

Characteristics, Content, and Significance of the Popular Health Periodicals Literature*

BY ALAN M. REES, *Visiting Professor*†

*School of Information Science and Policy
State University of New York
Albany, New York 12222*

ABSTRACT

An analysis of the content of sixty popular health periodicals covered in 1986 by the *Consumer Health & Nutrition Index* was made to identify the characteristics and concerns of popular health magazines and newsletters. The literature mirrors the health values and anxieties of the American public. While some of the literature diverges from mainstream allopathic medicine, most popular publications succeed in presenting coherent, reasoned, and documented viewpoints. Because there is no consensus on many medical problems, it is important that individuals have the freedom to read dissenting and alternative points of view and consider multiple options before making informed and reasoned health decisions. The popular literature is a valuable yet inexpensive source of reliable information on topics of current concern. The publications are not as well known as they deserve to be because they have not been adequately indexed, while they have not been indexed because they are not well known. The *Consumer Health & Nutrition Index* now provides expanded subject access to sixty health-related periodicals plus all health-related articles in sixteen general interest magazines.

THE AMERICAN tradition is one of self-reliance, reflecting a spirit of proud independence dating back to frontier times. Life on the frontier forced the early settlers to rely on themselves to stay healthy by adopting a self-reliance born of poverty, lack of doctors, and a canny suspicion of the efficacy of the "therapies" offered by itinerant practitioners. In recent times, there is a return to such self-reliance. Personal accountability and self-realization are part of the contemporary social scene. In matters of health, the self-care movement and readily available medical information have decreased the medical profession's exclusive control over specialized medical knowledge [1]. Such "deprofessionalization," according to sociologists,

takes place when consumers' unquestioning trust diminishes and the "knowledge gap" between the profession and the consumer narrows [2]. Nowhere is this deprofessionalization more apparent than in the growth of modern medical consumerism, which holds that consumers, not physicians, will dominate health care in the future [3]. The current interest in smoking cessation, physical fitness, exercise, nutrition, health maintenance, and natural childbirth reflects a shift in control from the professional to the layperson. Consumers increasingly recognize the value of informed choice and bring the concept of informed consent and shared decision making to the doctor's office and hospital. The doctor-patient relationship shows signs of being transformed into a working partnership, largely a result of better-informed medical consumers [4].

The explosive growth of the popular health literature is a response to the public's voracious appetite for health information and reflects an increasing sophistication of the health care consumer. Consumers demand disclosure of essential data for evaluating the quality and cost of health care. Recent publications have reported hospital mortality rates (based on the 1984 claims records of 10.7 million Medicare patients compiled by the Health Care Financing Administration) for nine diagnostic categories—heart attack, coronary artery bypass surgery, pacemaker implants, congestive heart failure, pneumonia, gastrointestinal hemorrhage, gallbladder surgery, major joint procedures, and transurethral prostatectomy [5]. Further refinement of this body of data, by the Center for Medical Consumers in New York City, has resulted in the publication of *Where to Go for Coronary Artery Bypass Surgery*, which lists actual death rates for each hospital and number of procedures performed [6]. Such data provide a basis for more informed medical decision making for an almost always elective procedure.

The cost of health care is also a topic now open to public scrutiny and debate. A most recent example

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†The author also serves as editor of the *Consumer Health & Nutrition Index*, published by Oryx Press.

of cost data is the *Consumer Guide for Patients and Physicians* published by Blue Cross and Blue Shield of Ohio [7]. This lists median charges for 100 most common DRGs in relation to claims paid by the company in thirty-three hospitals in three counties for a nine-month period in 1986. A wide variation in costs exists. For example, the median charge for DRG 121 (heart attack with complications) varies from a low of \$2,698 at one hospital to a high of \$12,091 at another hospital.

This type of information, so useful to discerning consumers and not easily obtainable elsewhere, has been extensively publicized by popular health magazines and newsletters. In this manner, the popular health literature is playing a vital role in liberating the public from professional medical control. The popular literature will become even more significant during the coming decade because the most important determinants of health will be the personal choices made by each individual. An increasing number of people will take control of their lives, realizing that each individual must decide what to eat, where to live, whether or not to smoke, and what levels of risk and stress to endure. Fortunately, this movement towards self-responsibility and self-care comes at a time when the layperson has unprecedented access to vast amounts of reliable, current health information. In addition to book and pamphlet literature, a large quantity of valuable, easily understood information is available in the many health magazines and newsletters now widely available at minimal cost.

