



THE STATE OF HEALTH JOURNALISM IN THE U.S.

March 2009

A Report to the Kaiser Family Foundation

by Gary Schwitzer
Associate Professor
University of Minnesota
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STUDIO 10

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INTRODUCTION

Americans have once again reached an important crossroads for the future of the U.S. health care system. The new Administration and a new Congress promise to tackle meaningful health care reform. Health care spending continues to grow as a share of the economy—outpacing every other industrialized country—yet at the same time over 45 million Americans are uninsured. And a national economic meltdown has made new policies on health both more challenging and more vital than ever. Consumers face greater out-of-pocket costs and an increasingly complex set of choices, but many remain confused, often lacking the information to assume the driver's seat. Billions of dollars in direct-to-consumer marketing have flooded the airwaves, influencing both personal health care decisions and health care costs.

In the middle of this crossroads stands a profession that could be, and often is, one of the traffic cops trying to help citizens navigate tumultuous times: health journalism.

This report is intended to provide a snapshot of the current state of health journalism in the U.S. today—a task that is like trying to capture a freeze-frame picture of a rocket launching into space using an old box camera. While some clear and important trends are captured in the final product, much is inevitably missed. The primary focus is on how the changes in America's newsrooms are affecting the way journalists cover health—for better and for worse—and what impact that may have on consumers of health news. These changes are, of course, affecting all types of news, but it is the purpose of this report to drill down and explore how they are affecting coverage of one subject in particular: health.

The report is based on a literature review of more than 100 published pieces of research on health journalism; on a recently released survey of members of the Association of Health Care Journalists (AHCJ), conducted by the Kaiser Family Foundation (KFF) and AHCJ;¹ and on informal one-on-one interviews conducted by the author of this report with more than 50 journalists who work (or worked) for newspapers, radio and TV stations, magazines, and Web sites in markets both small and large (many of their comments appear in pull quotes and elsewhere throughout this report). In this report, the terms “health journalism,” “health news,” and “health reporting” are used to encompass the broad range of reporting about health topics, including coverage of health policy, health care providers, public health, medical research, and personal health issues.

THE SHIFTING LANDSCAPE OF HEALTH NEWS

The news media environment in this country is undergoing a transition unlike any since the advent of television, and fears for the future of the news business have never been higher. News audiences are shifting which media and platforms they use and how they use them, and, in response, advertising revenues are shrinking and news organizations are trying to change how they cover and deliver the news. The tumult this is creating is having a dramatic impact on journalism, including on the coverage of health.

Cable, the Internet, and new radio options such as satellite and Internet radio have expanded the availability of news for many consumers, and the Internet in particular has made information more widely and instantly accessible to journalists and to the public. These new information sources could lead to an unprecedented breadth and depth of health information for the news consumer interested in seeking it. But declining newspaper readership and network TV viewership have led to business decisions that cut the resources for coverage of health news. This has created an environment in which it is more likely that unfiltered public relations and advertising messages can find their way into health news stories, which could lead to a seriously weakened and compromised end product for many consumers.

According to the 2008 *State of the News Media* report, issued by the Pew Research Center's Project for Excellence in Journalism (PEJ), newspaper circulation was down another 2.5% in 2007, for a cumulative drop of more than 8% over the past seven years (11% on Sundays). For the past 25 years, network television has sung the nightly news blues, losing about one million viewers a year. It dropped another 5%, or 1.2 million viewers, in 2007. And the PEJ report also concludes that local television news is declining in all time slots—evening (down 6% in 2007), late night (down 7%), and even in the morning, once a growth area. And while Pew does not yet have data for 2008, many expect these trends have continued or even accelerated.²

On the other hand, the audience for broadcast radio news has remained relatively steady, and areas of growth include cable and online news. The median prime-time audience for cable news went up 9% in 2007. And 37% of people surveyed by the Project for Excellence in Journalism said they had gone online for news within a day of being surveyed, up from 30% two years earlier.³

Granted, the ailing news industry economy affects all of journalism—all beats. But given how heavily Americans rely on journalism to help inform their policy-related voting decisions and their personal health care decisions, one key question will be how these dramatic changes in news consumption and the news business impact the public's access to high quality news and information about health and health policy.

HEALTH NEWS HOLE

In assessing the state of health journalism in America today, one of the key questions is simply whether the news hole for health (i.e., the amount of space or time devoted to the topic at print, broadcast or online outlets) is shrinking, growing or remaining stable.

A study of news from 2007 and the first half of 2008, conducted by the Kaiser Family Foundation and the Pew Research Center's Project for Excellence in Journalism, found that 3.6% of the news hole was devoted to health across all news platforms studied. Health ranked 8th among news topics, following election-related news, U.S. foreign relations, international news, crime, government agencies, the economy, and disasters and accidents. The amount of news hole devoted to health ranged from a low of 1.4% on cable news outlets to a high of 8.3% on the evening newscasts on the major broadcast television networks. In the online news sites in the study, health was the subject of 2.2% of the top stories over this same period. The study did not assess trends, so it doesn't indicate whether the news hole for health in these media is growing or shrinking.⁴

One area where there *are* data over time is in the realm of TV news. According to a review of television content analyses that have been published over the years, the news hole for health on TV has remained fairly stable over the past ten years. Four different studies over that period have shown both local and national network newscasts devoting somewhere between 7–11% of their airtime to health news.⁵

Indeed, in the 2008 survey of members of the Association of Health Care Journalists, twice as many staff journalists said the news hole for health at their organization had increased (38%) as said it had gone down (18%).⁶ On the other hand, many of the journalists interviewed for this report discussed their frustration with what they say is a shrinking health news hole. One editor noted that "The reality is I have a health section that went from eight pages to four. There is still just as high an interest in health and science but more stories are competing for a space that's shrunk." Another editor, from a small market paper, said "I was hired to produce a monthly tabloid on health.

It ran for 40 months before it was canned. Stories would run 2,000 words. Now I average about 300 words.” And a TV health reporter said “These days I sometimes get memos when my stories run more than 75 seconds.”

Journalist Cris Russell, in her report, “Covering Controversial Science: Improving Reporting on Science and Public Policy,” documented changes in both the amount of health, medical, and science news (the “news hole”) and the type of news now being covered. While much of her focus was on science journalism, her findings clearly touch on the related topics of health, medical, and health policy news. She wrote: “Print and electronic media have fewer skilled staff science reporters and smaller news holes than in the past. Newspaper science sections, once a popular venue for in-depth reporting, have been declining in number and size and shifting toward consumer-oriented medicine and personal health coverage.” She reported that there were 95 weekly science sections in newspapers in 1989, but that one analysis found 34 weekly health and science sections in 2005. Many of these focus on consumer health and fitness.⁷

“If editor enthusiasm is any measure,” a 2008 PEJ study concludes, “a reversal of this trend seems unlikely.” Only 10% of editors responding to a PEJ survey said they considered science and technology reporting “very essential” to the quality of their news product.⁸

CUTBACKS ON THE HEALTH BEAT

As the economic underpinnings of the news business are collapsing, many outlets are cutting staff and resources drastically. Nine out of ten (94%) AHCJ members who responded to the recent KFF/AHCJ survey said that bottom-line pressure in news organizations is seriously hurting the quality of health news.⁹

