts in general) should be improved and intensified. There is still some reciprocal distrust and lack of understanding of each other’s roles and routines, which contributes to the quality of information on health topics and to the perception of the public.
- When it comes to the quality of health news production, some issues still exist regarding its perceived credibility. Aspects such as the accuracy of data and more depth of coverage should be addressed. Also, news should incorporate a societal dimension.
- The most common sources of information for journalists are usually official ones (like administrations or the WHO), specialized (physicians or medical experts) or pharmaceutical companies.
- There is some diversity when it comes to the most and the least reported topics, but there seems to be some agreement on the fact that epidemics such as H1N1 tend to be intensively covered. Also, we lack studies on the subject of frequency of health stories (when compared to other issues).
- As for health journalism education, more training appears to be necessary and useful. No qualification criteria for health journalists seem to be necessary in any country. Seemingly, no higher education degrees are demanded to European journalists in general.

1.2.3 Development of the survey tool

a) The Model for Analysis

As we have previously explained, this model results from the literature reviews that were provided by the partners and from some additional research on our part. Table 3 summarizes the Dimensions, Components and Indicators that we considered to be relevant for the analysis of the concept of “Health Journalism Training”.

Dimension	Components	Indicators
Journalist’s experience in the field	Amount of production dedicated to health topics Focus of the production Health Journalism Experience Routines of health coverage	“Type” of Journalist (Q1) Regularity of production (Q2) Type of health news stories (Q3) Numbers of years as a health journalist (Q4) Frequency of health coverage (Q5) Obstacles and problems (Q17)
Journalist’s background	Demographic characteristics Academic Background Professional Experience	Sex/Age/Nationality (Q21/Q22/Q23) Years of study & degrees (Q24) Years (Q20)/Type of medium (Q18)/Type of journalist (Q19)
Quality of the news media coverage of health issues		Ranking of issues in an ordinal quality scale (Q6)
Evaluation of the news media coverage of health stories	Quantitative evaluation Qualitative evaluation	Ranking of the frequency of health stories coverage in an ordinal quality scale (Q7) Ranking of the quality of health stories coverage in an ordinal quality scale (Q8)
Sources of information for health stories	Most used sources Dependency from press releases/conferences	Ranking of the frequency of resource to specific types of sources in an ordinal quality scale (Q9) Ranking of the frequency of resource to press releases and conferences in an ordinal quality scale (Q10)
Training	Existing training Desired training	Type on training in health journalism (Q11) Importance of specialized training (Q12) Most important areas for training (Q13) Most important skills to acquire/improve (Q14) Training formats (Q15) Duration of training (Q16)

Table 3 – adopted Model for Analysis of “Health Journalism Training”



b) Sampling

Considering that the purpose of this study is not to produce any type of statistical generalization, we opted for non-probabilistic sampling and, more specifically, “typical cases” sampling. This means we assume the investigators’ experience in the field gives them the necessary knowledge to choose the most appropriate individuals to integrate the sample.

For the same reason stated above, we did not perform a calculation for the size of the sample, but decided, on common sense basis, that 20 to 30 journalists inquired would be reasonable.

c) The construction of the Questionnaire

As part of our research we came upon a survey which had already contemplated most of our indicators. Therefore, we opted to request the necessary authorization to adapt the questionnaire used in that survey to our specific needs. This meant a significant reduction of the original tool and the introduction of some specific questions.

Our decision to adapt an already existing tool was due to two main reasons:

- First of all, for ethical motives: it would be unethical to create a questionnaire similar to an already existing one, since we had knowledge of it. The proper thing to do would be to give credit to the existing tool and ask for authorization to adapt it;
- Second, that survey tool had already been validated and results could be compared (USA and Europe) for similar questions.

As a result an adaptation of the “*Survey of AHJ Members, 2009*” conducted by the Kaiser Family Foundation and the Association of Health Care Journalists (USA) was undertaken. The final questionnaire can be found at Appendix 4.

2- Recommendations

Finally, we leave some suggestions for further developments of this type of research:

- It would be of the utmost importance to complete the research undertaken in WP2 (literature review), with data from missing countries and with more information (guidelines) about the ones that are represented. This would allow for a representative overview of the situation in Europe.
- The same goes for the List of References that was provided. It would be of interest to complete it and expand it, in order to understand the most frequent (and less frequent) forms of scientific dissemination of health journalism topics. This would allow a reflection on new ways to promote and disseminate research and publishing on this subject.
- One of the most important areas when it comes to publishing on health journalism is journalism itself: what is published and broadcasted by the media about health issues. Therefore, it would be of interest to develop integrated research in EU countries on this subject: the way media report health.
- We have already stated the importance to understand the phenomenon of health journalism and health journalism training at an European level. But as much important is to realize it in terms of the differences among countries and/or regions. The effective comprehension of this diversity would allow the creation of better policies and training activities.



Appendix 1

List of References provided/country

(references were introduced in the same format they were sent)

Books & Book Chapters

Australia

No references.

Canada

No references.

Denmark

Jørgensen O. Det handler om ytringsfrihed: medieюра. Forlaget Ajour; 2004.

Kirkeby A, Høi P, Smidt P. Der er dage-: en prismodtager i udvalg.[Anmeldelse]. Forlaget Ajour; 2004.

Sørensen F. Kunsten at lave blade: hvad enhver redaktør bør vide om design, journalistik og kunsten at fange læserne. Forlaget Ajour; 2002.

Ufer N. Den nøgne journalist. Forlaget Ajour; 2001.

Yochelson B, Czitrom DJ. Rediscovering Jacob Riis: Exposure journalism and photography in turn-of-the-century New York. New Press, The; 2008.

Albaek E, Christiansen PM, Tøgeby L. Europeanization of Expert References in the Media? Researchers as Sources in Danish Daily Newspapers 1961-2001. Democratic Governance and European Integration: Linking Societal and State Processes of Democracy. Cheltenham & Northampton: Edward Elgar Publishing; 2007. p. 44-52.

Estonia

See list at the end of App. 1.

Finland

Torkkola S. Sairas juttu. Tutkimus terveystjournalismin teoriasta ja sanomalehden sairaalasta. [Sick story. A research on the theory of health journalism and the newspaper hospital]. tampere: Tampere University Press.; 2008.

Torkkola S. Terveystjournalismissa pakit saa potilas. Helsinki: Tammi; 2000.

Torkkola S. Terveystviestintä. Tammi; 2002.

Germany

ALHEIT, Christa; TYCHER, Michael, **Ein Entwurf des publizistischen Kriteriums Sensibilität zur Untersuchung von Informationszeitschriften für chronisch kranke Menschen anhand einer Fallstudie mit den Leserinnen und Lesern der Zeitschrift ; A draft of the journalistic criterion**, Technische Universität Berlin, 2001.

ALTMEPPEN, Klaus-Dieter; HÖMBERG, Walter, **Journalistenausbildung für eine veränderte Medienwelt, Diagnosen, Institutionen, Projekte**, Wiesbaden, 2000.

BLÄSI, Burkhard: **Keine Zeit, kein Geld, kein Interesse...?**, Elektronische Ressource, Konstanz, 2006.

BRICHTA, Mascha, NEVERLA, Irene, KAMP, Hanns-Christian, FISCHER, Reinhard, **Wer krank ist, geht ins Netz: eine empirische Untersuchung zur Medien- und Internetnutzung im Krankheitsverlauf**, Köln, 2007.

- GABATHULER, Michael, **Wissenschaft und Publikum? Eine Inhaltsanalyse der Gesundheitsberichterstattung in Schweizer Tageszeitungen**, Bern, 2009.
- HERWEG, Constanze: **Berichterstattungsanalyse über Medizin in Wort und Bild in der Zeitschrift GEO unter der Chefredaktion von Hermann Schreiber (1987-1992)**, Elektronische Ressource, Konstanz, 2005.
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- HURRELMANN, Klaus, LEPPIN, Anja Hrsg., **Moderne Gesundheitskommunikation: vom Aufklärungsgespräch zur E-Health**, Bern, 2001
- KRAUSE, Daniel: **Beratung, Therapie oder doch bloß "Show"?**, Elektronische Ressource, Konstanz, 2006.
- ROLOFF, Eckart K., **Ärzte und Medizinjournalismus**, in: Fischer, Heinz-Dietrich (Hrsg.), Publizistikwissenschaftler und Medizinkommunikation im deutschsprachigen Raum, Bochum 1990, S. 39-50.
- SCHAFFLER, Roland, **Gesundheitsjournalismus**, in: Österreichische Krankenhaus-Zeitung, 2006 Band 47, Heft 7, Seite(n) 46ff.
- STEIN, Rosemarie, **Nutzen und Risiken des Medizinjournalismus**, in: Medizin Mensch Gesellschaft, Heft 11, 1986, S. 89-91.
- STODIEK, Oskar, **Die Medien-Agenda in der Medizinpublizistik der "Regenbogenpresse" : Thematisierungsmuster einer Printmediengattung**, Berlin [u.a.] : Lit, 2009, Hochschulschrift: Zugl.: Bochum, Univ., Diss., 2008
- VORBRINGER, ANNE: **SARS - Berichterstattung in Regionalzeitungen journalistische Qualität in Abhängigkeit von der Größe der Wissenschaftsredaktion**, Sozialwissenschaftlicher Fachinformationsdienst, Bd. 1, S. 9-24 2006
- WESSEL, Jana, **Öffentlichkeitsarbeit und Journalismus : Befragung von Medizinjournalisten zum Einfluss von Public Relations**, Berlin, Freie Univ., Magisterarbeit, 2004
- WILD, C, **Kritischer Medizinjournalismus. Sind Innovationsberichterstattung und evidenzbasierter Medizinjournalismus Gegensätze**, Elsevier, 2002.

Greece

Chrusanthou, Ch. (2005). Μαθήματα δημοσιογραφίας. Τα κριτήρια για την αξιολόγηση, την ιεράρχηση και την επιλογή των ειδήσεων [Journalism lessons. Criteria for the evaluation, the prioritization and the selection of news]. Athens: Έλλην.

Lithuania

No references.

Norway

Førde R, Hafstad A. Helsejournalistikk. Kristiansand: IJ-forlaget; 2006.

Måseide P, Meyer G, Sylwan P. Morsom mosaikk om vitenskap og journalistikk. Oslo: Cappelen Akademisk; 2006.

Portugal

Santos, Rogério (2006). *The source did not want to declare*. Campo das Letras. This book analyses the relationship between journalists and news sources, looking into AIDS news articles. The author tries to explain how newsrooms and journalists work, as well as researching the agenda-setting process.

Traquina, Nelson et al (2001). *Portuguese Journalism in a case analysis*. Caminho. This book collects texts from several academics that study journalism. There is a literature review on news sources and journalists, and a report on several case studies. We highlight the HIV/AIDS problematic.

The book *Clinical Files* (2002, Dom Quixote), from the journalist Cláudia Borges, is disconnected from the academic field and reflects the events that were shown in a TV program with the same name. This program was launched in August 9th 1998 by SIC (private TV news channel). It presented a new format, innovative, aimed at showing a well-succeeded medicine in treating anonymous citizens' diseases. It used to mix news features and debate, following up cases of severe diseases with successful treatment stories. Cláudia Borges, the journalist who coordinated and presented those emissions, was from the opinion that it was a way of filling in a void when it comes to TV news. Moreover, it would show a theme people are concerned about.

Romania

Val Valcu – Jurnalism social (Social Journalism), Iasi: Polirom, 2007, 288p. ISBN 978 -973-46-0749 -5 (Collegium.Media.Ghiduri practice) –**Medicina si conflictul** (Medicine and Conflict) p.66-94. The book is devoted to journalism students. The chapter focuses on the relationship between journalists and the representatives of the medical professions, with special attention to the conflicts of interests. The book also offers information on the functioning of the 'health department' within the social department of a media outlet. The author concludes that, as according to OMS, 51% of our medical problems are determined by our life-style, it is only normal the media consumers' interest in health issues is growing.

Spain

No references.

Sweden

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Läkartidningen, Socialstyrelsen, Svenska Läkaresällskapet, Terminologisentrum TNC; 2010.

Ideland M. Dagens Nyheter. Hur massmedier berättar om genetik och genteknik. Nordic Academic Press, Box 1206, 221 05 Lund,, 2002.

Jarlbro G. Krisjournalistik eller journalistik i kris? Krisberedskapsmyndigheten, 2004.

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Levi R. Medical journalism: exposing fact, fiction, fraud. Wiley-Blackwell; 2001.

Lundälv J. Det talande offret. Journalistik vid olyckor och katastrofer. Meyers förlag, 1999.

Lundälv J. Talesmannen : mediapraktika för hjälpare. Gävle: Meyer; 2000.

Slinde F. Är samband mellan kost och hälsa intressanta om 20 år? Kungl. Skogs- och Lantbruksakademien (KSLA), 2005.

Johansson B. Medierna, politiska kriser och sjukvården. Svensk samhällsorganisation i förändring, Västsverige vid millennieskiftet. Göteborg University: Göteborg; 2005.

Lundälv J. Journalistik och trafikmedicin. In: Lundälv J, editor. Det talande offret. Journalistik vid olyckor och katastrofer. Gävle: Meyers förlag; 2001. p. 43-55.

Lundälv J. Journalistik i krisens epicentrum. In: Lundälv J, editor. Det talande offret. Journalistik vid olyckor och katastrofer. 2001. p. 56-62.



Lundälv J. Mångkulturell beredskap och journalistik. In: Lundälv J, editor. Det talande offret. Journalistik vid olyckor och katastrofer. Gävle: Meyers förlag; 2001.

USA

Levi R (2001) *Medical Journalism*, Iowa State University Press. Still available, this short (150-page) and readable book by a US doctor and award-winning Medical Editor, offers some useful advice on a wide range of topics and issues of relevance to any journalists seeking to cover health topics. Chapters begin from the basics “What is medical journalism” and discussion on “barriers to serving the audience”, through to distinguishing from fact and falsehood, ten “pitfalls in medical reporting” and concluding with useful listing of online sources of medical information.

United Kingdom

Gastel B (200??) *Heath Writers' Handbook*.

Hart A (200??) *Popular Health & Medical Writing for magazines*.

Karpf A (1988) *Doctoring the Media*, Routledge, London. This 280-page book completed in 1987 is sadly now out of print, although used copies are still widely available. Although only a few sections are directly related to health journalism, and mostly to the broadcast media (pre-internet) the issues raised over the depiction and discussion of health related issues in all forms of the media, including drama and fiction, offer useful food for thought on the power and influence they have on the audience.

Pape S, Featherstone S (2005) *Newspaper Journalism, a practical introduction, (108-111)* Sage Publications London. Apparently the only basic journalism textbook with any serious reference to health at all, and one which also attempts to offer a brief (and now hugely outdated) summary of the structure of the NHS in the different devolved nations of the United Kingdom: the health section is just 4 pages of a 200 page book.

Seale C (2002) *Media and Health*, Sage Publications, London. This book takes a largely abstract approach, and does not appear to be in any way directed at journalists. It discusses various models for analysing the “media health audience” before going on to discuss a wide range of issues and their depiction in all forms of media including TV soap operas.

Scientific Journals

Australia

Chapman S, Nguyen TN, and White C (2007) Press-released papers are more downloaded and cited Tobacco Control. 2007; 16(1): 71. doi: [10.1136/tc.2006.019034](https://doi.org/10.1136/tc.2006.019034), available <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2598438/> An Australian academic article examining website data and citations for all 553 original articles, reviews, editorials and special communications published in Tobacco Control and its peer-reviewed supplements from issue 7-1 till issue 13-2, comparing press-released and non-released articles. Press releases were issued to over 1000 media outlets around the world by the BMJ's press office for 47 original articles published during the study period (table 1). They discovered that press-released papers “received 2.3 times more web hits than non-press-released papers, 2.5 times as many pdf downloads, and were 2.1 times more likely to be cited”. However the authors point out that “Papers are selected for press release because of their anticipated newsworthiness. Newsworthiness is a subjective quality that reflects staff and editor's judgements about the likely interest that journalists will have in a paper's findings. It is not a judgement that is necessarily governed by the “importance” of a paper to the research community.”

Wilson, A, Robertson J, McElduff P, Jones A, Henry D (2010) Does it matter who writes medical news stories? PLoS Med 7(9): e1000323. doi:10.1371/journal.pmed.1000323, available <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000323> A referenced and peer-reviewed Australian study produced by university academics responding to recent studies in Canada.

Canada

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Denmark

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Budtz S, Witt K. Consulting the Internet before visit to general practice. Patients use of the Internet and other sources of health information. Scandinavian journal of primary health care 2002;20(3):174-6.

Damman OC, van den Hengel YK, van Loon AJ, Rademakers J. An international comparison of web-based reporting about health care quality: content analysis. J Med Internet Res 2010;12(2):e8.

Friday C. Journalism as Company. The aesthetics of television 2001;257.

From U. Forbruger-og livsstilsjournalistik. En analyse af nytte og nydelse i journalistikken. MedieKultur 2007;(42/43):35-45.

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Estonia

In the Harro, H. (2011) article *Media Generated News Waves – Catalysts for Discursive Change: The case study on drug issues in Estonian print media* concentrated on *if and how* a journalistic news wave facilitates the mediation of those issues that have, hitherto, been seldom discussed in public. The aim of the study is to reveal the impact of intensive media coverage on the journalistic discourse of drugs during the transition period of the 1990s in Estonia.

The drug issue was a new discourse during the transition period. Content-analysis of drug issues of the period revealed that since 1995 the print media's representation of drug issues shifted towards a crime-discourse and new issues like the trading in drugs and the activities of the anti-drug police were introduced. When we tried to specify the moment the discursive turn occurred we discovered the existence of the 1995 'Thai arrest case': Four Estonian citizens were arrested at Thailand's international airport for drug smuggling and the Estonian media was alarmed at the possibility that these four would be sentenced to death (Harro, H., 2011).

In the 1990s Estonian society went through a transition period. Society changed quickly while the public dissemination of some new discourses lagged behind (eg. drugs, HIV, sub-discourses of financing etc.). Addiction to illegal drugs was regarded as a problem, although a marginal one, in Soviet Estonia (Liiv, 1993, p. 65-82, 129). Drug use did exist, but only among specific groups with easier access, but was not broadcast to public awareness. Generally drugs were considered a vice of capitalist ideology and were perceived as a sign of the decline of capitalism (Liiv, 1993). While the mass media was not allowed to address the issue of addiction in the Soviet Union drugs were, nevertheless, occasionally mentioned in the press, but then specifically in a Western context, as a symbol of capitalist society (e.g. *Noorus*, October 1984). The public awareness of the drug issue was limited to hearsay and those who had visited the southern republics of the USSR, and the inhabitants of northern Estonia who could get information

from other sources like Western films shown on Finnish TV channels. By and large the Estonian public knew little about any drug issues. In response to changes in the prevailing political environment at the end of the 1980s, the mass media started to speak more about illegal substances. Nevertheless, even after the fall of the Iron Curtain, the readiness to fully comprehend various drug-related risks remained modest.

In 1993, a population survey *Eesti 93 (Estonia 93)* ranked drug abuse as 11th among 14 potential problems (Narusk, 1999, p. 78).

At the beginning of the 1990s, the emergent tabloid press dominated the topic of drugs. As this new media promoted a hedonistic lifestyle and represented this with stories of movie stars and musicians of international fame, drug use by celebrities appeared frequently. For instance, 146 stories out of 304 (i.e. 48%) published in the tabloid papers in 1994 contained the word *narkootikum* (drug)¹ or named some of the narcotic substances involved in the entertainment industry (Paimre, 2006: 6; Harro-Loit & Paimre, 2008: 86-87). A critique of this period in the first half of the 1990s is that media portrayed 'drug abuse' as an element of a hedonistic life-style without any inferences to illegal activities. Furthermore, only 33 out of a total of 103 drug-related articles (i.e. 32 %) published in 1994 in the Estonian media were actually connected to life and people in Estonia.

Today the issue of drugs in Estonia is mainly associated with the crime and police discourse, but until the second half of the 1990s there was little media talk about drug-dealing or drug offences. In 1993-1994 there were, for example, only five stories published in the national daily *Eesti Päevaleht* and three in the national daily *Postimees* that featured 'drug-related crime in Estonia' as their main focus. These figures confirm that drug-trafficking and the crime discourse did not yet exist in the media. Several arrests of Estonian drug-traffickers failed to cause much of a scandal e.g. even the involvement of a high civil servant in the drug business made it to the news only once (*Post*, 5 I 1994).

Content analysis revealed that the intensity of reporting on the topic increased considerably from 1995. Whereas in 1993 there were only 54 drug-related articles published in the Estonian media and 103 in 1994, the aggregate number of articles in 1995 rose to 171. Judging by the frequency and intensity of the coverage there were two events which merit the label of 'key events' in 1995: the Thailand drug-trafficking case (51 articles in the Estonian language printed media) and the so-called 'poppy war' (45 articles). In the course of the next ten years an additional 110 articles were published concerning the Thailand case. Further analysis of such 'news waves' indicated that the 'Thai scandal', which broke out in July 1995, became the key event that exerted considerable influence on the future drug discourse (Harro, 2011 in print)

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Germany

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Greece

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Lithuania

- Zagminas, K., Surkiene, G., Urbanovic, N., Stukas, R. (2007). Parental attitudes towards children’s vaccination. *Medicina (Kaunas)*, 43(2):161-169. The first article gives the survey about the parental attitudes towards children’s vaccination. The results of anonymous survey confirm that most part of parents were sure that vaccination is more beneficial than harmful. Two third of respondents mentioned that vaccines are amongst the most effective and least costly forms of medical treatment. Majority of parents agreed that children vaccination is essential and children should be vaccinated regularly according schedule. The main sources of information on vaccination are medical institutions, print and broadcast media. About 20-40% respondents indicated insufficient knowledge on this issue. Vaccination of adult and risk groups should be emphasized in the national vaccination programs (Zagminas, et al., 2007).
- Rapoliene, G. (2010). Elderly in Lithuanian media: naïve, suffering and helpless. *Sociologija. Mintis ir veiksmai*, 1(26):99-115. The second article “*Elderly in Lithuanian media: naïve, suffering and helpless*” analyses how media homogenizes different views, influences age identity of individuals and attitudes towards their own and other age groups. Western research reports under-representation of elderly, especially women, more often portrayed negatively in physical, psychological and social sense. When analyzing internet portal Delfi about elderly topics, elderly women more often represented than men. Dominative part of reports were criminal with imaging victims as weak, naïve, harmed elderly ect. The positive side of search results image fighters, public figures and deportees (instead of Western healthy leisure class representative image) (Rapoliene, 2010).

Norway

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Portugal

When it comes to scientific papers, we can highlight **three** main groups:

I – Analysis of AIDS news coverage:

Traquina, Nelson (2000). "Portuguese journalism and HIV/AIDS problematic: na exploratory study". *Communication and Languages Journal*, nº24.

Traquina, Nelson (2004), "AIDS in the news: case study of the news coverage in *Diário de Notícias* and *Correio da Manhã*" in *Media & Journalism Journal*, nº5.

