

NewsPro

The Magazine for News Professionals

April 2011 **crain**

The Politics of Health

Have journalists had enough of health care reform?

Page 6

A Surgeon in the Spotlight

AHCJ keynoter G. Michael Lemole Jr. on media relations after the Tucson shootings

Page 26

Targeting Kids' Obesity

How the first lady is drawing media attention to a key health issue

Page 30

Health in the Headlines



What Journalists Are Learning From the Crisis in Japan

Page 4

Imagine.

1,000 journalists, scientists, policy makers, opinion leaders from across the hemisphere who specialize on issues of the environment.

All in **1** place at **1** time.

The **most important** stories on the **planet**.
And in **your town**.

SEJ Miami

21st Annual Conference

Society of
Environmental
Journalists

hosted by the
University of Miami

Oct. 19-23, 2011

www.sej.org



CONTENTS

Health in the Headlines 4
 What journalists are learning from the crisis in Japan.

The Politics of Health..... 6
 Have journalists had enough of health care reform?

Weathering the Storm 8
 Health journalism is alive and well.

Health Journalism 2011..... 10
 A look at what's happening at this year's AHCJ Conference.

An Ongoing Struggle 12
 Reporters' battle over freedom of information is far from over.

Remembering NAMC..... 14
 The National Association of Medical Communicators is no more.

Freelancers in Demand 16
 The landscape changes, but opportunities remain.

AHCJ Awards for Excellence 18
 Honoring the best work in health journalism during 2010.

AHCJ Keynote 26
 Meet G. Michael Lemole Jr., the surgeon who operated on U.S. Rep Gabrielle Giffords.

Sorting Out Studies..... 29
 Context is the key to reporting on medical research.

Targeting Childhood Obesity 30
 Michelle Obama's campaign keeps the media focused.

Social Media in Health Journalism 33
 Facebook, Twitter and others have evolved into an important resource.

Sign-Off: Dr. Maria Simbra 34
 How important is a specialty background in health reporting?

Cover photos courtesy of CNN, Red Cross, TEPCO, CBS News.

FROM THE EDITOR

A Powerful Reminder of Why Health Journalism Matters



The Association of Health Care Journalists, gathering this month in Philadelphia, couldn't have asked for a more pointed backdrop for its annual conference. The crisis in Japan is playing out thousands of miles from home, but it is shining a bright spotlight on health issues—and on the importance of keeping the public informed—in the U.S. and around the world.

As a large-scale human tragedy unfolds following the dual natural calamities of earthquake and tsunami, a nervous U.S. public awaits word on one of the disaster's manmade repercussions: the frantic effort to prevent a nuclear catastrophe at the damaged Fukushima Daiichi power plant. With each new development—and important news seems to break on a daily basis—we come closer to learning whether the events in Japan will have an effect on our own lives. And with each new development, it seems increasingly likely that they will.

As this issue of *NewsPro* goes to the printer, the latest news from Japan concerns contaminated water being dumped into the ocean. It's another reminder that the problem at Fukushima is the world's problem. Readers, listeners and viewers in the U.S. are paying close attention, and they are concerned. They want to know what it all means. They want facts and they want context.

That's where the health journalist comes in. The role of the reporter in sorting out often conflicting, inaccurate or unreliable information is always critical, but the importance of what journalists do is never more evident than in a time of crisis, when the challenges are greater and the stakes are higher. Most disaster stories soon become health stories, but when nuclear risks are involved, the connection is even more direct.

Japan is only one of a wide range of issues that will be talked about at Health Journalism 2011. But it provides a powerful reminder of the responsibility that comes with the profession. The conference is a chance to recharge batteries, to compare notes, to be reminded that the work matters and to gather the tools needed to carry on a high level of commitment to health journalism—a commitment that is likely to become even more important in the years ahead.

