

THOMAS GAM NIELSEN

# INEQUALITY IN HEALTHCARE



CONSTRUCTIVE  
INSTITUTE



*Photo: Peter Damgaard*

## **THOMAS GAM NIELSEN**

Thomas Gam Nielsen was a fellow in 2022/2023 at the Constructive Institute on a scholarship from the Novo Nordisk Foundation.

He is currently a journalist at the regional public service TV station TV2 Østjylland. He has previously worked for the national broadcaster DR and been editor of the newspaper Vollsmose Avisen.

# INEQUALITY IN HEALTHCARE

ADVICE FOR MORE  
CONSTRUCTIVE COVERAGE  
OF INEQUALITY IN HEALTH.



Inequality in health?!

Again?!



Boring!

## Why should we hear about it again?

Politicians and the media return again and again to the topic of inequality in health-care - and especially the social inequality in health.

The evidence of inequality is often presented in scientific literature and media - both internationally and in Denmark. Less focus is on constructive journalism which attempts to describe some of the solutions and nuances to the problem.

This booklet is a short guide for you as a journalist to help you to write stories about possible solutions to inequality in health.

I will start by clarifying some terms, in a Danish and international context. Then I will give some examples of journalism that constructively investigate the problems and solutions.

Finally, there are a few good tips on how to report on the subject.

Thomas Gam Nielsen, Denmark, June, 2023

## It starts outside the hospital

Inequality in health is used in many contexts – two of the main ones are:

- **Inequality in health status** - the risk of becoming ill and having to live with the consequences of the disease and
- **Inequality in the use of the health care system** and the treatment one receives as a patient.

The first refers to everything outside the health care system that has a significant impact on people's health. For example, should cigarettes and alcohol be banned, as they are the cause of many deaths, and their side effects are socially skewed?

Some politicians argue such a ban would restrict people's personal freedom and responsibility, while others are more willing to introduce bans or raise duties on cigarettes, alcohol and sugar.

The second meaning points to the fact that the well-off have a greater chance of healing and survival once they are in the hospital.

Reducing inequality in health is an oft-repeated aim of politicians, but you must be sure of the context.



Photo: Lars Kruse, AU Foto

**Helle Terkildsen Maindal, professor of health promotion, Institute of Public Health, Aarhus University**

There is an implicit social inequality in how diseases arise. During the corona pandemic, people in apartments without isolation options were more exposed to infection than others, who could isolate themselves in a summerhouse. But there is also a very large social inequality in access, use and benefit of the health care system. Here, it is an ethical obligation for journalists to also report how complex the health care system has become, instead of pounding certain groups on the head with the fact that it is also their own fault if they have not sought treatment in time. It is more complex than that."

## Equality or equity?

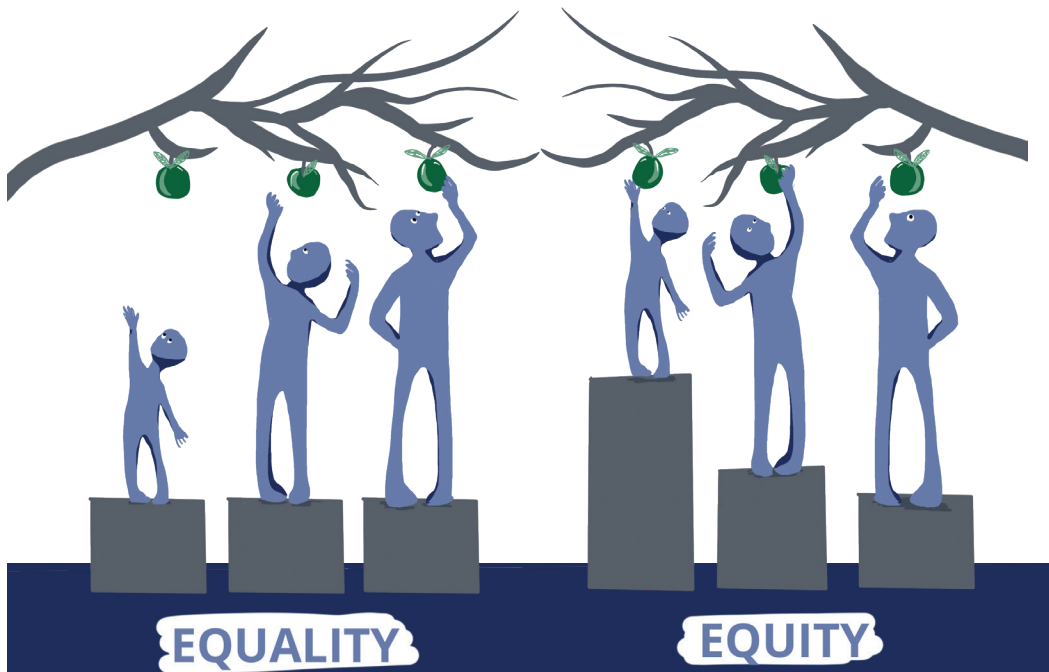
The Danish Health Act is very clear. Everyone has the right to equal treatment. However, the law does not say anything about the effect of the treatment for different population groups. Therefore, one often distinguishes between the concepts of equality and equity in healthcare.