Ponte, Cristina (s/d), "Epidemics news coverage in the Portuguese press. HIV/AIDS case." in BOCC

The project coordinated by Nelson Traquina resulted in several articles on HIV/AIDS problematic and its representations in news coverage, signed by Nelson Traquina, Cristina Ponte and Ana Cabrera.

The article "Epidemics news coverage in the Portuguese press. HIV/AIDS case." Shows parcial results from the discourse analysis of AIDS news coverage in two Portuguese newspapers, *Diário de*

Notícias and *Correio da Manhã*, between 1981 and 2000. The analysis is centered on news stories titles and shows the idea of control and security's illusion. The discourse is supported by official sources and shows an almost total absence of alternative voices, such as the common citizen as a potential HIV carrier.

In the article "AIDS in the news: case study of the news coverage in *Diário de Notícias* and *Correio da Manhã*" (2004), Nelson Traquina shows the final results of HIV/AIDS news coverage research. He analyzed the daily newspapers mentioned above, for a period of 20 years. The author refers the differences and similarities between a reference and a popular newspaper. As for the similarities, Traquina highlights the same news-values in this theme, namely the proximity, infraction, time factor, death and whether the person presented in the news is known or not. As for the differences, the author says *Diário de Notícias* pays more attention to the biomedical "story" and news features, while *Correio da Manhã* highlights the epidemics "story" and sex/celebrities news stories.

II – Research on the relationship between health and ICTs:

Espanha, Rita e Cardoso, Gustavo (2009), "Electronic Health and e-health practices in Portugal", in JANUS 2009 – Civilizations Alliance: A possible pathway and world health, UAL & Público, Lisboa.

Espanha, Rita (2009), "Networking Health", in Interface Public Administration Journal, nº 49, Lisboa.

Espanha, Rita and Lupiañez-Villanueva, Francisco (2009), "Health and the Internet: Autonomy of the User", in Cardoso, Cheong and Cole (Eds.) (2009), World Wide Internet – Changing Societies, Economies and Cultures, Ed. University of Macau, Macau.

Espanha, Rita (2008) Jul 2. Internet and Health Contents. Observatorio (OBS*) [Online] 2:3. Available: <http://www.obs.obercom.pt/index.php/obs/article/view/228>

Espanha, Rita e Gustavo Cardoso (coords.) (2007), Online Health Contents: Google, www and Blogs, Lisboa, CIES/ISCTE (final report).

Espanha, Rita (2010), "Information and communication technologies on health" in Simões, Jorge (2010) (Coord.) 30 Years of National Health Service – a commented pathway, Almedina: Coimbra

Espanha, Rita (2009), Health and Communication in a network society – the Portuguese case, ed. Monitor, Lisboa.

Espanha, Rita (2009), "Health in Communication", In Cardoso, Gustavo, Cádima, F.R. and Landerset Cardoso, L. (Coord.), Media, Networks and Communication: Present Futures, Lisboa: Quimera

Espanha, Rita (2009), Autonomy projects on a transition society: Media and Health, PhD thesis, Lisboa, ISCTE-IUL

These articles were written by Rita Espanha and some of them were also jointly written by Gustavo Cardoso. They result from a study developed within the research project described above, aiming at identifying and understanding information and communication practices for individual management of health problematic. Specially the construction and development of individual autonomic processes within the health field. Information and communication technologies make people autonomous in relation to their social and individual background, allowing an escape from traditional control. Therefore, they face modern society's contradictions without forgetting the relevance of communication networks in constructing new social movements. In her PhD thesis, Rita Espanha (2009) thinks on information and communication daily practices and their meaning in the individual management of health problems. The way ICTs are shaped by individual needs and social contexts, especially when it comes to health communication. Individual health management never involved so much

information as nowadays, since there is a wide range of medical and health information from several sources (from specialized sources to the common citizen). The author studies health issues related to internet use, in the Portuguese case.

III – Analysis of health newsmaking process in the press:

Lopes, F, Ruão, T, Marinho, S, “Influenza A in Portuguese Press: a disease in the news through strategic communication”. Observatório (OBS*), Vol 4, No 4 (2010)

Marinho, S, Lopes, F, Ruão, T, Coelho, Zara “Analysing disease in the news: first portrait”, Publication of the CICOM Congress Communication, Cognition and Media Proceedings, 2010

Ruão, T,; Lopes, F.; Marinho, S.; Araújo, R. (2011) “Media Relations and Health news coverage: the dialogue on influenza A in Portugal”, Conference Proceedings, ECREA – Organizational and Strategic Communication, University of Covilhã – Portugal.

Romania

Dr. Val Vilcu, Florin Pupaza – Perception of Corruption in Public Health Administration among Journalists, in Management in Health, 1/2009, p.56-61, ISSN 2067-7561

Based on a survey, the authors aimed to assess the journalists perception on corruption in public health administration. Despite the mostly negative evaluation, according to the journalists included in the survey, the healthcare system is moving to the direction.

Florin Mihaltan, Ruxandra Ulmeanu – The Swine Flu among media sensationalism, concern and reality (H1N1 intre spectaculosul jurnalistic, ingrijorare si realitate), Revista Societatii Romane de Medicina Interna, nr.3/2010, ISSN 1220-5818

The article offers an overview of the way swine flu was covered by different media, mainly in USA and Mexico.

Spain

Gloria A. Coe. Comunicación y promoción de la salud. Chasqui 63, septiembre '98 Este artículo ofrece un examen histórico, conceptual y operativo de la comunicación para la salud a partir de la amplia experiencia desarrollada por la OPS. Se analizan las lecciones aprendidas de la cooperación técnica. Debido al éxito logrado por los programas de comunicación para la salud, los organismos de financiamiento están haciendo inversiones considerables en América Latina y el Caribe, en programas de este tipo, para promover cambios de comportamiento.

Silvio Waisbord y Gloria Coe. Comunicación, periodismo, salud y desafíos para el nuevo milenio. Razón y Palabra, 2000. Número 26 Reconociendo la importancia de los periodistas y los medios de comunicación en el desarrollo de la agenda pública y política, la OPS inició actividades de colaboración con las Facultades de Comunicación Social (FELAFACS)¹ en la formación de periodistas en salud.

INMEDIACIONES es una publicación de la Escuela de Comunicación de la Universidad ORT Uruguay. AÑO 3 - NUMERO 3. 2001

Virginia Silva Pintos Comunicación y Salud PAG. 119 El encuentro entre estas dos disciplinas ha ido constituyendo poco a poco un área profesional específica con intenciones concretas: asegurar una adecuada cobertura de los temas de Salud por parte de los medios masivos; disminuir la brecha existente entre los avances de la medicina y la incorporación de éstos por la población; estudiar las estrategias y los medios necesarios para lograr que las temáticas de salud alcancen los públicos objetivos y produzcan en ellos efectos concretos; motivar a la población hacia

temas como políticas de salud y calidad de vida; generar acciones efectivas en favor de la prevención de la enfermedad, la protección y la promoción de la salud integral.

José Marques de Melo **Comunicação e saúde pública: alavancando o desenvolvimento PAG.** 137 *EN PORTUGUES. HABLA DE LA IMPORTANCIA DEL TEMA Y DE LAS APORTACIONES QUE AL OBJETO DE ESTUDIO SE HAN HECHO EN DIFERENTES EVENTOS.*

Quima Oliver i Ricart **La Adolescencia: la gran ausente en los medios PAG.** 147 Adolescencia y medios de comunicación es un tema que en Uruguay prácticamente no se ha incursionado. El motivo a primera vista es que no es relevante. Los adolescentes como grupo social no tienen peso y de ahí se deriva toda una serie de consecuencias que se constatan en los resultados de un estudio cualitativo realizado por UNICEF. Ante la falta de documentación y bibliografía específica, el informe se basó esencialmente en entrevistas a adolescentes de variados perfiles sociales de Montevideo y de tres departamentos del interior (Salto, Durazno y Cerro Largo), periodistas de diferentes medios y otros profesionales vinculados al tema. Paralelamente, se envió un cuestionario a 396 medios de prensa, radio y TV de todo el país de los cuales sólo contestaron 27.

[Mirta Núñez Gudás](#) **Criterios para la evaluación de la calidad de las fuentes de información sobre salud en Internet ACIMED v.10 n.5 Ciudad de La Habana sep.-oct. 2002. versión impresa ISSN 1024-9435.** El crecimiento vertiginoso y descontrolado de los recursos de información en el ambiente de Internet es motivo de una profunda preocupación, en particular, para las autoridades sanitarias, que advierten sobre los peligros que entraña la diseminación de publicaciones sin un control de su calidad. Se revisó la literatura disponible con el objetivo de hallar los criterios utilizados con más frecuencia para evaluar los recursos y los sitios web. La evaluación crítica de la información existente en Internet es una labor insoslayable, tanto para profesionales como para consumidores de información en el área de la salud.

DeSC: INTERNET; CIENCIAS DE LA INFORMACION; CONTROL DE CALIDAD

María Teresa Ruiza / Marta Martínb / Daniel La Parrab / Carmen Vivesa / Manuel Albaladejo. El enfoque de género en las noticias de salud. *Gac Sanit 2004;18(Supl 2):65-74. Objetivos: Analizar con enfoque de género el contenido de las noticias sobre los problemas de salud que afectan a ambos sexos (cáncer, infarto y tabaco), o principalmente a mujeres (anorexia, malos tratos y aborto), publicadas en los medios de comunicación escritos durante los años noventa, y desarrollar algunas recomendaciones para la elaboración de noticias de salud con enfoque de género. Material y métodos: Análisis del contenido de las noticias de los temas mencionados de El País, ABC y El Mundo (1991-1999). Fuentes de información: bases de datos informatizadas de los periódicos. Muestra de 1.358 noticias que contenían los términos seleccionados en la edición Nacional (malos tratos [57], anorexia [79], infarto [118], aborto [330], tabaco [350], cáncer [422]). Conceptos estudiados: «visibilidad», atribución de poder y paridad, y estudio con informadores claves. Resultados: Un 38% de las noticias que identificaban el sexo de los periodistas fueron firmadas por mujeres. Como actores de las noticias, los hombres (73%) fueron más «visibles» que las mujeres (40%). La mayor presencia de las mujeres fue como pacientes (14%) y la de los hombres como políticos (29%) y médicos (24%).*

Conclusiones: Pese a los esfuerzos realizados en los noventa, falta fortalecer el enfoque de género en las noticias sobre la salud.

Gemma Revueltaa / Inma Alonso / Sonia Tomásb / Marcela Guerrerob / Izabella Rohlfsc. Género y salud en la prensa diaria. *Gac Sanit 2004;18(Supl 1):201-6.* Para alcanzar una mayor comprensión del papel de la prensa en la transmisión de las cuestiones de género y salud se estudió el contenido de los 5 diarios de mayor difusión en el territorio español (*El País, ABC, El*

Mundo, *La Vanguardia* y *El Periódico de Catalunya*) durante 5 años (1997-2001) y de la versión electrónica de *The New York Times* correspondiente al período 1900-1999. Se observó que existe una distribución desigual en la responsabilidad sobre la información en 3 aspectos: la distribución de los cargos de responsabilidad de los diarios (de los 71 principales cargos, 67 eran hombres y 4 mujeres); los autores de los textos periodísticos sobre cuestiones de salud (el 61,2%, hombres y el 38,8%, mujeres, entre los textos que explicitaban la autoría) y las fuentes de información mencionadas (el 81,43%, hombres y el 17,77%, mujeres). Entre los 120 temas sanitarios que fueron cubiertos durante el período de estudio, sólo 20 mencionaron explícitamente a la mujer (16,67%). Los que incluyeron con mayor frecuencia referencias explícitas fueron: ablación, iatrogenia, esterilización, salud sexual y reproductiva, incontinencia, belleza y violencia doméstica. El análisis del tratamiento dado a estos temas permitió reconocer estereotipos de desigualdad de género, tanto en el lenguaje como en el enfoque utilizados.

Macías-Chapula, CA. Hacia un modelo de comunicación en salud pública en América Latina y el Caribe.

Rev Panam Salud Publica. 2005;18(6):427–38. Objetivo. *No existen estudios bibliométricos ni cuantitativos que permitan examinar con un criterio cuantitativo, retrospectivo e integral la producción científica sobre salud pública en América Latina y el Caribe. Además, las carencias de los sistemas de información existentes no permite examinar la pertinencia, calidad e impacto de la producción científica con miras a evaluarla en función del cumplimiento de determinadas exigencias sociales y del patrón de comunicación científica existente. El propósito de este trabajo es presentar los resultados de un análisis bibliográfico sobre la producción científica en el área de salud pública en la Región de América Latina y el Caribe. El objetivo final del análisis es construir un modelo de comunicación científica en este campo que sirva de apoyo para que investigadores, gestores y trabajadores de la salud pública puedan tomar las decisiones y las acciones necesarias. Método.* *El método utilizado consistió en una revisión bibliográfica de la base de datos LILACS-SP para identificar la distribución de las publicaciones sobre salud pública generadas por cada país en el período comprendido entre 1980 y 2002. Los datos obtenidos se procesaron con Microsoft Excel (2000) y Bibexcel (2001), para obtener indicadores de la producción científica, el tipo de documentos publicados, el idioma, el número de autores por publicación, el contenido temático y las instituciones participantes. Para efectos del presente trabajo, la muestra se limitó a los ocho países que arrojaron una producción de documentos superior a los tres mil registros durante el período de estudio. Estos países fueron, en orden descendente de cantidad de registros: Brasil, Chile, México, Argentina, Venezuela, Colombia, Perú y Cuba. En conjunto, representan 85,10% del total de la producción. Resultados.* *Los datos recabados ayudaron a establecer las bases de un modelo de comunicación científica en el área de salud pública, caracterizado principalmente por los elementos señalados a continuación. Treinta y siete países participaron con 97 605 documentos en el período de 1980–2002. La mayor parte de los registros aportados por esas ocho naciones correspondió a artículos publicados en revistas científicas (67,73%) y a monografías (29,46%).*

La proporción de trabajos firmados por dos o más autores fue relativamente alta, de 56,48% entre los registros analizados. La producción correspondiente a artículos científicos (56 253) se distribuyó entre 929 diferentes títulos de revistas. Las revistas con mayor producción, en orden descendente, fueron: Revista de Saúde Pública; Cadernos de Saúde Pública, Revista Médica de Chile, Archivos Latinoamericanos de Nutrición y Salud Pública de México. La clasificación temática de las revistas participantes se distribuyó en 29 diferentes especialidades, principalmente de las áreas de medicina general y pediatría. La producción consiste principalmente en estudios en seres humanos en general y, en orden descendente, de sexos

femenino y masculino y de edad adulta; en menor proporción, en embarazadas y personas de edad mediana o ancianos. En el ámbito regional, el contenido de la producción coincide en aspectos como factores de riesgo, políticas de salud y atención primaria de la salud. Se identifica una preponderancia de ciertas áreas temáticas entre los países participantes, como el de los médicos de familia en Cuba. **Conclusiones.** Se obtuvo un modelo preliminar de comunicación en salud pública en América Latina y el Caribe que se espera ayude a sentar las bases para una mayor investigación orientada hacia el desarrollo de un modelo de comunicación científica en el área.

Óscar Arteaga,² Susan Thollaug,³ Ana Cristina Nogueira⁴ y Christian Darras⁴

Información para la equidad en salud en Chile¹ Rev Panam Salud Publica/Pan Am J Public Health

11(5/6), 2002. Objetivos. Estimar la magnitud de las desigualdades geográficas de salud en Chile mediante indicadores clave basados en datos e información de fácil obtención recolectada de forma rutinaria, y caracterizar la situación actual con respecto a la disponibilidad, calidad y accesibilidad de la información sobre equidad en salud recolectada de forma rutinaria por fuentes oficiales. **Métodos.** Se usó un marco conceptual propuesto por la Organización Mundial de la Salud para el estudio de la equidad en salud que consta de cuatro dimensiones: I. estado de salud, II. determinantes de la salud, III. recursos y oferta del sistema de salud, y IV. utilización de servicios del sistema de salud. Para cada una de estas dimensiones se hizo una selección de indicadores para los cuales existía información disponible. La información, agregada por unidad geográfica (comuna, Servicio de Salud o región), fue analizada usando los siguientes métodos: análisis univariado (características de las distribuciones); análisis bivariado correlaciones y tablas de frecuencia; tabulación de valores comunales para indicadores seleccionados.

Resultados. Estado de salud: encontramos una relación inversa entre la mortalidad y el ingreso familiar medio en la comuna ($r = -0,24$; $P < 0,001$; $n = 191$ comunas). Determinantes de la salud: hay importantes variaciones entre las comunas con respecto al ingreso doméstico medio, años de escolarización, analfabetismo, calidad de la vivienda, abastecimiento de agua potable y sistemas de eliminación de aguas residuales. Recursos y oferta del sistema de salud: los gobiernos municipales de las comunas con mayores ingresos domésticos medios tienden a aportar mayores recursos financieros por beneficiario ($r = 0,19$; $P = 0,0130$). El aporte del gobierno central, aunque se encuentra bien orientado, solo compensa parcialmente esta situación en beneficio de las comunas pobres. Utilización de servicios de atención de salud: entre los servicios de salud, el uso de los servicios de atención médica en el nivel primario es 2,8 veces mayor en unos que en otros, la atención médica de urgencia 3,9 veces mayor, y los egresos hospitalarios 2 veces más numerosos. **Conclusiones.** Existen importantes variaciones geográficas en lo que se refiere a la mortalidad y a otros resultados de salud, en ingresos y condiciones ambientales, y en el financiamiento y utilización de los servicios de asistencia sanitaria. La información recolectada regularmente y que se encuentra disponible para caracterizar las variables relacionadas con la salud presenta con cierta frecuencia limitaciones de calidad, sostenibilidad o accesibilidad. En el contexto chileno, sería infructuoso centrar los mayores esfuerzos en la reorganización de los sistemas de información, toda vez que las pruebas ya existentes de marcadas desigualdades son suficientes para apoyar la planificación de intervenciones orientadas a mejorar con urgencia la situación de los chilenos más desprotegidos.

José María Catalán Sesma. La Asociación Nacional de Informadores de la Salud: el periodismo sanitario. Revista de Administración Sanitaria. Volumen 11. Número 7. Julio/septiembre 1998

El sector sanitario ha incorporado a un nuevo colectivo profesional: el periodista, el informador, el comunicador, el divulgador. Llamémosle como queramos, pero lo cierto es que de un tiempo a esta parte el periodista se ha abierto un hueco, su presencia se ha convertido en un hecho habitual dentro del mundo de la sanidad, hasta el punto que pocas actividades de las que se llevan a cabo en él se conciben sin valorar su vertiente informativa.

Vladimir de Semir y Gemma Revuelta. LA SALUD EN EL SUPERMERCADO DE LA INFORMACIÓN.

HUMANITAS. N.o 4, Junio de 2006. ISSN: 1886-1601. Los ámbitos en los que tiene lugar la comunicación en materia de salud son tantos como entornos tiene la relación humana. Sin embargo, en los países desarrollados es preciso destacar el papel fundamental de los medios de comunicación de masas.

Aunque la información sobre temas de salud tiene una gran importancia en televisión, radio e Internet, la prensa escrita continúa siendo el medio más preponderante. Así, mientras que la televisión es el medio de mayor alcance para el gran público, la prensa continúa desempeñando un papel decisivo como elemento de información y opinión para sectores clave de la sociedad.

Costa Sánchez, Carmen Medicina y salud en la prensa. Las noticias de salud en los principales diarios de Galicia. Revista Latina de Comunicación Social, Vol. 11, Núm. 63, 2008. El presente trabajo tiene como objeto de estudio la información sobre salud y medicina publicada a lo largo de una semana en los cuatro diarios de mayor difusión de Galicia. El periodismo tiene la responsabilidad de informar en esta materia según criterios de calidad, en lugar de considerar la salud un tema secundario, anecdótico y de relleno, tratándolo de modo superficial. El nacimiento de las secciones específicas junto a la incorporación de los periodistas especializados en salud en las redacciones de las principales cabeceras generalistas españolas están iniciando un proceso de profundización a este respecto. Pero, ¿qué ocurre en la prensa autonómica? ¿Cuál es el tratamiento informativo que recibe la información sobre salud y medicina en la prensa diaria de Galicia? Aspectos descriptivos, cuantitativos y de análisis de contenido nos permitirán conocer y reflexionar en torno a la cobertura informativa que se realiza de estos hechos noticiosos con objeto de diagnosticar la situación y plantear las mejoras necesarias.

Palabras clave: Prensa – Medicina – Periodismo médico – Información sanitaria – Periodismo sanitario – Salud – Periodismo especializado – Análisis de contenido – Sanidad – Producción de la información – Prensa autonómica – Cobertura informativa – Fuentes de información.

Davide Malmusi (1,2), Josep Maria Jansà i Lopez del Vallado (1). RECOMENDACIONES PARA LA INVESTIGACIÓN E INFORMACIÓN EN SALUD SOBRE DEFINICIONES Y VARIABLES PARA EL ESTUDIO DE LA POBLACIÓN INMIGRANTE DE ORIGEN EXTRANJERO Rev Esp Salud Pública 2007; 81: 399-409 N.º 4 - Julio-Agosto 2007. Fundamento: el crecimiento de la población extranjera residente en el Estado español requiere disponer de mejor información sobre su nivel de salud. En los sistemas de información e investigación en salud no existe un criterio uniforme para la nomenclatura de las variables de origen. Este estudio plantea un consenso sobre las definiciones de inmigrante y extranjero. **Métodos:** siguiendo la metodología Delphi se invitó a 66 expertos en inmigración de distintas disciplinas a participar en el estudio, utilizando un cuestionario en dos vueltas con propuestas de definiciones, términos y variables e incluyéndose en la segunda los porcentajes de respuestas y los comentarios de los participantes de la primera. Las propuestas con un acuerdo del 80% se trasladaron al documento final que fue aprobado en una tercera vuelta. **Resultados:** respondieron 57 personas a la invitación, 44 completaron al menos una ronda y 33 completaron las tres. Entre los elementos consensuados destacan: se nombra inmigrante a la persona que llega a un país donde no ha nacido para fijar

su residencia; no se es inmigrante de por vida. Puede considerarse inmigrante a las personas nacidas en otro país llegadas a España desde hace menos de 5-10 años; y personas inmigradas son todas las nacidas en otro país. Cabe además considerar variables socioeconómicas, género, situación administrativa y lugar de procedencia. Los hijos de personas inmigradas nacidos en España no deben considerarse inmigrantes. **Conclusiones:** Para definir adecuadamente las categorías de población inmigrante e inmigrada los sistemas de información y estudios en salud deben recoger país de nacimiento, año de llegada y nacionalidad.

Ileana R. Alfonso Sánchez,¹ Rosa María Báez,² Sahilyn Tillán Gómez³ y Yoandra Alvero Pérez³
INFORMACIÓN AL DÍA REFLEXIONES: INFORMACIÓN, TECNOLOGÍA Y SALUD. Rev Cubana Med Gen Integr 1999;15(5):581-4. RESUMEN: Se reflexiona sobre la estrecha relación existente entre los términos información, tecnología y salud, demostrándose la importancia de esta interrelación como base y fuerza impulsora que redundará en el desarrollo y la preparación del personal vinculado a la salud, lo cual contribuirá a mejorar cada día más el funcionamiento y la calidad de los servicios de salud.