—Dennis R. Liff, Editor



EDITORIAL OFFICES
 Phone: (212) 210-0748 Fax: (212) 210-0772
SUBSCRIPTION HOTLINE (888) 288-5900
Publisher-Editorial Director: Chuck Ross
Editor: Dennis Liff, dliff@tvweek.com
Art Director: Kurt D. Gardner

CRAIN COMMUNICATIONS INC.
Chairman: Keith E. Crain
President: Rance Crain
Secretary: Merrilee Crain
Treasurer: Mary Kay Crain

Executive VP-Operations: William A. Morrow
Senior VP-Group Publisher: Gloria Scoby
Group VP-Technology, Circulation, Manufacturing: Robert C. Adams
VP-Production & Manufacturing: David Kamis

Chief Information Officer: Paul Dalpiaz
Corporate Circulation Director: Kathy Henry
Founder: G.D. Crain Jr. (1885-1973)
Chairman Emeritus: Mrs. G.D. Crain Jr. (1911-1996)

ADVERTISING SALES
 Ph: (212) 210-0748 Fax: (212) 210-0772

Executive Producer:
 Jeff Reisman, jreisman@crain.com (212) 210-0748
Producer:
 Danny Schreiber, dschreiber@crain.com (503) 723-9688

Production Manager: Nicole Dionne
Group Circulation Director: John LaMarca
Circulation Manager: Nicole Chantharaj

THE AD AGE GROUP
VP-Publishing and Editorial Director
 David S. Klein

NewsPro® is a registered trademark of Crain Communications Inc.

News and Programming
 We've got you covered.

N.S. BIENSTOCK, INC.
 TALENT AGENCY
 www.nsbtalent.com



Health in the Headlines

**What Journalists Are Learning
From the Crisis in Japan**

By Jarre Fees

At first, the headlines were essentially the same—a huge earthquake had struck the Fukushima Prefecture on Japan’s Honshu Island, about 150 miles northeast of Tokyo. Then there were the reports about the tsunami, and the village it had wiped out, and the number of people who were missing.

The next wave of often contradictory headlines started to muddy the waters: “Nuclear Concerns Rise in Japan,” “Experts Say Radiation Fears Unfounded,” “Unsafe Limits of Radioactive Iodine Found in Tokyo Water Supplies.”

All three headlines appeared on the websites of prominent newspapers several days after the earthquake-induced tsunami crippled Japan’s Fukushima Daiichi nuclear plant on March 11, and all three stories appeared within an hour of each other.

And all three reporters got their information from government or expert sources.

In an ever-changing landscape like the disaster in Japan, how do reporters weed out fact from fiction?

CNN’s Dr. Sanjay Gupta, speaking with *NewsPro* from Japan seven days after the magnitude 9.0 earthquake, said, “We have to rely on the information that’s given to us. But we also have to make sure that what we’re reporting passes the logic test.”

Radiation leakage from Fukushima Daiichi was taking place “almost since right after the tsunami,” Dr. Gupta said, “but official reports said there was nothing to worry about. Obviously, that didn’t pass the logic test.”

Reporters are looking for the most accurate information to give their readers, but especially in a disaster the information that’s available to them may change from one minute to the next—and its reliability may be questionable.

Scott Hensley, writer and editor at National Public Radio’s health blog, *Shots*, said, “One of the first things that reporters can do in a case like this is to communicate what they do know for sure. It’s possible, without knowing every detail in a fluid situation, to talk about the radiation levels that are associated with known health effects, as a way to put into context the numbers that are coming out of Japan.”

And reporters have to keep questioning those numbers.

Dr. Gupta said at one point officials for Tokyo Electric Power Company (TEPCO),

which owns Fukushima Daiichi, released a statement listing the radiation level at 400 millisieverts. The next press release put the level at 400 microsieverts.

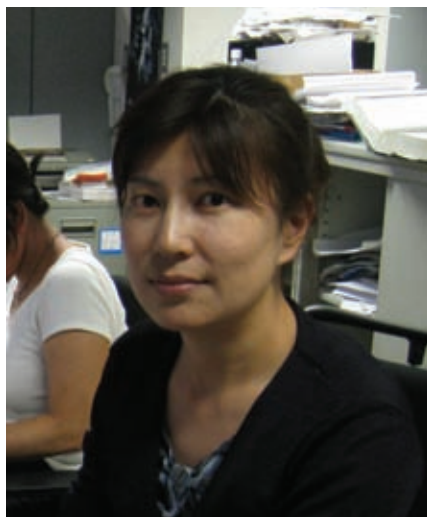
“There’s a huge difference in those numbers,” Dr. Gupta said, “The microsievert reading is thousands of times lower, but we still don’t know which number was correct.”

“It might be a language problem,” Dr. Gupta conceded, “but as scientists they should know better.”

