
INTRODUCTION

In her book, The Health Care Policy Process, Carol Barker writes, “the policy process may involve the taking of decisions, the production of statements, the making of plans or the development of an approach.”¹ For the public sector and issues of national health policy, many actors contribute to the deciding of policy, however the ultimate power-holders are governments. But why do governments decide to consider some issues and not others for the policy agenda? And how are policy issues identified and brought to the attention of governments?

Typically, actors are not indifferent participants in the creation of policy. Because policy actors – government regulators, lobbying/pressure groups, corporations, citizenry, and media – generally have self-interests in the outcomes and implementation of policy, they frequently operate with strategies of intentional influence. The media – print, Internet, television, radio, advertising, and film entities – are frequently represented as powerful influencers on the establishment of policy agendas. But does the media decide what citizenry and civil servants think about, or do they simply reflect their thoughts? This paper will focus on what contributions media may make towards setting political agendas by looking at the specific case example of the measles, mumps, rubella combination vaccination (mmr) policy debate in the United Kingdom and the United States. The case will illustrate concepts of two formal models of agenda analysis, the Hall and Kingdon models, and conclude with a contrast of the activities of the media with that of other actors trying to shape policy agendas.

OUR CASE: MMR VACCINE POLICY IN THE US AND THE UK

In July 1998, *The Lancet* published a paper by Dr. Andrew Wakefield, a bowel diseases specialist from the Royal Free Hospital School of Medicine in England, that

¹ Barker, C. (1996) The Health Care Policy Process (Sage, London), p. 32.

questioned whether the administration of mmr vaccines might be a causal factor for inflammatory bowel diseases and autism in young children. The paper concluded, “We did not prove an association between measles, mumps, and rubella vaccine (mmr) and the syndrome [autism] described,” and, “Published evidence is inadequate to show whether there is a change in incidence [of autism].”² Despite these conclusions, Dr. Wakefield held a press conference following the paper’s publication to publicly call for the withdrawal of the combination vaccine on the grounds that it may cause autism.³ Extensive international media coverage reported the ensuing medical rebuttals and renewed declarations as well as anecdotal reports made by parents with autistic children, and finally, legal claims.⁴

In Britain and the US, media headlines on the Wakefield story were frequently sensational, e.g., “Doctors link autism to MMR vaccination” (*The Independent*)⁵ and “Vaccine-autism link feared – Parents demand answers as rate of disorder soars” (*USA Today*, August 16, 1999). There was significant loss of public confidence. In the United States, mmr vaccination is compulsory for public school entry. Although there has been much success in the control of measles in the US since an outbreak from 1989 to 1991 caused 55,000 cases and 120 deaths, interest groups began to call for parental choice regarding vaccinations as well as the elimination of school requirements. In Ireland, where vaccination policy is established by public health departments but is not compulsory, nearly 100,000 parents have chosen not to vaccinate their children since the publication of Dr. Wakefield’s paper in 1998.⁶

In November 2000, Dr. David Salisbury, principal medical officer of the Department of Health (DoH) in Britain, appeared on “60 Minutes”, a national investigative news program

² Wakefield, A. J., et al, “Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children,” *Lancet* 1998, **351**: 641.

³ *The Lancet* (editorial). “Measles, MMR, and autism: the confusion continues,” *Lancet* 2000, **355**: 1379.

⁴ “60 Minutes Transcript”, November 12, 2000; CBS News Worldwide, Inc., Burrelle’s Information Services.

⁵ “60 Minutes Transcript”, November 12, 2000; CBS News Worldwide, Inc., Burrelle’s Information Services.

⁶ “60 Minutes Transcript”, November 12, 2000; CBS News Worldwide, Inc., Burrelle’s Information Services.

in the United States. Dr. Salisbury responded to comments made by Dr. Wakefield about the British government's policy to remain committed to the use of mmr vaccine (instead of importing the individual monovalent vaccines for measles, mumps, and rubella). Similarly to the US public health policy, he stated that mmr was the best strategy to maximise coverage for all three antigens and minimise the numbers of unprotected children due to attrition from doctors' visits. Dr. Salisbury reaffirmed the British DoH position that mmr vaccines have been safely used worldwide for nearly 30 years and repeated cautions that a measles outbreak could be a consequence in Britain if vaccination rates do not improve.⁷

Interest groups have demanded policy hearings in at least the US Congress, the Australian Vaccine Information Service, and the Irish and Scottish parliaments, to explore whether government-supported policies for mmr vaccination, previously credited with dramatic reductions in disease incidence, should now be reformed.⁸ To date, however, the vaccination strategies utilizing the combination mmr vaccine remain unchanged in these countries. Still, what was the extent of the role which media played in making the issue of vaccination policy an issue of national political agenda in the US and Britain?

