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How media empower the vulnerable: Using community structure theory to analyze relationships between demographics and health reporting☆

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A B S T R A C T

Instead of studying the impact of media on society, the traditional "top down" orientation of most communication studies scholars, this keynote presentation adopted the opposite perspective, exploring the "bottom-up" impact of "society" on "media". Unlike conventional "agenda-setting theory", which suggests that nationally prominent news media set issue "agendas" for other news media and public opinion, and also unlike the "guard dog" view that media essentially protect the interests of political and economic elites, the "community structure theory" explores links between different community (typically city or nation-state) demographics and variations in reporting on critical health concerns. Summarizing his scholarship on health communication presented and published over decades, the speaker outlined community structure theory's illumination of two overall patterns in US and cross-national coverage of health communication issues. In US coverage, broad measures of economically "buffered" privilege (educational, income, or occupational advantage) are linked to "favorable" or "government responsibility" coverage of health issues, and specific measures of "health" privilege (physicians, hospitals) are connected to "favorable" or "government responsibility" coverage promoting selected health issues. In cross-national coverage, specific measures of national "health vulnerability" (such as percent without improved water access, infant mortality rate) are linked to "government" responsibility coverage for selected health issues (human trafficking, water handling/contamination). In addition, broad measures of "macro" vulnerability conditions (agricultural dependence, political instability) are associated with "government" responsibility coverage for a wide range of health issues (genetically modified foods, drug trafficking, condom promotion, and food security). Overall, community structure theory's "bottom up" perspective reveals how the vulnerable are empowered by their demographic alignment with variations in health communication.

Instead of studying the impact of media on society, the traditional "top down" orientation of most communication studies scholars, this keynote presentation adopted the opposite perspective, exploring the "bottom-up" impact of "society" on "media". Summarizing his scholarship on health communication presented and published over decades, the speaker outlined the contributions of "community structure theory", which explores links between different community (typically city or nation-state) demographics and variations in reporting on critical concerns, such as human rights or public health issues.

A basic question was posed: How do journalists choose some media frames rather than others in deciding how to report on emerging health communication issues? One established scholarly tradition, "agenda-setting theory" suggests that nationally prominent news media set issue "agendas" for other news media and for public opinion as well, a "top down" perspective [1]. Community structure theory, by contrast, expects that community-level media will be strongly influenced by the demographics of each distinct community (city or nation-state), a "bottom up" perspective [2—4]. "Structure" refers to those aspects of community demographics or other aggregate measures of community identity, membership,

ownership, participation, production, consumption, or access.

In the early 20th century, Robert Park [5] at the University of Chicago was the first US scholar to use what eventually became community structure theory. He believed that scholars should not only study how the media influence society, but how society influences media. Morris Janowitz [6] later conceptualized press coverage as an index of the social structure and values of distinct communities. Janowitz employed multiple methodologies for his research, including reader surveys, in-depth interviews with journalists, and content analysis of 82 different community newspapers in the Chicago area.

Incorporating the visions of Park and Janowitz, Tichenor, Donohue, and Olien, three scholars from the University of Minnesota, developed "structural pluralism" [7,8] arguing that media coverage in large cities tended to be more "pluralistic" because of societal diversity in large populations. However, their studies were limited geographically since their media coverage focused mainly on the state of Minnesota and did not include nationwide or worldwide coverage. Donohue, Tichenor, and Olien eventually crafted the "guard dog" hypothesis [9], which viewed media as essentially reinforcing and protecting the interests of political and economic elites rather than the interests of the public, functioning primarily as an instrument of "social control" [2 p24].

However, next generation structural scholars suggested that media could sometimes mirror the interests of more marginal groups. Hindman [10] found that media might not reflect the views of elites, but instead of dominant ethnic groups. McLeod and Hertog [11,12] also found that favorable media coverage correlated with the size of protest groups. Viswanath and Demers also concluded that, "mainstream mass media are agents both of social control for dominant institutions and value systems" and also of social change [13].

