

**Health Reporting: A Poor Model of Journalism in Canada and an Influential Tool
for Consumer Behaviour**

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ABSTRACT

The term journalism is often accompanied by adjectives such as objective, fair, balanced and inclusive, all standards that Canadian journalists strive to meet on a continual basis throughout their careers. Because the work of a journalist is observed, critiqued and analyzed by the public, failure to meet these standards just once can result in losing the trust of the audience, and a reputation as a credible reporter. Thankfully, in Canada, training programs and post-secondary educations focusing on journalism are widely available, thus providing appropriate training in most reporting beats for all major mediums. However, there is one beat that suffers significantly in this country due partially to a lack of proper training: health. This paper will examine the issues surrounding poor health reporting in Canada as well as its results and suggestions for change at the root level.

METHODOLOGY

This research paper is separated into short essays that tie together to demonstrate why and how health reporting in Canada is in desperate need of change. In Part I, I will examine the goals and purpose of health journalism along with critiques and criticisms of its current methods and practices. Part II continues the argument by discussing how these methods and practices are creating unnecessary and unethical consumer behaviours in its audience. This is followed by an in-depth case study on green tea in the media as an

example of consumerism created through low quality reporting. After arguing the first three points, I will provide some suggestions for improving health reporting in Canada with my base argument being the need for better training.

PART I – Standards and Critiques of Health Journalism in Canada

Just like the news, politics, lifestyle beats etc., health journalism should strive to meet the same goals of truthfulness and wholeness, wholeness meaning providing the audience with all the details necessary to fully understand a story. This is particularly important regarding health as it is not an exaggeration to say that the majority of North Americans get most of their health information from the media. “Even physicians, nurses, pharmacists and other experts look to the news media for the latest developments and controversies that could be of concern to patients.” (Picard) It is not just those without direct access to the industry that stay updated by news media; news stories are written for everyone with an active interest in current events and this includes the CEOs of billion dollar corporations, our political leaders and medical professionals. One report by the British Medical Journal cited that a 2002 Gallup poll showed that many Americans consider television their most important source of news and information on health. (Schwitzer). If the majority of people are relying on media for health news, including industry professionals than there is no question that the media ought to be reliable. Cornacchia offers a more specific example of just how much media attention the general topic of health receives,

The media exert tremendous influence on people. The number of informational sources is huge. Thousands of radio and television stations broadcast, and many employ one or more physicians to disseminate health information. Approximately 11,500 magazines, 10,000 newspapers (1700) daily 50,000 new books... and hundreds of thousands of books and pamphlets are published each year. (7)

He also says that people do not receive accurate enough scientific information to make smart consumer decisions. This specific point will receive a stronger focus in the next section, but it is amongst the several critiques of health journalism in Canada.

As mentioned previously, health reports have a tendency to only provide part of the story. Benarde offers an insightful account of this occurrence, “From 1950 to 1996, with lung cancer included, the combined cancer rate increased 6.5 percent – all boats rising – over forty-six years, while the overall, combined rate excluding lung cancer declined 17.7 percent. That’s the story the American public should have received. That’s the message that needs wide distribution.” (5) This is a story Canadians can easily relate to, as cancer is an extremely popular media topic, so much so that several people would be shocked to know that cancer is not on the rise. On April 14, 2007 a massive article with the headline, “Cancer and cosmetics” appeared in Toronto’s Globe and Mail. The subheading reads, “Sure, your exercise in the fresh air. And eat pesticide-free food. But could your body lotion, shampoo and makeup be putting you at risk for cancer and other frightening side-effects?” (Philp F7) This particular case fits Seale’s theory that all health stories fit into one of the following five categories: the dangers of modern life, villains and freaks, victimhood, professional heroes, or lay heroes. (9) The constant coverage of cancer would be an example of ‘the dangers of modern life’ as it is an attempt to strike fear in the audience about possibly harmful, possibly avoidable health dangers that the media has some answers to. The subheading of this article demonstrates that eating healthy and exercising have been over-reported strategies to help combat cancer, but they (the media) have discovered something new to fear and provided a new answer to avoiding the big killer. Seale sites this method as a form of sensationalizing,