Even without the language barrier, clear information seems hard to come by when it comes to nuclear energy in Japan.

Tomoko Otake, staff writer for *The Japan Times* in Tokyo, said in an email interview that *Times* reporters attend daily briefings by TEPCO and government agencies, “including the Cabinet Office and the Nuclear and Industrial Safety Agency, which oversees the nation’s nuclear power policy.”

The Nuclear and Industrial Safety Agency is not an independent source of information, however. Otake said the agency “gets most of its information from TEPCO.”



TOMOKO OTAKE

A new wave of reporters and bloggers worldwide is looking at TEPCO’s response to past earthquakes in Japan as a way to measure the electrical company’s transparency in the current situation.

When a magnitude 6.6 earthquake struck Niigata Prefecture in 2007, TEPCO at first did not report a radiation leak at Kashiwazaki-Kariwa, reportedly the largest nuclear plant in the world. TEPCO later revealed the leak, and still later admitted that it was twice as large as initially reported.

In addition to monitoring reports from TEPCO, Otake said *The Japan Times* gathers information from independent watchdog

continued on page 28

Even without the language barrier, clear information seems hard to come by when it comes to nuclear energy in Japan.

The Politics of Health

Have Journalists Had Enough of Health Care Reform?

By Elizabeth Jensen

Health care reform—the pros, the cons and the more specific “what does it mean for me and my family?”—remains top of mind for many Americans, and a significant point of debate in Washington, as it has for much of the past two years. But in the media? Not so much.

The Project for Excellence in Journalism’s News Coverage Index looked at health care coverage as a percentage of the overall news hole in the first week of March, and found that the topic occupied just 2.1 percent, even though there was a juicy story when President Obama changed his position on a key provision of the new law. Charlie Sheen’s antics garnered marginally more time and space, at 2.2 percent.

Overall, since the health care reform bill was signed into law on March 23, 2010, the topic has accounted for 1.9 percent of the news hole, according to PEJ’s count. That’s down from a high of 17.5 percent at its peak, in the third quarter of 2009.

“Many commentators predicted it would continue to be a hot domestic issue, maybe even the decisive issue in the 2010 midterm elections,” PEJ noted, but “however far-reaching the implications of the new law,

and despite continued challenges to its implementation, the fact remains that the health care debate has largely been muted in the press for almost a year.”

At the TV network level, health care reform still remained a major focus; it was the fourth-most-covered story on the ABC, CBS and NBC newscasts, collectively, in 2010, clocking in at 307 minutes. Only the Gulf oil spill, the earthquake in Haiti and fighting in Afghanistan finished ahead of it, according to Andrew Tyndall of *The Tyndall Report*. But like the rest of the media, the networks have cut back on their coverage; in 2009, the subject was the most-covered story, garnering a collective 588 minutes, he said. For the decade, the topic landed in 14th place.

By contrast, the nonprofit Kaiser Health News has seen demand for its reporting continue to increase. The service launched in June 2009, by coincidence on the same day as the first hearing for the health care reform bill, and covering the bill’s trajectory and all the attendant issues remains its bread-and-butter. While much of the work generated appears in partner media organizations,

continued on page 11



HOUSE COMMITTEE ON EDUCATION AND THE WORKFORCE

PRESIDENT OBAMA SIGNS THE HEALTH CARE REFORM BILL.

Making a Complex Issue Accessible

Katie Boyle's job as senior health producer for CBS News is to work with the network's on-air doctors. But even if the story they are working on is about a medical advance and doesn't directly discuss health care reform, she said, "We tell people what it costs" and look at whether insurance plans will cover it. Cost, she said, "is particularly important for people who don't have insurance."

At both the national and the local level, news organizations often divide the health beat among the full-time medical reporters and the political reporters, who dip in and out. But in covering health care reform, the biggest challenge is to connect the two—to bring the politics together with real life "and make people care," said AHCJ President Charles Ornstein.

AHCJ recently hired Joanne Kenen to be its health reform topic leader, posting resources on the AHCJ website to help reporters better cover the implementation of health reform, including making that leap.

With under two minutes for many "CBS Evening News" stories, Boyle said complex medical stories don't always include every nuance that "we wish we had time for."