Gemma Revuelta. Salud y medios de comunicación en España. Gac Sanit. 2006;20(Supl 1):203-8. La «agenda de los medios de comunicación» influye en los temas considerados de importancia por la sociedad receptora. En este artículo se analiza la cobertura periodística de la salud en la prensa escrita española tomando como base el denominado Informe Quiral. En España, la concentración de medios se traduce en una marcada tendencia hacia la homogeneidad de la información; la salud pocas veces tiene un espacio específico o un tratamiento independiente o la información está servida por profesionales escasamente especializados. Los principales temas “crónicos” que ha seguido la prensa española durante los años del estudio han sido: cáncer, sexualidad y reproducción, sida, drogas (incluido el tabaco), trastornos mentales y cuestiones relacionadas con la nutrición. Los políticos o las personas que ocupan cargos politicotécnicos son el grupo de fuentes sobre el que recae gran parte de la información en materia de salud (49%). En contraposición, el sector más especializado sólo supone un 26% de las fuentes. Para mejorar la información sobre la salud se recomienda establecer plataformas de comunicación y participación entre el sector especializado y los medios de comunicación, fomentar el conocimiento mutuo de las necesidades de cada grupo profesional que interviene en el proceso y desligar al máximo la información en materia de salud de las presiones e influencias políticas.

Gemma Revuelta^a / Inma Alonso^b / Sonia Tomás^b / Marcela Guerrero^b / Izabella Rohlfsc. **Género y salud en la prensa diaria. SUPLEMENTO SESPAS 14/4/04.** Para alcanzar una mayor comprensión del papel de la prensa en la transmisión de las cuestiones de género y salud se estudió el contenido de los 5 diarios de mayor difusión en el territorio español (*El País*, *ABC*, *El Mundo*, *La Vanguardia* y *El Periódico de Catalunya*) durante 5 años (1997-2001) y de la versión electrónica de *The New York Times* correspondiente al período 1900-1999. Se observó que existe una distribución desigual en la responsabilidad sobre la información en 3 aspectos: la distribución de los cargos de responsabilidad de los diarios (de los 71 principales cargos, 67 eran hombres y 4 mujeres); los autores de los textos periodísticos sobre cuestiones de salud (el 61,2%, hombres y el 38,8%, mujeres, entre los textos que explicitaban la autoría) y las fuentes de información mencionadas (el 81,43%, hombres y el 17,77%, mujeres). Entre los 120 temas sanitarios que fueron cubiertos durante el período de estudio, sólo 20 mencionaron explícitamente a la mujer (16,67%). Los que incluyeron con mayor frecuencia referencias explícitas fueron: ablación, iatrogenia, esterilización, salud sexual y reproductiva, incontinencia, belleza y violencia doméstica. El análisis del tratamiento dado a estos temas

permitió reconocer estereotipos de desigualdad de género, tanto en el lenguaje como en el enfoque utilizados.

Marcio Alazraqui, Eduardo Mota, Hugo Spinelli. Sistemas de Información en Salud: de sistemas cerrados a la ciudadanía social. Un desafío en la reducción de desigualdades en la gestión local Health Information. Systems: from closed systems to social citizenship. A challenge for the reduction of inequalities in local management Cad. Saúde Pública, Rio de Janeiro, 22(12):2693-2702, dez, 2006

The traditional concept of health information systems (HIS) poses numerous problems when attempting to support local management orientated to the reduction of health inequalities. How does one design a local HIS, and what would its characteristics be? We view HIS as open and complex systems of which we ourselves are a part. The hypothesis is that a HIS that provides support to local management must be conceived as a set of processes including data, information, knowledge, communication, and action (DIKCA). Data constitute a complex structure with five components. Information is a set of processed data; meanwhile knowledge output involves a subject's understanding and grasp of the phenomenon. Communication links the previous concepts to action. Strategic and communicative actions should be priorities in local management. This proposal aims at management support by the HIS to eliminate health inequalities and build an inclusive society.

González Borjas, Antonia. Ámbitos: revista andaluza de comunicación, 2004 1º,2º SEMESTRE; (11-12). 301-310. La creciente demanda social de informaciones sobre temas sanitarios se ha visto correspondida con un notable aumento de esta especialidad informativa en los medios de comunicación social. Prensa escrita y digital, radios, televisiones y agencias de noticias se han hecho eco de esta tendencia generalizada en el ámbito local, comarcal, regional, nacional e internacional. Frente a esta dinámica, el periodismo sanitario atraviesa dos problemas: la falta de especialización de los periodistas y el hermetismo sanitario. Como ventaja, a lo largo de los últimos años ha proliferado la creación de gabinetes de comunicación en los servicios sanitarios, convirtiéndose éstos en intermediarios de las instituciones sanitarias y los mass-media.

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United Kingdom

- Harrabin R (2004) *Risky Business*, *British Journalism Review* 15:28 DOI:10.1177/095674804043835, available <http://bjr.sagepub.com/content/15/1/28> An article for an academic journal by a BBC news correspondent, examining the BBC's guidelines aimed at avoiding unnecessary scaremongering in covering health issues such as the 2003 Sars outbreak, avian flu, and similar issues. The risk-guidance toolkit urges journalists to consider questions such as: What exactly is the risk, how big is it, and who does it affect? How has the risk been measured, how big was the sample, who funded the research, and how reputable is the source? If the report is of a relative risk, what is the baseline risk? How proportionate is the scale and duration of news coverage to the extent of the risk? When we follow up risk stories do we give appropriate prominence to new research contradicting previous health scares?

USA

- Cho S (2006a) *Network News Coverage of Breast Cancer, 1974 to 2003. Journalism & Mass Communication Quarterly, Spring 2006, Vol. 83 Issue 1, p116-130, 15p.* Statistical and rather dry analysis by University academic of 602 news story abstracts on breast cancer from the three major US TV networks during the past three decades (1974 to 2003). The amount of news coverage on breast cancer increased during the time period. Some topics, such as prevention and treatment, increased significantly, whereas other issues, such as surgery and celebrities, decreased.
- Cho S (2006b) *The power of public relations in media relations: a national survey of health PR practitioners, Journalism and Mass Communication Quarterly Vol 83, No. 3, Autumn 2006, 563-580.* A paper by a US academic which primarily centres on PR issues, but emphasises the dependence of TV health reporters on "experts": "Science and health reporting requires a certain level of expertise that many general reporters do not have. A national survey of local TV health reporters showed only 5% held a science-related degree. More than two thirds had no specialized training in the field of health, and only one-third concentrated solely on health reporting; most respondents, especially those in small markets, covered other stories as well. Also, regardless of the health reporters' professional experience in the field, they relied on health experts to explain technical information."
- Len-Rios ME, Hinnant A, Park S-A, Cameron GT, Frisby CM, Lee Y (2009) *Health News Agenda building: journalists' perceptions of the role of public relations. Journalism and Mass Communication Quarterly Vol 86, No. 2, Summer 2009, 315-331.* This 2009 article by a team of academics at the University of Missouri follows on from work by Cho (2006b above). It cites survey evidence that "attention to health news is ranked sixth in popularity among news topics.¹ It is outranked only by news about weather, crime, community, the environment, and politics. Nearly one-fifth of Americans say that they follow health news very closely." The influence of PR is increased by



the health journalists' dependence on experts to guide their news articles on complex and technical health issues.

Shuchman M (2002) *Journalists as Change Agents in Medicine and Health Care*, JAMA, February 13, 2002—Vol 287, No. 6: 776 Short article by University academic highlighting the separation between health journalists and health experts, and flagging up occasional weaknesses in reporting while stressing that: “Responsible reporting by journalists can illuminate important issues for the general public that might have otherwise remained obscured in the scientific arena. In some cases, investigative reporters have exposed aspects of medicine and medical science that prompted legislative and policy changes in the health care system.”

Schwartz LM, Woloshin S. The media matter: a call for straightforward medical reporting. *Ann Intern Med* 2004;140(3):226–8. Available: <http://www.annals.org/content/140/3/226.extract> (Extract only seen) A short article by academics which argues that doctors and researchers have real reasons to help journalists do their job well: “The public pays attention to health in the media—over half of U.S. adults report that they follow health news closely; only community events and crime get more attention. Thus, the press is well positioned to educate the public about health and health risks and about what medicine can (and cannot) do. In short, the press could be a positive influence on the nation's thinking about health.”

Tanner AH (2004) *Agenda Building, Source Selection, and Health News at Local Television Stations: A Nationwide Survey of Local Television Health Reporters*, doi: 10.1177/1075547004265127, *Science Communication*, June 2004, vol. 25 no. 4 350-363, available <http://scx.sagepub.com/content/25/4/350> This is a nationwide study of local television news health reporters in the US by a University academic, examining health and medical newsgathering from the reporters' perspective. The findings suggest a link between agenda building and health reporting, “suggesting that a health reporter's reliance on sources is exacerbated by the technical nature of health and medical news”. “For example, more than half of respondents received ideas for their health reports directly from a health source who personally contacted them. Sixty percent said that they must frequently find a health expert to explain technical information and agreed that health sources often affect the health content making air.”

Thesis

Danemark

Hansen JW. Sundhed i BT:en diskursanalyse af konstruktionen af sundhed i Danmarks sundhedsavis Roskilde Universitet; 2010.

Estonia

The master study „*Epidemiological research representation in the articles of online editions of The Irish Times and Postimees in 2009*“ describes and compares epidemiological research representations in 2009 in the online editions’ articles of The Irish Times and Postimees and discusses the possible effects and reasons behind the results. The study aims were to find out what are the topics of the researches publicized, what were the goals these articles are trying to achieve; how in-depth is the conduction of the researches described, which statistical indicators were used; and how they are used for publicizing the results of researches; and how is the broader context for interpreting the research results created. The research method used in the study was content analysis. The coding instrument used for the analysis was constructed by the author of the present study. The articles analyzed were chosen from the online archives of the newspapers’ online editions using the similar principles. Epidemiological research representations in the The Irish Times and Postimees were notably different. The Irish Times delivers significantly more often the results of the local researches and disserts the results for developing political discussions and for giving health related advice for the readers. Postimees Online offers more often the results of the foreign researches using the style of reporting the results. The topics covered in the The Irish Times are conjunct with the public health statistics of Ireland. The conjunction is not that clearly visible in the case of Postimees Online. However, the most frequently covered research topics are similar in both newspapers’ online editions – nutrition and diet, socioeconomic and psychological health determinants and mental health. Describing the conduction of researches it was more detailed and in-depth in Postimees Online than in The Irish Times. Presenting the results of the researches both newspapers most often use the numerical indicators, offering verbal interpretations on the side. In Postimees Online verbal only presentation of research results was more often presented than in The Irish Times. Only numerical presentation of research results was more often used in The Irish Times than in Postimees Online. The most often used statistical indicator when presenting the results numerically is prevalence rate (in the half of the articles). In the fifth of the articles relative risk (risk ratio, probability, likelihood) and absolute numbers are used. Significant differences between the newspapers’ usage of 58 statistical indicators occur in the articles disserting the researches that didn’t describe the causal effects – The Irish Times presents absolute numbers together with prevalence rates twice as often as Postimees Online. In creating broader context for interpreting the research results The Irish Times is significantly more active than Postimees Online – more frequently the results of more than one research are covered in one article and comments of experts are provided. The presentation of epidemiological researches in both newspapers’ online editions could be improved. The author of the current study concludes that in the articles of The Irish Times less problematic issues cited in the literature are present and the presentation of the research results aiming for practical goals is more valuable for the readers than the reporting style for presenting the research results used in the articles of Postimees Online. (Liiv, 2010).

In the master thesis (Koik, 2004) „*The role of journalism in health promotion as an example of Kodutohter and Tervis Pluss*“ health is often regarded as a problem that belongs to the field of medicine, but actually we should talk about health as a social phenomenon. Solutions to many modern health problems can be found in the behaviour of people, as well as in the surrounding environment and society. The role of journalism in the field of healthy lifestyle and health promotion has not been researched in Estonia, at least no studies are known to the author of the current paper. The paper can be viewed as an attempt to bring out the role of journalism in health promotion. The research is based on the Estonian magazines *Kodutohter* and *Tervis Pluss*. The paper takes a closer look at the potential of health magazines in this field as well as how to implement this potential. In addition, the paper attempts to bring forth the perspective of how to increase the role of health magazines in health promotion. During the research 58 interviews were conducted, including both face-to-face and telephone interviews. While analyzing the interviews, qualitative text analysis was used. Among the interviewees there were both specialists and experts involved in health promotion and health journalism as well as common people. While analyzing the content of the health magazines, quantitative and qualitative content analysis was used. Specialists and experts consider health magazines necessary and useful. In general, they approve the quality of published materials. However, there is a certain amount of criticism found concerning mainly the adequacy of the translated articles and the recurrence of topics and writers. The interviews reveal that the opinions of the experts about the role of journalism in health promotion depend directly on their understanding of the meaning of the term ‘health promotion’. The interviewed experts can be divided into two groups: the „theorists” who are familiar with the theoretical basics of health promotion, and the „practicians” who are somewhat, or not at all, familiar with the theoretical basics. The „theorists” understand the complexity and interdisciplinarity characteristics of health promotion, and estimate the role of journalism less important than the „practicians”. According to the „theorists” the target group of the health magazines is individuals, who are offered information and certain amount of entertainment with the goal to impact their health behaviour. Environmental and social factors which should help people make healthy choices and lead a healthier life, have been left in the background. The “practicians” group consists of journalists, including the editors in chief of health magazines. The editors in chief mark deliberate distancing from any form of healthcare politics. Due to this, part of the potential the health magazines have in health promotion is not implemented. Among other factors that reduce the role of health magazines in health promotion, social and gender inequality can be mentioned. Health magazines are designed with women in mind and, mostly, they are read by women while men are left in the background. Problematic availability of the magazines indicates the social inequality; availability is a problem for the elderly and the low-income people whose health condition is often worse and requires more attention. Based on the gathered and analysed material it can be said that in Estonia the potential of health magazines is not implemented a lot in the field of health promotion. On one hand, implementing the maximum potential of health magazines is hindered by a too narrow and one-sided understanding of health promotion by journalists. On the other hand, the health promotion specialists are not familiar with the contents of health magazines, also they lack in activity, and, perhaps, are unable to effectively communicate with the journalists. The analysis of the contents of health magazines confirms the fact that the periodicals focus on the individual. Unfortunately only few readers note the absence of the topics related to the healthcare politics. The majority of people probably do not perceive the connection between their health

condition, their health behaviour and the healthcare politics of the government. Generally, the contents of health magazines meet the expectations of the readers. The articles of the magazines have mostly informational and advisory function. Information is what the common readers are primarily seeking for in the health magazines. Readers are very content with the health magazines and regard their contents trustworthy. However, the readers admit that they have not made any permanent changes for a healthier lifestyle. The reasons are often the lack of money, time and interest. But behind these reasons one can see social and economical aspects, and social problems – areas that the health magazines do not deal with, more likely they ignore them altogether. In summary it can be stated that however necessary and practical the contents of the health magazines are, people have difficulties following their good advices. Making healthy choices is not easy as the society does not support it. As the nation's health problems are at a large part of a social origin, offering explanations and solutions on the level of the individual is not enough. It is certainly possible to increase the role of health magazines in health promotion, for example by offering more topics related to the healthcare politics and reflecting various topics related to the society. The role of health magazines in health promotion can be increased also by involving more actively the health promotion specialists in the process of the production of the health magazines. This kind of cooperation could be implemented as project based where the financing could come from the health promotion budget of the Estonian Health Insurance Fund. The readability of the health magazines among low-income people can be increased by offering special price or subscription deals or by distributing the magazines for free. As additions to the regular issues magazine extras could be produced to encourage reading among men and other less involved groups. There could be more diversity between the health magazines *Kodutohter* and *Tervis Pluss*. *Tervis Pluss* could pursue the direction of health promotion and focus on healthy people. *Kodutohter* could pursue the utility direction and become to function as a reference publication. In health promotion as an interdisciplinary sphere, the cooperation of different institutions is very important. The key to a successful cooperation is in knowing the potential and possibilities of everyone involved. Hopefully the results of this paper provide explanations, ideas and provoke further interest both for the health promotion specialists and journalists, who write about health issues (Koik, 2004).

The bachelor thesis *„Appearance of crisis reactions in media, based on three traumatic events: Pala, Kurkse, Ussisoo“* was completed by Kasterpalu, K. (2009). The author examined the media coverage of three traumatic events in order to find psychic crisis reactions in the statements of information sources. In case of Pala accident, a truck rammed a school bus on 11th October 1996. Five girls and three boys at the age of 10 – 14 died, many were injured. In case of Kurkse accident, 22 Estonian peacekeepers tried to cross the Kurkse Strait on foot as part of the survival exercise „Tough life“. Fourteen soldiers at the age of 20 –27 years drowned on 11th September 1997. In case of Ussisoo accident on 25th January 2009 a Peugeot coming from Tartu collided with a Renault Laguna coming from Tallinn. Four people at the age of 13-20 years died. The theoretical part of the bachelor's thesis pointed out the guidelines, basis and principles proceeding from which journalists compile the news. It also explained the influence that accidents, crises and catastrophes may have on those people who are to a smaller or greater extent connected to the event. This part described and explained the course of the crisis and the different reaction phases (shock phase, early reaction phase, late reaction phase, post-traumatic stress disorder), the reactive psychosis and the distinctive features of children's crisis reactions. In order to find the psychic crisis reactions in the media coverage of Pala,

Kurkse and Ussisoo accidents, it was studied the media coverage of each accident within the period of two weeks after the date of the accident. As a result of examining the newspapers (excluding the online-media) I gathered my empirical data that consisted of 65 articles. Empirical data was analyzed based on 13 categories and by using a quantitative method as well as qualitative method. Quantitative method enabled to analyze the appearing of different speakers in the articles, variations in the different psychic crisis reactions that emerged in the articles etc. The qualitative method enabled to illustrate the aspects pointed out in the theoretical part with examples from the texts and to emphasise the results of the quantitative analyses.

Based on the results of the thesis it was proven that accidents, crisis and catastrophes have an impact not only on the people who were closely connected to the event but also on the people that reflect the events. For a truthful media coverage it is important that the journalists would know and feel how reflecting accidents, crises and catastrophes may affect their mental state, thinking and feelings. They should have the knowledge of how to take into account the possibility that the information sources may be suffering from different psychic crisis reactions and how to analyze how these reactions may affect their statements (Kasterpalu, 2009).

The goal of the A. Sieberk (2010) bachelor's thesis *Representation of the emotions and myths of the January-storm in 2005* was to compare the emotions, actions and interpretations described in the focus groups in connection with the January-storm. The focus group interviews from the aspect of crisis psychology were used in the study. There were five focus groups: the young people who suffered material losses, the young people who did not suffer material losses, the middle-aged, and the elderly who suffered material losses and the elderly who did not. The author used the same conversations of the focus groups conducted by Halliki Harro Loit, the associate professor of the institution of journalism and communication in University of Tartu and Triin Vihalemm, the associate professor of social communication during the project „*Defining the target groups for crisis communication*“. The author compared the focus groups to find similarities and differences among them. In the first paragraph, the author gives an overview from the January-storm facts and also about the crisis communication which held place during January-storm. In theory the author explained the characteristics of different phases of the traumatic crisis. Also the individuality of persons as a part of human nature was pointed out since knowledge, social surroundings and character vary from person to person. The author analyzed the actions, emotions and interpretations described in the focus groups based on the theory part and the raised questions. As a result of the qualitative content analyze, in paragraph four the author brought out the similarities and peculiarities of the focus groups and illustrated these with representative quotes. The author placed emphasis on the myths that emerged about the January-storm when analyzing the different focus groups. In the results of the analyze it became obvious that the interpretations about the January-storm vary greatly among the young and the elderly. In the part of conclusions and discussion the author finds that the raised questions were answered. In the author's opinion people should lay more stress on crisis psychology when speaking or writing about natural disasters. The author found approval to the fact that journalist, who reflect traumatic events, should have the base knowledge in crisis psychology. Also, when the crisis plan is drawn up, there should be considered with the crisis psychology (Sieberk, 2010).

The master thesis of Auväärt, L. (2008) „*Reception of TV-stories with violent and painful nature*“ raised the questions: 1) What reception-schemas could be noted, while people with different profile (sex, age) try to recall or give comments on a news-clip they were shown? 2) Is the super-

schema of the journalist picked up by the audience? 3) How do schemas used by different groups differ from one another? 4) To what extent does a person's personal experience interfere while describing a news story and to what extent do they associate themselves with the characters of the story, rate the relevance of the story etc? In order to map the situation of Estonian television the author of this Thesis recorded two weeks (14.01-27.01.2008) of crime-programmes and news-programmes, that were shown in channels ETV, Kanal 2 and TV3. This quantitative database contains more than 27 hours of material. From this 27 hours the author counted 206 stories, in which people connected with justice-process were shown. The table describing these stories more thoroughly shows, that the number of television stories that focus on violence, accidents and crime is unproportional. From this database three stories were selected by the author. These three stories differed significantly by focus and build up: they show the variety of showing pain and violence in different television-formats: there was a quite frequent story about a car crash, a murder story told as a narrative and a LIVE-story about a corpse, that was pulled out of sea by police and rescue forces. The author used these four stories as base material for four focus group interviews: two with young women and two with young men. In total 19 people took part in the focus groups and they were in the age group of 17-30. In two of the groups the participants had a higher education and in two groups their education level was application (higher) education or vocational education. In each focus group there was a discussion held concerning recorded TV-story or stories: what was the essence of the story, who were the characters, was there enough information given etc. In order to describe the media usage habits of the group a questionnaire was used. To evaluate how much of the narrative of the story was remembered a written narrative method was used. As expected it turned out from the questionnaires that TV was regarded an important medium by the participants (ranked 2nd place, 1st was Internet). Crime-stories are mostly viewed as entertainment: participants marked detective- and C.S.I shows (more shows were listed by the groups without higher education). As far as reception-schemas go the author of this Thesis could not note major differences that would have to do with the level of education. But a difference could be noted while deviding the participants by their sex: female viewers were more disturbed by the brutal scenes shown than the male views. Also women regarded murder stories more negative than men. And excitement of the crime story was more important for men than women. In addition it can be concluded, that the narrative-schema used by the journalist was also picked up by the participants of these focus groups. Out of character-schemas the most used was the culprit-scheme. While reconstructing the story importance was given to the unusual details shown in the visuals or given in the journalist's text. While talking about the justice system the agents were by rule not mentioned – the talk spinned around activities. While discussing the stories expert-schemas were used by people who have a professional knowledge which helps them to analyze the visuals shown and text given in the TV-story, also while noticing the details. From the thema-schemes the participants of the focus groups mentioned, that crime news were of a precautionary nature. The background-schemas of specific crime stories were influenced rather by the other stories provided by media than personal experience. Due to the small number of the population of Estonia another reasoning was added pro watching crime stories: the chance that this tragedy happened to someone the viewer knows personally. This thesis is a qualitative research that does not able to generalize these results to the population of Estonia. But it is the opinion of the author, that this problematic situation where a major part of a TV-channel's programme consists of crime-related shows and as far as the viewer goes the line between a news story and

a detective show gets clouded, it is a topic that should get elevated attention while planning a representative media study (Auväärt, 2008).

