

The State of Health Journalism

BY ANDREW HOLTZ, MPH



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I'm sure you have opinions about news coverage of health and medicine. They probably often begin "What?" or "Oh, no!" or even "(&ç\$%#*+...)."

Reporters on the health beat have their own opinions. Some of those opinions have been captured in a new report: "The State of Health Journalism in the U.S." by Gary Schwitzer, Associate Professor at the University of Minnesota School of Journalism and Mass Communication. The Kaiser Family Foundation supported the report and a survey done with the Association of Health Care Journalists (AHCJ).

Health journalists are battered by economic upheavals in the news business that run deeper than the current general financial crisis. Indeed, almost 40% of survey respondents say it is at least somewhat likely their jobs will be eliminated in the next three years. And even while they have their jobs, they see advertisers, industry, and naïve managers pushing and pulling their coverage.

And yet, health journalists see strong demand for their stories, most see opportunities in the new Internet platforms they write for, and above all, they declare a commitment to the purpose and possibilities of our beat.

Notice that I switched from "their" to "our" in the middle of that sentence. I'm no disinterested observer. Not only have I been working the health beat for more than two decades, but I have been personally involved in the development of the new survey and the broader work of AHCJ. I was a Kaiser Media Fellow in Health for a year. Gary Schwitzer brought me into the CNN Medical Unit and helped me figure out the beat.

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Those declarations made, let me go into more detail about the highlights of what I think is the most comprehensive snapshot of health journalism to date. The report is based on survey responses from 256 AHCJ members out of 813 sent e-mail requests (all are working journalists, not health communicators or media/PR), as well as more than 50 interviews Schwitzer did with fellow health journalists and a literature review of more than 100 published re-



search articles by graduate student Amy Snow Landa.

First, the Dark Side

First, the dark side: three out of four respondents said journalism is going in the wrong direction. Almost all (94%) agree that "bottom line pressure in media organizations [is] seriously hurting the quality of news coverage of health care issues." Those interviewed gushed tales of frustration and loss. "It was much darker, much more pessimistic, than what the survey reported," Schwitzer says.

Things are tough all over in the news business. Newspapers in particular are hemorrhaging jobs. But health journalists point out that even in good times, reporters on our beat confront enormous challenges.

In his report, Schwitzer quotes a posting from the AHCJ listserv that he says captured the essence of many comments he heard in interviews: "[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."

And as you try to cover the health care waterfront, your coworker gets laid off . . . and your editor hands you a shiny new camera and an editing software manual, so you can shoot video for the newspaper's Web site.

Meanwhile at TV stations, reporters who are already familiar with the challenges of video production get blog assignments for the station Web site that are due before editing the package for the

6 o'clock news.

Imagine being asked to devise a chemotherapy plan for one patient and then help the next decide whether to go with CABG, PCI, or medical therapy for cardiac issues, and then explain to the next patient how to pick a Medicare Part D plan—all while dealing with picking up the slack after a 30% staff cut in your medical group.

Fewer bodies in newsrooms, along with consultants urging news outlets to pander to short attention spans, is a troubling mix.

In his interviews, Schwitzer heard a "wave of comments that almost sounded like they were coming from the same script, people using the same terms, of 'cutesy, fluffy, news-you-can-use.' 'News you can use' was thrown at me so many times," he said. "It is such a bad term among health journalists now. And the quick hits, and the push for stories on studies, not because anyone feels they are important, but because decision-makers feel that they are easier to do."

Temptation to Cut Corners

The temptation to cut corners is also highlighted by Kaiser Family Foundation Vice-President Vicky Rideout, MA, who oversaw this project.

"Greater demand plus fewer resources and reporters equals shorter stories, quick-hit stories. It equals more likelihood of writing off of a press release without exploring it more, potentially more influence from PR firms, more of a tendency to want to take a video news release or have a sponsored news segment, because you have economic problems at a station," she said.

While the overwhelming majority of survey respondents said their news organizations rarely or never "allow sponsors, other outsiders or advertising/business staff to influence story selection or content," 11% said yes, it does happen sometimes. Like writing prescriptions because of a TV ad or pharmaceutical sales call, it's something that should never, ever be allowed.