TWO MODELS: HALL AND KINGDON

Gill Walt outlines two models of policy agenda-setting in Health Policy: An Introduction to Process and Power which describe how issues are brought to government attention which are helpful here. The Hall model suggests that to be brought to government attention, issues must be highly rated in the context of three criteria – they must have high legitimacy (government intervention is appropriate), high feasibility (there are sufficient

⁷ "60 Minutes Transcript", November 12, 2000; CBS News Worldwide, Inc., Burrelle's Information Services.

⁸ Birchard, K., "Ireland holds hearing on merits of measles, mumps, and rubella vaccine," *Lancet* 2000, **356**: 1665.

resources for intervention), and strong public support.⁹ The Kingdon “three stream” approach analyzes government policy agenda in terms of the problem stream (the mechanism by way issues gain official attention), the politics stream (the actions of policy stakeholders to lobby for attention), and the policy stream (the criteria used to select the problem and politic issues that will become public policy). In the Kingdon model, the government will be moved to action only when a ‘window of opportunity’ opens simultaneously in each of these streams.¹⁰

Newspaper editors and television news directors regularly review scientific literature for coverage in consumer venues. The publication of Dr. Wakefield’s hypothesis challenging the safety of a widely used public health intervention in a highly regarded scientific journal immediately made the vaccine-autism story newsworthy.¹¹ Media involvement in moving the vaccine debate onto the government agendas for Britain and the US began when newsmakers began to create consumer press stories. According to the Hall model of policy agenda setting, to be legitimate for government intervention, regulators must be convinced that the public would agree that an issue is appropriate for government intervention. As was the case for the vaccine policy-autism debate, this criterion is generally met for issues of public safety and public health. Since the governments of the US and Britain had been intimately involved in the drug approval and disease prevention policies for mmr thus far, it can be inferred that there would be public expectation of government involvement if the policies were to change. Regulatory credibility and public confidence in government was at stake: both the US and British drug evaluation agencies had years ago reviewed and licensed versions of the mmr vaccine. Both countries have long-standing public health policies supporting mmr for

⁹ Walt, G. (1994) Health Policy: An Introduction to Process and Power (Witwatersrand University Press, Johannesburg), p. 54-58.

¹⁰ Walt, G. (1994) Health Policy: An Introduction to Process and Power (Witwatersrand University Press, Johannesburg), p. 56-58.

¹¹ De Semir, V. “What is newsworthy?” *Lancet* 1996, **347**: 1163-1166.

pediatric vaccination. All of these facts support evidence for high legitimacy for government intervention in the vaccine-autism debate.

The second Hall criterion suggests that the practical resources for policy construction and implementation – the human and financial inputs that make policies feasible and enforceable – must be available for an issue to come to the government agenda. Government health officials of Britain and the US would need to approve the use any replacement vaccines; government manages the public health workers that educate parents who vaccinate (or do not vaccinate) their children. So the governments, in this case, would be in charge of all major resource inputs for the technical implementation of any policy change. Also, presumably the feasibility of modifying the current policy would involve the feasibility of implementing the main alternative vaccination strategy – that of immunising children with the monovalent vaccine components for measles, mumps, and rubella. On this aspect of feasibility the media had little opportunity for influence. There is also not enough information in the public domain about the technical feasibility for the vaccine manufacturers to swiftly supply the British and US markets with the monovalent vaccines, making the overall assessment of policy feasibility is not clear.

The third Hall criterion for agenda setting says that politicians must be reasonably sure that a policy would be supported, or at least that there would not be strong opposition to its implementation to move an issue to the political agenda. Wakefield found support in parents with autistic children searching for answers on both sides of the Atlantic – those suspicious of a manufacturing-government greed complex, and conservative US and UK politicians and public health regulators not favourable of government funding or intervention into health decisions they considered parental domain.¹² On the opposite side were the government regulators and vaccine manufacturers who were not likely to support substantive changes to

¹² Bradbury, J., “To vaccinate or not to vaccinate,” *Lancet* 1999, **354**: 655.

what they saw as successful public health policy without clear evidence to support need for change. And overall, most parents supported the mmr vaccination strategy. Monitoring citizen feedback to the coverage of the controversy was clearly of interest to all principal actors, but though some UK and US Internet media did argue for changes in vaccination policies, most mainstream press (print, television) stopped short of insistence on policy change with little validation from the medical establishment. The continued media visibility of the issue likely influenced the movement of the issue from the television and newspapers to policy rooms, but with supporters for both positions, government officials could choose to view support for the position that most suited their political interests.

Reviewing the case within the Kingdon model ‘problem stream’, we can understand Dr. Wakefield’s press conference as a focusing event. The road to visibility in the autism case is what David Nexon, health advisor to US Senator Edward M. Kennedy (D-MA), describes as “a feedback loop.”¹³ Public health policies require public will for successful implementation. Parents will not endanger their children to follow policies. And as parents of autistic children brought their anecdotes to the attention of media, complaints from news viewers and readers, and interest groups began to demand government investigation into reviewing the current policies and the potential for harm.