Staff cutbacks are one of the clearest signs of the dwindling resources available for health news coverage. No one tracks the specific cutbacks on specific beats, but general news industry numbers paint a grim picture. According to a survey

of newspaper editors conducted by PEJ, in the past three years 85% of large daily newspapers and more than half of smaller ones have reduced their staff.¹⁰ Between 2000–2005 (the most recent years for which PEJ has hard data), daily

newspaper staffing dropped by 3,000 people, or about 5%.¹¹ Others estimate that as of August 2008, more than 6,000 employees at the 100 largest newspapers had lost their jobs in the previous year, either through buyouts or layoffs.¹² In network TV news, total news division staffing between 2002–2006 dropped almost 10%.¹³

Focusing on the health beat in particular, there have been recent significant layoffs, buyouts or cutbacks at news

organizations such as *The Washington Post*, *The Atlanta Journal-Constitution*, *The San Jose Mercury News*, *The Dallas Morning News*, *The Philadelphia Inquirer*, *The Miami Herald*, *The Rocky Mountain News*, *The Palm Beach Post* and many others. Forty percent of AHCJ staff journalists who participated in a

recent survey said the number of health reporters at their outlet had gone down since they’d worked there, while 16% said it had gone up. And 39% said it was at least somewhat likely that their own position would be eliminated in the next few years.¹⁴

Editors rank the loss of talent and experience in their newsrooms as the factor that has hurt them the most.

As one veteran reporter noted in an interview for this report, “It takes time to develop expertise to cover health care with authority. When you downsize something has to give. What gives is both quality and quantity.”

And editors themselves are being cut as well. According to the 2008 PEJ editors’ survey, nearly twice as many papers had cut general editors than had added them (30% vs. 16%), and there was a similar gap with regard to specialized editors (27% vs. 12%).¹⁵ One former staff reporter, now an independent journalist, said in an interview for this report that when she joined her paper in 1995, “There were 10 reporters and two or three editors in the science-medicine team, and two guaranteed pages per week, one for science and one for

“When I started, we had a stand-alone science/health section and several people covering various aspects of the beat—health policy/insurance, consumer health, and biosciences. Now there’s only one person left with any medical journalism training and that person is covering higher education.”

—15-year newspaper reporter laid off in 2008

“I was one of six health reporters when I started. Now I’m one of two. Then it was one of the priority areas in the paper. Now, health news coverage has fallen off the radar. Management talks about how much appetite readers have for consumer health news. But there’s not enough reporting power to match the demand.”

—Reporter for 19 years, 6 years on health/medicine

health. Currently, there are no pages, no editors, no team, and two daily reporters...who both...have other beat areas to cover as well." Some reporters feel management doesn't understand the importance of good editors. "The paper didn't realize the value of a good editor in shaping a story, of having someone to talk to about a story" one former print reporter from the South commented. "They thought I could do the quality of work I was doing without an editor. It's hard for the corporate guys to know what an editor does."

Many health journalists have had to deal with a high rate of turnover among health editors. One newspaper reporter from the West noted, "With six editors in six years you expect a certain amount of re-training. But it's unfortunate that it has to take that much of my energy." Another West Coast reporter, who left the business in 2008, said "I had 10 editors in 14 years—none of 'em knew anything."

The cutbacks in trained editorial staff also create challenges for reporters trying to cover more substantive health stories. Most (78%) AHCJ members who were surveyed recently said they think their editors know somewhat or a lot about the health beat¹⁶ but there are many reporters who feel their editors don't know as much as they should. Of course, journalists from many different beats have long complained about their editors. But given the broad range of complex economic, scientific, and policy issues health reporters cover, it is critical that editors are conversant with the subject matter. One veteran reporter who was laid off in 2008 said in an interview for this report that at his outlet "A reporter with no specialized knowledge in health/science news was named as health/science editor. He thought we could simply use AP wires on research stories." "It's hard to get an editor to recognize how bad the science is so that you can make a case," one independent journalist reports. "How can this piddling journalist tell me that peer-reviewed authors are wrong?" Another reporter says "My top editors would see a blip on the AP wire and it had to be in the paper. They need a better understanding of what makes a study a story. They had to fill the paper." And a TV freelancer

"At some newspapers the health reporter is often the only person in the news room who understands health care. There's a real dearth of smart editing—editors who are familiar enough with the subject matter to be helpful."

—Ron Winslow, Wall Street Journal

tells of dealing with a producer who thinks "If it's peer-reviewed, it must be true." Some of this frustration may be due to the specialized knowledge that health journalists must acquire—knowledge that their editors probably don't have. Some of it may be due to the pressures of trying to compress complicated material into a few hundred words or 45–90 seconds.

Some reporters say they are troubled by how some editors seem to be interested only in health issues that arise in their own lives. A local TV reporter in the East says "Around sweeps/ratings time they always want 'big idea' stories. The

news director just had a heart attack recently and his kid broke his arm recently. So he wanted stories on those problems." A reporter for a large-market paper in the West said "I was always fending off editors who felt that the only interesting health news was something that was happening to them."

HAVING TO DO MORE WITH LESS

The health beat is both complex and wide-ranging. In the context of today's news industry environment, with demands for more stories, done more quickly, with fewer resources, and with an eye on the competition, the challenges to producing quality coverage are great. As one reporter explained in a recent post on the AHCJ listserv, "[E]verything health-related

is my territory—the business and science of health care (hospital battles, growth and politics of our local medical school), public policy issues involving Medicaid and health insurance (we're in the state capital), kids-with-rare-diseases stories, infectious diseases (flu, West Nile, etc.), nursing-home problems, even poverty-related issues that affect health care, and of course, investigative stories. I am supervised by two different section editors and write for the Health Page, the Metro Page, the Front Page, our weekly

magazine, and the Business Page." Another journalist, who was laid off in 2008, said that "The new mantra is that you must do 1–2 stories a day—I used to do 3 a week." And another, who works for a national news service, said "I am asked to do a lot of

"The pressure to produce from my editor blunts your ambition because you know if you have a choice of a story you can turn around in a week as opposed to one that may take 2-3 times as long, you have to juggle. You make choices based on the stories you choose not to pursue. And that's where readers come out losers. That's particularly true on health policy and insurance. How ambitious am I going to be on this story? Do I feel encouraged to do this kind of reporting or not? Those are dilemmas I face regularly."

—Major-market newspaper reporter

stories. We don't have a big staff and we're always down a few people. So I have to do some general assignment... In order to do an enterprise story that I'm proud of and that's worthy of the front page, I find I have to work at home on my own time."

INSUFFICIENT TRAINING OPPORTUNITIES

Given the complexities of the health beat, where reporters need to be able to critically appraise scientific research, parse the details of policy proposals, and sort through complicated health care finance issues, adequate training is critical.