The aim of the bachelor's thesis *Child Sexual Abuse in the Media* (Haavajõe 2007) was to analyze the coverage of sexual abuse of children through three different cases and evaluate, to which extent media offers explanations or solutions to this social problems and how coherent it is to the law and the Estonian code of journalism ethics. The results of this research showed that media chose cases, which they already had some information or a prominent person was involved so the person could be identified. Also quite a lot self-reference was used in the media: something already published in the media was later used and referred as a fact. Many sources of information were left anonymous and the reasons for it where not given in the texts. Anonymous comments were used to appeal on readers emotions, accuse or present speculations about the perpetrator. Experts, statistics or other researches were not used in most of the articles. Possible causes or explanations for this social problem were not discussed. From the statements of information sources sub-discourse about the responsibility of parents came up, but it was not set as a focus in the news-stories. The blame was put on more anonymous unit, the police. The actions were covered using the discourse of perpetrators personal misbehavior and special notice for pedophilia as a disease or the possible signs of threat was not given. The symptoms or characteristics of pedophilia were given in one case, but they were referred as characteristics of specific perpetrator. So one can declare that media does not function as efficiently as it could when talking about its role in crime prevention. Texts do not make the audience ask the question „Why?“ The language use of journalists was biased; emotionally loaded words and terms with more negative connotations instead of neutral ones were used. Perpetrators were shown as active actors. When covering the cases, many clauses of the code of journalism ethics were violated. Perpetrators were named guilty before they were sentenced guilty. Also one victim became identifiable through the coverage. Those three cases confirmed the concern of specialists working with children: media`s objectives when covering topics concerned with children are primarily commercial. The whole aim of the ethical coverage of sexual violence concerned with children is to prevent violent acts in the future and increase the possibility to get help quickly and efficiently when needed. Unfortunately the criteria of newsworthiness contradict the basic ideas of the people working with children about what should be written in the media. When newsworthiness criteria are concerned, the sexual abuse of a child is chosen for coverage. But violence is covered in news, which does not enable discussion. However the problems, on what the discussion should be held, are presented in the news-stories as sub-discourses (Haavajõe, 2007).

The aim of the Palo, K. (2005) bachelor's thesis *Coverage of suicides in Estonian media* was to analyze the coverage of suicides in Estonian media through three different suicide cases and evaluate, to which extent is the coverage of suicides in Estonian media coherent with the suggestions made by the World Health Organization (WHO). Three largest daily newspapers, two local papers and one weekly were used as the source for analysis. Three different suicide cases were selected for analysis: a politician's wife, a businessman and a schoolboy. 29 articles were analyzed, using a combined method of critical discourse analysis and content analysis. Since studies have proved that media has an important role in preventing suicides, the research questions were posed based on the suggestions for media organizations by WHO, which should be used for covering suicides. The results of this research can be shortly summarized as following: - Suicide method was mentioned in 18 articles out of 29, method has been described in detail in 12 articles - Almost all the articles presented suicide as a result of one certain reason

- The grief of relatives was shown in only one article - Experts were interviewed in three articles
- None of the articles presented information about the warning signs of suicide or helplines - Suicide statistics was used in two cases, generally in correct form - Suicide victims were not depicted in a heroic way - Physical harm and evaluations to the suicide method were presented in case of covering an unusual method (self-ignition - Five suicide articles were published as a top news story, one article was published on the front page - Photos of the suicide victims were used in five articles, three of them in an incorrect manner

The posed research question: To which extent is the coverage of suicides in Estonian media coherent with the suggestions made by the World Health Organization? Proved the hypothesis: Estonian media does generally not cover suicides in coherence with the suggestions of World Health Organization. It is important to specify: the content of suicide coverage is generally incoherent with the suggestions of World Health Organization, the form of coverage (position of articles in the paper, used photos) generally correspond to the suggestions (Palo, 2005).

In the bachelor thesis of Trola, K. (2006) *Healthy food representation in journals* the author analyzed representation of health food through four different discourses: moral, biomedical, hedonistic and esthetic, in three differently oriented magazines: lifestyle magazine TervisPlus, women's magazine Anne and family magazine Pere ja Kodu. The objective is to define which use of language is common in representing health food, which values and identities the texts carry or create. Research is based on eight journalistic texts that have been published in magazines mentioned above during a period of three years from year 2002 to 2005. A part of this thesis is based on a previous research from spring 2005 in cooperation with Tiina Jurjeva. This analyzed the contexts in which health food is represented in three Estonian magazines: Anne, Pere ja Kodu and TervisPlus. The research established six discourses (moral, scientific, biomedical, esthetic, hedonistic and sports discourse), four of which are the basis of this thesis. In defining those discourses authors drew from psychologists' Helen Madden and Kerry Chamberlain research on health food related texts in New-Zeeland's women's magazines. The selected texts were analyzed using Fairlough's critical discourse analysis, since it enables to search the text thoroughly and focuses on the text content and the values it carries. Research states that health food is mainly represented in opposition to food that is unhealthy. Most articles bring out the products and foods that are unhealthy, such as sugar, fat, salt. Health, being fit and beauty are of highest value in the analyzed texts. Three of the eight texts analyzed stated fitness as a norm of beauty. This statement occurred in two esthetically discoursed texts and one morally discoursed text. Two other important values that were emphasized in esthetical, moral and biomedical discourses were will and discipline. Health food consumers in all discourses except biomedical are women who obey the society's norms of being fit and beautiful. Another characteristic of health food consumer is human weakness that leads to slips in diet in course of which people eat something forbidden – tasty but unhealthy. The spokespeople in those articles are nutrition specialists and people who have been in close contact with food related issues – weight watchers, parents, people who have tried different diets. They are the people who through their statements help to define health food. In conclusion this thesis gives an insight to the representation of health food and its consumers. A more thorough research acquires interviews with consumers to understand their point of views (Trola, 2006).

The purpose of the master thesis Lai-Neubacher, P. (2007) „*Analysis of risks of genetically modified organisms in Estonian and US media during 1999-2004 (based on the example of Washington Post)*“ was to study how the Estonian and American print media covered and reported on the

subject of genetically modified organisms (GMO) from 1999-2004 as well as to examine the construction of public images of GMO related risks. The manner in which the GMO issue is reported in the media has a big impact on the public's perception and opinion on the topic. However, the debate within Estonian on biotechnology related fields is still in its beginning stages because GMOs and the issues surrounding them are relatively new for Estonia. However, recent developments in the Estonian Genome Project brought the issue of biotechnology and its broader implications into the everyday lives of Estonians and then increased public interest and discussion on the issue. The GMO debate that has emerged in recent years provides an ample opportunity to investigate the public representation of this area of biotechnology. In the thesis, the author study the public representation of GMOs in Estonia in relation to another country where there has been extensive debate on the topic as well as compare the Estonian GMO public debate with Estonian Genome Project debate. To properly assess and analyze how the Estonian print media shapes public perception of GMOs, the author compared its coverage to the United States' print media coverage of the same topic. The United States print media was used as a comparison due to its position at the forefront of biotechnology development as well as its active role in the GMO debate. Therefore America's exposure, participation and diverse opinions on the topic would provide a viable comparison to the Estonian print media. The Estonian print media included in this study were daily newspapers (Postimees and Eesti Päevaleht) weekly newspapers (Äripäev, Eesti Ekspress, and Maaleht) and magazines (Eesti Loodus, Loodus, Maamajandus, and Luup). As the Estonian Fund of Nature's monthly newspaper, Roheline Värav, is distributed within Maaleht and Eesti Päevaleht, it was also added to the list of examined media. The above media sources represent a broad spectrum of opinions because they write about GMOs from different perspectives as well as for different audiences. Moreover, the chosen newspapers and magazines have established themselves in the Estonian media as respected journalistic publications and regarded as legitimate, credible, and sources of information by the public at large. For the United States, the available resources were extensive and diverse. However, based on the above Estonian print resources, author decided to only use The Washington Post. The newspaper is based in the country's capital, well-known for its journalistic reports, considered one of the most influential newspapers in the United States, and is often cited or the basis of articles for newspapers in other countries. Furthermore, upon my examination of American print media, The Washington Post has published a significant amount of stories on GMOs during 1999-2004 from which to compare to the Estonian print media and can be considered on the same qualitative level as the Estonian publications. Therefore, the American newspaper provided the best comparison to the chosen Estonian sources. To analyze the collected print media articles, were used both content and critical discourse analysis. Content analysis was applied to identify authors and opinion sources, risks and benefits, as well other basic text characteristics like the news format and coverage frequency. Critical discourse analysis was used to establish the strategies of framing and the basic arguments applied by different social groups for opposing or adopting GMOs. In addition, the construction of risks and benefits associated with GMOs were identified. Special attention in discursive strategies was given to the use of metaphors and other comparisons as the powerful tools of communication. One part of critical discourse analysis used to analyze the texts was eco-critical discourse analysis, which helps to establish if anthropocentrism is present in media texts. Theories used behind this thesis were Ulrich Beck's risk society theory and Jürgen Habermas' theory of science and technology as ideology. Finally, for background and informative purposes, a description of laws, opinion polls, food marks was provided for both

countries. By applying the above analysis to the collected articles, it was found that there are differences in several aspects of media coverage in both the Estonian print media and The Washington Post. The main differences appear in terms of article frequency as well as the balance and bias presented in the texts. It appears that Estonian print media rarely reported on the topic until the emergence of Estonian Genome Project debate. The dominance of the project in the media was one of the reasons why people did not debate GMOs. However, at the same time, the constant media attention on the project allowed the public to quickly familiarize themselves with GMO issues. Furthermore, my analysis found that the Estonian print media presented mostly negative attitudes about GMOs in its articles, while The Washington Post's articles presented a more neutral position. It also showed that Estonian news stories were more negatively biased than in The Washington Post, which leaned toward more positive opinions. In addition to its positive attitudes and bias, The Washington Post also provided more balanced coverage with a larger diverse pool of sources and opinions that discussed several aspects of GMOs. Finally, The Washington Post has covered GMOs for more than half a decade with the same frequency, with the notable exceptions of StarLink fiasco in 2000 and the revelation of monarch butterflies deaths by GMO corn. In contrast, the Estonian print media rarely reported on the topic, until 2003, when several high profile and influential stories occurred. In addition to the above print media comparisons, it was found that the most common metaphors used in public discourse for both countries are Frankenstein related terms, which include "terminator-seeds" and "mutants." The use of terms attempting to create parallels with the non-pureness of GMO foods or show the inferiority of mixing GMOs with non-GMOs were common as well (Lai-Neubacher, 2007). Furthermore, lots of military comparisons like "fight" or "battle" are used in media text to refer the GMO related market conflict between Europe and USA. The discourse analysis further revealed that main aspects of describing GMOs are not only economic in both countries, but also political and social. Anthropocentrism was detected in both countries' media, but more in The Washington Post. The underlying reasons for this are that the US is more driven to economic wealth and benefits than Estonia and, therefore, nature is taken more as a commodity. It was also found that there are also several cultural, traditional, and economic reasons such as past food scares behind the adopting or rejecting of GMO products. Moreover, public discourse reveals differences in cultural attitudes toward nature and food. For example, Estonia, like Europe, applies a precautionary principle in adopting GMOs, while the US applies substantial equivalence principle. The precautionary principle path is followed because of previous food scares in Europe and it means that countries do not want to take too much health or other risks adopting new technology. In contrast, the US is eager to adopt new technologies to acquire quick economic and political benefits, which is evident in the case of biotechnology. It also can be said that Estonian GMO public discourse is a part of the broader topic of Estonian position in the post- communist era and its search of a new identity, which in this case is expressed in its European Union membership and adoption of European values (Lai-Neubacher, 2007).

The aim of the bachelor's thesis Levandi, M. (2010) titled *Interpretations of food related risks among allergic people* was to study how people interpret risks in their everyday eating choices when health issues already have occurred. The aim was to answer questions like, based on what people with food allergies make their choices regarding food, where do they get the necessary information and how do they process it, how they deal with the risks given with food, what shapes their knowledge, beliefs and attitudes related to dietary risks? With the development of society people have more choices in their everyday life because there is more

information and with every choice there is a risk. Theoretical part also contains information about food allergies, how they appear, how they changes lives and how people can cope with them. The empirical research includes 10 interviews, their analysis and summaries. The aim of the data analysis was to find out the answer to the questions set up in the beginning. People in the risk group do not debate over risks and in the market situation hedonism and brand promises thrive. Discussion and references are written in the last part of graduation thesis. There is a debate about lack of interest in information regarding food risks, healthy diets and coping with allergies and new questions on how to change communication programs so that people would be more aware of allergies and food related risks (Levandi, 2010).

The aim of the master's thesis Nikkolo, M. (2010) *Job satisfaction forming factors among journalists* was to use the analysis of factors in order to make propositions to leaders for increasing journalists' job satisfaction. The following research tasks have been posed: 1) Analyzing the theoretical usage of job satisfaction from the aspect of a journalist's work. 2) Conducting research in order to specify the shaping factors of journalists' job satisfaction. 3) Making propositions to leaders to shape journalists' job satisfaction. In the Master's thesis journalists are regarded as reporters, editors and also the leaders of editorial staff or department. The journalists of both paper and online outlets have been involved in the research. Around the world, different researches concerning the shaping factors of job satisfaction have been aiming to clarify what kind of inner (job related) as well as outer (environment related) factors are more crucial in shaping job satisfaction. Basing on this, suggestions have been made to leaders for increasing journalists' job satisfaction. Regarding the theoretical concept dealing with job satisfaction, satisfaction theories have been used as a basis most of all, most popular of them being Herzberg's Two factor theory, the validity of which has been affirmed through several researches regarding journalists' job satisfaction. Basing on them it was determined that the shaping factors of job satisfaction can be divided into factors which either cause satisfaction or dissatisfaction. In the research, journalists from seven Estonian newspapers were questioned: Eesti Päevaleht, Postimees, Õhtuleht, Pärnu Postimees, Sakala, Tartu Postimees and Virumaa Teataja. 71 journalists filled out the questionnaires on Internet. Out of five questions four were open questions, allowing the journalists to name the advantages and disadvantages of their profession as well as incidents and situations that increase or decrease job satisfaction. Categories were compiled basing on the replies. The journalists were asked to evaluate their job satisfaction on a five point scale. The result was that journalists are "rather satisfied" or "very satisfied" with their job; meaning, that 74% of the respondents evaluated their satisfaction with "four" or "five". Comparing to other researches conducted amongst Western European and Northern American journalists, the outcome is similar. In those countries, at least three fourths of journalists are satisfied with their job. The main advantages of the profession are the job itself, personal growth and need of power. The journalists enjoy that the job is interesting, exciting and eventful, allows meeting interesting people, develops the employee and involves everyday learning. It is also important for the journalists that their job enables to change the world, help people and be close to information. The main disadvantages of the job are the work environment, the job itself, salary, negative feedback and the conflict between work and personal life. Out of these, work environment and the job itself rose out most of all. This means, that the journalists find their work intense, stressful and possibly affecting their health. The disadvantage of the content of their work is working on dislikeable stories, conflicting or emotionally difficult topics as well as great responsibility accompanying the job. Out of incidents that increase job satisfaction, appreciation and feedback stood out from

others; all other factors were considerably less important in that category. Under appreciation and feedback the journalists meant feedback and appreciation coming from inside the office as well as outside. This category was followed by satisfying the need of accomplishment, the job itself, prestige and relationships. None of the job satisfaction decrease factors had such advantage as the increase factors. The top three categories in order of naming were the actions of the management, work result and negative feedback. These were followed by discontentment with appreciation. Regarding the actions of the management, respondents brought out several different cases and causes why it decreased satisfaction – starting with the persona of the leader and ending with giving out job assignments in secret and unclear chain of command. Negative feedback can also derive from inside and outside the office and in several cases it was noted that satisfaction decreases due to unjust negative feedback. The replies of seven editors in chief revealed that their evaluation of journalists' job satisfaction on a five point scale ranged from "3" to "4+". In comparison to the journalists' opinion, the evaluation is similar, meaning that editors in chief are aware of their employees' job satisfaction. The interviews show that editors in chief have many ways to shape the journalists' job satisfaction: appreciating employees for good work and give feedback, creating a good work environment for the journalists, developing supporting relationships, supporting and stimulating journalists in their everyday work, standing for their interests and defending them in front of the management and the public. The categories that formed on the basis of the research have common characteristics with the job satisfaction and dissatisfaction factors of Herzberg's Two factor theory. However, the results show that there are factors which can cause both dissatisfaction and satisfaction. For example the job itself, relationships between people, work environment. Depending on the content (positive-negative) the feedback can either be increasing or decreasing job satisfaction. In earlier researches around the world, feedback has also been classified as job satisfaction increasing factor, but this Master's thesis showed that in that category, negative aspects should be considered as well. In addition, in earlier journalist researches the job itself has been classified as job satisfaction increasing factor only, though it really causes both job satisfaction and dissatisfaction. Thus, it is possible to conclude that the categories cannot be strictly divided into inner/motivation and outer/hygiene factors. It should be taken into account that some factors are significant in both cases. Regardless, it is possible to say that Herzberg's main idea that job satisfaction and dissatisfaction are shaped by different factor groups, was confirmed. In consequence, Herzberg's theory is used as a foundation for making propositions and recommendations. Job satisfaction can be increased by perfecting the factors that have affect on motivation; by decreasing hygiene factors, job dissatisfaction level can be decreased. In conclusion, 13 propositions were made to leaders of newspapers, which enable to increase satisfaction, decrease dissatisfaction or do both. In addition there are notes that indicate which job satisfaction shaping factors the proposition/recommendation influences. The leader of the company has to draw his own conclusions, which propositions to use and which not. The requirement for implementing the propositions is that the leader has to know the needs, abilities and wishes of the employees and shape the employees' job satisfaction basing on that (Nikkolo, 2010).

The master thesis of Möttus, E. (2003) *Occupational stress and job satisfaction among journalists* learned the sources of occupational stress, job satisfaction and dissatisfaction among journalists. Analysis of the reasons behind job changes and the influences of having close friends and relatives to job satisfaction, stress and health were also targeted. 140 journalists were studied and almost all the biggest Estonian media institutions were included in this study.

The questionnaire contained Cooper's (1987, tsit. Arnold, Robertson, Cooper, 1991 järgi) job satisfaction questionnaire (Occupational Stress Indicator); Cooper's work stress questionnaire Cohen's (1994) Perceived Stress Scale; questions about job changing, close friends and relatives and health. The results of the research showed that the main sources of stress for journalists are long working days (66,8%) , time pressure and deadlines (67,8%), unsatisfactory salary (63%) and overpressure with work (64,3%). Journalists are satisfied with their relations with colleagues (90,8%), the variety in their work (84,3%) and their independence (77,8%). They are least satisfied with motivation of employees in their organizations. Most often they suffer under tiredness (66%) and nervousness (41,2%). The main reasons of changing job among them is better salary (86,2%) and better career opportunities (69,3%). Existence of close friend and relatives affected job satisfaction and occupational stress only in case of some specific aspects.

The bachelor theses of Mäesalu, G. (2006) *Depiction of Estonian Health Insurance Fund in Postimees and Eesti Päevaleht in the years 2001, 2002 and 2004* concentrates on the analysis of Estonian Health Insurance Fund media image. More than 300 opinion articles were looked through during the study. Firstly the content of the articles and different media discourses were analyzed and after that statistical figures were calculated. In the end statistical figures of both newspapers were compared and similarities and differences between newspapers were brought out. The study focuses on the debate which took place in Estonian press during the years of 2001, 2002 and 2004. Estonian health system has been battling with insufficient funding for years. Journalists and medical personnel have been criticizing Estonian Health Insurance Fund, Ministry of Social Affairs and politicians for not dealing with the problems in Estonian medicine. Insufficient funding is the fundamental problem which causes all the other problems like: queues of people needing medical care, too low salaries for medical staff, too expensive drugs etc. The results of the study proved that articles which included negative attitudes towards Estonian Health Insurance Fund were dominant. Yet it is important to mention that the number of negative articles started to decrease in the later years of analyzed period. Secondly, after having looked through the data it turned out that journalists played key role in agenda setting and often dictated the topic of the discussion for the medical personal and citizens. The debate itself was mostly problem orientated. Third important outcome of the research was that there were several differences between the two dailies. In conclusion – despite the fact that journalists in Estonia have been writing about the problems in medicine system for years, the same issues keep on setting the media agenda and also the public interest regarding the healthcare system is still high (Mäesalu, 2006).

The thesis Rebane, K. (2006) *The Media Use of Visually Impaired People* shows that visually impaired people can use every media channel, if it is converted into suitable form. The choice of channels depends first of all on the people themselves. Next they choose the useful aids, from magnifying glass and television-spectacles till the computer with Braille' screen. The choice of the aids depends on the rate of disability, and also on activity, interest and the skills of a human being. For example most of the visually impaired people does not know Braille' and that is why they do not need the aids, which help them to read and write in Braille' system. And so there is no need for printing Braille' books, which is the reason why the number of books are decreasing. The ability to read and write in Braille' system decrease despite of the fact that this system and the inventor of this style Louis Braille is very famous in the history of blind people and even there had been celebrations of the Braille' day in Estonia in last years. Reading the books is very popular, even though not in Braille', because sound writing makes much easier to reach different information. Most of audio books and audio journalism (which mostly concerns

the life of visually impaired people) are made in the Library of Estonian Blind People. The range of the editions is much smaller compared with the state library, but it is still very important place for mediating information between visually impaired people. If most of the visually impaired people are unemployed, they have plenty of spare time to read books. Most of all they read fiction.

In the thesis author divided visually impaired people to partially sighted and blind people. On the assumption of empirical part of thesis or to say for the media analyse of visually impaired people she divided them into three groups: partially sighted, people who had lost their sight in later life and people born blind. For analyse she interviewed the medium group – nine people who had lost their sight in later life. In addition I interviewed six experts to explain the media use of visually impaired people. In sampling there were many young people, that is why it appeared that nowadays internet as a medium plays enormous role and the messages of it are used very often. But there is a problem with different media messages of internet, so that getting information is quite complicated for blind people, because there is a lot of odd information on the websites. Despite of the difficulties in websites you can get higher education only when you have computer and internet connection. In summary if visually impaired people have an opportunity and facilities to use all media channels, it gives them equal opportunities to take part in social life. This helps them to integrate in the community, which gives so stronger basis of the development of the society (Rebane, 2006).