And even some of the reporters who have the luxury of more time, as at "PBS NewsHour," occasionally struggle with making reform accessible. For a recent nine-minute story on accountable care organizations, Sarah Clune, the newscast's health news producer, admitted she found it a challenge. "It's one thing to

read about it and another to bring it alive," she said.

The key is to have "real human beings telling the stories," said Patti Parson, "NewsHour" managing producer, adding that the show has also divided up its coverage by looking at individual states. Postings to a dedicated health care page on the show's website also fill in many more details and provide context and updates that don't make it on-air.

Many local news operations either outsource the story to syndicated medical reports they buy or shun it altogether. Dr. Maria Simbra, medical reporter at KDKA-TV in Pittsburgh, said she hasn't covered health care reform.

"There's just a lot that is very ratings driven, and that's one of those topics that tends not to generate ratings," she said. "At the hyper-local level like we are, there has to be something that's relatable to Pittsburgh."

While CBS News has tackled health care reform directly in plenty of stories, Boyle said her unit is also trying to take the politics out of its coverage in some "thoughtful stories on end-of-life care," looking not at how much money can be saved by various treatments but at what will make families and patients more comfortable. The topic, she said, has become difficult to discuss after it got caught up in the rhetoric over "death panels" and "pulling the plug on Grandma."

— Elizabeth Jensen



World's largest kidney exchange performed at Georgetown University Hospital...again!

When Georgetown University Hospital makes news, we'll connect you with the experts you need. We provide fast response on hot topics like:

- "Incompatible" and "mismatched" kidney, small bowel, living liver donor and multi-organ transplantation.
- Gene therapy for cancers
- CyberKnife® for inoperable tumors anywhere in the body
- Movement disorders such as Parkinson's and epilepsy
- Breakthrough treatments for GI disorders

Marianne Worley, 703-558-1287
WorleyM@gunet.georgetown.edu
(24/7 pager: 202-405-2817)

Meggie Davis, 703-558-1282
Meggie.R.Davis@gunet.georgetown.edu



Georgetown University Hospital
The name you know.
The doctors you trust.
MedStar Health

Weathering the Storm

Health Journalism Is Alive and Well

By Elizabeth Jensen

What a difference a couple of years makes. Two years ago, health journalism appeared to be in serious decline, as media outlets laid off staff or even went under, victims of the rapidly deteriorating media economy.

And today? “For a couple of years it was looking pretty bleak but I think things are turning around,” said Charles Ornstein, a senior reporter at ProPublica and the president of the board of directors of the Association of Health Care Journalists.

The rebound is taking place in a vastly reshaped media world, however. Ornstein backed up his optimism by pointing to the growth of specialized news organizations covering health care, all nonprofit. In addition to Kaiser Health News and ProPublica, which has tackled a number of investigative pieces in the health care realm, there are the investigative outlets California Watch and Texas Tribune, each of which has dedicated health care reporters.

There’s also Health News Florida, Georgia Health News, the Connecticut Health I-Team (C-HIT) and the Kansas Health Institute, many of which partner with other local media outlets to get their stories to the widest audience.

“It’s a landscape that’s pretty impressive when you begin to step back and analyze it,” Ornstein said. “Nonprofits are filling in the gaps.”

Gary Schwitzer, a longtime analyst and critic of health care reporting, who tracks coverage at HealthNewsReview.org, especially praised Kaiser Health News (KHN) as a new model for health policy reporting. “They do a very good job,” he said.

KHN, started in June 2009 just as the debate over health care

reform was gearing up, has collaborated on coverage with *The Washington Post*, *USA Today*, NPR, “PBS NewsHour,” McClatchy’s wire service, *The Los Angeles Times* and MSNBC, among others. Many of its partners publish at least one KHN piece each week, said Peggy Girshman, executive editor, online.

“In all cases,” she said, KHN’s work is “100% complementary to what they’re covering, not replacing it,” often filling in the gaps on, say, the details of Medicare. “Very few news organizations have pure health policy reporters; they have medical reporters or political reporters,” she added.

Other promising developments have taken place on the trade side. Politico Pro has gone from two reporters covering health care up to about a half-dozen. The new Bloomberg Government service joined the longstanding Congressional Quarterly and National Journal on the list of players who are charging hefty fees for more in-depth health care policy coverage that examines every nuance in detail. “For some people there just isn’t enough health care coverage at all,” Ornstein said, noting the increase in subscription sites.

