



Communicating health risks via the media: What can we learn from *MasterChef Australia*?

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EDITORIAL

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Abstract

Understanding the viewer impact of the prime time television cooking show, *MasterChef Australia*, may help us to communicate more positively received messages about food and eating.

Key Words

Media; health communication; food; pleasure

Introduction

Is it a coincidence the television cooking show, *MasterChef Australia* (*MCA*), is enjoying unprecedented viewer popularity at the height of a declared global obesity epidemic? Is it an accident that *MCA* essentially offers a pleasurable rediscovery of foods that, to all intents and purposes, have been declared 'forbidden' by current dietary guidelines? Can the unexpected success of this type of show provide innovative information for more effective communication of health risks via the media?

Initially relegated to the 'feminine' realm of daytime television, cookery shows now attract much broader, more diverse, prime time audiences. This is in part because the genre now increasingly focuses on entertainment, rather than simply on cookery instruction.¹ While other shows, including *My Kitchen*

Rules, have also been popular, *MasterChef* has been one of the most successful of the television cooking show franchises, combining the cookery show with the game show in a competition format that features amateur cooks progressively eliminated via various cooking challenges. *MasterChef* originated in the United Kingdom, but versions of the show now appear throughout the world: in Europe, the Middle East, Africa, Asia, the Americas and Australasia. *MCA* has been the most successful iteration of this global franchise, and has resulted in new ratings records: the 2010 series finale was the most watched non-sporting event in Australia since television ratings began.²

In 2008, one year prior to the launch of *MCA*, obesity became an Australian national health priority.³ This resulted in a greater number of obesity-related policy and prevention initiatives, as well as increasing media coverage of the 'problem' of obesity. For example, a search of the Australia/New Zealand Reference Centre database shows an approximate 20-fold increase in newspaper stories including the term "obesity" from 2000 to 2008. *MCA* thus initially aired following a period of intense media focus concerning the significant public health burden and national economic costs associated with obesity. As a result, the show's remarkable success potentially offers new insights to health communicators regarding the likely limits of classical health strategy in influencing food choices and behaviours.

Australian media coverage, like that elsewhere in the West, has consistently opted to ascribe obesity, and its attendant comorbidities, to individual lifestyle choices — choices in need of scrutiny and control if health-related goals are to be met.⁴ Within this logic, the individual is understood as a health consumer who has to accept responsibility for his or her own health care. With respect to food and nutrition, this paradigm requires individuals to follow practices of self-governance that are essentially ascetic: that is, to minimise the risk of diet-related health



problems in their future, people must deprive themselves of certain foods they enjoy now, and possibly for the rest of their lives. Such a requirement is difficult to achieve within the general population, most of whom are at low risk, and where the benefits are not readily clear. This dilemma has been referred to as the 'prevention paradox'.⁵

The MasterChef effect

In sharp contrast to ascetic dietary advice, *MCA* offers viewers a celebration of 'unhealthy', 'forbidden' foods. On *MCA*, the spotlight is firmly placed on 'taste' and 'pleasure', rather than on 'healthy' eating. Indeed, many of the foods and ingredients categorised as 'driving' the obesity epidemic (for example, butter, cream and fatty red meat) are not only regularly on display during *MCA*, but their pleasures are continually re-emphasised through the show's narratives and camera-work techniques. Butter and cream, in particular, are central to many of the dishes prepared on the show and the *MCA* judges, guest chefs and contestants are shown to be enjoying these dishes with unrestrained relish. This focus on culinary pleasure is without doubt a significant factor in the show's popularity and the enduring impressions of food it conveys to viewers.

Significantly from a health perspective, *MCA*'s representation of food has had a clear effect on viewers' actual food-related behaviour, an effect, according to one long-time food writer, not seen for the last 40 years.⁶ Coles supermarkets, which sponsor *MCA*, have reported dramatic increases in sales of ingredients featured on the show.⁶ Cleanthous et al.⁷ link a large 9.3% increase in the sale of butter during 2009 mostly to *MCA*. This flow-on effect from 'TV screen' to the retail industry has been termed by some economists as the '*MasterChef* effect'.⁸ Notably, this influence on consumers' food behaviour occurred despite well-publicised nutritional guidelines from all the major Australian health organisations recommending reduction, removal or substitution of butter from people's diets.⁹⁻¹² It may be tempting to suggest that the success of *MCA* and its effect on food consumption reveal consumers' failure to either understand or heed health warnings, but it also highlights likely missed opportunities to communicate more positive messages about food and eating.

What can we learn from MasterChef Australia?

MCA offers unequivocally positive and affirming representations of food. The show presents food preparation and consumption as almost entirely devoid of nutritional focus: food is instead linked with pleasure,

with the care of others, and with training for a future career in a glamorously portrayed food industry. In contrast, Australian public health advocates have used media comment to scrutinise the show's representation of food purely from a health perspective, leading to a harsh critique of the show and of food television in general.