The 2008 KFF/AHCJ survey found that 43% of respondents said that training opportunities at their organization had gone down over the past several years.¹⁷ The journalists interviewed for this report express similar concerns, about cutbacks in both training and travel. "My biggest challenge is having enough background and training to cover health care," one radio reporter says. "This is an incredibly complex and challenging beat. People are pitching stories left and right and if you don't have a way to analyze their claims, you could be doing your listeners a big disservice." As news organizations have had to tighten their budgets, training opportunities have often been the casualties. "In the last two years training opportunities have dried up," one small-market print reporter said. "I'm alone in covering this beat. I need refresher courses. I need to talk to other reporters about the craft. I've lost those opportunities. You have to know what it is you don't know." One reporter raised an interesting suggestion about how foundations that are interested in improving journalism should invest their money: "It's marvelous that these foundations want to fund the actual performance of journalism... But should they take their money and fund 10 reporters for a project on *60 Minutes* or spend it on 1,000 reporters for 10 hours of immersion on health care finance and 5 hours on multimedia? Which would make a bigger difference in the long run?"

Newsroom budget cuts have also impacted reporters' ability to travel to cover stories. One national magazine reporter/editor, who left the business in 2008, said "Something's changed with health news. We put people on the road covering politics. For Wall Street coverage, they're out meeting with sources. On health, it felt like it was really hard to get out. I only left the state three times to report a story." Another reporter said, "I didn't cover anything outside the region at all in the last couple of years. There was no travel budget."

Of course, the lack of training is not an entirely new situation. A nationwide survey of local television news health reporters published in 2004 suggests that many were eager for training, and, lacking it, fell prey to public relations spin. "More than half of respondents receive ideas for their health reports directly from a public relations spokesperson who personally contacts them," the authors wrote. "This suggests that the reporters are learning of story ideas through a 'passive news discovery process' in which reporters find story ideas without ever leaving the newsroom. Although the literature revealed that passive news discovery may take place in all facets of television news reporting, the findings of this study perhaps suggest that it may be more prevalent in television health reporting because of the lack of training in the field of health, the fact that many reporters cover stories in addition to health, and extreme reliance on health sources to present and explain information."¹⁸

But not all news organizations are currently trimming training resources: 20% of staff journalists who responded to the 2008 KFF/AHCJ survey said training opportunities at their outlet

had *increased* over the past few years.¹⁹ And several independent programs have been developed to provide training and resources for health journalists, including programs such as the CDC Knight Public Health Journalism Boot Camp, the MIT Knight Science Journalism Fellowship Medical Evidence Boot Camp, the

"News consumers are in trouble. It's difficult for writers to get critical pieces in the mainstream media. And it's crazy to have people reporting on health and science who don't know health and science."

—Jeanne Lenzer, freelance medical investigative journalist

National Institutes of Health Medicine in the Media workshops, and programs of the Kaiser Family Foundation. A growing number of university-based graduate programs offer certificates or master's degrees in some aspect of health journalism.

The Association of Health Care Journalists (AHCJ), which celebrated its tenth anniversary in 2008, has been one of the most positive forces in the industry, establishing itself as a leader in journalism quality improvement efforts. Its annual (and more recently introduced regional) conferences have become popular and successful training opportunities for hundreds of journalists. The group has also begun offering periodic workshops on urban and rural health topics. AHCJ has published comprehensive guides on covering the quality of health care, on covering hospitals, on multicultural health issues, and on covering obesity. Its online tip sheets address dozens of health care topics. Its e-mail listserv is the source of prompt,

quality advice for many journalists from fellow journalists every day. The organization now has about 1,100 members, 20% of whom say they have been in journalism for five years or less.*

JOURNALIST MORALE

These days health journalists are a proud but battered bunch. They're proud because of the leadership role some of them have played in their newsrooms and in the industry. They're proud because many of them have succeeded in researching, reporting and writing important stories. But they are battered because the news industry economy has hit them hard. They are battered from trying to cover a wide-ranging and complex beat, encompassing not only biomedical and clinical research, but also public health, business, economics, wellness and lifestyle, health policy, politics, and global health issues. But they watch their newsroom resources get slashed and many of their colleagues get laid off, bought out or cut back.

As one journalist explained in an interview for this report, "Coverage is not going to be as powerful when a publication is concerned about its own survival. Anything that can antagonize readers or advertisers—there's a reluctance to go there. There's no longer support for the stories that make you uncomfortable but are important—the type of stories that were the reason I went into journalism." Another reporter summed it up by saying, "I felt like I was working at a place I wasn't proud of anymore."

At the same time, PEJ's recent survey of editors found more than half (56%) think their news product is *better* than it was three years ago²⁰ and in the Kaiser Family Foundation/AHCJ 2008 survey, respondents were more optimistic about health journalism in particular than they were about journalism in general. In fact, about two-thirds (67%) of the AHCJ staff journalists who were surveyed said that health journalism at their news organization was going in the right direction, with 42% saying the quality of coverage had improved over the past few years and only 15% saying it had declined.²¹

Indeed, there are many health journalists who see a lot of positive developments, at their news organizations and in the profession as a whole. "We work hard to keep hyped stories out of the paper," one health editor at a top-five newspaper said in an interview for this report. "We're serious about *not* putting things on the front page that shouldn't be on the front page, which is not my usual bent. Part of my job is keeping things out

of the newspaper." Ed Silverman, a 26-year newspaper reporter who, until recently, was blogging full time on *The Star-Ledger* of New Jersey's *Pharmalot.com* blog said, "Coverage has become less 'gee-whiz' with a little more awareness that medical advances are harder to come by perhaps than media once might have led most people to believe. More journalists are paying more attention to the nuances of clinical trial outcomes, side effects, and limitations of reported findings."

Jeanne Lenzer, a freelance medical investigative journalist, also sees some positive developments. "I've seen a little bit of movement in the direction of recognizing financial conflict of interest in health care as an issue. Projects like the Knight Science Journalism Tracker (ksjtracker.mit.edu/) and HealthNewsReview.org (HealthNewsReview.org) are important new additions to our critical analysis of health care news." And Carla Johnson, a health reporter with the Associated Press in Chicago, and a board member of the AHCJ, said, "The Association of Health Care Journalists has raised awareness among health journalists about the importance of evidence-based medicine, about how every story is also a business story and a health story and a political story. The quality of health journalism is going up in general."

THE WEB: CHALLENGES & OPPORTUNITIES

One of the biggest changes facing health journalism is the growing importance of the Web in publishing, no matter what a publisher's legacy medium may be. The Web has the potential to expand the news hole for health exponentially and introduce a "golden age" of health journalism, allowing for depth, scope and links that are not possible in other media. Most members of AHCJ responding to a recent KFF/AHCJ survey said the new platforms for news offered by the Internet have been a mostly positive influence on health journalism (64%, compared to 17% who said the impact was mostly negative).²² Here are just a handful of many interesting Web developments in recent years:

- Smart, creative, helpful uses of interactive multimedia, such as that seen in a June 11, 2007 *New York Times* piece that displays Dartmouth Atlas and Medicare data on geographic variation in the quality and cost of health care. [www.nytimes.com/ref/business/20070611_GAP_GRAPHIC.html]
- The development and popularity of the *Wall Street Journal* health blog. [blogs.wsj.com/health/]

*The author of this report, Gary Schwitzer, served two terms as a member of the AHCJ Board of Directors from 2001–2005.