A perennial complaint of scientists considering media reporting of scientific discoveries is that journalists sensationalise their findings, thus introducing inaccuracies (Nelkin 1995). For example, a new drug is either a miracle cure, or a potential Frankenstein's monster such as thalidomide. There is no room for a drug that is good in some respects but bad in others. This tendency to generate dramatic effect through extrematised oppositions is an aspect of what some have called 'tabloidisation' (Sparks and Tulloch 2000). (6)

While journalists are striving to meet the goals aforementioned, they, like everyone else with a career, are also trying to bring in as big a paycheck as possible. What some people tend to forget is that “today’s media companies are profit-centred.” (Biagi 276) To increase audience size, a media company must provide their spectators with what they want, and what they want is something new and exciting, not a story filled with hard to understand scientific terms and meanings. This creates a serious problem because the majority of timely health news comes from new scientific studies, which does not make it easy for reporters to achieve their two main goals of getting the story and getting it better and faster than their main competitors. (Biagi 281) As a result, the information is skimmed over and a few major components are focused on and quite often dramatized to grab the audience’s attention. This, as Seale reported, introduces inaccuracies, which defeats the purpose of good journalism alone.

The rush to get stories first brings about another criticism of today’s health journalism: that health reports require more time than the average story in order for the viewer or reader to understand the implications fully or the background of a study. A

report by the U.S. News and World Report sources Tom Linden, a former on-air medical correspondent and the head of the University of North Carolina's medical journalism program. "Linden considers 90 seconds the absolute minimum that will permit respectful treatment of a medical topic, so something's got to give." (Camaro) The report also mentions how newspapers are not providing enough space for adequate coverage of health issues either.

The most common and substantial criticism of health journalism is that most reporters for the health beat do not have any specialized health training and are trained just as they would be for any other beat. "Schwitzer, director of graduate studies for the University of Minnesota's Health Journalism program and the former head of CNN's medical news unit, has long been frustrated by "miracle drug" stories that fail to weigh the costs or that exaggerate preliminary test results..." (Johnson) In this article Schwitzer says, "There is so much high-quality health journalism being done ... but there are still far too many [health reporters] who are thrown into this beat without the time or training or inclination to do it right... We have to try to help them." Better training for health reporters in Canada is an absolute necessity as this issue is at the very root of the problem. This topic will be covered in further detail in the final section of this paper.

With all these negative critiques of health journalism, it is important to question why the public relies so heavily on the media to obtain their health information.

Cornacchia maintains that health information can be confusing and without being able to dissect scientific studies themselves, it is very difficult to determine what media sources to consider valid and reliable.

Health information can be confusing and complex. It can be confusing because of the variety of sources and the difficulty in determining their reliability. It is complex because evidence from research is often unclear or incomplete. Conclusions are often not black and white. Scientific data often are insufficient to prove or disprove a supposed fact. Finding reliable sources of information can be challenging to the consumer. (Cornacchia 7)

The challenge the public encounters in recognizing reliable sources of health information is not an issue that has been entirely overlooked as small, yet significant efforts have been made to help the public determine which health sources are trustworthy. There are two sites: HealthNewsReview.org and mediadoctor.ca, along with others, that review health reports by major news organizations on specific criteria. Both sites rate the articles on a star system, but also by a grading chart of each criterion to be met. Qualified professionals run Mediadoctor.ca, each of whom is profiled on the site. The goal is simply to improve the quality of health reporting in Canada,

This goal needs to be acknowledged and put into action by more media companies throughout the country; its poor quality is creating uninformed consumption.

PART II – Consumption as a Result of Poor Quality Health Reporting

In his book “How Much is Enough”, Alan Durning writes, “Indeed, the words “consumer” and “person” have become virtual synonyms.” This demonstrates a sad truth that the average Canadian would find difficult to argue.