This structural approach was further advanced by Pollock and colleagues in three ways. First, they assembled large studies of both (multicity) nationwide and worldwide samples, maximizing sample variation. Next, Pollock and colleagues were innovative in combining measures of article "content" and editorial judgments about article "prominence" to create a single and sensitive composite coverage score for each newspaper: a "Media Vector." Further, although Donohue, Tichenor, and Olien affirmed that media act as "guard dogs" for elites [9], Pollock and colleagues confirmed in *Tilted Mirrors: Media Alignment with Political and Social Change − A Community Structure Approach* [2], *Media and Social Inequality: Innovations in Community Structure Research* [3], and *Journalism and Human Rights: How Demographics Drive Media Coverage* [4], as well as multiple articles and chapters, that media can, empirically, mirror the concerns of society's most vulnerable citizens (See also a comprehensive annotated community structure bibliography published by Oxford University Press) [14]. Recognizing the power of community structure theory, Funk and McCombs (2017), a leading founder of agenda setting theory, empirically compared the explanatory reach of both theories and concluded that community structure analysis makes substantially robust contributions.

Surveying over more than two decades of research on community structure theory contributions to health communication revealed that: a) Significant differences exist in coverage among distinct countries; and b) some national-level characteristics are more important than others. Two umbrella patterns emerge;

"BUFFER" (Privilege): Relatively "privileged" cities or nations "buffered" from economic uncertainty are linked to media emphasizing "favorable" or "government responsibility" coverage for health issues.

"VULNERABILITY": Higher proportions of marginalized or disadvantaged categories in a city or country are linked to media emphasizing "favorable" or "government responsibility" coverage for health issues.

In the US, the Buffer (privilege) pattern is confirmed in several studies: The higher the proportion of privileged groups in a community (% college educated, % with family income of $100,000+, or % professionals), the more favorable the coverage of (or more media emphasis on "government" responsibility for) health rights claims. The "buffer" pattern was confirmed in several US nationwide media studies of:

- Physician-assisted suicide (higher percent college-educated);
- Post-Traumatic Stress Disorder (PTSD) percent professionals;
- Opioid abuse (more "government" as opposed to "society" responsibility for the issue). (percent professionals).
- Tobacco advertising to children (negative with family income, percent college-educated)

Regarding the "Buffer' pattern and US healthcare access, the higher the number of physicians or hospital beds/100,000 in a community, the greater the media emphasis on "favorable" coverage or "government" (as opposed to society) responsibility for:

- Gun safety/gun control
- Solitary confinement (negative coverage)
- Pediatric immunization
- Opioid abuse
- Mass incarceration/prison reform

In cross-national research, the "Vulnerability" pattern prevails. "Government responsibility" or "favorable" coverage is often linked to "macro" measures of agricultural dependence and/or political instability:

- Genetically Modified Foods (poverty level; % agriculture land)
- Drug Trafficking (Agricultural Dependence: percent rural population, crop production index, food production index);
- Condom Promotion (Agricultural Dependence – percent agricultural land, percent permanent cropland; political instability)
- Food Security (political instability; Agricultural Dependence – percent agricultural land, percent permanent cropland

In sum, two overall patterns resonate in US and cross-national coverage of health communication issues. In US coverage, broad measures of "buffered" privilege (educational, income, or occupational advantage) are linked to "favorable" or "government responsibility" coverage of health issues, and specific measures of "health" privilege (physicians, hospitals) are connected to "favorable" or "government responsibility" coverage promoting selected health issues. In cross-national coverage, specific measures of national "health vulnerability" (such as percent without improved water access, infant mortality rate) are linked to "government" responsibility coverage for selected health issues such as human trafficking, and water handling/contamination [4]. In addition, broad measures of "macro" conditions (agricultural dependence, political instability) are associated with "government" responsibility coverage for a wide range of health issues (genetically modified foods, drug trafficking, condom promotion, and food security). Overall, community structure theory can make vibrant contributions to the study of health communication.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ijnss.2020.05.007.

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