- The Century Foundation's support for Maggie Mahar's 'health beat' blog, that provides posts of long, thoughtful, contextual analyses of health policy issues. [www.healthbeatblog.org/]
- Merrill Goozner's blog, exhibiting the same kind of bulldog reporting Goozner did in his career as a newspaper reporter. [GoozNews.com]
- The PBS *Frontline* Web site, which not only allows viewers to watch the broadcast segment, but adds a transcript, longer interviews, readings links, a teacher's guide and more. See, for example, the excellent documentary by Jon Palfreman and T.R. Reid, "Sick Around the World." [www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/]
- HealthNewsReview.org – the first site in the U.S. to evaluate and grade health news coverage on a daily basis, notifying journalists by e-mail about the review of their work. Launched in 2006, the site focuses on critiquing news stories that include claims of efficacy or safety in treatments, tests, products or procedures.²³ ** [www.healthnewsreview.org]

The Internet also facilitates the aggregation of health news from a variety of platforms and sites across the country. Aggregators range from The Kaiser Family Foundation's Daily Health Policy Report to citizen journalists such as primary care physician Kevin Pho, whose blog is a portal and aggregator of health news. [www.kevinmd.com/blog/]

Some journalists also appreciate the power of community-building on a newspaper's Web site. Scott Hensley, editor of the *Wall Street Journal's* health blog, said in an interview for this report that "With the audience we've been able to cultivate, there's a rich conversation that starts on what we write about. I suspect stories I wrote as a print reporter started conversation but it wasn't available to me to see. Now someone around the world may contribute something factual to the topic which may be more important than what the reporter wrote. It's a terrific benefit where you're building up a community."

"Some journalists in print have dug their heels in and refused to be more flexible and recognize that the market is changing and they need to be more nimble and embrace the technology. Some want to cover the beat they way they always have. And at smaller papers, back in the corner of the newsroom there are people who cross their arms and say they're not producing for the Web. That's discouraging to me."

—Ex-newspaper reporter now working solely on the Web

However, one recent analysis raises questions about online media's dedication to health news. That analysis suggests that the top online news sites dedicated only a small amount of news hole (2.2%) to health-related issues in a recent 18-month period.²⁴ One limitation of this analysis was that it looked only at the five top stories on Web sites, somewhat comparable to what one might find on a newspaper front page. The proliferation of health-related blogs may mean that those who are most interested in seeking out detailed health news are more able to do so, while the casual news consumer is no more likely to come across health news than they have been in the past.

Interestingly, most health journalists who work on Web content and who participated in the recent AHCJ/Kaiser Family Foundation survey (62%) said that dividing their time across different media had *not* increased the space they have in which to tell a story, but 69% said it has given them a chance to tell different *aspects* of a story.²⁵

While most health reporters look at the Internet favorably, that opinion is definitely not universal. The field of health journalism encompasses former print-only reporters who now work

only on the Web, newspaper and broadcast reporters who have taken on new Web responsibilities each day, bloggers, reporters who are learning video and audio for the first time, and some who want to learn multimedia but don't know how to get there.

Seventeen percent of respondents in the KFF/AHCJ survey say the proliferation of news platforms on the Internet has had a mostly negative impact on the quality of health reporting.²⁶ Some think the

Web efforts have lowered the quality of their news organization's overall product. "They wanted us to file online often and beat other media all the time," one long-time newspaper reporter who left the business in 2008 said in an interview for this report. "In many cases I was putting stuff out there that wasn't newsworthy and it took time away from more important work."

**The author of this report, Gary Schwitzer, is also the publisher of this Web site, aided by a team of health care experts from across the country.

Among reporters in the recent AHCJ survey who worked across multiple platforms, half (50%) said their burgeoning responsibilities meant they had less time and attention to pay to their stories.²⁷

Editors' attitudes about multimedia and the Web may play a significant role in reporters' attitudes about their new multimedia

tasks. There appears to be a personal and generational dimension to how this plays out, with some reporters and editors overwhelmed, and others eagerly embracing the new possibilities. As one magazine reporter/editor said, "Over the last year and a half, reporters were told to pitch ideas for the Web site every day. Everyone had to start thinking of multimedia elements—interactive quizzes and pre-recorded video, etc.

A lot of print people are not used to working on that timeline." A 22-year newspaper veteran who left the business in 2008 described the attitude in some newsrooms: "Not all the editors buy into it. Old-school editors find it a waste of your time. They're in the middle of this transition and it's a sea change, a complete shifting in the way things are done, and not everyone's joined the party."

If editors aren't buying into the Web and multimedia, it may make it all the more difficult for reporters to make the transition. A young newspaper reporter in a small market described the situation in her newsroom: "We started introducing mini-camcorders and reporter-videos a year ago. Everyone was uncomfortable at first, but I think that's the way it's gonna be. Some colleagues still resist, saying it takes too much time. Some say this isn't newspaper journalism—and 'it's not what I wanted to do.' A lot of people resist change but I'm comfortable with it"

Reporters talk with some disdain about news managers caring only about documenting how many people click on stories online. "The paper is real big into running quizzes because every time you answer a question it's a click, so 20 questions is 20 clicks," one newspaper reporter said. "And all they care about is traffic."

"I am now asked to write a story for the Web, then write for the next day's print edition and, if possible, to get audio of certain things (like the chatter in an O-R), and, in some cases, video. As the only dedicated health reporter at my paper, I am challenged just to keep my beat covered, let alone shoot, download and crop pictures, put in captions, and write a story for both Web and print."

—Small-market newspaper reporter on a journalism listserv

Beyond that, there are serious issues about the impact of having to produce so much more content, for those who are producing for the Web and either television, radio, or print as well. Some worry about what the new Web-driven speed and volume pressure will do to the quality of health journalism. One young reporter from a small-market paper says "I'm responsible for three Web stories a day. We need to be clear about what impact this

will have on the rest of our coverage. It's gotta come out of somewhere. One less print piece per week?"

Many reporters and editors question whether their management has developed or enunciated the best plan for how to use multimedia and the Web. "It's still the case that even though people on the print side say they value online, they don't value it as much as print," says the Web editor for one of the top-five newspapers. "At higher levels of management, some integration issues of print and online have yet to be really tackled. There's still a sense that online is a junior partner."

THE IMPACT ON CONTENT

The cuts in budget and personnel that so many newsrooms are facing contribute to several troubling trends in the content of health journalism:

- An emphasis on stories that can be produced quickly—often meaning more stories on medical studies, and sometimes sacrificing on quality.
- Fewer in-depth or complex stories, especially about health policy, and more “hyper-local” stories along with stories variously described as lifestyle, consumer, or news-you-can-use.
- Reliance on stories produced and syndicated elsewhere, by non-traditional news sources.
- The influence of commercial interests on health news, through video news releases (VNRs), sponsored news segments, free syndicated news segments from health providers, and the influence of PR firms steering the news.

QUICK HIT STORIES

Having adequate time to research, write and think about a story is one of the most important ingredients in good journalism. In fact, in a recent survey nearly nine out of ten (89%) AHCJ members who responded listed “time for research” as one of their two most important resources, and a majority (53%) said the amount of time they have to report stories has gone down. Nearly nine out of ten (88%) respondents said there is too much of an emphasis on “quick hit” stories in health journalism, and 66% said the situation has been getting worse over the past few years.²⁸ Having to file more stories with less time can take a toll on the quality of reporting, and affects the type of stories reporters cover as well. For example, with the increasing time constraints, reporters are under more pressure to cover medical studies. As one 17-year veteran who was laid off in 2007 commented in an interview for this report, “There is now much more of an emphasis on covering studies because they allowed for a quick turnaround.” “The station wants stories faster, faster, faster,” one radio reporter noted. “There’s more pressure to react quickly to something and there’s not as much time to really figure it out.”