The Consumer Health & Nutrition Index (CHNI), published by Oryx Press since 1985, provides subject access to the popular health literature. In late 1986, some sixty magazines and newsletters were indexed cover-to-cover. Early in 1987, subject access to health-related articles in sixteen of the most popular general consumer magazines, including *Reader's Digest*, *Time*, *Newsweek*, *Good Housekeeping*, *Ladies Home Journal*, *Changing Times*, and *Consumer Reports*, was added, providing a total coverage of seventy-six magazines and newsletters. The objective of CHNI's expanded coverage is to provide one-stop access to all popular health literature published in periodicals.

CHARACTERISTICS OF THE POPULAR LITERATURE

Types of Publications

The literature is published by prestigious medical centers, trade associations, medical consumer organizations, voluntary health associations, commercial publishers, nonprofit public interest orga-

nizations, private foundations, crusading individuals, and popular, general interest publishers.

The popular health literature is published in eight principal types of periodical publications.

1. Medical consumer public interest publications

Health Letter (Public Citizen Health Research Group)

ACSH News & Views (American Council on Science & Health)

NCAF Newsletter (National Council Against Health Fraud)

FDA Consumer (Food and Drug Administration)

Second Opinion and CDRR News (Coalition for the Medical Rights of Women)

Health Facts (Center for Medical Consumers, Inc.)

People's Medical Society Newsletter (People's Medical Society)

2. Medical center publications for the layperson

Mayo Clinic Health Letter (Mayo Clinic)

Harvard Medical School Health Letter (Harvard University Medical School)

Better Health (University of Alabama Medical Center)

Texas Health Letter (University of Texas Health Center at Houston)

Health News (University of Toronto Faculty of Medicine)

Wellness Letter (University of California, Berkeley)

Diet & Nutrition Letter (Tufts University)

Health & Nutrition Newsletter (Columbia University School of Public Health and Institute of Human Nutrition)

3. Nutrition newsletters

Nutrition Action Health Letter (Center for Science in the Public Interest)

Nutrition Today (Williams and Wilkins)

Nutrition Forum (George F. Stickley)

Nutrition News (National Dairy Council)

Nutrition Health Review (Vegetus Publications)

Environmental Nutrition Newsletter (Environmental Nutrition, Inc.)

Food and Nutrition News (National Livestock and Meat Board)

Dairy Council Digest (National Dairy Council)

4. Voluntary health association newsletters and magazines

Arthritis Today (Arthritis Foundation)

POPULAR HEALTH PERIODICALS LITERATURE

- Cancer News* (American Cancer Society)
MDA News Magazine (Muscular Dystrophy Association)
Diabetes Forecast (American Diabetes Association)
National Arthritis News (Arthritis Foundation)
Leukemia Society News (Leukemia Society of America)
Commitment (Cystic Fibrosis Foundation)
SHR: Social Issues & Health Review (United Cerebral Palsy Associations)
5. Pediatric newsletters
Child Health Alert (Child Health Alert, Inc.)
Parents' Pediatric Report (Parents Pediatric Report, Inc.)
6. Other popular newsletters
The People's Doctor: A Medical Newsletter for Consumers (Robert S. Mendelsohn, M.D.)
The People's Medical Journal (Dean Edell, Inc.)
Men's Health (Rodale Press)
Healthline (Healthline Publishing)
Executive Health Report (Executive Health Publications)
Health Tips (California Medical Association)
Executive Fitness (Rodale Press)
Health & You (Health Ink Corp.)
Medical Update (Benjamin Franklin Literary & Medical Society)
Weight Watchers Women's Health and Fitness News (Weight Watchers Magazine)
7. Mass circulation—health magazines
American Health (American Health Partners, Inc.)
Medical Self-Care (Medical Self-Care Magazine, Inc.)
Health (Family Media, Inc.)
Prevention (Rodale Press)
Weight Watchers (W.W. Twentyfirst Corp.)
American Baby (American Baby, Inc.)
East West Journal (Kushi Foundation)
Self (Conde Nast Publications, Inc.)
Shape (Shape Publications, Inc.)
Vibrant Life (Review and Herald Publishing)
Vegetarian Times (Vegetarian Times, Inc.)
8. Mass circulation—general consumer magazines
Changing Times (Kiplinger Washington Editors, Inc.)
- Consumer Reports* (Consumers Union of the United States)
Cosmopolitan (Hearst)
Family Circle (New York Times Company)
Glamour (Conde Nast)
Good Housekeeping (Hearst)
Ladies Home Journal (Meredith)
McCall's (Working Woman/McCall's Group)
Mademoiselle (Conde Nast)
Newsweek (Newsweek, Inc.)
Parents (Gruner and Jahr USA Publishing)
Reader's Digest (Reader's Digest Association)
Redbook (Hearst)
Self (Conde Nast)
Time (Time, Inc.)
Woman's Day (CBS Magazines)
9. Miscellaneous
Employee Health & Fitness (American Health Consultants, Inc.)
Medical Sciences Bulletin (Robert Hand)
Alcoholism & Addiction (Alcom, Inc.)
Medical Abstracts Newsletter (Communi-T Publications)
Accent on Living (Cheever Publishing)

Subject Content

The content of this body of literature reveals the health concerns, preoccupations, fears, and fads of the American public. Examination of the topical content of the 1,620 items indexed in the December 1986 issue of CHNI reveals the following major subject categories.