“The health care system must treat everyone fairly. This means that you do not have to treat all people the same. In fact, you must treat all people differently to treat them fairly,” said Søren Brostrøm, former director of the Danish Health Authority, in the spring of 2023.

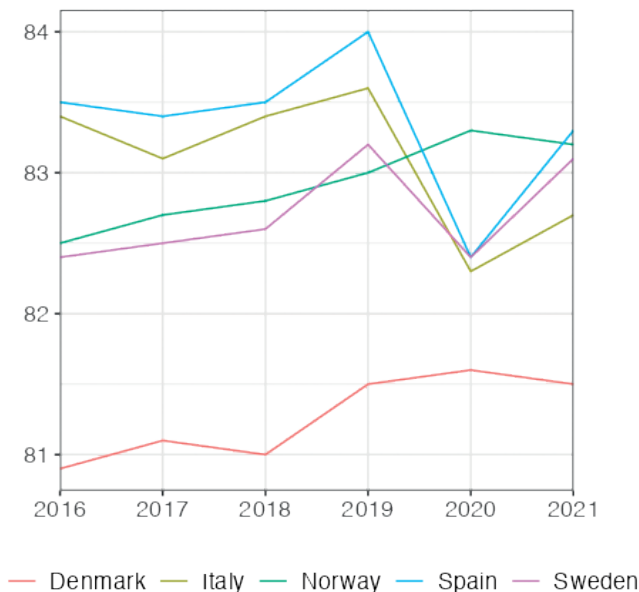
He elaborates further: “What worries me when I look at inequality in health in Denmark is that we are not doing enough about it.”

Both the distinction between equality and equity and the official attitude towards inequality in health are important prerequisites for informed coverage of the subject.





## Life expectancy in different countries



There are huge differences in life expectancy internally in Denmark, but also compared to other countries the average life expectancy is low in Denmark.

Source: Eurostat

# The Nordic Paradox

The Scandinavian welfare model is known for its economic equality. That fact is one of the reasons why some expects is baffled with the lack of social justice when it comes to health care in the same region.

The phenomenon is known as the Nordic Paradox.

While many countries in the EU have reduced some of the health inequalities, the gap is not being closed in Denmark – life expectancy is one of the examples.

25% of men born in 1954 with the lowest incomes died between the ages of 50-65 years, compared to 5% of the richest men. Inequality is seen across education, income and employment.

At the same time, the official figures from the Danish Health Authority show that for several diseases, inequality is still increasing.

Therefore, the theme is still relevant to cover journalistically - both when inequality increases and decreases. When and how are things going better in some areas than other

## Is there a doctor?

The subject of geographical inequality will be politically prominent in Denmark in the coming years. The Health Structure Commission will look at the problem and the Danish Regions are pushing for a state inequality fund to ensure better geographical distribution of health personnel.