With the added pressure to be first in posting stories to the Internet, time constraints are even worse. One reporter-turned-editor noted that “You see more pressure to have quick turnaround medical science breakthroughs and that worries me because a reporter needs time to stop and think. But more and more with the move to online, the chances to reflect on what it really means go away.” The time pressures also mean reporters have less opportunity to explore topics that may or may not turn

into stories—for example, a study that, after investigation, does not warrant coverage. As one reporter explained, “My paper was known for giving reporters time to check if something was a story. That stopped. If you were going into a story, you better get a story out of it...”

The pressure to do “quick hit” stories often means covering new medical technologies or treatments, something that many observers think may be having an impact on the high cost of health care in this country. For example, Trudy Lieberman, president of the Association of Health Care Journalists (AHCJ),

argues that journalists “indirectly help market” new pharmaceuticals and medical devices “by the kinds of stories we write, which can stimulate demand. Stories touting the benefits of the latest gee-whiz drug, coupled with ads by the drug maker, are powerful stuff.” She notes that stories too often “omit contrary information or do not

acknowledge the uncertainty that often surrounds new tests and treatments.” She concludes, “Pressures from editors to shorten, simplify, and produce a dramatic story line can also work against thoughtful and honest coverage.”²⁹

Shannon Brownlee and Peter Jacobson also take this perspective, arguing that “the media are filled with uncritical stories about calcium screening to detect early heart disease, whole body CT scans, virtual colonoscopy, bone scans, and all manner of wonder drugs.” The authors predict that some of these approaches will be at the center of future contentious insurance coverage debates, while concluding that “the media’s influence on health policy seems clear and may affect outcomes of individual litigation cases as well.”³⁰

“Toward the end of my newspaper career there was more interest in health news but not enough resources to go in-depth. There were more quick hit stories based on wire stories. Coverage became shallow.”

—Reporter for 22 years,
most of it for newspapers but now online

A number of high-profile network TV stories have touted the benefits of screening tests and of new technologies without fully examining the evidence or the costs. These include major TV network news stories in which an anchorwoman got a colonoscopy (at an age not supported by evidence-based guidelines), a reporter got a lung CT scan and then promoted such screening, and another reporter discussed his expensive proton beam therapy for prostate cancer and advised men to have the PSA blood test (a view not supported by evidence-based guidelines).³¹ Stories by major news organizations have ignored controversies that exist about screening for various conditions.³²

A HealthNewsReview.org evaluation of 500 stories about treatments, tests, products or procedures found that more than 75% of stories failed to adequately discuss the cost of the idea being discussed. And more than 65% failed to adequately quantify the benefits and harms of the idea.³³

Why does any of this matter? The potential cost and health implications for a healthy population—if news consumers acted on the information presented in such stories—are enormous. Shannon Brownlee reports that a major newsmagazine article from 2006 about heart CT scans helping to avert potential heart attacks created consumer demand for the test: “Within days of the magazine hitting newsstands,” she wrote, “hospitals and cardiologists around the country were taking calls from patients who wanted to get their hearts scanned too.”³⁴ A 2007 commentary in the *Journal of the American Medical Association* notes: “The United States spends more on health care—16% of its gross domestic product—than does any other country, yet its health outcomes are below average on major indices. One reason for the enormous health budget—\$2.0 trillion in 2005—is that society overspends on unnecessary tests and treatments, many of which lack evidence of effectiveness and some of which induce net harm.”³⁵ Many observers now believe that journalism spends too much time covering the very things for which society overspends, and not enough time on the policy discussions about what to do about it, in part because of the pressure for “quick hit” stories.

At the same time, there have also been a number of long, detailed, high-quality news reports on the health beat in recent years, primarily in the realm of investigative journalism. A look at the most recent Pulitzer Prize winners shows that some of the most significant news stories reported by American journalists during the past decade have been stories about health and medicine. In 2008 alone, the Pulitzer Prizes for public service

reporting, investigative reporting and explanatory reporting were all awarded for health-related stories: to the *Washington Post* for exposing mistreatment of wounded veterans at Walter Reed Hospital; the *New York Times* for uncovering the use of toxic ingredients in medicine and other products imported from China; and the *New York Times* for examining the dilemmas and ethical issues that accompany DNA testing. In the past five years, Pulitzer Prizes have also been awarded to journalists who have reported stories that exposed deadly medical problems and racial injustice at a major public hospital in Los Angeles; explained the complex scientific and ethical dimensions of stem cell research; and uncovered the abuse of mentally ill adults in state-regulated homes.

It is not uncommon for health journalism gems to show up many days in the pages of some of the nation's best newspapers. At a time when some newspapers limit stories to 300 words, the *New York Times* still found space in August, 2008 to publish an important 4,100-word story questioning the evidence, the cost and the marketing behind two cervical cancer vaccines that are already widely used. It was notable for its length, its context, and for its tackling of an important public health and health policy issue.³⁶

But what worries some observers is the amount and quality of coverage that is provided day in and day out, especially when it comes to coverage of health policy. “The level of health care investigative reporting has never been better in the history of this country, even in small and medium-sized newspapers,” Pulitzer Prize-winning journalist Donald Barlett told health journalists at a conference in North Carolina in 2005. “But the once or twice or three times a year stories don't make up for the daily drumbeat of dreadful stories.”³⁷

FEWER COMPLEX POLICY STORIES

Long-form, explanatory or enterprise reporting is often left out of this new faster-paced environment. Judy Peres, a 40-year news veteran who took a buyout from the *Chicago Tribune* in 2008, said in an interview for this report “In the last couple of years we were doing fewer enterprise stories but more quick hits that could get on page one but didn't take as much research.” The same is true for TV. One reporter covering health in a top-ten market noted that “Nearly everything I do now has to have a legitimate ‘news’ peg, meaning it's new, a breakthrough, involves controversy or pop culture... Unfortunately, that often means important health topics are left unexplored.”

In this environment, more of the news hole gets filled with softer features instead of harder investigations or analysis. Feature stories generally require less time, so newsroom incentives encourage journalists to take this path of least resistance. A 2006 report documented the shift toward “softer” news, noting that “exercise and fitness, the topic that was the most consumer/least policy-oriented, received the most extensive coverage...This was in keeping with the trend toward softer news and emphasis on health coverage.”³⁸ Reporters talk about being expected to do “cutesy health features” and “10 tips to do whatever.” Maryn McKenna, a newspaper reporter for 23 years who is now an independent journalist, said in an interview for this report that “Reporting on public health science, on health care finance, on the culture of health care has disappeared. I’m out on my own now and I see stories that nobody’s doing. How do these stories get told?”