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Jaime Jiménez Pernet, José Francisco García Gutiérrez, José Luis Martín Jiménez y Clara Bermúdez

Tamayo ^{*} Monográfico «Intervención en salud en la Red» **Tendencias en el uso de Internet como fuente de información sobre salud.** <http://uocpapers.uoc.edu>. Fecha de publicación: marzo de 2007. El uso de las nuevas tecnologías para acceder a información clínica y a materiales de formación sobre salud y bienestar se ha convertido en una necesidad para muchos ciudadanos, pacientes y profesionales sanitarios de todo el mundo. De esta manera, Internet se ha convertido en un instrumento fundamental de la «transmisión del conocimiento» (knowledge translation) en salud. Aunque la literatura sobre el tema de «Internet y salud» es cada vez más extensa, en España se han realizado muy pocos estudios para conocer los patrones de búsqueda de información sobre salud en Internet y la percepción sobre la calidad de estos recursos que tienen diferentes grupos de población (por ejemplo, adolescentes, mayores, mujeres, profesionales sanitarios y comunidades virtuales de pacientes). Éstas son precisamente las líneas de investigación que un grupo de profesionales de la Escuela Andaluza de Salud Pública (EASP) ha venido desarrollando durante los últimos años. En este artículo se revisan las tendencias de uso de Internet como fuente de información sobre salud en varios grupos poblacionales y los factores que favorecen el acceso a estos recursos. Además, se analizan los códigos de conducta que se han propuesto para mejorar la calidad de las páginas web con contenidos de salud.

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- Brainard C (2010) *Flatlining despite healthcare overhaul*, Columbia Journalism Review January 11,** http://www.cjr.org/the_observatory/flatlining_despite_healthcare.php A short blog article on the closure of a postgraduate health/medical reporting course at City University, New York, after low numbers and evident lack of interest among students: however applications for other tracks of the five discipline 18 month specialist journalism course had been increasing. The article also notes the suspension of the health journalism programme at the University of Minnesota again due to inadequate numbers, although its average enrolment of 14 students a year made it one of the biggest courses of its kind. Extensive comments follow on this blog as various contributor attempt to understand the decline in health journalism courses as the profile of health issues increases in the media.
- Brainard C (2011) *Mixed grades for medical coverage*, Columbia Journalism Review, April 22,** http://www.cjr.org/the_observatory/mixed_grades_for_med_coverage.php This substantial blog article focuses on the successful work of *HealthNewsReview.org*, which had analysed almost 1500 health-related medical articles over the previous 5 years, exposing weaknesses and highlighting strengths.
- Fortner R (2010a) *How Ray Suarez really caught the global health bug*, Columbia Journalism Review, October 7,** http://www.cjr.org/the_observatory/how_ray_suarez_really_caught_t.php A substantial and detailed online blog article for a professional and academic audience exploring the financial power and potential influence of the Gates Foundation in shaping coverage of global health issues, centred on the example of PBS NewsHour presenter Ray Suarez, and also Gates funding of the Kaiser Family Foundation. While the Lancet has carried material highly critical of the Gates Foundation, these and other criticisms are omitted muted or even dismissed in subsequent summaries and reports by the KFF.
- Fortner R (2010b) *The Web Grows Wider* Columbia Journalism Review, October 8,** http://www.cjr.org/the_observatory/the_web_grows_wider.php A follow-up to the Fortner article cited above, 'second of a two-part series about the implications of the Bill & Melinda Gates Foundation's increasingly large and complex web of media partnerships: this looks at the *Guardian* (UK-based newspaper and website), and ABC News (US) and stresses "the ascendancy of the Gates Foundation in setting global health policy and orchestrating media coverage."
- Lieberman T (2008a) *Memo to health care reporters*, Columbia Journalism Review, July 7,** http://www.cjr.org/campaign_desk/memo_to_health_care_reporters.php Short blog article by an experienced health journalist and academic, urging US health journalists covering the presidential election campaign to cut through the "buzz words" and jargon used by politicians to ensure their audience is properly informed.
- Lieberman T (2008b) *Dissecting the health care debate*, Columbia Journalism Review, October 8,** http://www.cjr.org/campaign_desk/dissecting_the_health_care_deb.php A second short blog piece giving snappy and down to earth summaries to cut through misleading phrases and jargon in the US presidential campaign.
- Lieberman T (2008c) *Health Care Rationing Explained*, Columbia Journalism Review, October 30,** http://www.cjr.org/campaign_desk/health_care_rationing_explaine.php Another short blog article which punctures more of the deceptive words and phrases used by US politicians in the debate over health care reforms, and points to the repeated use of the word "rationing" while ignoring the "extensive rationing that already goes on in the US".
- Lieberman T (2008d) *Two new story lines for health care*, Columbia Journalism Review, November 10,** http://www.cjr.org/campaign_desk/two_new_story_lines_for_health.php A further short



blog article appealing for journalists covering the debates on US health reform to focus on why the country needs health reform.

- Reddy S (2009) *Talking shop: Karen Ravn*, Columbia Journalism Review June 15,** http://www.cjr.org/the_observatory/talking_shop_karen_ravn.php A relatively short blog interview with US journalist Karen Ravn, flagging up her ideas of possible “under the radar” issues for health journalists to enable them to break out of the cycle of “writing about the latest gene someone has discovered”.
- Schwitzer G, 2008 How Do US Journalists Cover Treatments, Tests, Products, and Procedures? An Evaluation of 500 Stories. PLoS Med 5(5): e95. doi:10.1371/journal.pmed.0050095** available <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0050095>
- University of Washington School of Social Work (2009) website with tip sheets and guidelines: *Mental Health Reporting*** <http://depts.washington.edu/mhreport/index.php> A well focused and accessible website offering brief checklists, tips and guidelines to improve reporting of mental health issues. Produced for School of Social Work at University of Washington, but offering general points applicable elsewhere in US and anywhere in the world.
- Wilson PM, Booth AM, Eastwood A, Watt IS (2008) Deconstructing media coverage of trastuzumab (Herceptin): an analysis of national newspaper coverage, J R Soc Med 2008; 101: 125–132. DOI 10.1258/jrsm.2007.070115, available** <http://jrsm.rsmjournals.com/cgi/reprint/101/3/125>
- A detailed and technical study by medical academics of the reporting of a costly and controversial new cancer cure in the media over an 8-year period, concluding that “Newspaper coverage of trastuzumab has been characterized by uncritical reporting. Journalists (and consumers) should be more questioning when confronted with information about new drugs and of the motives of those who seek to set the news agenda.”
- Woloshin S, Schwartz LM (2002) *Press Releases: Translating Research Into News*, JAMA. 2002;287(21):2856-2858. doi: 10.1001/jama.287.21.2856, available: <http://jama.ama-assn.org/content/287/21/2856.long>** A study by doctors of articles in nine high-profile journals, which notes that “Medical journal press releases are perhaps the most direct way that journals communicate with the media. Although releases provide an opportunity to help journalists get stories “right,” there has been little scrutiny of the release process or quality. Herein, we describe the press release process at several high-profile medical journals, and review recent releases to learn how study findings are presented and whether limitations and potential conflicts of interest are acknowledged.” The paper concludes that: “Press releases do not routinely highlight study limitations or the role of industry funding. Data are often presented using formats that may exaggerate the perceived importance of findings.”



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Picard A (2005) On medical news, is the reporting healthy? Globe and Mail, Toronto, Thursday, Dec. 29 <http://www.theglobeandmail.com/life/article925545.ece> Article by Canadian health journalist, discussing the launch of a Canadian Media Doctor initiative, similar to HealthNewsReview.org, aimed at analysing news coverage of health and medical issues, highlighting both avoidable weaknesses and praising strengths.

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Cassels A, Hughes MA, Cole C, Mintzes B, Lexchin J, McCormack J. (2003) *Drugs in the news: how well do Canadian newspapers report the good, the bad and the ugly of new prescription drugs?* Ottawa: Canadian Centre for Policy Alternatives; available:

http://www.policyalternatives.ca/sites/default/files/uploads/publications/BC_Office_Pubs/drugs_in_news.pdf

A study in Canada which examines newspaper coverage in the year 2000 of 5 prescription drugs launched in Canada between 1996 and 2001 that received a high degree of media attention, with 193 articles. It notes that “Patients routinely cite the media, after physicians and pharmacists, as a key source of information on new drugs, but there has been little research on the quality of drug information presented. We assessed newspaper descriptions of drug benefits and harms, the nature of the effects described and the presence or absence of other important information that can add context and balance to a report about a new drug.” It notes a range of weaknesses and concludes “Our results raise concerns about the completeness and quality of media reporting about new medications.”

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welchen Stellenwert diese Thematik in der Zeitung hat und warum dem so ist. Prävention wird dabei als die "Illusion des Machbaren" definiert, wobei der eigentlich medienspezifische Unterhaltungswert in der Krankheit liegt. Da Medienobjekte am Markt existieren, müssen sie auch ihre Inhalte am Markt orientieren. Es wird daher angeregt, daß "die verschiedenen auch medial wertvollen Aktivitäten, die an die Gesundheitsförderung geknüpft sind, durch eine Institution, die noch am wenigsten dem Verdacht des Eigennutzes ausgesetzt ist koordiniert werden."(UN), Informationsquelle: Freie Universität Berlin, Fachinformationsstelle Publizistik Verbal transcript of a discussion of scientists on coverage by German yellow press of health topics. Focusing on preventive health and "illusion of medical wonders". Health reporting as form of entertainment with low news value. Experts agree upon that valuable health reporting should be linked to a public institution with high credibility in order to guarantee highest degree of informative value for readers or users.

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Romania

A Guide of Good Practices in Covering HIV/AIDS – Unicef, Bucharest, 2003, 64p., ISBN 973-8411-12-2

The guide is the only documents of its kind devoted to journalists covering HIV/AIDS. It was meant to promote the responsibility among media professional and to combat stereotypes associated with HIV/AIDS. The international professional standards in the field, protecting the privacy, medical language in reporting HIV/AIDS, sources – are the main chapters of the guide. The book also includes study cases, a glossary and a list of sources complete the publication.

Spain

Rina ALCALAY e Carmen T. MENDOZA. PROYECTO COMSALUD Un estudio comparativo de mensajes relacionados con salud en los medios masivos latinoamericanos.

María Vidal Ledo1 y MsC. Bertha Fernández Oliva, 2 Msc. Ileana R. Alfonso Sánchez3 y Lic. Ileana Armenteros Vera4 **Información, informática y estadísticas de salud: un perfil de la tecnología de la salud. Información, informática y estadísticas de salud: un perfil de la tecnología de la salud** Se presenta el diseño curricular del Perfil de Información, Informática y estadísticas de salud. Se describen sus antecedentes y fundamentos, modelo de formación, características del diseño y mapa curricular según disciplinas y asignaturas. Se destaca la incorporación de nuevos

métodos y formas de aprendizaje durante el proceso docente educativo, que garantizan mayor calidad en su formación, así como la importancia de la integración de las nuevas herramientas tecnológicas en dicho proceso.

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USA

Bristol N, Donnelly J (2011) *Taking the Temperature: The Future of Global Health Journalism*, Kaiser Family Foundation, California, available: <http://www.kff.org/globalhealth/upload/8135.pdf> A 26-page report on media coverage of global health issues by two US health reporters based on interviews with 51 stakeholders “reporters, editors and producers ... freelance writers and broadcasters, writers and editors of global health advocacy outlets, and funders of journalism”. Among its conclusions: “1) The constraints faced by journalism in the U.S. have impacted mainstream media’s coverage of global health. Some reporters have left the business; those remaining see fewer opportunities to cover global health stories, especially when travel is necessary. “2) Interest is still alive at some mainstream publications, especially outside the U.S. Some of this coverage is supported by outside funding. “3) Coverage tends to focus on infectious disease, particularly potential pandemics such as H1N1 or disaster-related health issues. Many interviewees said it was difficult to find a fresh angle on developing country health problems, especially HIV/AIDS. Most reporters found U.S. global health policy difficult to cover or include in their stories.”

Kaiser Family Foundation (with Pew Research Center’s Project for Excellence in Journalism)(2008) *Health News Coverage in the US Media January 2007-June 2008*, Kaiser Family Foundation, California, available: <http://www.kff.org/entmedia/upload/7839.pdf> Analysis of coverage of health in 48 different news outlets over an 18-month period: outlets surveyed include newspapers, network and cable TV, news and talk radio and online news. Health news was found to be the 8th biggest subject in national news, with 3.6% of all coverage – more than three times the level of coverage for education or transportation. Network evening news TV programmes devoted even more attention – 8.3% of airtime – to health related news, while cable news allocated just 1.4% of airtime. Most coverage was of specific diseases, with a third of coverage focused on public health issues, with health policy and the US health system receiving the next biggest share of coverage (27.4%). US health care policies were the biggest individual health related story, with 16.3% of all health news: but the debate over health policies was not dominant in the coverage of the 2008 primary election campaigns.



Kaiser Family Foundation (2009) *Survey of AHJ (Association of Health Care Journalists Members)*,

Kaiser Family Foundation, California, available:

<http://www.kff.org/entmedia/upload/7869.pdf> The full data from a survey in Autumn 2008 of 256 professional health journalists, all members of the Association of Health Care Journalists (27% of the membership of 960). Most were print journalists, but the sample included broadcast, web and other journalists. The survey probed attitudes to issues such as staffing cuts, time to research and space to publish a story, the quality of health journalism, the proportion of lifestyle health stories compared with health policy, the influence of online news, the use of varying sources, and the use of blogs as source material. This survey was the basis for Gary Schwitzer's report for the KFF on 'The State of Health Journalism in the US' (see below).

Schwitzer G (2009) *The State of Health Journalism in the US*, a report to the Kaiser Family Foundation, California, available: <http://www.kff.org/entmedia/upload/7858.pdf>.

Stuber J, Achterman P (2009) *Washington State newspaper coverage of mental health issues*,
University of Washington,

<http://depts.washington.edu/mhreport/docs/WASStateNewspaperCoverageMH.pdf> A 19-page referenced study of coverage of mental health issues in seven newspapers over a period of ten years in one US state, produced by academics for University of Washington: date deduced from properties of pdf document. The study uses content analysis "to assess if there is evidence of the use of derogatory terms and negative stereotypes to describe people with mental illnesses and other inaccurate portrayals of mental illness." The pamphlet is linked with website resource Mental Health Reporting (listed below) which offers tips and guidelines to address weaknesses and improve reporting. The authors identify a number of weaknesses, reflecting the lack of appropriate knowledge and training of journalists covering health issues. They stress that the tone and approach of media coverage is important in shaping public responses to mental health. Among the problems highlighted in all forms of media news are: negative portrayal of people with mental illness; inappropriate links between mental health and violence; ignorance or modern advances in the treatment and support for people with mental illness, or the frequency with which sufferers recover; failure to explore the complex causes of mental illness;

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Appendix 2
Methodological Specifications by some Partners

Germany

Research was undertaken for literature and articles published in health reporting (including grey literature) in the German speaking countries of Europe. This included countries such as Austria, Germany, Switzerland, Luxemburg and the German speaking part of Belgium.

Research was conducted by key-word search in various databases: Wiso; BASE; Google Books; OPUS; KVK; Medpilot and Greenpilot; Scirus; Dissonline.de

Germans key-words used for the search were (*translation in English in Italics*):

Health Reporting (*Health Reporting*)

Gesundheitsjournalismus (*Health Journalism*)

Gesundheitsinformation / Information über Gesundheit (*Health information*)

Medizinjournalismus (*Medical / Medicine journalism*)

Gesundheitsberichterstattung (*health coverage*)

Medizinreportagen (*medical reports / reportage / coverage*)

Gesundheit in den Medien (*health in the media*)

Journalisten und Medizin (*journalists and medicine*)

Journalisten und Gesundheit (*journalists and health*)

Public Health und Medien (*public health and media*)

Fort- und Weiterbildung für Journalisten (*Continuing education for journalists*)

Berufliche Qualifikation für Journalisten (*Vocational qualification for journalists*)

Fachjournalismus Gesundheit (*special journalism for health*)

Medienkompetenz für Ärzte (*media competence for doctors*)

Fachkompetenz für Journalisten (*journalistic qualification*)

Ausbildung zum Journalisten / Journalistenausbildung (*training for journalists*)

Medizinmarketing / Health Marketing (*medical marketing / health marketing*)

Klinischer Journalismus / Klinik und Informationsmanagement (*hospital journalism / hospital marketing*)

Öffentlichkeitsarbeit Gesundheit (*health public relations*)

Öffentlichkeitsarbeit im Krankenhaus (*public relations for hospitals*)

Journalismus und Pharmazie (*journalism and pharmaceutical industry*)

Pharmaunternehmen, Marketing und Medien (*pharmaceutical companies, marketing, medicine*)

Wissenschaftsjournalismus Medizin (*academic medical journalism*)

In addition to this databank research focusing on literature, an additional research was undertaken in press- and magazine databanks to search for recent publications linked to health reporting in German print media (daily papers and German weekly publications). This research is attached to this report.

Greece

We conducted bibliographic research to identify any articles and publications on health reporting that have been published in or refer to Greece. The following electronic databases were employed to identify relevant publications: Pubmed; Google; PsychInfo; Medline; Embase.

Both Greek and English keywords (translation in English in italics) were used for the search. Indicatively, we mention the following:

Δημοσιογραφία/Δημοσιογράφος της Υγείας (*Health Journalism/Journalist*)

Ιατρικό ρεπορτάζ (*Health Reporting*)

Ανάγκες δημοσιογράφων ιατρικού ρεπορτάζ (*Health journalists needs*)

Λήψη αποφάσεων σχετικά με την υγεία που επηρεάζεται από τα μέσα (*Health decisions affected by Media*)

Reporters' priorities beliefs

Health stories Greece

Κάλυψη θεμάτων υγείας από τα ΜΜΕ (*Media Coverage of Health issues*)

Πληροφόρηση για θέματα υγείας (*Health Information*)

Υγεία και ΜΜΕ (*Health and Media*)

Υγεία και δημοσιογραφία (*Health and Journalism*)

Εκπαίδευση δημοσιογράφων της Υγείας (*Health Journalists education*)

Δημοσιογραφία και φαρμακευτικές εταιρείες (*Journalism and pharmaceutical companies*)

Romania

The research included: online research and a survey and interviews.

The **online research** was conducted based on the following key-words: Jurnalism de sanatate (health journalism); Jurnalism medical (medical journalism); Comunicare in sanatate (health communication); Comunicare sanitara (health communication); Sanatate publica (public health); Jurnalism specializat (specialized journalism); Relatii publice in sanatate (public relations + health); Jurnalism de stiinta (Science journalism); Sanatatea in presa (health in the media); Specializarea jurnalistilor (journalists' training); Purtator de cuvnt + medicina (Spokesperson – medicine); Management sanitar (medical management)

Medical publications were also considered. The investigation included: PubMed; Google; MedLine.

The survey revealed a huge number of medical publications, in all types of media. Their exact number is unknown, considering, for example, that print media outlets do not have any obligation to register. Therefore, it is practically impossible to assess the number of health publications in Romania. From publications edited by professional medical associations, to Internet television, magazines devoted to health issues, supplements or health pages in the mainstream dailies, the topic is one of the most frequent, attracting a huge number of media consumers and an equally impressive number of comments on forums, discussion groups, etc. A selection of medical online publications included in the research is offered below:

1. Sanatatea Media Group - <http://www.sanatateamedigroup.ro/>

2. Sfatul medicului <http://www.sfatulmedicului.ro/reviste>
3. Educatie medicala continua <http://www.emcb.ro/>
4. Portal medical: <http://www.medics.ro/>
5. British Medical Journal (Romanian edition): <http://www.bmj.ro/>
6. Cardio: <http://www.presspro-cardio.ro/>
7. Chirurgia: <http://www.revistachirurgia.ro/>
8. Farmacia ta: <http://www.farmaciata.ro/>
9. Infoterapii: <http://www.infoterapii.ro/modules/news/>
10. Magazin terapeutic:
<http://www.magazinterapeutic.ro/index.php?luna=2008/ianuarie&afiseaza=>
11. Sana: <http://www.revistasana.ro/>
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13. Taifasuri: saptamanal de medicina naturista: <http://www.taifasuri.ro/>
14. Universul terapiilor: <http://www.universulterapiilor.ro/>
15. Viata medicala; <http://www.viata-medicala.ro/>
16. Dental.ro: <http://dental.ro/main/>
17. Tonica: <http://www.tonica.ro/>
18. Stetoscop: revista de informare pentru medici: <http://www.stetoscop.ro/>
19. Pagina medicala: <http://www.paginamedicala.ro/>
20. Pagina farmacistilor: <http://www.paginafarmacistilor.ro/>
21. Terapii naturiste: <http://www.terapii-naturiste.com/>
22. Tratamente naturiste: <http://www.doctoracasa.ro/revista-tratamente-naturiste/index.php>
23. Ce se intampla doctore/ <http://www.csid.ro/>
24. Hotnews: http://www.hotnews.ro/doctorh_actualitate
25. Sanatatea Tv: <http://www.sanatateatv.ro/>
Audienta: <http://www.sanatateatv.ro/audienta/>
26. Doctori online <http://www.doctorionline.ro/>
27. Infomedica: revista de informatii medicale <http://www.infomedica.ro/ojs-2.2/index.php/infomedica/index>
28. www.sanatateapressgroup.ro
29. Formaremedicala continua <http://www.formaremedicala.ro>
30. Management in Health: <http://journal.managementinhealth.com>
31. Acta Medica Transilvanica ISSN 1453 1968 <http://www.amtsibiu.ro>
32. Revista Societatii de medicina interna <http://www.medicina-interna.ro>
33. Revista romana de bioetica: www.bioetica.ro



Appendix 4
Partners' contributions (Overviews and Guidelines' Topics)

Overviews

Danemark

The vast majority of patients aiming to visit in Danish general practice get information about health and disease via the Internet and different mass media.

On more and more websites, consumers are provided with public reports about health care. This move toward provision of more comparative information has resulted in different information types being published that often contain contradictory information. 42 websites were reviewed from the following countries: Australia, Canada, Denmark, Germany, Ireland, the Netherlands, Norway, the United Kingdom, the United States, and Sweden. The most common ways to integrate different information types were the two extreme options: no integration at all (on 36% of the websites) and high levels of integration in single tables on 41% of the websites. As for the integration of different information types, it remains unclear which presentation approaches are preferable.

Journalists have participated in a discussion about the diagnoses of the deficiency of vitamins. This discussion is connected to big money and to the interests of journalists, physicians, pharmacists and other parties.

Cases of Danish health care visions are studied for example about the electronic patient record at Hvidovre Hospital (HVEPS) and the Digital Doctor Project (DDP). IT visions are inscribed in ministerial reports, leaflets or recommendations. Prominent among those is the ability of such reports to carry "contradictory" messages.

The CONSORT statement specifies the need for a balanced presentation of both benefits and harms of medical interventions in trial reports. Newspaper articles often emphasize benefits and downplay or omit harms. It is known that scientific articles can be influenced by conflicts of interest. Similar imbalance occurs in scientific articles on mammography screening and it is related to author affiliation. 854 articles were identified, and 143 were eligible for the study. Most were original research. Benefits were mentioned more often than harms (96% vs 62%, $P < 0.001$). Fifty-five (38%) articles mentioned only benefits, whereas seven (5%) mentioned only harms ($P < 0.001$). Over diagnosis was mentioned in 35 articles (24%), but was more often downplayed or rejected in articles that had authors working with screening, (6/15; 40%) compared with authors affiliated by specialty or funding (1/6; 17%), or authors unrelated with screening (1/14; 7%) ($P = 0.03$). Benefits in terms of reduced breast cancer mortality were mentioned in 109 (76%) articles, and was more often provided as a relative risk reduction than an absolute risk reduction, where quantified (45 articles (31%) versus 6 articles (3%) ($P < 0.001$)). So scientific articles tend to emphasize the major benefits of mammography screening over its major harms, and this imbalance is related to the authors' affiliation.