"That data point should be a strong cautionary note to everyone in journalism and to our audiences, raising questions about the veracity and integrity of what's being reported," Schwitzer said.

Despite these and other problems, despite the leaden mood in many newsrooms and the stereotype of the sour and cynical reporter, the report also notes a passionate core of optimism and determination on the health beat. Almost half of the survey respondents said the quality of health beat reporting at their news organization actually has been improving in recent years and another third say quality is at least

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holding steady.

The survey responses tend to paint a cheerier picture than Schwitzer's interviews. "I do think it's important that we get out of our circle and take a bigger picture look," Rideout said. That broader view is a key accomplishment of the report. It goes beyond a few individual perspectives or the chitchat among friends at meetings or over beers.

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Increasing Professionalization

Rideout said she sees a real sense of increasing professionalization of the beat. Indeed, earlier generations of health and medical journalists had few mentors and no real professional standards to guide their reporting; they had to stumble and learn mostly on their own. Now the Association of Health Care Journalists has almost reached its teenage years. Its Web site displays a Statement of Principles, examples of good work, and guides to covering tough topics. The active list-serve provides quick feedback and assistance for members. At annual and regional

meetings, members connect with colleagues who can often provide better guidance than editors (relatively few of whom ever worked the heat beat.)

Of course, as an early member and long-time board member of AHCJ, I'm biased; yet I think the survey and report offer some objective evidence that the organization is doing the things for which it was created.

Rideout also mentions HealthNewsReview.org. Inspired by MediaDoctor.or.au in Australia, the site produces reviews of medical stories. Related to the complaints about quick-hit stories, reviews

of the reviews indicate that it is almost impossible to give readers meaningful context and caveats about medical interventions in less than 500 words. HealthNewsReview.org is funded by the Foundation for Informed Medical Decision Making and the publisher is Gary Schwitzer. Small world, eh?

For health care professionals and the public, the value of that professionalization will be tested during coverage of renewed efforts to restructure health care financing and delivery in the US. We will see how much of the coverage provides thoughtful insight, and how many

stories merely fan flames set by interest groups.

I was heartened by responses to survey questions about the mix of stories reaching readers and audiences. Overall, these health journalists said there are too many lifestyle features. And most said there is about the right amount of coverage of medical research.

Want More Stories about Policy Issues

What really caught my eye is that more than two-thirds of the respondents said we need more stories about the business and

politics of health care; more coverage of health care quality and performance; and more stories about disparities, policy, and global health.

Instead of seeing those responses as merely documenting dissatisfaction with our performance, I see this thirst for more coverage of policy issues as a welcome recognition by health beat reporters of the importance of these issues. More of us are no longer satisfied with regurgitating lead articles from the *New England Journal of Medicine* or
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* *In Brief* | **New Web Site for Melanoma Patients & Caregivers**

The Aim at Melanoma Foundation has created AimatMelanoma.org, for melanoma patients and their caregivers. The site is designed as a “one-stop resource center,” offering breaking news on melanoma research; prevention and early detection guides; a free on-call oncology nurse who can be contacted by email

or phone; a virtual support network of melanoma patients, survivors, and caregivers; resource links for patient and caregiver support; and a clinical trial matching and referral service.

The site also has links to opportunities for volunteering and advocacy, and a memorial wall to remember those who have lost loved ones to the disease.

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the *Journal of the American Medical Association*. That’s a welcome sign of progress.

But right now, the overriding concern of health beat journalists is survival.

“No question, the news business is going to go through some kind of really monumental transformation, my guess is, over the next two to five or six years,” Rideout said. “How do we protect health journalism through that period, so that people still have access to good quality health policy and other types of health reporting? And how do we protect the integrity of it in whatever the new news environment is that emerges at the end of this transition process?”

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In future columns, I’ll write more about some of the attempts to preserve and protect good quality journalism in general and health reporting in particular.

I’ll close with a bit of rabble rousing. As the survey and report document, health journalists are being pressed by tight budgets to do more stories with less research. Marketing consultants are telling managers that the public wants shorter and shorter news briefs with an emphasis on light lifestyle features. Business owners want to provide what customers want to buy. They will support health journalists only as long as they think their customers care. If you, like many health journalists, want to see more stories with context and background and a recognition of the larger policy and financing environment of health care: speak up. 

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