Many news organizations think one of the answers to their circulation/viewership woes is to adopt a “hyper-local” emphasis—which might include much more news of local school board meetings, local business, local neighborhood events, and local sports. Sometimes this takes the form of “community-building”—using a news organization’s website to include more reader opinions, photos or videos. Some fear that the hyper-local emphasis may also mean the decline of important national news coverage of health care and health policy. As one reporter noted in an interview for this report, editors often prefer stories about “somebody local needing a new heart” instead of national policy pieces. “If papers are going back to cops, courts, schools and local-local-local,” said one newspaper reporter who was laid off in 2008, “they’re going to ignore important health policy news. All good journalism is going to go to national papers or to nonprofits that don’t have 25% profit margin requirements.”

One topic that suffers in this environment is health policy. According to a recent Kaiser/Pew study of health news in 2007 and 2008, 27% of health news focused on health policy or the health care system—topics such as the uninsured, managed

care, or government programs such as Medicaid and Medicare (this compares to 42% of coverage devoted to specific diseases or conditions, and 31% to public health stories). Across platforms, newspapers provided the most coverage of health policy issues: 41% of all front page health stories were on a policy-related topic, compared to 28% of radio, and 26% of cable, 18% of top online stories, and 17% of network TV news. PBS’s *NewsHour with Jim Lehrer* was the exception among TV outlets, with 42% of all health news falling in the policy arena.³⁹

Many health journalists express great frustration at the lack of support for coverage of policy issues. In the recent survey of AHCJ members, 70% said there was too little coverage of health policy.⁴⁰ In an interview for this report, one reporter from a top-ten newspaper (who took a buyout in 2008) said, “I think management is less interested in health care policy. You have to shoe-horn those stories into the paper. You have to sugar coat them with some human interest angle to get into the paper. But

an interesting disease or therapy or research—I had no problem getting those into the paper. But we didn’t ask: Who pays for health care? How do we as a nation allocate resources?”

An earlier study, from 2004, looked at local late-night television news on three award-winning stations during the election year of 2004. One station had only three stories on the health plans of the presidential candidates in 10 months, totaling 79 seconds; another had nine stories, totaling

less than four minutes; and the third had six stories for a total of 84 seconds. Among all three stations, there was only one story on the uninsured during this period—and that was a story about a man with melanoma who didn’t have insurance, but won the state lottery.⁴¹

“There was a changing focus from covering issues that are important to covering stories that are entertaining.”

—Judy Peres, 40-year veteran who took buyout from the *Chicago Tribune* in 2008

“We’re at an important time for our health care system, in terms of paying for it, in terms of access to it, population health, the science of medicine—it’s an enormously rich time for a journalist in this arena. And that corresponds with the economic bottom falling out of the news business. So we can’t just give this responsibility to someone who is also covering the school board and the cops. You need people who can devote the resources and the time and the focus to it. A lot of people are looking at our stuff these days and they need smart coverage.”

—Ron Winslow, *Wall Street Journal*

SYNDICATED NEWS SERVICES

At the same time that many TV stations have adopted the hyper-local news emphasis, they are also filling some of their health news hole with syndicated packages coming from out-

of-town content providers, a practice that makes it look like they are covering more health news than they truly are. Many stations pay national subscription services such as Medstar Television or Ivanhoe Broadcast News to send them stories to fill their newscasts. Medstar sells a feature, “News On The Cutting Edge of Medicine,” while Ivanhoe offers a product called “Medical Breakthroughs.” Ivanhoe claims that its reports are broadcast in 250 markets reaching 80 million U.S. households.⁴²

These subscription services are delivered in such a way that a station can run them as-is, or they can be customized so that a local anchor or health reporter can add his/her own voice track to the video. Either way they are put on the air with the appearance of original enterprise reporting by the local station when that is not, in fact, the case. One local TV reporter, in an interview for this report, explained how and why these subscription service stories are used: “I have to file a story every day. But today I was working on an upcoming ratings period piece so the station picked up a story from a subscription service. The economics of the industry are evident on days when I can’t get a photographer and then I have to stay in the newsroom and do a subscription piece voice-over.”

PRESSURES FROM ADVERTISERS AND PR FIRMS

The challenging nature of the news environment today threatens to make it more difficult for health journalists to maintain the wall that once existed between the editorial and advertising sides of the business, and perhaps less able to see through or deflect the influence of public relations professionals. For journalism, and for the audience it serves, this may be the most troubling trend today.

There’s a classic love/hate relationship between PR people and journalists. Most health journalists know health care public relations professionals who have given them terrific help on stories. But all health journalists know some PR people—and tactics—that they abhor. There’s nothing new about this, but the danger is that with the increasing constraints in many newsrooms, the PR folks may be winning more often—getting their messages through to news audiences in a less filtered or unfiltered way. They’re helping to provide content to fill the

shrinking news hole—content that the shrinking news staff can’t provide.

In an interview for this report, one East Coast newspaper reporter said that “My big fight was with the way PR people were basically able to steer news...The health team was relying more and more on public relations to provide the story, and sources for the story, and they had too much control over the story. When you let someone else who has an agenda—to

make a hospital look as good as it can—[control the story], it gets in the way of finding that truth.” Journalist Melody Petersen writes that too many of her colleagues fall too easily into drug company plans to create a market for a drug, citing the coverage of a drug for overactive bladders. “Dozens of journalists at

newspapers and television stations across the country wrote stories about the disorder said to be destroying the lives of millions of Americans,” she writes. “Editors and television news directors loved these reports. Silly stories of people running to the toilet brightened the day’s news.”⁴³

Authors Ray Moynihan and Alan Cassels used the terms “sycophantic” and “flaccid” to describe the news coverage of public relations efforts to promote the drug Paxil for social anxiety disorder.⁴⁴ In another example, between 1997–2002, almost 1,000 stories discussed trials of a drug for the common cold. About a third of the stories used sensational terms in describing the drug or made bold predictions about how and

when the drug would be approved by the FDA and on the market. Many stories referred to the drug as a cure, a miracle, a wonder drug, a super drug, or a medical first. The trials were compared with the search for the Holy Grail and with man’s landing on the moon. But

the drug was never approved. An FDA advisory committee unanimously recommended that the drug company’s application be rejected, largely because of risk-benefit data that most stories never included.⁴⁵

In a positive development, veteran health journalists Jeanne Lenzer and Shannon Brownlee have created and offered to journalists a list of more than 100 conflict-of-interest-free medical experts in a wide variety of disciplines “in an attempt

“In this industry the wall between business and editorial is really coming down. When I first started in journalism...I wasn’t even aware of who the advertisers were. I wish I still wasn’t.”

–Magazine health care journalist

“My biggest challenge? ...Trying to figure who’s paying for what pitch, who’s paying for what health campaign. There’s dollars attached to everything.”

–Veteran reporter

to disentangle commercial messages from science and to contribute to better reporting.⁴⁶ The experts who appear on the list, which resides on the HealthNewsReview.org Web site, have stated that they have not received any financial support in any form from pharmaceutical or medical device manufacturers during the past five years and that they don't have other affiliations or financial involvements that would present a conflict of interest.