1. *Medical consumerism*: access to medical records, hospital mortality rates, patient representatives, quackery, health fraud, health maintenance organizations, physician-patient relationship, risks of elective surgery, second opinions, nursing homes, medical malpractice, impaired physicians, medical self-tests, safety of X-ray equipment, drug costs, and choosing health insurance.
2. *Nutrition*: eating habits, nutritional value of fast foods, fish oil supplements, food allergies, dietary fats, sodium content of foods, food labeling, chemicals in decaffeinated coffee, irradiated food, MSG, low-fat chickens, safety of aspartame, tofu, miso, dietary fiber, nitrites, snack foods, benefits of olive oil, food storage, vitamin supplements, and vegetarianism.

3. *Sexually transmitted diseases*: incidence and transmission of AIDS, prevention of AIDS, blood transfusions and AIDS, herpes, chlamydia, gonorrhea, syphilis, and use of condoms to prevent STD.
4. *Women's health*: PMS, endometriosis, hysterectomy, IUDs, breast care and breast cancer, safety of "the pill," cancer of the cervix, menopause, estrogens, DES, yeast infections, osteoporosis and calcium supplementation, Pap smears, mammography, oral contraceptives, ectopic pregnancy, artificial insemination, surrogate mothers, smoking and pregnancy, birthing alternatives, and fetal surgery.
5. *Cancer*: skin cancer, sunlight and cancer, cancer of the pancreas, cancer of the prostate, colorectal cancer, carcinogens, asbestos exposure, Hodgkin's disease, testicular cancer, interferon, Interleukin-2, and breast cancer.
6. *Immune system*: mind-body connection, immunity and cancer, viruses, and immunosuppressive diseases.
7. *Dental care*: cavities, new toothbrushes, dental implants, plaque, periodontal disease, and care of gums.
8. *Eating disorders*: bulimia and anorexia nervosa.
9. *Weight control*: obesity, weight control diets, weight loss, and diet books.
10. *Heart disease*: blood cholesterol and heart disease, Omega-3 and fish oil, hypertension and anti-hypertensive drugs, coronary bypass surgery, balloon angioplasty, antiarrhythmic drugs, artificial hearts, heart transplants, and stroke.
11. *Alternative medicine*: chiropractic, acupuncture, holistic medicine, American Indian medicine, herbal medicine, homeopathy, folk medicine, faith healing, touch therapies, macrobiotics, bioenergetics, Chinese medicine, naturopathy, and shiatsu.
12. *Exercise and physical fitness*: running, walking, aerobics, sports injuries and risks, exercise machines, bicycles, corporate fitness programs, yoga, weight lifting, health fairs, and health promotion programs.
13. *Children*: crying in infants, child development, toilet training, diaper rash, head lice, hyperactivity, health problems in day care centers, phenylketonuria, sudden infant death syndrome, seat restraints for children, safety of superabsorbent diapers, and vaccination.
14. *Elderly*: hearing and memory loss, Alzheimer's disease, nutrition, cataracts and glaucoma in the elderly, arthritis, and hypothermia.
15. *Substance abuse*: cocaine, crack, alcoholism, smokeless tobacco, and passive smoking.
16. *Miscellaneous*: raw milk hazards, noise pollution, clove cigarettes, TMJ, job stress, allergies, death and dying, genetic counseling, chronic pain, kidney transplants, sleep disorders, back injuries, diabetic diets, effect of pets on owners' health, headaches and migraine, scoliosis, anemia, psoriasis, phobias, efficacy of psychotherapy, permanent eye liners, food poisoning, and hazards of contaminated shellfish.

Value and Quality of the Popular Health Literature

This topical listing may be viewed as a current agenda of health preoccupations and concerns. Publishers have both responded to and created much of the public interest in AIDS, herpes, nutritional concerns, and other hot topics. The information published cannot, however, be dismissed as ephemeral or superficial. Most of the material is credible, well-researched, and authoritative. Although a small number of publications offer speculative and undocumented claims, these very few publications' flights of fancy are not representative of the quality of the popular literature.