The problem is old and well-documented. Where there are most multi-ill, socially disadvantaged, and elderly people in need of medical help, there are usually the fewest health services. Internationally, it is called the Inverse Care Law and was first described in the renowned journal *The Lancet* in 1971.

In some regions, the trend has been reversed, as was shown in the TV documentary series, 'The Doctor's Promise', which looked at attempts to combat inequality in medical care in northern Jutland.

When the positive development is to be covered, ask critical questions as well:

- › How has it worked **elsewhere**?
- › How is it a **sustainable solution** in the long run?
- › What **special local conditions** have helped the development?



Foto: AU Foto

**Mogens Vestergaard, a doctor in Grenaa and founder of Deep End Denmark**

*It is deeply unfair that one's prognosis or treatment depends on where one lives. It is not a natural, it's man-made. We want to collect and systematise the experiences of the practicing doctors who make a difference to change this development."*

*A newly established Danish association inspired by Scotland will work to improve the conditions for doctors who have many multi-ill or socially disadvantaged patients. The association is called Deep End Denmark and will both form networks for the doctors and gather experiences and measures that can break the geographical inequality in health.*

## Four constructive examples!

Over the next pages, I will present some different approaches to constructive journalism. All feature concrete examples of journalism that deals with health care and inequality

- **The Doctor's Promise:** If the audience knows the previous problem by heart, the whole angle of the news piece can be constructive.
- **Dialogue from the emergency room:** If a media has covered the problems over a longer period of time, the theme can be followed up with a dialogue meeting focusing on possible solutions.
- **Big problem, but also nuances:** By planning it from the beginning, the constructive angle can be a well-placed supplement to the main angle.
- **Perseverance and waiting lists:** A series of stories about problems in the health system published over many months, and here the persistent coverage can be nuanced and constructive in itself.

VALIDITY

LTHCARE

# THE DOCTOR'S PROMISE

In 2023, the regional public service station TV Midtvest broadcast a series, 'The Doctor's Promise', from Thy, produced by StoryPark Media.

Over six episodes, the viewer follows several younger doctors, all of whom want to be general practitioners in the Thy area. A few years ago, the place was known for its lack of doctors, but now the curve has been broken and far more want to be general practitioners. A strong network aimed at the new doctors and engaged volunteers, are some of the reasons for the change.

The whole series' premise is basically constructive. In each introduction to the six episodes, the previous problem of a lack of doctors is outlined using small pieces from old news clips. This is the basic premise, but from there we look at how the development has been reversed.

When the journalist is confident that the target audience is already very familiar with problem, it is possible to dedicate more time to the nuances and the young doctors who become a symbol of the development.





*Photo: Story Park Media*

***Jesper Bradsted, editor-in-chief Story Park Media***

*The main story is the change and that new doctors are coming and staying in this area. But we also nuance the story by showing some doctors, who are still unsure of they are going to work their entire life there. It makes the storytelling more trustworthy with these nuances.*

## DIALOGUE FROM THE EMERGENCY ROOM

In 2022, the regional public service station TV2 Øst gave curious people a unique access to the pressured everyday life in the emergency department at Slagelse Hospital.

In a web documentary and in a longer series, patients are seen lying corridor, and we follow new doctors and nurses who constantly have to navigate to move patients around so there is enough space.

After the last episode of the series, TV2 Øst held **a one-and-a-half-hour debate on possible solutions to the problems** revealed in the series. The debate was recorded at the hospital with both employees, former admitted patients and relevant regional and national politicians participating.

Those responsible were confronted with the problems, but the focus of the questioning always pointed forward - what concrete measures can they take to change the conditions at the hospital for the better.

The concrete proposals are possible solutions that the TV2 Øst health reporter can follow up on as possible angles going forward.



Photo: TV2 Øst

***Eva Højrup, health reporter, TV2 Øst***

*Our goal was also for the national politicians to leave with a list of good solutions to the emergency department's problems. We know that there is not only one solution. It's 50 different knobs to turn. The debate was a good way to supplement our series on the problem at Slagelse Hospital's emergency department."*

## BIG PROBLEM - BUT ALSO NUANCES

Even though the solution-oriented approach is not the main angle, the constructive elements and stories can be thought of in a larger coverage from the beginning. In January 2023, DR revealed that children of parents with mental health problems more often struggle with mental health themselves and their education suffers.