Advertisers can also influence news coverage. *The Capital* newspaper of Annapolis announced in 2008 that it had entered into a deal with a local medical center whereby the hospital would pay to provide news content to the newspaper.⁴⁷ The paper ended the deal shortly after announcing it because of public protests. *The Roanoke Times* denies that hospital complaints and cancellation of hospital advertising had anything to do with its re-assignment of a reporter who had been aggressively covering that local medical center. But the *Wall Street Journal* and the *Columbia Journalism Review* questioned the timing of events.⁴⁸

Reporters talk about having to tamp down coverage in response to advertiser pressure. In an interview for this report, one magazine health journalist who took a buyout in 2008 said “Big Pharma was among our top ten advertisers. We were criticized and rightly so that our special section coverage tended to be positive and upbeat and not investigative... Once the editorial side is made painfully aware of how dependent it is on ad revenue, it can't help but influence the coverage.” Independent journalist Shannon Brownlee notes that “The fact that the *Wall Street Journal* has this schizophrenic difference between the news sections and the editorial page is a real testament to keeping where the money comes from separate from the editorial side. The *Journal* is the most willing to bite the pharma industry. So if we destroy that system, increasingly the news will look like medical industry information where he who pays the piper calls the tune.”

COMMERCIAL INTERESTS IN TV HEALTH NEWS

TV news is especially important because of its huge audience. A six-year study published by the Kaiser Family Foundation in 2003 found that 56% of U.S. adults say they get “a lot” or “some” information about health issues from local television news. Almost half of those surveyed said television was their most important source of news and information about health issues.⁴⁹

Local television health news seems to be particularly susceptible to financial pressures influencing news coverage. More than a dozen examples of questions of conflict of interest between commercial interests and the coverage of TV health news were identified in a 2005 column, “Commercialism in TV health news.” The conflicts came in different shapes and in markets throughout the country, in local newscasts. They included industry's attempt to buy influence from an influential anchorman; an on-air news personality getting free surgery in exchange for an endorsement; a public relations person with health industry clients freelancing as a news reporter; a parent company expecting its news staff to “contribute to the sales effort by calling on clients”; a TV physician-reporter, after being suspended for endorsing a drug in a commercial, leaving her TV job to go to work for the drug company; a TV station being paid to webcast an operation, then covering the operation as a story; and a celebrity “fronting” for a drug company promotion on a cable news network news/talk segment without disclosure.⁵⁰

While these were individual incidents, there is an undeniably widespread trend in TV news—often in health news—to label as news some content which has been provided by industry sources who covet publicity in news programming. This practice takes several forms:

- **Video news releases (VNRs)** – produced and distributed by those promoting a product or cause. They are produced to look exactly like high-quality TV news packages. They are usually supplied on videotape or via satellite feed along with a script so that stations can put their own reporter's face and voice on the story.
- **Sponsored health news** – usually paid for by a local medical center and featuring professionals from that medical center. The fact that these segments are paid for, and that they include only certain perspectives, is usually not disclosed.
- **Free news segments from health providers** – produced by medical centers, featuring only professionals from that organization.

Video News Releases

In 2006–2007, the Center for Media & Democracy (CMD) published three reports on the use of video news releases by U.S. television stations. The final report summarizes: “Together, these reports identified 111 TV stations across the country that had aired VNRs or related public relations videos. Of the 140 VNR broadcasts documented, only two offered clear disclosure to viewers.”⁵¹

"Health topics are definitely one of the top subjects for VNRs and other PR materials especially geared to TV news," according to Diane Farsetta, PhD, CMD senior researcher and co-author of the reports. In CMD's analysis of VNR production and use, health related issues and cars were the top two topics. Of 69 VNRs that CMD tracked, 21 (30%) were related to health. They included drug company promotions of new flu vaccines, inhalable treatments for asthma, and promotion of devices such as high-tech tumor-imaging machines. They even ran in the nation's biggest market, on stations in New York City.⁵²

"It's incredibly concerning because in most cases these were TV stations that didn't collect independent footage or commentary," Farsetta said in an interview for this report. "They didn't fact-check. They allowed the VNR's misleading claims geared to the marketing angle of the company to go out unquestioned on local TV, overstating benefits, with little or no mention of side effects. Everything is portrayed as a miracle treatment. Every new drug is promoted as being beneficial to a wider segment of the population than it's approved to treat."

Many local television stations used VNRs provided by the government as part of their coverage of the Medicare Modernization Act in 2004, one of the most significant health policy moves of recent years. In 2004, the Government Accountability Office (GAO) chastised the U.S. Department of Health and Human Services and The Centers for Medicare & Medicaid Services (CMS) for misuse of appropriated funds in paying for the production and distribution of video news releases (VNRs) to promote the Act. The GAO report stated that "CMS provided us a list of television stations that aired at least some portion of the VNRs between January 22, 2004, and February 12, 2004. This list contained 40 stations in 33 different markets."⁵³

The *Columbia Journalism Review* (CJR) interviewed news directors at stations that had used the Medicare video news release. Many of them received it on a feed provided by CNN. "In each case, a hurried or inexperienced producer looking to fill airtime found a pre-produced, complete story sent by CNN, saw that it treated a compelling national issue, and used it without adequately scrutinizing the content."⁵⁴

Farsetta says the VNR industry is now branching out to online news as a reaction to FCC scrutiny of broadcast use of VNRs. Major VNR producer Doug Simon was quoted in the August 10, 2007 issue of *O'Dwyer's PR Daily* saying, "Pitching stories to broadcast is changing and it's going to continue to be

challenging... The clear new avenue is getting content on the Web."⁵⁵ Farsetta says VNR producers offer video podcasts to bloggers or newspaper Web sites that are hungry for material, luring them with video the newspaper Web team or the blogger doesn't have.⁵⁶ PR firms are also using more audio/radio news releases.⁵⁷ Farsetta says public relations companies believe that radio is a particularly good way to reach Latino populations.

Sponsored Health News

Another practice that has developed in local TV newsrooms across the country is the health news segment that is sponsored by a local medical center. Such segments include interviewees from the sponsoring institution, but usually do not include independent perspectives. Some are produced by the TV station's sales department.

One TV health journalist interviewed for this report described the practice at his station: "We have a regular weekly 'ask the doctor' segment running in one of our newscasts. It's completely a commercial for a local hospital—a 30-second segment on some disease amidst a commercial for this hospital. One of the news anchors sits at the anchor desk asking the doctor a question."

The president of the Association of Health Care Journalists, Trudy Lieberman, discussed the practice in her article, "Epidemic: Phony medical news is on the rise, thanks to dozens of unhealthy deals between TV newsrooms and hospitals."⁵⁸

"It's the product of a marriage of the hospitals' desperate need to compete for lucrative lines of business in our current health system and of TV's hunger for cheap and easy stories. In some cases the hospitals pay for airtime, a sponsorship, and in others, they don't but still provide expertise and story ideas. Either way, the result is that too often the hospitals control the story. Viewers who think they are getting news are really getting a form of advertising. And critical stories—hospital infection rates, for example, or medical mistakes or poor care—tend not to be covered in such a cozy atmosphere."