In the age of U.S. affluence that began after World War II, retailing analyst Victor Lebow declared: ‘Our enormously productive economy...demand that we make consumption our way of life, that we convert the buying and use of goods into rituals, that we seek our spiritual satisfaction, our ego satisfaction, in consumption... We need things consumed, burned up, worn out, replaced, and discarded at an ever increasing rate.’ (Durning 22)

Consuming truly is the way of life for Canadians, and health products are at the top of their lists. “Obviously, on the consumer's side there exists a great need for products, services, and experiences that facilitate health and in more provocative terms, prolong the duration of human existence.” (Luomala et al) However, consumption in the form of purchasing is also linked to the way people identify themselves. A marketing journal writes that people can “gain a sense of authenticity in the consumption context via the object and its ownership, consumer experiences, and identity construction and confirmation.” (Leigh 481) According to this belief, consumers are searching for more than just new products and services; they are searching for new ways to identify themselves with the meaning that is given to these products and services. The Journal of Consumer Behavior points out that this act of purchasing identity is an endless source of inspiration for marketers and advertisers. A great example of this is a shampoo

advertisement that appeared in Men's Health magazine. The top of the page reads, "Just another lonely, isolated dandruff sufferer." This line is positioned over a picture of a happy, laughing couple in bed. It is quite clear that this ad is trying to play on the emotions of dandruff sufferers to convince them to buy their product – insinuating that these apparent victims are lonely and isolated and without this product they will not be as happy as the people in the image. To push their message further, the bottom line reads, "The freedom will go to your head." This is an effort to appeal to the consumer's desire for freedom and suggests that they will find it through the use of a dandruff shampoo. (Nizoral 55)

It is the nature of marketing and advertising to capitalize on the desires, values and goals of consumers, but it is not, however, the nature of journalism and this is where a problem exists. "Images and messages relating to health are interspersed throughout the media. Daily newspapers typically have any number of stories about health, the evening national and local television news frequently include a story about health, and advertisers often rely upon health claims to sell products." (Signorielli 15) From this point on, when media is referred to, it is meaning news media, non-entertainment forms of journalism. Reporting on scientific health claims is a major, if not the most significant aspect of acompanies and their advertisers are making and selling health products that capitalize on the consumer's lack of knowledge.

"Many quacks, manufacturers, and other entrepreneurs are aware of consumers' desires to purchase health easily and quickly. They flood the marketplace with products and services of every description to accommodate people who want a pleasurable and pain-free life. Promoters use advertisements, supermarket

tabloids, direct-mail circulars, television talk shows, radio commercials and word-of-mouth to sell their wares. Some of these materials have little or no use, some are costly and may cause direct harm. These hucksters often use pseudoscientific approaches to mislead and misrepresent products and services. They know that scientific information is important but often is confusing.”

(Cornacchia 4)

This statement offers the view that sellers of products use the consumers' unfamiliarity with scientific studies to their advantage. This is something health media should be a watchdog of, but are instead a culprit of.

Self-diagnosis is commonly promoted by the media, which offers ways to avoid certain dangers and diseases, ways to eat and exercise effectively as well as ways to treat symptoms of illnesses. Cornacchia writes that, “Self-diagnosis and self-treatment are valuable when the products are safe and effective and consumers know when a physician should be consulted. For the most part, however, consumers are at the mercy of sellers.”

(4) To continue promoting this form of self-help, health reports often suggest or suggest against certain products, but without understanding the scientific applications behind these products, it can inadvertently promote something with negative or no results.

Cornacchia also provides an insightful example of how easily not only the public, but also those with careers in the health industry will trust supposedly reliable sources.

The capacity of people to be fooled should be underestimated. During the 1940s, William Koch, M.D., Ph.D., acquired a large following of believers in a remedy that he claimed was 1.32 parts glyoxylide per trillion parts water. More than 3000 assorted practitioners bought it for \$25 per ampule and charged patients up

to \$300 per injection. Analysis of the product could find only distilled water.

(393)

If it is now understood how health media pushes consumption, it is necessary to discuss why exactly this matters. If people are comfortable with the knowledge that advertisements and marketing strategies, through a variety of mediums, convince them to consume the way they do, then why does it matter if health media does the same thing? The answer to this question has two parts. The first is that it lowers journalistic standards and creates distrust among an audience that will stretch further than health news and into all other beats. The second, and more significant reason for the general population of Canada, is that people do not have a trustworthy middleman to dissect scientific studies knowledgeably, who can also deliver the information in a more simplistic, objective manner.

PART III – Case Study: Green Tea in the Media

Another way health media encourages consumption is through the amount of time it devotes to certain products and claims. The third part of this paper will examine green tea as a highly consumed product due to constant and uninformed reporting about its health benefits.