At the evening newscasts of the big three broadcast networks, health coverage dropped by half in 2010 from a year earlier, according to Andrew Tyndall’s numbers-driven analysis, to 933 minutes collectively from 1,883 in 2009, when the health care reform act was the year’s top story and H1N1 flu was a scare.

Of the health and medical coverage in 2010, health care reform was by far the biggest component, clocking in at 307 minutes of the total. Far back in the second slot was coverage of cancer research efforts, at 48 minutes combined, followed by Alzheimer’s coverage (38 minutes), breast cancer (26 minutes), and the side effects of Avandia (23 minutes).

Rounding out the top 10 were the Haitian cholera outbreak (21 minutes), Medicare problems, reforms and abuses (17 minutes), lung cancer (16 minutes), autism (15 minutes) and problems with pharmaceutical production (14 minutes).

But even in the mainstream press, there are signs that health care coverage is starting to rebound, Ornstein said, citing *The Boston Globe*, *The Philadelphia Inquirer* and NPR as organizations that are seeking to beef up coverage. *The New York Times* and *The Wall Street*



LARS KLOVE

CHARLES ORNSTEIN



Children's Health is in the Hands of Our Experts

ChildrensHospitals.net/ExpertLink

There is only one source for media-friendly experts on children's health. Visit ExpertLink and find:

- ➔ 500 pediatric experts and researchers representing 40 subspecialties
- ➔ Authorities on asthma, obesity, vaccine safety and other hot topics
- ➔ Spokespeople fluent in Spanish, Chinese, German, French, Greek and more

Parents rely on our experts for their children's health care. You can rely on our experts for your health care story.

Journal took on a number of big investigative health projects last year, and the prestigious Goldsmith Prize for Investigative Reporting went to *The Las Vegas Sun*, for its series “Do No Harm,” which analyzed nearly 3 million patient billing records to identify instances in which Las Vegas hospitals had harmed patients they were supposed to be helping. For all the big award-winning projects, and solid day-in, day-out reporting at the AP and Reuters wire services, some disturbing gaps remain, said Schwitzer.

He has long been a critic of “churnalism”—stories that are “nothing but stenography and rewrites of press releases.” He said he continues to see too many stories “that tell only one side, are incomplete and don’t look at conflicts of interest in the sources.”

“One would think that the story about vaccine dangers would start to calm down because of the evidence that has piled up against the leading promoter of the alleged autism link” in the past year, he said, but plenty of stories that take “an emotional, anecdotal, non-evidence-based approach to vaccine stories” continue to run.

Additionally, Schwitzer noted what he called “a very troubling trend of imbalanced screening-test stories” that seem to advocate screening “everybody for everything.” All screening tests cause harm, he said, from anxiety to false positives to incidental findings of conditions that didn’t need to be treated, and the costs of universal mass screening programs would be prohibitive.

“For a couple of years it was looking pretty bleak but I think things are turning around.”

—Charles Ornstein

“We need to start getting through to journalists that all screening tests cause harm and some may do some good along the way,” he said. “We just have to have a better public discussion about screening tests.”

“Gary believes there’s an overemphasis on screening and technological breakthroughs, and he raises some very legitimate points,” said Ornstein. “Some studies are just not ready for prime time.” □

America’s Hospitals:



Part of Your Community Part of Your Story

Your story is not complete until it includes hospitals’ unique perspective about health care in your community.

For the latest expert information about hospitals and health care trends and to connect with hospital leaders in your area, contact the American Hospital Association’s Media Relations Department at 202-638-1100 or visit our Web site at www.aha.org/aha/news-center/contact-us.html.



**American Hospital
Association**

Tackling the Issues

AHCJ Gathers Amid a Backdrop of Politics, World Crisis

By Jarre Fees

Health Journalism 2011, the annual conference of the Association of Health Care Journalists, kicks off in Philadelphia April 14, and comes at a time when politics and world events are keeping health reform, radiation risks and other top health-related issues on the front page.

AHCJ Executive Director Len Bruzzese confirmed that changes in the health insurance landscape will be an important theme at this year's conference.

"It's quite apparent the war over health reform is not over," Bruzzese said in an email interview. "The battles just move increasingly to the state front, where regional and local reporters are being asked to get up to speed on the issues."