A study found that women participating in mammography screening were content with the programme and the paternalistic invitations that directly encourage participation and include a pre-specified time of appointment. We argue that this merely reflects that the information presented to the invited women is seriously biased in favour of participation. Women are not

informed about the major harms of screening, and the decision to attend has already been made for them by a public authority. This short-circuits informed decision-making and the legislation on informed consent, and violates the autonomy of the women. Screening invitations must present both benefits and harms in a balanced fashion, and should offer, not encourage, participation. It should be stated clearly that the choice not to participate is as sensible as the choice to do so. To allow this to happen, the responsibility for the screening programmes must be separated from the responsibility for the information material. Systematic reviews and meta-analyses are essential to summarize evidence relating to efficacy and safety of health care interventions accurately and reliably. The clarity and transparency of these reports, however, is not optimal. Poor reporting of systematic reviews diminishes their value to clinicians, policy makers, and other users. There is an example of good reporting and, where possible, references to relevant empirical studies and methodological literature. A Web site (www.prisma-statement.org) should be a helpful resource to improve reporting of systematic reviews and meta-analyses.

Transparency in reporting of conflict of interest is an increasingly important aspect of publication in medical journals. Publication of large industry-supported trials may generate many citations and journal income through reprint sales and thereby be a source of conflicts of interest for journals. There is a study about industry-supported trials' influence on journal impact factors and revenue. There is a suggestion that journals disclose financial information in the same way that they require them from their authors, so that readers can assess the potential effect of different types of papers on journals' revenue and impact.

The Danish Medical Association (DMA) performed a survey together with TNS Gallup Denmark among the readers of *Ugeskrift for Læger* (Journal of the Danish Medical Association). This survey showed that the readers and authors were willing to accept a shift from Danish into English publication language for original research papers.

The Committee on Proper Conduct in Public Advice on Nutrition, set up by the Danish Nutrition Council, has produced recommendations to persons involved in communicating results of nutrition research. The guidelines are targeted on scientists, industry, journalists and publishers as well as consumers to facilitate proper conduct in communication of own or other scientists' research results, which might influence consumers' choice and intake of food. The results are presented as recommendations and checklists providing the necessary requirements to bring people in a position to make the best possible evaluation of the new scientific results and to put the results into their proper perspective. The aim of this report is to improve the process so that the communicator focuses on the background information necessary for the reader/listener/viewer in the current situation to achieve a balanced view and benefit from the new scientific result.

There has been discussion about campaigns for opposing the growth of the use of alcohol (Uge 40-kampagnerne kan have bidraget til at have forhindret en stigning i alkoholforbruget, mener forskningsleder, professor, dr.med. Morten Grøn bæk, Statens Institut for Folkesundhed. Professor, dr.phil. Anker Brink Lund, Institut for Journalistik, Syddansk Universitet, kalder alkoholkampagnerne for en af de mest professionelle offentlige kampagner i Danmark).

Finland

Health is a very popular subject in Finland. Finns are very aware of health and possess a great deal of knowledge of it related topics. Health is also ranked high on the value scale. Health in general has connections to policy and the success of the whole society.

Dissemination of information is the duty of health journalism. Several Finnish universities offer degrees in journalism. Although special education for health journalists is not offered, we have over 200 registered health journalists in Finland. In addition, physicians and free lance journalist write about health in journals, blogs etc. Health journalism is female-dominated; less than 10 % are men.

Journalists aim for openness, equality, and to be independent of any external forces affecting journalistic processes and opinions. Criticality is a valuable, basic skill for a health journalist. Collaboration and social skills are also important. The author takes care of his or her liability when planning an article, also looking at what angle to take and deciding who to interview. To be a successful health journalist, it is essential to have networks for acquiring information. Journalists tend to form strong connections to their most important sources. Sources can be experts from research institutes, universities, hospitals other institutions and clinics, Finnish citizens, other media, news agencies etc.

The work of a journalist consists of collecting information, selecting and evaluating it, and combining it in the writing process. The popularization of medicine is seen as important. It consists of clarifying medical terms and editing difficult expressions into everyday language. We should not forget that journalistic texts also sell information. However the core elements and representational styles of health journalism are tightly connected to expert sources and to their legitimacy.

Many different types of media disseminate information on health and diseases: magazines and newspapers, radio and TV, and the internet. In Finland, freedom of expression and access to information are guaranteed under Article 12 of the revised constitution, adopted in March 2000. Finnish law also gives every citizen the right of reply and to have false published information corrected. This includes internet publications.

Professional texts are published in journals such as Duodecim and Suomen Lääkärilehti (Finnish Doctors' journal). The most important source for health professionals is Terveystieto, the nationwide medical portal service. It contains both national and international sources and is mainly used by the members of the Finnish Medical Society Duodecim, but can also be used by other parties for a fee. Duodecim is a scientific society with a membership of almost 90% of Finnish doctors and medical students.

Duodecim Medical Publications Ltd. carries out the Society's mission to publish medical information. The company is the leading Finnish publisher in the field of medicine, providing the latest knowledge for health care professionals as well as for members of the general public who are interested in health care issues. Its products range from traditional medical textbooks, handbooks and practical guidebooks to up-to-date medical databases published on the internet and on mobile devices. Duodecim also publishes a Finnish magazine aimed at the general public, called Hyvä Terveys (Good Health).

The main database of health articles in Finland is called Medic. Free sources for citizens are the Terveyskirjasto (Health library) and a portal called Terveystuomi.fi (Healthy Finland). Each year more articles are written about health in all types of the media. Healthy lifestyle is highlighted everywhere. It is seen as an actual duty for every citizen. Health risks such as smoking, alcohol, overweight etc. are seen as diseases threatening the national economy, and its efficiency and productivity.

Ulla Järvi's doctoral thesis (2010) succeeds in looking behind the mask of medical information and shows us when, where and how the media produces meanings for sickness and health. It analyses both journalistic texts, and texts of societal institutions and commercial information providers.

In this thesis, journalism is divided to three types: Scientific health journalism, humane health journalism, and economic health journalism.

Scientific health journalism is based on the facts and language of scientific research. Articles inform of new methods of diagnoses, and new medicines or types of care. Readers believe that science can solve our problems; over 80 % answered so in a customer survey. Facts change quicker than ever before because of new research findings.

Humane health journalism sprouts from the values of individualism, relying on theories of hope and fear. Their typical stories are ones of illnesses, in which patients describe themselves and their lives with illnesses and injuries. An example of a health magazines is "Hyvä terveys" (Good Health). It represents ethical health journalism. It is a strong promoter of patient rights and equal doctor-patient relationships. Medical science is often shown as a faceless authority, which the patient cannot question or challenge with his or her own experiences.

Economic health journalism is a field of news and reports about administration, health care, and national health policies. Articles concern health economics and the health industry, and the expenses of health care and other health business. Money and politics are tightly bound together.

Economic health journalism also manifests itself to our common good, although in the media, illnesses may be given a price. We are told how much diabetes, coronary diseases, depression etc. costs, and how much money is needed from our "collective purse", i.e. taxpayers' money. The costs of serious chronic illnesses can in reality push a patient and his/her family into serious financial problems.

Germany

On a first glance on German media (especially print media) health reporting appears to have its position in many newspapers and magazines. On a closer look however, most articles are either paid "info-mercials" or "advertorials" paid for by pharmaceutical companies or lobby groups of stakeholders within the field of medicine and public health. Such stakeholders are i.e. the German Association of Doctors (Hartmann Bund), the German Association of Hospitals (Verband Deutscher Krankenhausbetreiber), the Federal Ministry for Health and private foundations focusing on special health issues, i.e. such as breast cancer or hearing impaired. According to the German Press Association, up to 80 percent of all print publications in Germany publish paid advertorials on medical issues. About half of them focus on preventive

health, the other half presents new medical treatments and recommends prescription-free drugs which can be bought over the counter at pharmacies or drug stores. Based on an estimate of the German Journalists' Association, only 5 percent of all articles which could be seen as "health reporting" are written by independent journalists and can be seen as investigative and interest-free journalism.¹

Thus, the number of journalists working as independent writers and researchers in the field of health reporting is low in Germany.

As for electronic media, health reporting is rarely found on radio. TV, especially public TV, have series focusing on scientific reports, new scientific findings and latest research. These TV magazine and documentary formats cover some health reporting. The number of airtime devoted to health reporting is low. According to the media analysis department of ARD, the Association of German Public Broadcasters, the entire airtime for health reporting is less than 4 percent of all airtime of public broadcasting in Germany.²

The only exceptions to this are public health threats such as SARS or flu epidemics and pandemics. During such periods, health reporting becomes part of the general news and special reports with coverage of health threats are being put on air. During the last ten years, this occurred with SARS and H1N1 only. The duration of these periods of more comprehensive health reporting was not longer than 4 weeks. The longest period of long-term coverage of a health related topic in German public media was as the spread of HIV/AIDS in the mid 1980ies.³ Quantitative media analysis from those years reports a duration of 9 months filled with health reporting on preventive measures against HIV infection. This public awareness campaign however was "sponsored" by the Federal Ministry of Health and the former federal minister of health, Prof. Rita Süßmuth who had made prevention of HIV/AIDS the main topic of her political work in the mid 1980ies.

Despite intensive literature research using numerous databases, library catalogues and a broad range of search key-words, the total number of research outcomes which are of value for the HeaRT project are rather low.

All publications can be divided into two groups:

- 1) Publications focusing on health reporting and medical aspects
- 2) Publications focusing on journalism, journalistic training, defining health journalism as a special form of journalism with demand for extra training

Publications focusing on health reporting and medical aspects

Publications focusing on a critical analysis of health reporting were only found at university libraries. These publications are either Master thesis or Ph.D. thesis in the field of journalism or medicine.

¹ Phone inquiry; Deutscher Journalistenverband, information received March 17, 2011. The number of 5 percent is based on an estimate drawn from the Heisse-Media-Report and from quantitative media data (Media Analysis, MA) in Nielsen I-IV regions in Germany.

² ARD-ZDF Medienkommission: Untersuchung zu quantitativen Informationsanteilen in deutschen Fernsehprogrammen, Mainz/München, 2008.

³ Ebda.

Other publications focus on preventive health, the role of media in order to support preventive health by better informing the general public about health hazards, health related issues helping people to stay healthy and new form of treatments.

A larger number of publications take a critical point of view and challenges the interdependence between journalists and pharmaceutical companies. These publications question the role of public relations in health reporting, the understanding and knowledge of journalists when coverage complex medical and scientific issues and the functionalities of transformation of information from these complex scientific issues to information understood by the general public, non-academics without any medical background.

A small number of studies analyze special samples of health reporting such as coverage of the SARS crisis or reporting on general health issues such as cancer and female health.

Finally, there are some publications in form of academic studies undertaking quantitative research on health reporting in public media. One study examines health reporting in Swiss newspapers, another one in Austrian media. Both studies conclude that health reporting happens on a very low level of academic expertise. Both studies see the danger that such forms of health reports could lead citizens to develop unrealistic expectations of health services and medical advancement in the treatment of health challenges.

Publications focusing on journalism, journalistic training, defining health journalism as a special form of journalism

These publications all consist of introduction to journalism and media. Most of them present way how media and journalists work. After a general introduction on journalistic techniques, forms of coverage and theory on content and type of media (radio, print, TV, online), most publications define various fields of “specialized journalism”. All of them list thematic fields such as sports, economics, women’s publications, nature and science, travel and tourism etc. A smaller numbers includes health journalism in this list as well. These publications take a critical position and focus on the importance for journalists to be independent from information sources originating from pharmaceutical companies or other health-related lobby groups.

Health journalism in Germany is split into two aspects:

First, health journalism is a huge market for special-interest publication sponsored by pharmaceutical companies to foster sales of medicine and medical treatments for common diseases such as colds, rheumatic inflammations, headache, loss of weight, nutritive vitamins and minerals and alternative medical treatments.

Second, health journalism as part of investigative journalism doing in-depth research focusing on one selected issues of special public interest does not play a major role in Germany. The German Journalists’ Association estimates the number of “real health journalists” (journalists with major focus on health issue) to be around 40 to 60 journalists in Germany.⁴ Compared to the number of up to 280.000 individuals working in the media market in Germany, this number is extremely low.

⁴ Phone inquiry; Deutscher Journalistenverband, information received March 17, 2011.

Greece

According to a 2007 Special Eurobarometer study, almost all Greek respondents (93%) stated that they are interested in medical and health research. In particular, in terms of interest in news related issues, Greece was the second EU country after Sweden that expressed the greatest interest in scientific research. While on EU level the interest in scientific research related issues reached 31%, in Greece it reached 51% ranking in first place among other news related issues. Scientific research was followed by news related to politics (39%) and economy (39%), entertainment and celebrities (37%), arts and culture (33%), and sports (30%).

Medicine, in particular, received the **highest score** when Greeks were asked about the specific related scientific field they are most interested in (77%), ranking, along with Cyprus, in the first place among the EU countries. Finally, according to the same study, Greece was the only country where most of the participants stated that they were dissatisfied with the way scientific research is treated in the media (53%) (European Commission, 2007).

Regarding health journalism, indicative of the situation in Greece is that during the Round Table “Biotechnology and Mass Media” in 1999, one of the few such initiatives identified, both journalists and scientists discussed about the need for specialized scientific reporters and training (Round Table *Biotechnology and Mass Media*, 1999). Twelve years later, in a recent conference titled “Cancer: Mass Media – Information & Communication Flow” (2011), the absence of specialized training remained still among the main points of the discussion, as well as the need for specialized training for journalists, as well as physicians and scientists.

As far as education is concerned there are numerous public and private educational institutions in Greece that offer journalism, communications and media studies. However, according to the research conducted by HeaRT project as well as information that appear on interviews and blogs, none of the public universities at least offer such training (<http://www.openscience.gr>, n.d.; <http://epatientgr.wordpress.com>, 2011).

At the same time, it is widely accepted that the media have a significant impact on shaping public opinion, while the progress of the medical science and the public’s growing interest in health issues have led media to focus more on health issues. In the last decade there has been an outbreak of newspaper and magazine articles concerning mostly preventive medicine and new treatments, specialized magazines on prevention, nutrition, physical activity etc., television shows devoted on adults’ and children’s health issues, as well as websites on medical topics.

In an effort to conduct a comprehensive review of the existing literature that refers to health reporting and medical journalists in Greece, Prolepsis used a great number of Greek and English keywords and a variety of electronic databases. However, we managed to collect a relatively small number of articles, publications and papers. Among the main findings were scientific articles, research reports by the European Commission, electronic information from websites and blogs, as well as presentations from round table discussions and conferences. We also included at least two samples of “grey literature” from electronic health magazines.

Scientific sources

Most of the scientific findings are articles published in medical journals.

Many of the publications focus on the role that media play in shaping people's knowledge, attitudes and behaviors regarding health issues. Informational campaigns through the mass media on skin cancer and sun protection appeared to have a significant impact on how people structure their attitudes and behaviors toward preventive health and lifestyle (Stratigos et al., 2005; Katsambas, Katoulis & Varotsos, 1998; Charalampous & Kleisiaris, no date). In a study, where 816 students between ages 15-18 participated, family was identified as the first main source of information (79.8), followed by television (68,2%), magazines, physicians, and friends. However, television, magazines and school were not the most important motivating factors for use of sunscreen protection (Saridi, Toska, Pappa, Liachopoulou, Aggeli & Mpirmas, 2009). A letter to the editor published in Preventive Medicine presented an informal survey based on 29 nationwide and local newspapers regarding the language patterns in the headlines of articles about the anti-smoking campaign in Greece, which has not yet been granted with success. The letter discussed how Greek newspapers' headlines negatively affected the implementation of the new smoking policy by not supporting the change and being pessimistic about the outcome (Andreou, Gourgoulisanis & Galantomos, 2010). Media as a source of health information was also among the issues that often came up during the review. In a study that explored people's opinions and attitudes on nutrition and health, only 17-18% of Greeks reported that they refer to mass media to get informed. Mass media were not considered as reliable sources of information (Kafatos, Markatzi, Kearny & Gibne, 1998). Another article based on the WHO eHealth Consumer Trends Survey dealt with the use of the internet for health purposes by Greek adolescents and young adults 15 to 35 years of age. In general, it appears that over the last few years Greek young people **seem to rely more** on the internet for health purposes. In this article, the internet ranked fourth (53,3%) on terms of importance as a source of health information, after personal contact with health professionals (78,5%), books, medical encyclopedias and informational leaflets (58%), and television and radio (57,2%), followed by other sources, such as pharmacies, friends and family, magazines and newspapers. The article also explored the health issues young people mostly seek information about. These included lifestyle issues, e.g. nutrition, exercise and smoking (27.5%), specific health problems (23,6%), practical issues, such as insurance and leave of absence (11,6%), pregnancy and baby related issues (7%) (Roumeliotaki & Chronaki, 2009).

A 2007 Special Eurobarometer on "Scientific research in the media" by the European Commission revealed some interesting information regarding the way scientific research is covered in the media in Greece:

- Among other European countries, Greece ranked the second place on terms of **interest** in news related to scientific research 51%. When asked about specific topics related to scientific research, Greece and Cyprus (both 77%) reported the greatest interest in medicine. According to another 2007 Special Eurobarometer on "Medical and health research" most Europeans show strong interest in health research, science and technology, with more that 9 out of 10 Greeks (93%) being interested in medical and health research.
- While more than half of the respondents on an EU level were satisfied with the way scientific research is presented in the media, Greece was the only country where the majority

of participants (53%) appeared dissatisfied, even though 56% consider the place of scientific research in the media sufficient.

- Regarding decision making on topics that are presented in the media, almost 4 out of 10 Greek citizens referred to journalists (39%), followed by business or interest groups (29%) and the scientific community (26%).
- When asked about the information provided by the media, Greeks appear to consider it useful, objective and reliable. More than 6 out of 10 do not find it difficult to understand, but almost 4 out of 10 have difficulties in understanding it.
- Concerning the characteristics that matter the most on the way scientific research is presented by the media, its usefulness appeared the most important for Greeks (49%), followed by reliability (48%), the topic (42%), easiness to understand (38%), objectiveness (24%), variety of topics (19%), proximity to their concerns (16%), entertainment value (10%), visual appeal (9%) and time of broadcast (5%).
- Among Europeans, Greek citizens believed the most that scientific information should be presented by scientists (73%), rather than journalists (6%). 18% replied journalists and scientists together.
- Clarity is the most important factor because of which Greeks prefer journalists to present science information, while trustworthiness, precision and objectiveness are the most important factors for preferring scientists.
- As almost every second EU citizen, Greeks also **trust television** the most for obtaining information on scientific research (68%), followed by newspapers (53%), radio (26%), written magazines (21%) and internet (15%). It should be noted that this ranking follows the ranking of media sources regarding their usage as well.

Some more specialized studies explore the role of media on the stigmatization of mentally ill people. Media may be used to teach people about what mental illness is and to alleviate the related “negative stereotypes” (Charalampous & Kleisiaris, no date). Another study takes a critical point of view about the term “Psychomedia”, which refers to the collaboration between mental health experts and media. It examines the advantages and disadvantages of the overexposure of mental health issues on media and a possible “utilization” of reality (Dimellis, 2003). Finally, another study among the Greek population stressed the key role of media in the development of public opinion about mentally ill people. This study challenges the negative attitude of media towards mental illness as well as how media represent people with mental health problems. Moreover, this study reported that mental health issues seem to be under-reported comparing the media coverage of other health issues. For instance, the majority of the respondents did not have any information about schizophrenia (“like it doesn’t exist”) (Oikonomou, 2010).

As derived from all the above mentioned information, health journalists may influence public opinion through the information they choose to present as well as the way to present it.

Newspapers and Electronic sources

In an effort to cover all available information and different opinions, we also refer to publications found on websites and blogs, which often retain a critical view of point towards the health related stories that appear in the Greek media. The lack of specialized scientific

journalists, the absence of communication of science from the Universities, as well as the lack of specialized knowledge and of the realization of its need was among the points made in an electronic interview and blogs (www.openscience.gr, n.d.; epatient.wordpress.com). Several relevant posts and articles refer to the ethical issues regarding how media handle and present health issues. They stress that mass media mold the public opinion on health problems, new treatments and drugs. Misinformation, one-sided information about diseases and therapies that can mislead the public, stories that are merely translations from foreign sources, news without reference to their sources, unreliable information that may be linked to pharmaceutical and advertising interests are among the negative points that are made (epatients.gr, 2011; ophilos.eu 2009; enet.gr, 2007; natofao.blogspot.com). When referring to health reportage, a blogger mentions that “in addition to medical knowledge or high level health literacy, experience and ability to analyze the news” are needed (epatient.gr, 2011). Based on a study of publications on mental health, the media play a significant role in stigmatization and stereotypes. Titles that often exaggerate and do not represent the stories, as well as stigmatizing visuals were among the findings. Also, television seems to be the most important source of information, while issues related to mental health are not that often represented in the media in comparison with other health issues ([tvxsteam](http://tvxsteam.com), 2010).

Grey Literature

A translated Unicef Guide for journalists regarding the media and children’s rights included instructions about how to report health information concerning children. More specifically, the guide noted the importance of journalists being aware of children’s health issues and data in their country. According to the guide, journalists should be attentive about the preciseness and reliability of their sources and stories, avoid fear stories and aim at health education (Unicef, 2009).

Through our research we also found a report of the minutes of a Round Table on Biotechnology and Mass Media that was conducted in 1999 with the participation of both journalists and scientists. One of the main points that came up was that journalists need to be deeply knowledgeable of the issues they cover, while scientists also need to know how to communicate science to the public. Journalists, who cover health reportage, need to know about the issues they write about and their responsibility about the effects and the potential risks of the information they distribute, as well as be able to make informed ethical decisions. Time is also an important factor that needs to be taken under consideration in regards to journalists’ pressure to publish news as fast as possible. Exaggerating titles that do not represent the story or the truth and misleading information were also discussed. The use of fear, new promising therapies, articles that basically promote pharmaceuticals and other interests acting as advertisements were among the points made. Often, health information and television programs are sponsored by pharmaceutical companies, turning thus scientific information into a “commercial product”. The need for specialized journalists was also expressed. Regarding training, it was suggested to organize seminars for journalists so as to improve their knowledge and be able to understand and evaluate scientists’ language and announcements. The importance of including communication to medical and other scientific studies was also stated. In addition, it was suggested to create a Committee that would act as



a liaison between the scientific community and the media. Generally, the need of collaboration between professionals of both worlds was evident throughout the discussions of the round table.