Although tea has existed in Canada for decades upon decades, the hype surrounding the possible health benefits is relatively new. Louise Roberge, president of the Tea Association of Canada, said green tea was not even a category in Canada ten years ago, but states, “Tea's increasing in consumption absolutely. It's just been going double digits the last 10 years. There are many reasons, but one for sure is all the research that's been done on the health benefits of green tea.” (Sasvari) The interest in tea has risen so much that George Brown College in Toronto has recently created a program for students to become tea sommeliers. “The college is excited. The consumer is excited. I'm excited. It's the first time we're going to highlight, in a formal education setting, this most wonderful of drinks. I think what's pushed it along is that there's a real interest right now in the health benefits of tea.” (Kelly) Both of these sources site the increased amount of research as the root cause of all the hype surrounding tea now in Canada.

There have been several studies conducted on the medicinal properties of green tea and its possible effectiveness in preventing or treating major illnesses like various types of cancer, heart disease, obesity, cardiovascular disease and more. A scientific journal article written on a study conducted on the effects of green tea on breast cancer reported, “Overall, the researchers found, drinking an average of up to 85 milliliters (ml)

of green tea per day—that's less than 6 tablespoons—appeared to cut a woman's breast cancer risk by almost 30 percent, compared with women drinking no green tea. Green tea drinking halved her risk if she typically drank more green tea.” (Raloff) There are plenty of scholarly studies and articles like these, the majority reporting that the antioxidant EGCG (a catechin called epigallocatechin-3-gallate) contained in green tea is a powerful tool against illness and disease. Studies also report that high consumption of this catechin can speed up the metabolism and encourage weight loss. (Yang)

These are the types of studies and benefits that are reported on in the media, but most fail to explain what the antioxidants are and what levels are necessary to produce the benefits. Green tea is something that tends to be sold to people through health news. Because green tea truly is healthy and there are very few negative study results besides that it may only assist in the prevention of some cancers and not all, media misleads the consumer to believe that anything with green tea in it is healthy, which is certainly not the case. In green tea, the higher the catechin or antioxidant level, the healthier the results.

Tea comes from the top leaves of the plant Camellia sinensis. These leaves contain as principal product a powerful antioxidant, epigallocatechin gallate (EGCg), and minor amounts of other catechins. All these chemicals are polyphenols. The fresh leaves also contain an enzyme, polyphenol oxidase. When the freshly collected leaves are treated with steam or heated in a pan, the polyphenol oxidase is inactivated. Drying of the heated leaves followed by chopping and rolling yields green tea. (Hara vi)

What separates different kinds of teas is the fermentation process. “The degree of fermentation greatly affects the quality and type of tea. According to the degree of fermentation, tea is classified into green tea (unfermented), oo-long tea (semi-fermented), and black tea (fullyfermented).” (Yamamoto et al 1) The more fermented a tea is, the more antioxidants are lost and the catechin level lowers. This being said, green tea has higher antioxidant levels than other types of tea because it is completely unfermented, however, not all green teas contain the same amount of catechins.

The issue with reporting on green tea in Canada is that it usually fails to mention anything about catechins and reports only that green tea contains high levels of antioxidants. This leads the consumer to believe that anything containing green tea is going to include the same levels of antioxidants, but that, as mentioned previously, is not the case. In a study performed at the University of California Los Angeles Center for Human Nutrition on the catechin levels in branded teas the results found:

...levels as high as 217 milligrams for Celestial Seasonings Green Tea, 201 milligrams for Lipton Green Tea, 164 milligrams for Bigelow Darjeeling Blend (black tea) and 157 milligrams for Uncle Lee's Green Tea. On the lower end, they found 53 milligrams of catechins in Stash Premium Green Tea Decaf, 46 milligrams in Twinings Earl Grey Black Tea, 38 milligrams in Bigelow Constant Comment (black tea) and just 10 milligrams in Bigelow Constant Comment Decaf. And when it came to the two iced tea mixes studied, results showed that both Lipton Lemon Iced Tea and Snapple Peach Iced Tea had no measurable catechin content at all.