Lieberman also notes that the practice makes it easier for news outlets to cut health care reporters, since they can rely on outside sources for their stories. And she notes the impact this practice can have, indirectly, on the nation's health care costs. "The partnerships also contribute to the dysfunction of the U.S. health care system...stories about profitable, high-tech, yet often unproven procedures stimulate demand for them, fueling ever-rising health care costs."⁵⁹

News director Glen Mabie in the tiny TV news market of Eau Claire, Wisconsin resigned in 2008 because his station was planning such a sponsored news deal with a local medical center. “My problem with this is it was going to dictate newsroom content,” Mabie told the *Leader-Telegram* newspaper. “I told myself that I could not with a clear conscience go into that newsroom and tell the staff that this was a good thing.”⁶⁰ Longtime TV news director Forrest Carr commented about the Mabie case: “This is not a new issue; most of the time, news directors who aren’t able to successfully oppose these practices simply give in... [I]ssues over improper use of Video News Releases have been well publicized, and as a result, have received public, industry and regulatory attention. But the issue of stealth advertising remains relatively unknown.”⁶¹

Data from a nationwide survey of TV health news reporters shows how health industry sponsors of the news may have an influence on TV station staff beyond the sponsorship itself:

“Just more than half (57 percent, n=30) said the health reports at their station were sponsored...Although only 13 percent of respondents said their health sponsor affects their decision to cover a story, qualitative research from this study suggests that some health reporters feel obligated to

use story ideas pitched by their sponsor or use sources only from the sponsor. [One respondent stated], ‘An area hospital sponsors one health segment. Because of that, if I need a doctor for a sound bite, I feel obligated to check there first!’ Although this might not describe the majority of health reports at television stations across the country, it does send up a red flag suggesting that some sponsors use their influence to promote the stories they want covered.”⁶²

Free News Segments from Health Providers

In some cases, health care institutions actually produce TV health segments themselves, which they then make available to local stations free of charge. Videos from the Cleveland Clinic News Service and the Mayo Clinic’s Medical Edge service are delivered to more than 100 TV stations, marketed as a free source of high-quality video from a big name institution. It’s not known if anyone at any of these stations weighs the veracity of the information provided in these free feeds. Cleveland Clinic has said it considers itself “a news bureau for Fox” and some Fox affiliates are using Cleveland Clinic-supplied scripts verbatim.⁶³ The Society of Professional Journalists (SPJ) and the AHCJ have both urged local broadcast stations and newspapers to “avoid arrangements with hospitals that improperly influence health coverage.”⁶⁴

CONCLUSION

Interest in health news is as high as it's ever been, but because the staff and resources available to cover this news have been slashed, the workload on remaining reporters has gone up. Many journalists are writing for multiple platforms, adding multimedia tasks to their workload, having to cover more beats, file more stories, and do it all quicker, in less space, and with fewer resources for training or travel. Demand for “quick hit” stories has gone up, along with “news you can use” and “hyper-local” stories.

As a result, many in the industry are worried about a loss of in-depth, enterprise and policy-related stories. And newsrooms with reduced staff who are facing pressure to produce are more vulnerable to public relations and advertising pressures. Health news may be particularly challenged by the issues of sponsored segments, purchased stories, and VNRs.

The development of new media platforms brings opportunities for new avenues for health news to be disseminated. However, research to date indicates that health news on cable and the Internet does not receive coverage as prominently as it does in the traditional (and declining) platforms of newspapers and broadcast network newscasts. So while insiders and highly motivated news users may be more able to seek out detailed news on blogs or cable news segments, the more casual news consumers may end up less informed in the years ahead. And no matter what happens to news consumption, there will only be accurate and in-depth coverage of health and health policy if there are qualified, trained reporters and editors with the time and resources to pursue their crafts.

While it might take years for a new business model for journalism to take shape, many journalists believe there are some steps that can be taken now to improve the quality of reporting about health and health policy. For example, despite all of the efforts of professional journalism organizations and philanthropic foundations to offer training to health journalists, some of the same journalists who've benefited from such training say there is much more that could be done.

Charles Ornstein, who won a Pulitzer at the *Los Angeles Times* at age 30 and now writes for the non-profit news service ProPublica, believes that training opportunities for young health journalists, or those new to the beat, need to be expanded. As he noted in an interview for this report, “There are fellowships for mid-career people. But early career people are being asked to do 10 stories a day. How do we help them?” The other group that may be being overlooked in current training opportunities is editors, who many observers believe need specialized training on health journalism issues. For example, the *Wall Street*

Journal's Ron Winslow says “I think one of the bigger holes in education and training, especially at medium-market papers, is the management or editor cohort.” These sessions could be offered at the annual conventions of organizations such as the American Society of Newspaper Editors, Associated Press Managing Editors, the American Society of Magazine Editors and the Radio-Television News Directors Association. A health journalism version of the Committee of Concerned Journalists' Traveling Curriculum could be created to take training to individual newsrooms.

Others argue that more training programs should focus on principles of evidence-based medicine, as taught so effectively on a small scale by MIT's Knight Science Journalism Fellowship Medical Evidence Boot Camps and by the NIH Medicine in the Media course. Many journalism critics believe that workshops on conflicts of interest in health care, medicine and science should be part of all the training ideas mentioned above. And of course training in multimedia skills is much needed, especially for freelancers and independent journalists. As one 20-year newspaper reporter, now an independent journalist, said, “Multimedia training is the most important thing that journalism organizations or non-profit foundations could offer to journalists right now.”

In addition to improved training for journalists and editors, some analysts have suggested that we need research that shows us how Americans comprehend stories about their health care choices and what can be done to both raise the quality of content and improve news organization profits. For example, Pribble *et al.* wrote: “Despite the influence that mass media, particularly local news, could have on health literacy and the state of public health, little is known about how health

information is comprehended by viewers. Future research efforts are needed to better understand how the public comprehends and uses health information obtained from the mass media.⁶⁵ This is a huge gap in the literature.

One recent study raised questions about how much readers comprehend of the health news they receive, and about how much health journalists understand about health literacy.⁶⁶ We don't know enough about how people comprehend what they receive from the media, what they feel they need, and how they judge the quality of the health news and information they receive from journalists. What data exists suggests that journalism may be missing its audience on key public health and health policy issues. Has news management done adequate market research to establish that the kind of in-depth analytical news their reporters want to report is not, in fact, what readers and viewers also want? Some research cited in this report suggests otherwise.

For the first time in many years, the nation is poised once again for the possibility of significant health reform. Over the course of this debate, policymakers will consider a range of options for covering the uninsured, managing health care costs, implementing evidence-based guidelines, and making the health system more efficient. The decisions they make—which options they consider, and which they ignore, which options they choose, and which they reject—could affect the pocketbooks and the health of virtually all Americans.

The news media will be a critical player in that process. If people are to be involved in those decisions, if they are to be informed and aware of the choices being made, they need a source of reliable and objective information. Yet all of this occurs at the very same time that the news industry in this country is undergoing a level of change that presents both unprecedented peril and possibility.

There have been deep and widespread cuts in newsrooms, Washington bureaus are closing left and right, major papers are cutting editions, and news companies are declaring bankruptcy. Yet there are also new platforms available that have expanded the audience for many outlets, and that can allow greater depth of coverage for those who seek it out. It is in this climate that health journalists and editors will be doing their work, and that members of the public will be seeking information on the decisions being made on their behalf.

Whatever the platform people receive their news on—whether a paper, TV screen, laptop, radio or cell phone—there will need to be trained, experienced journalists to report it, with the time and resources to understand the issues, and the space on those news platforms to report it.

The changes in the news industry have substantial implications for the field of health journalism and for members of the public who rely on health journalists for information on personal health issues as well as on policy debates. As a result, these changes may ultimately have an impact on the shape our health care system takes in the years to come.

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