Two panels in particular, "Health Insurance: Changes That Are Coming Fast" and "Health Reform: Repeal, Replace or Implement," both scheduled for Friday, will focus on those issues.

G. Michael Lemole Jr., MD, the neurosurgeon who treated U.S. Rep. Gabrielle Giffords after an assassination attempt near Tucson, Ariz., in January, is the keynote speaker at Saturday's annual awards luncheon. Also featured this year will be newsmaker briefings with Dr. Donald M. Berwick, administrator for the Centers for Medicare and Medicaid Services, scheduled for Thursday, and Dr. Francis S. Collins, director of the National Institutes of Health, on Friday.

Other speakers who will be in the spotlight in Philadelphia include David Blumenthal, national coordinator for health information technology for the U.S. Department of Health and Human Services; Walt Bogdanich, investigative editor for *The New*



York Times and a former investigative producer on CBS's "60 Minutes"; and Brian Deer, a reporter for *The Sunday Times* of London who helped expose flaws in widely publicized research that erroneously connected childhood vaccines with autism.

A three-year endowment from the Leona M. and Harry B. Helmsley Charitable Trust has helped open the door for journalists from rural areas, journalists representing diverse ethnic communities and journalists on non-health beats to come to Philadelphia for this year's conference.

"The rural assistance is especially new to us, and so very needed," Bruzzese said. "These are reporters from medically underserved areas who seldom get advanced training in journalism. We think this can make a big difference in their communities."

"The ethnic media fellowships allow us to reach journalists who serve minority communities across the country who often do not make use of English-language news media."

Bruzzese added that reporters on non-health beats are increasingly crossing "into health issues as part of their daily reporting."

Jeff Porter, AHCJ special projects director, said conference speakers, panels and workshops are selected by "a multi-source process" that includes soliciting suggestions from members on the AHCJ website.

Members spotlight important health care issues in their areas, he said, adding that a number of conference speakers are "pulled from

continued on page 25



FROM SPORTS MEDICINE TO SPINE—

Make Us Your Source for Issues Related to Bone, Joint and Muscle Pain

In the most recent *U.S. News & World Report* "America's Best Hospitals" issue, New York City's Hospital for Special Surgery was ranked number one in the USA for orthopedics and number three for rheumatology. We perform more knee replacements and hip surgeries than any other hospital in the nation. Our doctors also care for both elite athletes and six New York area professional sports teams.

For expert interviews on the latest news and advances affecting people with bone, joint or muscle pain, contact our Public Relations department at 212-606-1197 or visit us at www.hss.edu.

HOSPITAL
FOR
**SPECIAL
SURGERY**



The Politics of Health *(continued from page 6)*

from *The Washington Post* to MSNBC.com to TV station websites, visits to KaiserHealthNews.org are up 20 percent, and the number of subscribers to the daily newsletters, which provide links to all the other coverage at other outlets, has shown “a steady increase,” said Peggy Girshman, executive editor, online. She declined to provide the actual numbers.

How the topic is reported remains of considerable concern to some critics.

Gary Schwitzer, whose HealthCareReview blog is just hitting its five-year anniversary, said cost—which is a significant element of the health care policy debate when taken down to the individual’s level—is often left out of the reporting on new advances in health care. He has found that about 70 percent of the individual stories he has reviewed “fail to adequately explain the cost of that wonderful new idea being discussed, the scope or size of the benefit they are trumpeting and the harms, which almost always get ignored.”

One recent issue of particular concern, he said, is the lack of adequate reporting on how the U.S. Preventive Services Task Force 2009 recommendation on mammograms (which said that most but not all women should start them regularly at age 50, and not age 40) was ignored in the Health Care Reform Act, which used the task



GARY SCHWITZER

force’s recommendations to determine all other preventive tests to be covered.

“Here’s a case where we let politics and lobbying and special interests rule the day over evidence-based recommendations,” he said, “and it’s a sad reflection on politics and journalism that this story hasn’t been told.”

Likewise, Tyndall noted that by and large the TV networks continue to divide their coverage into either medical issues, what he called “disease of the week,” or policy issues, with little crossover.

In his mind, the two areas of focus “are completely at cross purposes.” Health care policy, he said, “emphasizes preventive care, access and cost cutting.” Medical reports, many of which are generated by news in the medical journals, and the pharmaceutical industry, focus on “high-tech, heroic measures, and massive capital investment in screening devices, machinery and biotech.”