Norway

The media supply Norwegians with health-related messages and try to contribute thereby to their health development. Still little is known about the amount, the quality and the utility of health information in the media. For the individuals it is not easy to separate good and reliable information from information of poor quality. That is why there is a need for further research in this field to increase knowledge about the chances people have in making informed health-related decisions and how they make sense of and use the health information at their disposal. Also journalists as well as physicians and scientists must make more of an effort to communicate comprehensible and useful information about health topics to their audiences. The prevalence of overweight and obesity is rising each year in all Nordic countries. A qualitative study with data from five Norwegian newspapers, focusing normative entries about body weight. Discourse analysis provided a focus on the cultural attitudes when systematic text condensation was conducted. Data comprised 26 normative messages (prescriptions or comments on how obese people are or should be, messages mediating or discussing values prescribing a 'good' body). Two main normative domains within the obesity discourse were identified. One group of entries warned about obesity from an aesthetic point of view, notifying the reader that beauty would suffer when weight increases, due to reduced attractiveness. These texts appealed to bodily conformity, linking leanness with attractiveness and delight, suggesting that fat people are ugly and unhappy. The other group referred to lack of control in the obese person, linking greediness to lack of responsibility and bad health. Fat people were displayed as undisciplined and greedy individuals who should be ashamed. Cultural messages of blame and shame are associated with obesity, but also spreading from body weight to the very scene of life. People with obesity cannot escape this cultural context, only find a way of coping with it. Practice implications: Quality care for people with obesity implies that public health and clinical medicine acknowledge the burden of cultural stigma. Developing awareness for cultural prejudices on body weight, doctors could counteract stigmatization and contribute to empowerment and health.

One of the studies about the coverage of medical issues in Norwegian newspapers emphasized that the credibility of the medical information varied from one newspaper to another. The news media are an important source of information on new medical treatments. There is, however growing concern that some of the coverage may be inaccurate and overly enthusiastic, thereby misleading the general population. Eight major Norwegian newspapers were screened for articles on the benefits and risks of all the 60 new medications introduced on the Norwegian market from July 1998 through March 2000. There were found a total of 492 articles describing 18 new medications over the period January 1998 through June 2000. Of the 357 stories that mentioned benefits, 79% did not report this in any greater detail, 51% gave the medication a positive coverage, while 19% used overly enthusiastic terms like -

"wonder pill"-. 39% of the 492 stories pointed to potentially harmful effects of the medication while 27% mentioned costs.

174 stories cited at least one expert describing the effects of the medication, but only four of these stories disclosed financial ties between the expert and the manufacturer of the specific drug. Press releases from drug companies were cited twice as often as papers in medical journals. The Norwegian news media usually give new medications an overly enthusiastic coverage, while there is incomplete information about the benefits, risks and costs of the drugs as well as about the financial ties between medical experts and the pharmaceutical industry

Many doctors, patients, journalists, and politicians alike do not understand what health statistics mean or draw wrong conclusions without noticing. Collective statistical illiteracy refers to the widespread inability to understand the meaning of numbers. For instance, many citizens are unaware that higher survival rates with cancer screening do not imply longer life, or that the statement that mammography screening reduces the risk of dying from breast cancer by 25% in fact means that 1 less woman out of 1,000 will die of the disease. We provide evidence that statistical illiteracy (a) is common to patients, journalists, and physicians; (b) is created by non transparent framing of information that is sometimes an unintentional result of lack of understanding but can also be a result of intentional efforts to manipulate or persuade people; and (c) can have serious consequences for health. The causes of statistical illiteracy should not be attributed to cognitive biases alone, but to the emotional nature of the doctor-patient relationship and conflicts of interest in the healthcare system. Information pamphlets, Web sites, leaflets distributed to doctors by the pharmaceutical industry, and even medical journals often report evidence in non transparent forms that suggest big benefits of featured interventions and small harms.

One paper documents how the main Norwegian TV news programme -"Dagsrevyen"- approaches the health care sector and discusses some effects its approach may have on public opinion. Data on 1116 programmes, between 1996 and 2003 period, were analysed. Stories were coded by the place in the news sequence, subject, who were interviewed, and what kind of message (positive, neutral, negative) the stories were giving. During the first years of the period in question, Dagsrevyen almost daily brought stories from the health care sector, often among its top stories. In the later years, the coverage was cut by 50%. Stories on the workings of the health care services, their funding, and the treatment of patients dominated. Patients and professionals, particularly doctors, were the most frequently interviewed. About one in two of the stories had a negative message, one in four a positive message. Stories presented early on in the programme were most often negative; this tendency did, however, become weaker over time.

The number of stories from the health care sector is mainly influenced by competition from other media and by programming policies. The angle of presentation chosen, the topics and the messages correspond to the ideals of -"storytelling with pictures", which TV newscasters adopted in the mid-1990s.



Repetitive negative coverage of the health care system contributes to forming public opinion and policy. This type of news coverage represents a pressure towards a search for new policies.

Other topics come up from the Norwegian communication from health journals have been the dissemination of medical research information and ethics of health journalism.

Portugal

Health in general, and diseases in particular, are a major topic in journalism. They fulfill a somewhat extensive space in the media sphere and have a considerable impact in news sources and target audience. Yet, we do not know much about the newsmaking process and the way sources organize themselves and their perceptions on what is published. Mainly in Portugal. A group of researchers from the Communications department at University of Minho is developing a project in which “disease in the news” is studied (Lopes et al, 2010).

Through the analysis of three Portuguese newspapers (*Público*, *Jornal de Notícias* and *Expresso*), the goal is to understand the news coverage of diseases. Through 2009, Influenza A was the most covered disease. In order to contribute to the understanding of a media coverage that World Health Organization declared to be a pandemic, the research was centered in sources quoted in Influenza A news articles. The corpus included news articles published in three national newspapers, as explained above, that were chosen for their different periodicity and editorial line. They analyzed 655 news stories and who were the sources journalists talked to. The researchers came to the conclusion that this was a media “pandemic”. Neither the number of international predicted deaths was confirmed nor the continuous discourse of calm at a national level was an evidence. Through the analyzed articles, the speech is dominated by official sources who, both inside and outside the country, organized a risk communication that used journalistic speech in order to transmit “pseudo events”. There was a media “pandemic” that had troubles surviving outside the media. Nonetheless, during a year it was news thanks to the action of sophisticated news sources.

Romania

“A huge amount of health reporting, few specialized journalists and almost no training opportunities or concerns” – that is a possible description of health reporting in Romania. Therefore, it seems that the problem is not the lack of interest in health and health related issues, but the way they are covered. However, the issue should be considered in a broader perspective: in a media environment deeply affected by the economic crisis⁵, specialized journalism and journalists’ training do not represent a priority.

⁵ Over 60 newspapers were closed down in 2009-2010 and more than 6000 people working in the media lost their jobs (FreeEx Report – Press Freedom in Romanian 2010, published by Media Monitoring Agency, Bucharest, 2011 - <http://www.activewatch.ro/stiri/FreeEx/Raportul-FreeEx-2010-Libertatea-Presei-in-Romania-307.html>)



Undoubtedly, health is a fashionable topic in the media. In a “medicalized society”, as scholars characterize our world, no wonder everybody is interested in health.

The number of publications is relatively high. (A selection of websites is given below). Health is present on any important radio or tv channel, while there is no mainstream media daily without a health page or even a health supplement. Last but not least, women’s magazines deserve special mention as health issues is a top priority for them.

When it comes to studies or media analyses on the way health is covered, the conclusion is disappointing: almost no material was found.

As the search failed to reveal relevant information, we initiated a survey among journalists covering health, representatives of the public authorities and physicians. The present report is mainly based on their input.

Sweden

In Sweden media is a significant source of health information for the general public, and medical journalists play a key role in health information dissemination.

In Sweden there's special training for medical journalists in the universities and other educational institutes.

Journalists have a responsibility to investigate and report on citizens' needs, and that is why journalists mirror the needs and issues of Swedish society. They have an aim to be accurate, authoritative, and compassionate. They need to understand the terminology, physiology, epidemiology, study design, and statistical analysis to keep health news in context for the viewer.

When a public health situation is involved, health writers and the media play an important role in quickly delivering core messages to the public. In a sense, then, they do serve as a component of the health provider community.

In Sweden medical journalists are encouraged to follow a number of ethical guidelines, including do not arouse false hopes and fears; try to present risks and benefits together; emphasise the uncertain and temporal nature of knowledge.

The audience in Sweden may make important health care decisions based on the information provided by the journalists. So journalists face unique challenges in covering health news, and it is crucial that poorly designed or poorly powered studies should not be reported.

There is a lot of discussion about journalism and journalists and the purpose of medical and patient journals. Critical communication is not avoided.

The stories are intriguing insight into how the community view issues surrounding medicines, medical industry, the use of medicines. Also other topics are and have been down for publishing in the media: smoking, cancer risks, health risk of babies and children, alcohol issues, euthanasia, sick leave at work, Swedish health care and system research, clinics announcements, youth health, drug addictions, cobra bite alarm and prevention, pharmaceutical industry, influenza and pandemic, patients’ rights and needs in health care, tsunami health consequence, political issues in health, dental health, elderly health issues, lung and heart diseases, traffic accidents, HIV/AIDS, medical errors, physical activity and health, nourishment and health, changes occurred in psychiatric field.



There may be too much news for example about the delivery of medical services and not enough news about the cost of, quality of, and evidence for those services. The current imbalance may contribute to the health-care cost crisis, driving up demand for expensive, unproven ideas.

Journals do not always receive all the information they need or at the depth required. One obvious example involves the comprehensiveness of conflict of interest disclosures. Often editors rely upon authors, as most journals simply are not equipped to validate the information provided.

Needs and Limitations

Finland

Some Finnish universities have carried out research on health journalism and published scientific articles and doctoral theses. They can be found on the Finnish HeaRT lists.

The paradox is that health journalism also hides serious issues, does not show the complicatedness of many things, and does not include the societal dimension in articles. The main ideas of shared responsibility – typical in Finnish policy – are sometimes made obscure. Notions such as “I am paying for sick people” created by the media can also create shame related to illness.

Over 1 million Finns, i.e. every sixth adult, have musculoskeletal (MSD) problems. To minimize the complicatedness of back pain, care guidelines were produced to prevent MSD problems and to help in the care of MSD when back pain has been diagnosed. However, the media have not disseminated these guidelines, suggesting instead different types of solutions to help get rid of back pain. These solutions are not based on research evidence.

Health is also sold via advertisements of health products and medicines, although there is no knowledge of their real effects on the health of the people using them.

Medicalization means that the expansion of medical authority into the domains of everyday existence is promoted by doctors and forces of social control. Ageing is cured by several medicines without really knowing and looking at the situation of the people themselves.

Health products have developed a means to keep Finnish citizens healthy. An example of this is vitamin D, known to be important to everyone's health. The doses people used were seen to be too low, and its use was restricted to winter time. This year, changes to the recommended dosage of vitamin D were suggested. News about this topic led to a great deal of comments and discussion on web forums. Some experts have also been critical – they warn about the dangers of overdoses of vitamin D.

The discussion between physicians and journalists about sickness and health articles is sometimes heated. Physicians claim that articles contain errors, are written without expertise, or contain overstatements, whereas journalists criticize physicians for writing difficult texts, using medical jargon, and even suppressing information or playing the media game.

In private hospitals, surgery sells well, but a number of complications have also been found. In Finland the social security system is paid by taxes. Even if the private hospital causes serious

problems to the patients, the social security system compensates for the mistakes and damage.

Sometimes “knowledge washing”, similar to “money washing” also takes place. In these cases, the real origin of information is not revealed to the users. Although correct, this knowledge can be insufficient.

The H1N1 pandemic reached the headlines as a killing disease threatening the globe. To protect themselves, people were asked to take a vaccination. About a year ago however, cases of narcolepsy started to appear among children, the numbers of which grew along with the rising number of vaccinations. The connection between narcolepsy and the vaccination is being studied.

Sometimes it is hard for patients to apply the existing information to their needs. The information produced by the media does not always meet the needs of users.

Germany

According to media studies in Germany, up to 80 percent of all media users (readers, viewers, listeners, online users) mention “health” to be an issue and a field of interest which influences their individual patterns of media consumption.⁶ Many readers wish to stay in good health. Thus, they search for information which might help them to achieve this target. Preventive health has become a huge market in Germany. 74 percent of all Germans expect to find information on health issues in media publications. However, in terms of trust and credibility, only 18 percent rely on media information, 79 percent trust their doctor or medical expert. They use information in the media as first start-of information only. They expect easy-to-read and easy-to-understand information. For more specific information, they consult medical professionals.⁷

These findings indicate, that health reporting in Germany seems to be a form of journalism which stays “on the surface” of a topic. In-depth coverage and investigative analysis of a health issue is not expected by the general public. Health reporting is clearly limited to a form of general information. In online publication, links leading to specialized and often academic websites indicate, that many users find health reporting helpful as a first form of orientation for a health topic. As second step, health reporting no longer seems to be of value and people start to consult more reliable resources. One reason for this behavior seems to be “health as an individual issue”.⁸ People see “their personal health” as an individual topic which cannot be addressed by mass media. Thus, they prefer individual treatment by a health professional of their own choice.

In Germany, media users wish to have health reports for a first general orientation, a first access point to a selected health topic. They do not wish to receive in-depth coverage or analysis of health topics in the general media.

⁶ Ruhrmann, Georg: Interessensfelder deutscher Mediennutzer, Jena 2006; Fries, Nina: Mediennutzung und Mediennutzertypologie, Saarbrücken, 2009.

⁷ Hartmann, Peter H./Höhne, Inga: MNT 2.0 – Zur Weiterentwicklung der MedienNutzer-Typologie. In: Media Perspektiven 5/2007, S. 235f.

⁸ Vgl. Fries, Nina: Mediennutzung und Mediennutzertypologie, Saarbrücken, 2009.



Media users with a higher educational level (academic) often refer to scientific journals or specialized medical publications to acquire additional information on a health topic. These media behavior relates to a small number of media users only and can thus not be seen to be representative of media clients in Germany.

Portugal

There are very few studies on this issue in Portugal. However, we can find a series of papers regarding the analysis of health media coverage, from 2008 to 2011 (Lopes et al. 2011; Ruão et al, 2011). They focus on the study of health reports in the press and present some trends regarding health journalism needs and limitations in the country:

Limitations

1. There are very few journalists that we can say are 'specialized' on the issue (25);
2. Those journalists have no special training to work on health issues;
3. Health media coverage is largely dependent on the sources, for decoding requirements;
4. The dominant sources are official organizations, as the health ministry, the health secretary of state, the national board of doctors and other institutions;
5. There is a sort of 'news sources brotherhood' and the society is not fully represented.

Needs

- a. The area would benefit from the investment in health journalism training;
- b. Health journalism would benefit from a larger reflection on media production practices;
- c. The society would benefit from a larger representation on health reports.

Romania

Despite the huge amount of health information in the media, more often than not, the stories are of low quality and therefore, unreliable. The main cause seems to be the journalists' low level of professional knowledge, on one hand, and the doctors' attitude on the other hand. Besides a relatively small number of specialized journalists, they are usually not trained in health reporting. Hence their inability to understand correctly or to further investigate the information they receive. In their turn, doctors complain that their information is distorted by the media and are reluctant to cooperate. Noteworthy, that medical professionals are not usually trained in media relations either, which makes the dialogue between the two parties almost impossible.

United Kingdom, United States, Canada, Australia

General note:

No recent results on search of three key journals: 'Journalism'; 'The Journalism Educator', 'Journalism Practice'.

No serious discussion of health journalism in most key textbooks for undergraduate and postgraduate journalism programmes.

Almost all articles and books offering specific discussion in English of health journalism issues have up to now been in the USA, with some in Australia and Canada.

Mostly/under-reported Issues

Estonia

The search of literature about Health Journalism in Estonia and University of Tartu demonstrate that there are different health topics under the analyse and. Four articles are published in the scientific journals and 15 of them bachelor and master thesis, defended during 2003-2010 mainly in Tartu University. Six wider areas of the publications are: 1) empirical analysis of general health news in media (the newspapers and most popular national journals); 2) psychological crisis, traumatic events, suicide and violence; 3) drug issues and drug addiction; 4) healthy and unhealthy food and health risks of GMO-s; 5) Work stress and work satisfaction among journalists and 6) people's attitudes toward Estonian Health Insurance Fund politics.

The search of literature about health journalism of Estonian authors demonstrated, that the main part of literature available in the web pages of the University of Tartu. Six master thesis, 7 bachelor thesis, one scientific article, one project report and one conference abstract were under the observation. Different health topics were analysed: health conception epidemiology, psychological crisis of traumatic events, suicide and violence, healthy-unhealthy food, drug abuse, work stress among journalists and health insurance system policy.

The analysis of general health topics in media was carried out in two master thesis. One gives the description of health epidemiology in the newspapers. The other thesis deals with changes of health behaviour from the focus point of health promotion in health journals.

The epidemiological research of representation of health in the articles of online editions of the *Irish Times* and *Postimees* describe the similarities and differences in handling of health topic between Irish and Estonian newspapers. The topics about diet, socio-economic and psychological health was handled in similar amounts in the media of both countries. In the most popular Estonian newspaper *Postimees* mainly presented the international health facts and less political discussions and health advices as have been seen in *Irish Times*. The numerical presentation *as prevalence* was seen twice often in Irish media and absolute numbers of health indicators mainly in *Postimees*. The study stress need for more advising purpose to improve health of population or give more knowledge about health problems in the newspaper articles. Important not only the representation of health topics, but also to pay attention on what kind of data are valuable by the readers.

The health as a social phenomemon was treated in the most popular Estonian journals Health Plus and Kodutohter (Koik, 2004). The author stress on modern health problems growing out from bad health behaviors, while the important role play surrounding physical and social environment. The attempt to bring out the role of health promotion *via* media resulted on two opinions theorists and practicians. The theorists understand complexity and interdisciplinarity of health promotion and see health promotion discipline less important in the real life. The practicians make real things but not so aware in theoretical conceptions of health promotion. Environmental and societal factors which might be help people to make healthier their choices and life style, have been left in these journals on the background. Also,

the availability of journals for low-income people and elderly constricted access to journals. But because of low living standard those people need more attention, that to improve their health state. The absence of the topics related to health care politics has been observed. The thesis stressed, that because of lack of money, time and interest the readers have not make any permanent changes for healthier lifestyle. At the same time author conclude that health promotion journals might be included more wider and multidisciplinary health information. The health promotion journals might be funded by health insurance systems, that poor people also get chance to read these journals.

Psychological crises, traumatic events, suicide and violence were the most often published and scientifically analysed topics. The authors (Sieberk, 2010; Auväärt, 2008; Haavajõe, 2007) stress that journalists need for more knowledge of social psychology and ethics, when speaking and writing about natural disasters and emotional reflections of people. Analysing the crime stories most often in broadcast by Auväärt (2008) the author see the problem that crime is dominative and conquer over a news stories in TV-channels, and most popular among young men without higher education.

The female are more disturbed by the brutal scenes shown than men.

The two topics touched child abuse and suicide, expanded upon the newspaper articles. In most cases of child abuse stories experts and researchers not raised the proplems and didn't made the attempts to give explanations on pedofilia as a disease. Perpetrators are shown as active actors working with children in their occupations, and named as guilty. Here was journalism ethics violated. But positive aim of ethical coverage of sexual violence concerned with children is to prevent violent acts in the future.

Analysing suicide cases of Estonian media didn't cover the topic in coherence with the suggestions of WHO. Hence, in general positions of articles and used photos corresponded to WHO suggestions (Palo, 2005).

The case study on drug issues in Estonian media was analysed by Harro, H. (2008, 2011) as news waves concentrated on how journalistic news facilitates the mediation of those issues, been seldom discussed in public. Addiction to illegal drugs was regarded as a problem of nineties and came over from Soviet times. Today the issue of drugs published three times less in media and mainly associated with crime and police discourse (Harro, 2011).

The representation of topic healthy and unhealthy food in Estonian journals is wide and established in six discourses – moral, scientific, biomedecial, esthetic, hedonistic and sport (Trolla, 2006). The healthy food is represented in opposition to unhealthy (sugar, fat, salt). The concept is built upon being fit and beauty and in most part addressed on women. The spokespersons in the analysed articles are weight watchers and people who tried diets. Some articles emphasized ethical, esthetical and biomedical discourses.

Since 2003 depending on Estonian Genome Project GMO food rised on the roads of newspapers and reflected mainly critical viewpoints on health („terminator-seeds“, „mutants“). At the same time Washington Post has published about ten years earlier in huge amounts of GMO articles and from the position of several aspects (positive attitudes and bias) (Lai-Neubacher, 2007). Hence, differences in cultural attitudes toward natural products and

low risk food have been observed. When US is eager to acquire quick economic and political benefits from GMO, the European countries don't take more risks adopting new technology. There is a debate about lack of interest in information regarding food risks, healthy diets and coping with allergies and new questions on how to change communication programs so that people would be more aware of allergies and food related risks (Levandi, 2010).

Journalists and medical personnel have been criticizing Estonian Health Insurance Fund, Ministry of Social Affairs and politicians for not dealing with the problems in Estonian medicine. Although Estonian health system has been battling with insufficient funding for years, it is the fundamental problem which causes all the other problems like: queues of people needing medical care, too low salaries for medical staff, too expensive drugs (Mäesalu, 2006).

Some master thesis concentrated to work stress and job satisfaction among journalists. Almost of all Estonian journalist are satisfied with relations with colleagues, variety and independence in their work. Journalist enjoy that the job is interesting, exciting and eventful, allows meeting with interesting people. And involves everyday learning. The main sources of stress for journalists are long working days, time pressures and deadlines, low pay and work overload.

Most often they suffer under tiredness and nervousness (Mõttus, 2003; Nikkolo, 2010). The content analysis of theses and scientific articles published in the international and Estonian journals and newspapers comprised wide area of health topics: starting from the conception of health, reflecting psychological distress from traumatic events and violence, drug abuse and healthy-unhealthy food and finalizing with work stress and satisfaction among journalists in their occupation. Although the present author concentrated on health problems, published in Estonian media during the last ten fifteen years, the important painpoints were clarified.

The studies stress need for more advising role of media to improve health of population or give more knowledge about health problems in highlight. Important not only the representation of health topics but to pay attention how the data are valuable or interpreted by the readers.

Too much are paid attention on traumatic events, violence, pain and frustration, which increasingly embower population in their every day life being in the fire.

In spite of a number of journals reflecting the healthy diet and fitness (for females as a target group), Estonian people do not make any permanent changes for healthier lifestyle because of lack of money, time and interest.

At the same time the Estonian readers need more articles about health politics, hoping on supportive financing from side of health insurance system and more friendly medical care.

Based on the health journalism literature, it might be conclude that journalists may be need to improve their awareness on most problematic health topics in Estonia (cardiovascular diseases, cancer or musculo-skeletal disorders), that to improve health behavior of population. It is needful to pay more attention on knowledge about the statistics and epidemiology. The journalists need knowledge also about ethical approach when presenting different psychological and vulnerable themes. Some topics of health politics might be included into the future training courses.