(“Antioxidant Levels”)

This demonstrates the different catechin levels in milligrams between some “bagged” green teas sold at most grocery stores. There are no laws or regulations set forward that require these companies to publish the catechin levels on the packaging, and even if there were, another issue would present itself; consumers would not know how many milligrams are enough to provide health benefits except by comparing the labels with similar products. This is the type of knowledge health media should be equipping its audience with. Several consumers are not even aware that “bagged” green teas are of much lower quality than loose-leaf green teas. “Common store-bought tea bags are typically mass-produced using low-grade tea "dust" (particles of crumbled tea leaves.) (Cortese)

Several companies across the country have jumped on the opportunity to attach the words green tea to their product packaging in hopes of attracting health conscious consumers, but many of their products do not even contain high enough antioxidant levels for consumers to reap the benefits of natural green tea. Some of these products are mixing the tea with absurd amounts of sugar or aspartame.

Coca-Cola is one of the many companies that are cashing in on the green tea emergence that is poorly represented in the health media. It has released a new drink called Enviga in the United States that claims to actually burn calories because it contains the EGCG catechin from green tea alongside the presence of caffeine. (Stanford) This case is particularly interesting for the reason that this is not one of the first brand name companies that has attached the name green tea to one of their products, but one of the first to actually categorize it as a weight-loss agent due to the green tea additive.

Surprisingly, this claim has not gone undisputed as it may have in Canada; the Center for Science in the Public Interest sued Coca-Cola and Nestle for “bogus” claims. “According to CSPI scientists who reviewed the studies cited by Coke and Nestle, Enviga is just a highly caffeinated and over-priced diet soda, and is exactly the kind of faddy, phony diet aid it claims not to be.” (“Watchdog Group”) Marion Nestle, a nutrition professor at New York University, was also angered by the claims of Coca-Cola. She said, "The idea that this drink will help people lose weight is just ridiculous. It is an example of the lengths to which companies will go to sell products." (“Medical experts doubt”)

While it is not shocking that a beverage company like Coca-Cola is trying to cash in on something as big as green tea, it is slightly surprising how many other types of companies have the same goal. Elizabeth Arden has over ten beauty products including body cream, perfume and deodorant that all advertise the ingredient of green tea. (Elizabeth Arden) Crest has recently released a new line of toothpastes called “Nature’s Expressions” which includes a ‘Mint + Green Tea’ flavour. (Nature’s Expressions) Green tea is even being advertised on a range of pet supplies including by nature’s ‘Natural Green Tea and Honey Flavor Dog Biscuits.’ (Green Tea & Honey) These are only three examples of the hundreds, if not thousands, of companies that have used the green tea phenomenon to their advantages.

Canadians are consuming these products at a rapid rate; something that wouldn’t be happening at the same pace if the health media was performing its responsibilities efficiently. If this was being executed, then Canadians would push for proper labeling so they could monitor the levels of antioxidants they were intaking, and they would know

what levels were significant to their health. They would know this in the same way they know to look at calories, fat grams and trans and saturated fats percentages.

In this specific case, Canada should be looking to Japan as a role model. For quite some time the Japanese have been made aware of the power of tea catechins and the appropriate intake levels. They have several of the same type of “green tea products” that exist in Canada, but instead of merely labeling them with the words ‘green tea’, they label them with the words ‘tea catechins’ and include the amount in each product. (Hara 203-219)

After discussing this in-depth example of how and why Canada’s health reporting system is failing to meet journalistic standards and the expectations of the public, it is time to look forward to the roots of the issue and suggestions on how to repair it.

PART IV – Suggestions for Change Through Better Training

An insightful introduction to this section comes from the Daily Mercury newspaper of Guelph, Ontario.

Reporters, editors, paginators. Messy, messy desks. Weird trinkets. Guess who is responsible for which beat. Look especially for the health reporter -- at most newspapers it's probably the person with the medical dictionary on their desk. Chances are good they're also female, but hopefully chances are even better that they do in fact have a medical resource at their fingertips. Maybe a statistics book, too, and files on how to interpret medical stories. This is my second stint as a health reporter at a daily newspaper .I have a Taber's medical dictionary -- designed specifically for nurses with detailed, concise examples -- and I have a mind, I hope, that tries to question new research, and tries to take the time to really understand the stories I write. Health reporting is a very different kind of reporting. And a lot of people don't realize that. According to a December 2004 article by Globe and Mail health reporter Andre Picard, editors don't realize you can't jump from city hall to the intricacies of the health beat at a moment's notice. Health reporting is a big responsibility. The media is one of the biggest sources of information for the public when it comes to health information, and like in other types of stories, we sometimes make mistakes. Usually it's a lack of training, lack of time, trying to be too concise and not taking the time to actually read the scientific study someone is quoting. (Isaacson A2)

This article touches on some major issues with health reporting in Canada, particularly a lack of training. To be clear, there is not a lack of training in journalism as a whole; several post secondary institutions offer substantial journalism programs that have turned out thousands of successful journalists throughout the country. The lack of training exists specifically in health reporting.