The revelations were based on a report on the living conditions of 700,000 children in Denmark, published by University of Southern Denmark.

From the morning, the topic was the main angle on all of DR's platforms. Later in the day, the constructive story came, showing how conversation groups for children of parents with mental illness had made a difference in the North Denmark Region.

The constructive angle was integrated into the coverage from the beginning.

A problem with this model can be that most people see the main angle and not necessarily the constructive angle. It is an editorial decision how the balance between the different parts is weighed, and that balance varies from story to story.



*Photo: DR/ Agnete Schlichtkrull*

**Peter Qvortrup Geisling, health correspondent, DR**

*I always have a top five of the most important health issues in my head, and that list changes depending on what new research comes up and what we have just covered. Tobacco kills 15,000 people a year here, and that is one of the topics. The other topics are psychiatry, inequality in health, lack of exercise, and alcohol, because 122,000 children grow up with parents who drink too much. If there is something new in those areas, I jump on it. If there is something new in smaller areas, something extra is needed before I cover the story."*

## PERSEVERANCE AND WAITING LISTS

In the autumn of 2019, I was contacted by a frustrated citizen. Her husband's dementia assessment process was postponed indefinitely.

This was the start of a year and a half of coverage of waiting times for dementia assessments, which at its peak had grown to 92 weeks at the Neurological Clinic at Aarhus University Hospital.

For the most part, the coverage had a classic focus on the possible consequences of the extended waiting time and the possible causes.

The constructive element was a continuous nuance of why the waiting list was getting longer and longer. At the same time, I produced concrete stories about how other regions succeeded in having shorter waiting lists for the same type of assessment process.

I also followed the case all the way to the end and into the doctor's office when they finally got the right dementia assessment.



*Erik Mandal and Helle Nielsen was one the couples whose story in the health care system was covered.*

*Photo: TV2 Østjylland*





## Advice for a more constructive coverage

Basically, it is about a willingness to also give space to critical reviews of the possible solutions to health inequality.

For this to be possible, there are a number of simple tips you can use in your work.

- › **Get a crasp of the concept** and be sure what the source means by health inequality. Is it outside the hospital or in access to the health care system? Is it equality or equity?
- › **There are facts about health inequality.** In the Danish context, the Danish Health Authority has several new surveys and reports, while WHO has a tool called the Health Inequality Monitor.
- › **How is the solution sustainable?** You should always ask this question if sources mention a solution in the health area that is funded by project funds.
- › **A method for each story:** Depending on the problem and the target group's knowledge of the subject, you can choose the constructive approach that best fits.

The methods are shown in the examples in this guide.

# The Core Principles of Constructive Journalism

This guide is part of a series on constructive journalism produced by fellows at the Constructive Institute.

It either covers different topics or approaches to journalism that aim to do more than just report. All of them are based on the core principles of constructive journalism, which the Constructive Institute in Aarhus has helped define and shape.

Constructive journalism is bridge-building, critical, and balanced, and its focus is forward-looking and future-oriented. It is based on facts and mainly covers bigger societal problems.

Constructive journalism is not a promotion of heroes, governments, or civil society organisations. It is not simplistic, trivial, or happy news, and the journalist should never become an advocate for one solution over another.

The Constructive Institute essentially operates with three types of constructive journalism: Solutions-focused, covering nuances, and promoting democratic conversations.

# The three pillars of constructive journalism

## Journalism for Tomorrow

### The Ambition

To contribute to democracy through critical, constructive journalism

#### Focus on Solutions

Not only expose  
the problems, but  
also look for possible  
solutions

#### Cover Nuances

Strive for the best  
obtainable version  
of the truth.  
See the world  
with both eyes

#### Promote Democratic Conversation

Engage and facilitate  
debate, including  
people in the  
community



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