The most popular health journalism topics in Estonian Media:

- 1) Empirical analysis of general health and health data news in the newspapers
 - Liiv, K. (2010). Epidemiological research representation in the articles of online editions of the *Irish Times* and *Postimees* in 2009. (Epidemioloogiliste uuringute representatsioon. *The Irish Times* ja *Postimehe* veebiväljaannete artiklites 2009. aastal).
 - Eilsen, S. (2007). Health data communication in media based of different examples (Terviseandmete kommunikatsioon meedias erinevate juhtumite näitel).
 - Koik, A. (2004). The role of journalism in health promotion as an example of Kodutohter and Tervis Pluss. Potenciality, reality, perspectivity (Ajakirjanduse roll tervise edendamisel Kodutohtri ja Tervis Plussi näitel. Potentsiaal, tegelikkus, perspektiivid).
- 2) Drug issues and drug addiction problems
 - Harro, H. Media Generated News Waves – Catalysts for Discursive Change: The case study on drug issues in Estonian print media. (in press)
 - Paimre, M. (2006). 'Changes in Presenting Drug Addiction Themes in Estonian Media', in M. Paimre (ed.) *Drug Prevention, Treatment and The Media: Collection of Essays on Selected Issues*. [The Project 'Elaboration of Drug Information, Prevention and Treatment Networking 2000-2005], pp. 5-12: Tallinn: Estonian Foundation for Prevention of Drug Addiction, the Nordic Council of Ministers.
- 3) Psychological crisis, traumatic events, suicide and violence
 - Sieberk, A. (2010). Representation of myths and emotions of January storm in 2005 depending on crisis psychology aspect among focus groups (2005. aasta jaanuaritormiga seotud emotsioonide ja müütide representatsioon fookusrühmavestlustes kriisipsühholoogia aspektist lähtudes).
 - Kasterpalu, K. (2009). Appearance of crisis reactions in media based on three traumatic events: Pala, Kurkse, Ussisoo (Psüühiliste kriisireaktsioonide ilmumine meediakajastuses kolme traumaatilise sündmuse näitel: Pala, Kurkse, Ussisoo).
 - Keisk, R. (2010). Representation of myths and emotions of traffic accidents in news and comments (Liiklusõnnetustega seotud müütide ja emotsioonide representatsioon uudistekstides ja nende kommentaarides).
 - Auväärt, L. (2008). The reception of pain and violence treatment in broadcast (Valu ja vägivalda sisaldavate telelugude retseptatsioon).
 - Haavajõe, K. (2007). Childrens' sexual harrassment reflection in media (Lastega seotud seksuaalvägivalla kajastamine meedias).
 - Palo, K. (2005). Reflections of suicides in Estonian media (Suitsiidide kajastamine Eesti meedias).
- 4) Healthy and unhealthy food and health risks of GMO-s
 - Lai-Neubacher, P. (2007). Approach of GMO risks in Estonian and US journalism in Washington Post in 1999-2004 (Geneetiliselt muundatud organismidega seonduvate riskide käsitlemine Eesti ja USA ajakirjanduses (ajalehe The Washington Post näitel) ajavahemikul 1999-2004).

- Trolla, K. (2006). Healthy food representation in journals (Tervisliku toidu representatsioon ajakirjades).
 - Levandi, M. (2010). Interpretations of food related risks among allergenic people (Toiduriskide tõlgendused allergikute hulgas).
- 5) Work stress and work satisfaction among journalists
- Mõttus, E. (2003). Occupational stress and job satisfaction among journalists (Ajakirjanike tööstress ja tööga rahulolu).
 - Nikkolo, M. (2010). Job satisfaction forming factors among journalists (Ajakirjanike töörahulolu kujundavad tegurid).
- 6) Estonian Sick Fund face and activity
- Mäesalu, G. (2006). Construction of activities and reputation of the Estonian Sick Fund in Eesti Päevaleht and Postimees 2001-2004 (Eesti Haigekassa tegevuse ja maine konstrueerimine Eesti Päevalehe ja Postimehe arvamuskülgedel aastatel 2001-2004).
- 7) The role of media among visually impaired people and their education
- Rebane, K. (2006) *The Media Use of Visually Impaired People* (Meedia kasutamine nägemiskahjustusega inimeste hulgas).

Germany

According to the Nielsen-Report for Germany⁹ general health topics are the most covered health issues:

Cold and fevers

Rheumatic disorders

Alzheimer / Neurological disorders

Loss of weight

Female health / menopause

Children Health

Nutrition additives

Functional food

Prevention and treatment of cancer

According to the Federal Health Administration¹⁰, some topics defined as important by experts (political stakeholders) have been under-reported during the last four years:

Prevention of HIV/AIDS

Age-related preventive health

Vaccinations

Health and international travel / tourism

Addiction (alcohol)

Sexual health (infective diseases)

Fungus (ringworm etc.)

⁹ Media Analysen, Nielsen-Report Region I-IV, Fallstudienzahlen Themenfelder Berichterstattung, ARD.ZDF Medienkommission, Mainz 2009.

¹⁰ Quelle: Bundesgesundheitsamt, Pressestelle, Anfrage vom 14.3.2011



Health challenges related to family violence and abuse

Health and migration

In addition to these medical health reports, a high number of newspaper publications and TV reports cover the reform of the national health system in Germany. These reports are seen as part of political coverage in Germany and are not listed as special forms of journalism and are not part of health reporting. In 2009, public TV in Germany had 23 talk shows and political discussion on the reform the national health in Germany. This was the second most important topic after the international financial crisis in 2009 in German public media.¹¹

Greece

Most covered topics

Breast cancer

Health related lifestyle issues (nutrition, exercise, smoking)

Obesity and treatment

Aesthetic issues

Preventive medicine

Stress and depression related to financial crisis

Epidemics such as H1N1 flu

Prevention of AIDS

Under-reported topics

Mental illnesses (e.g. schizophrenia)

Autoimmune diseases

Neurological Diseases

Health and migration

Portugal

When it comes to mostly reported issues in health, and looking at the period between 2008 and 2010, the most frequent themes are: Health Policies; Case Histories; Risk/Alarm Situations; and Research. Through the three year analysis, the amount of news on Health Policies decreases and Case Histories' news pieces increase. This is probably because the year of 2009 is atypical, due to Influenza A outbreak, and news on Risk/Alarm Situations were the most common ones. As for newspapers, the daily broadsheet "Público" has more news pieces on Health Policies and Clinical Acts; "Expresso", a weekly broadsheet, also makes an extensive coverage of Health Policies, followed by Research and Health Economics; as for "Jornal de Notícias", the only popular newspaper analyzed, Health Policies' stories are also the most covered ones. The trend is similar in all three newspapers analyzed in this research (Lopes, 2011).

As for under-reported issues, our analysis shows that Prevention, Health Economics and Clinical Acts are undervalued by journalists when covering health. When it comes to Prevention it was a surprise, since the year of 2009 was characterized by a Influenza A outbreak and we would expect journalists to make more news on how to prevent the virus.

¹¹ Quelle: Sendenachweisstatistik ARD, München, 2010. (public TV index on covered topics)

Health Economics and Clinical Acts are news, but they do not deserve the same news coverage as Policies or Case Histories: hence, they are under-reported themes.

Since this is a three year analysis, the year of 2010 is characterized by several themes, although it shows a low variety of topics within those. Case Histories, Health Policies and Health Economics are the dominant themes in 2010, due to specific topics that were covered by journalists. Case Histories include a variety of sub-topics, as National or International days of a certain disease; analysis of statistic data; or a comparison of Portugal and other countries when it comes to a certain disease and its development. The year of 2010 also shows a great amount of coverage on political decisions, due to the reorganization of Oncology Services in Portugal. There was a great discussion on this topic, promoted by a small group of official sources and politics from different political parties. When it comes to Health Economics, this theme was news due to public sector finances and the pharmaceutical area. Health journalists in Portugal do not seem to be worried about health private sector, although they write a lot about money. But when they do so they write about debts or budget cuts.

Romania

At a first glance and based on the survey we conducted, the most frequently covered issues include:

- epidemics (flu, hepatitis, etc)
 - loss of weight
 - alternative medicine
 - the health system (In Romania the health system has been under reform for years, without any tangible results yet. More often than not media focus on this complex topic)
- And generally speaking, whatever can be treated with sensationalism is frequently covered.

Under-reported topics:

- The activity of the pharmaceutical companies (their relations with the media or with physicians)
- The separation between information and advertising
- Preventive health
- Patients' rights
- Health communication
- Health education
- Access to national programs
- STDs (sexually transmitted diseases)
- Medical research
- Medical NGOs
- Private medical system

Sources of Information for journalists

Germany



Journalists in Germany working on health reports or health issues have two major sources for information:

- German health administration
- Pharmaceutical companies

German federal health administration consists of federal and state-based ministries for health, national health insurances, private providers of health insurance, federal and municipal health authorities and public health centers (Gesundheitsamt) and the Federal Office for Statistic, department for public health and health monitoring. All these sources provide valuable information. Information from the Federal Ministry for Health might be biased according to political interests of the health minister in office. All other sources are regarded as “neutral” and reliable.

Pharmaceutical companies run large-scale information projects for journalists. The big companies such as Bayer, Aventis, Novartis, Weleda have their own training programs and information seminars for members of the media. Often, they invite journalists to cover the introduction of new promising medicine and medical treatments, major advancements in medical research or they provide information during press conference held at medical trade fairs. Pharmaceutical companies run large public relations departments in order to provide journalists with ready-to-use and ready-made media clips, audio files and other materials which can be put into mass media with any additional payment or copyright restrictions.

Greece

Although we do not have a clear picture of health journalists’ major sources, we could say that they obtain health information from:

1. Greek health administration
2. Foreign press centers
3. Pharmaceutical companies
4. Doctors and other medical experts

Portugal

Health Journalism is made mostly through news sources, since there are not many news pieces without sources. However, the number of sources is not very large: newspapers usually quote one or two sources, promoting a kind of news sources “brotherhood”. Sources are usually identified (more than 75% of times), and it seems that journalists do not appreciate the resource to anonymous sources. There are a lot of non-identified sources, meaning sources we do not know the name but we know their status (they come from a University or the Ministry of Health).

As for the characterization of sources, they are mostly male and there is a significant percentage of group sources: doctors, researchers, etc. Health journalists in Portugal seem to privilege national sources over international ones. But when they quote international sources, they usually quote European or Northern-American ones.

Sources within health field are the most common ones when reporting about health in the Portuguese press. Official sources are also the most quoted ones, followed by specialized

sources. These last ones are more valuable when they talk on behalf of a group, meaning when they are institutional. An individual source, even though specialized, does not seem to be very important to journalists. Official sources are usually politics, hospital administrators or people who fill in governmental jobs. Quoted sources are not a diverse group.

Health journalism's preferences are organized news sources, due to their ability in giving ready-made information; health journalists often rely on other media, since information is ready to "consume". This reality promotes Bourdieu's circular structure of information (Bourdieu, 1997). This is more evident on daily newspapers, since weekly ones usually prefer new information and cannot rely on other media to give them news.

While some sources are privileged by health journalists, others are never quoted. Nurses or the common citizen as a potential user of health services are not usually quoted by journalists when covering health. Nurses are almost never quoted, even though they may be news. With the exception of Case Histories which describe personal stories, newspapers do not elect common citizen or patient as their main source of information.

Romania

- Public authorities: Health Ministry and its organizations: the Institute for Public Health, the Public Health School, etc.
- professional medical associations;
- pharmacists' associations;
- pharmaceutical companies;
- associations of patients;
- academics;
- hospitals;

And last but not least, the Internet, which – for many journalists – tends to remain the only source of information.

Frequency of Health Stories

Germany

There is no data available on the frequency of health stories in German media. As mentioned above, health topics appear to become popular in times of major infections, health threats such as flues and other events.

According to the index of topics covered by public media in Germany, health issues are part of public radio and TV programs as often as 7.405 times a year in 54 public radio networks and 18 public TV networks.¹² However, this number has to be put in relation to the total number of issues covered and the total number of reports, stories etc. on public media. This total number of annual "issues" counts up to 1,6 million reports. Compared to that, the number of health issues is low.

¹² Quelle: Sendenachweisstatistik ARD, München, 2010. (public TV index on covered topics)

Portugal

There is no available information on this subject in the country. We can identify a tendency of growth, in risk situations such as H1N1 or E-Coli, but research is yet to be developed on this issue.

Romania

Considering the large number of (print, broadcast and online) health publications we could conclude that the frequency of the topic is quite high. All tv and radio – public or private - channels with national coverage have special health programs, which shows that health definitely sells. Mainstream media dailies have either health supplements or health pages. Therefore we could conclude that the frequency of health stories is rather high.

Effect of Health Reporting on Attitudes and Decision Making Concerning Health

Germany

There is no clear indication on the effect of health reporting on public decision making. In all latest media studies on media behavior the topic of health was not taken into account. The only evidence we found was in an analysis of TV coverage on the possible reform of Germany's public health system.¹³ Here media reports helped to increase public understanding of the complex issues of health and public health and costs of medical services in Germany. Media reports helped to trigger public discussion on self-liability of individual risking their health due to un-healthy lifestyle. However, no valid academic or scientific studies have been undertaken in this field between 2004 and 2011.

Portugal

We couldn't find any studies regarding those issues in Portugal.

Romania

I have not identified any documents pertaining to this topic. Yet, direct talks with both journalists and public authorities have unanimously acknowledged the huge impact of the health stories on the general public. People are better informed, despite the general low quality of the health stories. It is especially the comments in online media that show a huge interest on behalf of the public. When it comes to effect on the decision makers, opinions differ: journalists believe that their work still does not have an impact on the decision makers and that media have failed to include certain topics on the public agenda or to influence health public policies. As for the public authorities, they claim that they follow the media closely and

¹³ Media Analysen, Nielsen-Report Region I-IV, Fallstudienzahlen Themenfelder Berichterstattung, ARD.ZDF Medienkommission, Mainz 2009.



consider their opinions/suggestions. However, in some cases public authorities have reacted to media stories to the benefit of the patients.

Health Journalism Education

Germany

There is no evidence of a specific health journalism education in Germany. Many journalists select on-going training courses or self-study courses to increase their skills in this field of work. Training courses are mostly offered by pharmaceutical companies either for free or for a minimal charge.

During journalism study programs at universities, a small number of universities offer seminars on health journalism. In most cases these seminars simply offer an introduction to the problem of health journalism and the dependence from sources following special commercial interests. During the research for the HeaRT project, only one new study program at Magdeburg University could be identified which specifically focuses on health reporting and issues an accredited and validated university degree (BA and MA) after successful completion of these study courses.

Portugal

When it comes to Health Journalism Education in Portugal, there are two master courses available in Health Communication: one at a public university (University of Lisbon) and one at a private university (Aberta University). Then there are some opportunities in crash courses or post-graduate. University of Coimbra had an edition, in 2005, of a one-semester post-graduate in Medicine and Health Journalism; and at the same university there was a 2 or more day seminar of Legal and Forensic Medicine (one edition in 2007, another in 2008 and the last one was in 2009). The Centre for Journalists' Education (CENJOR) also promoted an edition of a one-day seminar of Health Journalism, in 2007; and the National Board of Doctors offered a 1-day seminar entitled Medicine and the Media both in 2008 and 2009. The main purpose of this course was to bring together journalists and doctors so that they could both learn from each other.

In Portugal, there is not much research in Health Communication. When it comes to research projects there are three main ones:

- “Elements for a news theory. Case analysis on Portuguese media coverage of a social problem, HIV/AIDS” (coordinated by Nelson Traquina): this project is part of a thorough analysis of AIDS news discourse;
- “SER – Health Network” (coordinated by Rita Espanha): the relationship between health and Information and Communication Technologies in the networked society context;
- “Disease in the news” (coordinated by Felisbela Lopes): news themes and news sources organization in health news articles.

These projects are not simultaneous in time and therefore do not complete each other. One chooses a disease (AIDS) as the main part of the research, the other one looks into health from



digital platforms, and the last one tries to explain the newsmaking process. These projects are developed in different research centres, geographically apart, and have been financed by the Portuguese Agency for Science and Technology (FCT).

Portugal

There are no studies on this subject in the country. However, as far as we could find out there are no qualification criteria for being an health journalist in Portugal. It is an editorial decision.

Romania

There are many – public and private – journalism schools but no health journalism specialization. The first HeaRT work package identified only a master's degree program in health public policies and some classes in health journalism included in the master's degree program of the Journalism and Communication School of Bucharest University. Therefore, most journalists covering health do not have any special training whatsoever. Few of them have medical background. Therefore 'learning by doing' is the key-word in most cases. While we have not identified a specialized health journalism track at an academic level, we should mention the training opportunities offered by **public authorities** (ex: courses offered within the smoking cessation national program), **NGOs** (ex: mental health journalism courses, an investigative journalism program pertaining to access to health services in Roma communities, a code of good practices for covering HIV/AIDS developed by the Center for Independent Journalism) and workshops/presentations organized by pharmaceutical companies.

Qualification Criteria for Health Journalists

Germany

Journalism is no accredited vocation in Germany. Everyone working the media in principle can call himself or herself a journalist. However, public media, publishing houses and all quality papers expect from journalist the successful completion of university studies (not necessarily in the field of journalism or media) plus consecutive training at either a media academy or an accredited internship or in-house training program with a media company (Volontariat).

There is no evidence of validation criteria for health journalism training. Only some pharmaceutical companies offer certificates for the successful attendance of their seminars and information programs for journalists. These certificates however, are not official acknowledged by media companies or journalists' association since they are linked to special commercial interest of the pharmaceutical companies.

During the research for the HeaRT project, only one new study program at Magdeburg University could be identified which specifically focuses on health reporting and issues an



accredited and validated university degree (BA and MA) after successful completion of these study courses.

Romania

In Romania one does not need a journalistic background to work in the media. Moreover, considering that Romanian media has been greatly affected by the economic crisis, few media outlets can afford specialized journalists. Usually, especially in the local media, a journalist covers several topics and does not have time for thorough documentation or training. Therefore, there are no qualification criteria for health reporting. In few cases, fortunately, journalists have medical background.





Appendix 4

Questionnaire: Health Journalism Training in Europe

This questionnaire has been adapted from the “Survey of AHCI Members, 2009” conducted by the Kaiser Family Foundation and the Association of Health Care Journalists, by the consortium of the Health Reporting Training –HeaRT project.

Health Journalism Training in Europe

1. Which of the below best describes you?

- Freelance reporter
- Freelance editor
- Reporter on staff of a news or media organization
- Editor/producer on staff of a news or media organization
- Other: _____

2. Which best describes your journalistic production?

- Health reporter/editor/producer
- Journalist who occasionally reports on health issues
- Journalist who has never reported on health issues, but would be interested in the field
- Journalist who has never reported on health issues, with no interest in the field **(if you have checked this option, please proceed to the end of the questionnaire, to question 18)**

3. What is your primary focus: [check all that apply]

- Global health
- Medical research and science
- The business/economics of health care
- Health policy
- Health care quality and performance
- Consumer/lifestyle health
- Health Disparities (among economic, cultural, ethnic groups)
- The politics of health care
- Other: _____

4. How long have you been a health reporter/editor/producer?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11+ years

5. How often do you currently work on health stories?

- Very often
- Somewhat often
- Once in a while
- Never



6. All things considered, how would you rate the news media in (*insert country's name*) for its coverage of:

	Excellent	Good	Fair	Poor
a. General Politics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The media itself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In general, how would you describe the amount of coverage the (*insert country's name*) news media in general gives to the following types of health stories:

	Too much	About the right amount	Not enough
a. Global health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medical research and science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The business/economics of health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Health policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Health care quality and performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Consumer/lifestyle health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Health Disparities (among economic, cultural, ethnic groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The politics of health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. In general, how would you rate the quality of the (*insert country's name*) news media's coverage of the following types of health stories:

	Excellent	Good	Fair	Poor
a. Global health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medical research and science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The business/economics of health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Health policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Health care quality and performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Consumer/lifestyle health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Health Disparities (among economic, cultural, ethnic groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The politics of health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



9. How often would you say you get story ideas from the following sources:

	Very often	Somewhat often	Once in a while	Never
a. Radio and TV talk shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Friends/acquaintances outside journalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal contacts among health and health experts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Medical journals or trade press publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Public agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. National news media like <i>(include examples from each country)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Unsolicited news tips and suggestions from the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Public relations or marketing outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Editors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Online sources like blogs, social networking sites, and user-generated content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Colleagues at other news organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Think tanks or foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How often does your news / media organization report stories based on news releases or news conferences without substantial additional reporting, including contacting independent sources?

- Frequently
- Sometimes
- Rarely
- Never

11. Have you ever had any specialized training on reporting health topics?

- No
- Yes

If yes, please specify:

12. How would you consider specialized training on reporting health topics?

- Necessary
- Good to have but not necessary
- Unnecessary



13. What, if any, health or health topics do you want more training in? (Please check up to 4 areas that are most important to you.)

- Global health
 - Medical research and science
 - The business/economics of health care
 - Health policy
 - Health care quality and performance
 - Consumer/lifestyle health
 - Health Disparities (among economic, cultural, ethnic groups)
 - The politics of health care
 - The workings of publicly financed health care programs
 - Other: _____
-

14. What, if any, skills training do you want more of? (Please check up to 4 areas that are most important to you.)

- How to search for medical information online
 - How to do multimedia reporting (Web sites, video, podcasts)
 - How to map health conditions, services and the like in my community
 - How to understand statistics
 - How to interpret medical research reports
 - How to work with Excel or other analytical software
 - How to understand hospital and other financial reports
 - How to evaluate conflicts of interest
 - How to understand public opinion polls and surveys
 - Other: _____
-

15. When you are looking at training opportunities, how interested are you in each of the following formats?

	Very Interested	Somewhat interested	Not too interested	Not at all interested
a. Printed books and resource guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. National conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Audio podcasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Web courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Online reports, factsheets, tip sheets and transcripts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Video Webcasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other _____				



16. How much of your time would you be willing to dedicate to a training opportunity (during a training session)?

- 1 day
- 2 days
- 3 days
- 4 days
- Other: _____

17. Please list the most important obstacles/problems you encounter when reporting on a health topic:

Finally, we would like to ask you a few general questions:

18. Which comes closest to describing your news or media organization?

- Newspaper (or newspaper Web site)
- Large newspaper (over 250,000 circulation)
- Medium newspaper (90,000 to 250,000 circulation)
- Smaller newspaper (under 90,000 circulation)
- General interest magazine (or its Web site)
- Medical journal (or its Web site)
- Wire service (or its Web site)
- Trade publication or newsletter (or its Web site)
- Online-only journal or other online-only news outlet
- Public TV (or TV Web site)
- Public Radio (or radio Web site)
- Private / Commercial TV (or TV Web site)
- Private / Commercial Radio (or radio Web site)
- Other: _____

19. And would you describe yourself mainly as a:

- Print journalist
- Broadcast journalist
- Web journalist
- Print and broadcast
- Print and Web
- Broadcast and Web
- All three
- Other: _____



20. How long have you been a journalist?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11+ years

21. Are you:

- Male
- Female

22. What is your age?

23. What is your nationality?

24. What is your academic background?

- 12 years or less
- Higher Education

Degree(s): _____

Subject(s): _____

Thank you very much for your time.