For example, a cardiologist speaking on behalf of the independent 'Fat Panel', described *MCA* as the 'cream and butter show', and said that he is convinced that it is 'definitely fuelling the obesity epidemic in this country'.¹³ Similarly, a leading nutritionist felt television chefs had 'no regard' for the nutritional values advocated by dietary experts.¹⁴ A visiting UK obesity expert lamented that *MCA* is not sending out a good message about healthy eating.¹⁵ A well-known Australian dietician found it 'frustrating' that shows such as *MCA* focused on 'food trends', but remained out of step with 'health trends'.¹⁶ These are only a few of the many readily available examples. Significantly, *MCA*'s producers seem indifferent to such condemnation, making no real effort to address the 'unhealthy' food issue. On the contrary, a simple count shows that the number of recipes containing butter that feature in *MCA* cookbooks increased from 49% to 59% between Series 1 and 3.^{17,18}

Of course, the preceding health expert comments are in part the product of a 'sound bite' media where complex issues are inevitably oversimplified, and emotive quotes selectively chosen. Such tendencies appear to be amplified when the media focus on health-related risk stories, such as obesity. For example, Holland et al.'s¹⁹ study of Australian newspaper coverage found that the media is more likely to engage in uncritical and alarmist reporting in times where it is taken for granted that obesity is an 'epidemic' that requires immediate action. Such findings are consistent with those of previous studies.^{20,21}

Importance and difficulties of media comment

Despite the challenges of media comment, it nonetheless remains a powerful means of promoting and reinforcing health messages. Media comment is not only one of the most accessible methods of health communication from the perspective of the professional or practitioner, it is also one of the most readily available sources of health and nutrition information from the perspective of the consumer.²²

However, media's simplification of messages and amplification of health risks can lead to people becoming



used to the message and not acting on relevant advice,²³ a process referred to as 'risk attenuation'.²⁴ Relevant advice can also be actively resisted: people do not simply fall into line with a 'healthy eating' discourse, and may instead just follow their own thinking on what to eat.²⁵ People accessing food and health information via the media may also perceive dietary advice as contradictory and changing 'all the time', with changes seen as 'proof' that this information is generally unreliable, rather than the result of new scientific advances. For example, a recent major survey of 2,404 UK residents by the World Cancer Research Fund²⁶ reported that 52% of respondents believed that scientists are 'always changing their minds' about healthy living advice. More significantly, 27% of all respondents felt that because health advice seems to be ever changing, the best approach is to 'ignore it all and eat what you want'. Similar public confusion and resistance is also likely when the information is perceived as being too alarmist or as seemingly implausible.²⁷ Consequently, expert advice with respect to food and nutrition has a real possibility to be dismissed, ignored or rejected, depending on the style of communication. The criticisms of *MCA* by health advocates,¹³⁻¹⁶ and the lack of discernible change in either viewer behaviour or *MCA*'s representation of 'unhealthy' foods, highlights how media comment that is both definitive and perceived as negative may have limited influence on food and eating habits.

But despite potential difficulties, media comment is still an important medium for communicating health information, and one that health professionals and practitioners should develop their skills in using. In particular, these skills should include a willingness to understand and address the potential barriers already discussed as limiting effective communication with respect to healthy eating.

Strategies for communicating health

Two of the key lessons to be learnt from *MCA*'s success are that pleasure and taste are integral to food and eating, and that these cannot simply be sacrificed or denied in the pursuit of health goals. *MCA*'s producers are very aware of what its viewers want, and it is not dialogue on 'healthy eating'. In fact, a *MCA* judge features in TV commercials for butter, in which its finer cooking qualities and 'taste' are extolled. Likewise, Australian supermarket surveys have shown a clear consumer preference for butter compared to margarine, because butter is perceived to have both superior 'taste' and cooking properties.^{7,28} Indeed, existing research indicates that many people intuitively believe the unhealthier the food, the tastier it is.²⁹ When the dramatic increase in sales of

ingredients featured on *MCA*,^{6,7} particularly of butter, is also added, then the case for the importance of food 'taste' to viewers is persuasive.

If we accept the preceding evidence, then the popularity of television shows such as *MCA* provides opportunities for health advocates to use media comment to communicate more positive health messages—messages that acknowledge the pleasures, and not just the dangers, of food. This may necessitate a change from the explicit emphasis on the risks of 'unhealthy' eating that characterises much media comment. Specifically, it requires an understanding of the news media's inclination towards sensationalist reporting of issues related to obesity. The production and presentation of health news are often fashioned by journalistic values as to what constitutes interesting, entertaining and informative news, rather than by health agendas.^{23,30-32} Accordingly, it is important to carefully consider how to communicate positively about health and nutrition in a context where negative messages might be more readily compatible with journalistic conventions.

For example, instead of denouncing the 'bad' aspects of television cookery shows like *MCA*, media comment could provide more positive representations of food and eating. The recipes on *MCA* may use large amounts of butter and cream, but they also promote cooking from scratch and using whole, fresh produce rather than processed, pre-packaged foods;³³ this could form the basis of affirming and encouraging health messages, rather than potentially stigmatising ones.³⁴ Such an approach may require a willingness to compromise the ascetic agenda of health education, but positive approaches have proven to be successful in other health campaigns where behavioural change is difficult to achieve, such as in areas related to sexual health.³⁵ Because of the problems outlined, the effective provision of health information may also include multi-disciplinary collaboration between health researchers and journalists, as has been recently proposed for asbestos-related diseases.³⁶ Doing so may assist in reducing the 'gulf' between health agendas and news agendas.

None of these options offers a foolproof solution to problems of health promotion and communication, but they do indicate a potential for using media comment to speak to the public in more inclusive, persuasive and empowering ways—each of which is essential for effectively communicating health risks via the media.



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