Three of the top journalism schools in the country: Carleton University, Ryerson University and Humber College, are all missing courses that specialize in health journalism with the focus of understanding scientific studies. No student in one of these programs is required to have grade 12 sciences as a prerequisite and is also not required to take even one course that's focus revolves around scientific studies. Students graduate these programs without the knowledge of how these studies work, the meanings of scientific terms and definitions; the way studies are funded or what are reliable scientific methods.

An enormous amount of health reports stem from new scientific findings and studies, which can be extremely difficult to understand and take meaning from. The general public rarely sifts through these studies to obtain health information because they rely on the media to simplify the results. The problem is that several journalists do not have any more training in scientific studies than they do, which means the public relies on uneducated sources regarding the most important aspect of their lives: their health. Cornacchia says, "People often do not receive accurate scientific information with which to make intelligent decisions about health products and services." (7)

A journalist without scientific training reporting on health is nearly the same thing as a scientist reporting on health without journalistic training.

Clearly, popular mass media would cease to be popular if complexity were represented in a way that a scientist would find acceptable in a scientific journal. Some degree of simplification must be necessary if the dramatic oppositions that are the core device of story telling are to be created. Above and beyond this, though, the complaint of inaccuracy, with which the complaint of tabloidisation is associated, reflects an inadequate understanding of the conditions of media production. People do not make TV programmes or publish newspapers solely in order to provide the public with accurate health information. The entertainment agenda (and this applies to news and current affairs as much, probably, as it does to fictional products) is more dominant, and scientists, medical care providers and health educators have increasingly come to recognize this. (Naidoo and Wills 2000). (Seale 7)

Seale expresses the view that health reports would be uninteresting if they were reported the way they are in science journals, but that they are often inaccurate the way they are reported through popular mass media. Finding a middle ground between these opposite situations has been done, but not as often as it should be. Some news stations and media companies do employ journalists with training in both fields, and some simply employ medical experts to work alongside health reporters to ensure accuracy. These reports are without a doubt the most reliable in Canadian media.

Part of being able to convey accurate and inclusive scientific information to its audience also means having the ability to determine which studies are worth reporting on by conducting research into how they are funded and conducted, without being at the mercy of the scientists' assertions.

Health care institutions, medical researchers, and academic physicians all endeavour to manipulate the media spotlight for their own agendas, to accentuate their bright spots and deflect its harsh glare from less savory specters crouching in the shadows. For example, two of the nation's premier medical periodicals, the New England Journal of Medicine and the Journal of the American Medical Association, preview their most important articles for reporters before releasing them to the general public, garnering publicity and directing the dialogue between press and researchers. In this way, millions of people who would never read these journals or possess the sophisticated knowledge necessary to understand their studies watch researchers discuss their work in prepublication interviews with national news outlets. (Friedman 2)

Scientists are fully aware that many journalists are not trained properly to understand the concepts and methods of their studies, and they use this to their advantage by only providing the media with the details they want the public to know. The more media attention studies get, the more funding they receive also. It does not make sense to take the word of scientists, if journalists did that for politicians, Canadians would not know much about their government leaders. Interestingly enough, students take a number of courses on political reporting in college and university.

CONCLUSION

As one of the foremost media topics, with thousands of stories reported every day, health is more than deserving of a post secondary education dedicated entirely to its reporting. As mentioned earlier in this paper, there is now a program at a Canadian college for the purpose of becoming a tea sommelier; something there is a lot less of in Canada than health reporters. Better training in this field would significantly improve the reliability and validity of health journalism in Canada, meeting the highest of journalistic standards without creating unnecessary consumer behaviour and allowing people to make healthy lifestyle choices themselves.

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