The Kingdon ‘politics stream’ dissects the opportunities of expression by the visible and hidden policy actors. Some of the visible participants in the politics stream were the public health officials who sought to avert a potential public health crisis if parents chose not to have their children vaccinated. Some of the hidden participants were the medical advisory academics and practitioners, some of whom had co-signed the original policies, and who had professional credibility at stake if the safety of the vaccine was doubted by most parents. Other hidden participants were political interest groups who long-resisted public health

¹³ Otten, A. (1992) “The Influence of the Mass Media on Health Policy,” *Health Affairs*; 11(4) 115.

funding by federal government and any and all federal authority over decisions they viewed as private domain. Some of these participant-actors were well-funded lobbying groups that financially supported US speaking tours for Dr. Wakefield and organised parent feedback to government representatives, as well as radio and television programs on the debate.

The third Kingdon model policy stream is the selection by policy-makers “from problems and politics the proposals which will become public policy.”¹⁴ This involves identifying the “technical feasibility [of a proposed policy], [deciding if it has] congruence with existing values, and anticipating future constraints..., public acceptability and politicians’ receptivity.”¹⁵ The Wakefield case had elements of each of these – malleable according to stakeholder interest. The catalyst that forced the vaccine policy issue to be reviewed by governments – the merging of the streams – was the media attention to Dr. Wakefield’s research.

SOME CONCLUSIONS

Was the media more or less influential than other actors in this case? Policy-makers have confirmed the power of media for bringing issues to public discussion. Mr. Nexon, himself a US policy-advisor, has said “it takes the media to legitimate an issue as an issue of public concern.”¹⁶ It is the framing of the issue in the public domain though where media exerts its strongest influence. The complexities of public health issues make them vulnerable to misappropriation; medical/health issues for public consumption are limited by the public’s education. And, in the interest of being *interesting*, reporters may overstate medical claims. Stories in the mass media “must compete with murders, rapes, ecological catastrophes...”¹⁷

¹⁴ Walt, G. (1994) Health Policy: An Introduction to Process and Power (Witwatersrand University Press, Johannesburg), p. 57.

¹⁵ Walt, G. (1994) Health Policy: An Introduction to Process and Power (Witwatersrand University Press, Johannesburg), p. 57.

¹⁶ Otten, A. (1992) “The Influence of the Mass Media on Health Policy,” *Health Affairs*; 11(4) 115.

¹⁷ De Semir, V. “What is newsworthy?” *Lancet* 1996, **347**: 1164.

which may invite a tendency to exaggeration...and, “at its worst, the media can give false impressions.”¹⁸ Competition among news outlets means that many editors do not feel that they can afford to devote time to ‘DBI’ (“dull but important”)¹⁹ stories, which is generally the character of systematic, scientific explanation and rebuttal.

Media did sometimes shape the Wakefield story as well as report it. Many of the consumer print articles and television news segments failed to cite Dr. Wakefield’s ambiguous conclusions, or the small sample size, or the lack of reproducibility of his results by subsequent eminent researchers. Instead, some reporters covering this story seemed to feel that to keep reader interest, the story’s actors need relation in terms of situational conflict. This included having a protagonist - a misled public, or Wakefield as underdog – and antagonists – greedy corporations and an indifferent government that may need to be moved to action by public outrage.

Though media may force issues to public agenda, it mostly reflects the political interests of the ‘politics stream’. Media did not create the original issue.²⁰ It is not the most powerful actor in policy agenda-setting, and the power that it does hold is inconsistent.

Policy-makers have other sources of information. In this case, the medical opinion leaders who reviewed Wakefield’s research overwhelmingly did not support his opinions, and no similarly peer-reviewed publications could duplicate his results to substantiate the worst fears. There were citizen interest groups on both sides of the issue. Parents of children injured by infectious diseases – as well as parents with autistic children who felt that

¹⁸ Abel-Smith, B. (1994) An Introduction to Health Policy, Planning and Financing (Pearson Education Limited, Essex), p. 37.

¹⁹ Otten, A. (1992) “The Influence of the Mass Media on Health Policy,” *Health Affairs*; 11(4) 114.

²⁰ Walt, G. (1994) Health Policy: An Introduction to Process and Power (Witwatersrand University Press, Johannesburg), p. 71.

resources were being diverted from rational research – made their support for the current policies known.

Viewers, readers, and policy-makers in the UK and the US have had long experiences with media – and sometimes recognise when ‘politics stream’ participants use media for self-interest. Media themselves are often not viewed as impartial, and when not, their influence is muted. Citizens in democracies such as the UK and US support media to rightly compel governments to corrective action through well-done investigative reporting, but recognise jeopardy in exaggerated responses “that may go much farther than scientifically justified, and divert money that might be better used...”²¹ Democracy also creates a general unwillingness to fully disbelieve the state – the entrenched powers of the medical establishment, government drug reviewers, manufacturer-employers.

Media may be a powerful focusing actor, but it is not a source of policy-implementation capital. The power counter-balance for media is that it cannot create policy, implement it, or enforce it.

²¹ Otten, A. (1992) “The Influence of the Mass Media on Health Policy,” *Health Affairs*; 11(4) 114.