Content analysis of these magazines and newsletters reveals a variety of material. Ranging from explanatory articles to in-depth analyses of major medical problems and hazards, these periodicals include questions and answers on current topics of concern, basic facts on health care, buying guides for health products, drug information, symptoms and treatment of diseases and ailments, abstracts of articles in professional journals, news of discoveries and breakthroughs, editorial comment, consumer advocacy, exposure of frauds and quackery, analyses of controversial issues, book and video reviews, chronic illness coping strategies, support organization listings, self-help groups and clearinghouses, exercise and physical fitness guidance, and so on. The coverage of AIDS offers perhaps the best example of the value of the literature. The

popular magazines and newsletters have tackled the subject from almost every medical point of view—antibody testing, risks, transmission, prevention, research, drugs, dangers of blood transfusions, and so on. Information has been communicated rapidly and concisely, providing sources of information not readily available elsewhere.

The articles in the eight newsletters published by major medical centers are highly authoritative. The consumer and public interest group publications such as *ACSH News & Views*, *Health Letter*, and *Nutrition Action Health Letter*, reflect extensive research. Popular consumer magazines such as *Ladies Home Journal* and *Good Housekeeping* have the resources to recruit top medical talent as authors. In brief, with very few exceptions the information contained in these publications is accurate, concise, and up-to-date.

Few formal attempts have, however, been made to judge the quality of the information contained in these publications. The ACSH has evaluated the accuracy of the reporting by some twenty popular magazines on the health hazards of smoking. Magazines found to have the most thorough coverage of smoking were *Reader's Digest*, *Prevention*, *Saturday Evening Post*, *Good Housekeeping*, and *Vogue*. Of these five magazines, only *Vogue* accepts tobacco advertising. *Cosmopolitan* was judged to have the worst coverage of smoking [8]. A similar ACSH assessment of the accuracy of the nutrition coverage of twenty-five popular magazines rated five magazines as excellent—*Consumer Reports*, *Better Homes & Gardens*, *Changing Times*, and *Consumers Digest* and *Parents* (tie). *Cosmopolitan*, *Ladies Home Journal* and *Harpers Bazaar* were given unreliable ratings [9].

It must be recognized that in many medical matters there is no one "truth." One quickly realizes that there is no consensus on many medical topics; the field is rapidly moving from "one ill, one pill" to multiple options. Obtaining a second opinion is now a commonplace practice. However, this recourse assumes that objective standards exist. Recent use of small-area analysis, a technique used by epidemiologists to compare the frequency of surgical and medical procedures performed in different communities, has yielded some startling results. In studies in Maine, women are three and one half times more likely to undergo a hysterectomy in Lewiston than in Rockland [10]. The Rand Corporation, using the same technique, found variations of nearly threefold between different regions

of the country in rates of such traumatic and costly procedures as breast removal, coronary bypass surgery, and total hip replacement [10]. This research underscores the lack of agreement in medicine despite the NIH Consensus Conferences and the existence of expert systems. Thus, the absence of consensus places upon the individual the task of gathering as much relevant information as possible and then reaching an informed and reasoned decision. The best consumer decisions are derived from analysis and interpretation of information reflecting multiple points of view.

An impediment to the free flow of information is the traditionalist tendency to condemn anything that diverges from mainstream, allopathic medicine. Consequently, one finds in the professional literature vigorous denunciation of homeopathy, yoga, and chiropractic, herbal, and holistic medicine. It can be argued that publications such as *Prevention*, *Medical Self-Care* and *East West Journal* perform a valuable function in providing alternative points of view and perspectives. Their emphasis is on wellness rather than sickness, and self-healing rather than medical intervention. There is no reason why alternative or complementary medicine cannot coexist with traditional health care.

The essence of publications such as *Medical Self-Care* is the extension of consumers' freedom of choice to read and analyze dissenting points of view. In a recent editorial, Tom Ferguson expressed this notion most concisely: "I try to bring people medical news they're not likely to hear from other sources. Although few people realize it, most of the medical news you read in the popular press comes from one of two sources—the *Journal of the American Medical Association* or the *New England Journal of Medicine*. That's how medical information gets transmitted in this country—and it's preposterous" [11].

Health fraud and quackery are rampant. However, it is most unfortunate that the crusade against quackery is often used as an excuse to outlaw alternative points of view. One must be alert against those medical vigilantes who wish to censor anything that wanders from the mainstream of traditional medicine. There is strength in diversity, and the medical consumer should be given the widest possible freedom of choice in his/her decision making. The popular health literature can be highly valuable in extending this freedom, and it deserves to be better known and used. CHNI may

help to remedy the circular situation in which many publications are relatively unknown because they are unindexed, while they are not indexed because they are unknown.

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