The policy recommendations that patients should be “treated early in a low-tech way, and have people monitoring their own health, are completely contradicted by the second category, which comes from the medical-industrial complex, which is interested in maximizing their business,” he said.

At the end of a typical news report on some new medical development, he said, the anchor will frequently turn to the in-house medical reporter and ask what viewers should do, with the answer routinely being, “Have a conversation with your physician.”

“But the question is never, ‘What should uninsured women do?’” he said. “Why is this question never asked?” □

Add Scientific Expertise to Your Next Food Story

If you’re working on a food story, the Institute of Food Technologists (IFT) is here to help. We have more than 50 experts who can provide a scientific perspective that will make your story even better.

For more than 70 years, IFT has been the society of choice for professionals involved in the field of food science and technology. Our experts from academia, government, and industry can answer your questions on topics such as food safety, food processing, food health and wellness, and general consumer food issues.

For more information, please visit IFT’s online News Room, or contact:

Mindy Weinstein, Director of Media Relations
312.604.0231 or mweinstein@ift.org
Twitter @IFTMedia
www.ift.org



Join us at our 2011 event,
June 11-14, in New Orleans, LA

An Ongoing Struggle

Reporters' Battle Over Freedom of Information Is Far From Over

By Jarre Fees

It's hard to find anyone who's against the "new era of open government" that President Barack Obama promised when he took office in January 2009.

Unfortunately, it's equally hard to find anyone in government who seems openly willing to share information.

Just ask John Fauber, medical reporter at *The Milwaukee Journal Sentinel*, whose attempts to uncover a conflict of interest among research doctors who prescribed a Medtronic product used in bone surgery led to a lengthy runaround from the Food and Drug Administration.

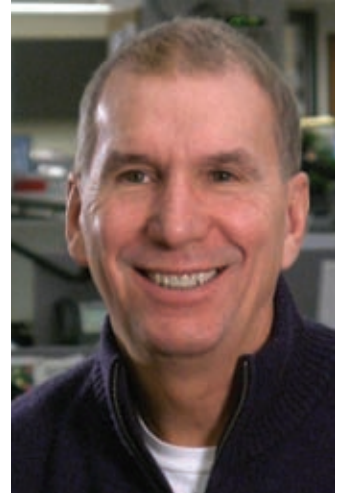
Fauber, who chronicles his efforts in a story featured in the Right to Know section of the AHCJ website ("Reporter runs into wall requesting FDA's public records of financial disclosures"), said he requested information on how many doctors involved in the research into BMP-2 profited from prescribing the drug. His requests have now gone unanswered for nearly a year.

"Those records should have been made public eight or nine years ago," Fauber said. "Part of the problem is that once a drug has been approved it can be used for other conditions, and some of those [usages] have had serious side effects."

The Knight Foundation in March released its 2011 Knight Open Government Survey and found that around half of the federal agencies contacted had not made substantial changes in their response to requests under the Freedom of Information Act.

The survey does not track the actual number of media requests to agencies under the FOIA, but tracks agencies' response to the survey ascertaining their own compliance with new transparency laws.

Of the 49 agencies that said they had made concrete changes in their FOIA procedures, "Several agencies demonstrated significant changes in the processes, major upgrades to their Web postings on FOIA, and improved responsiveness to requesters," the Knight Foundation reported. But other agencies have seemingly made no changes at all, or "failed even to respond in timely fashion" to the survey.

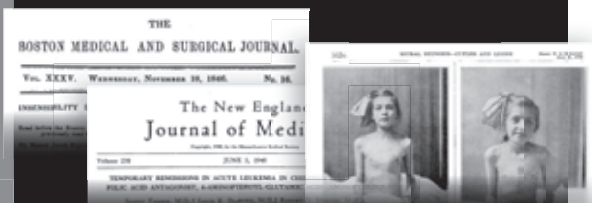


JOHN FAUBER

Every issue. Every article. Every page.

NEJM Archive

Available now at NEJM.org.



Complimentary media subscriptions include free access to the NEJM Archive — every article dating back to 1812.

To apply, visit the NEJM Media Center at www.nejm.org/media.



"The rhetoric doesn't match up to reality. There was a sense of hope when the Obama administration began that the issues ... would be resolved."

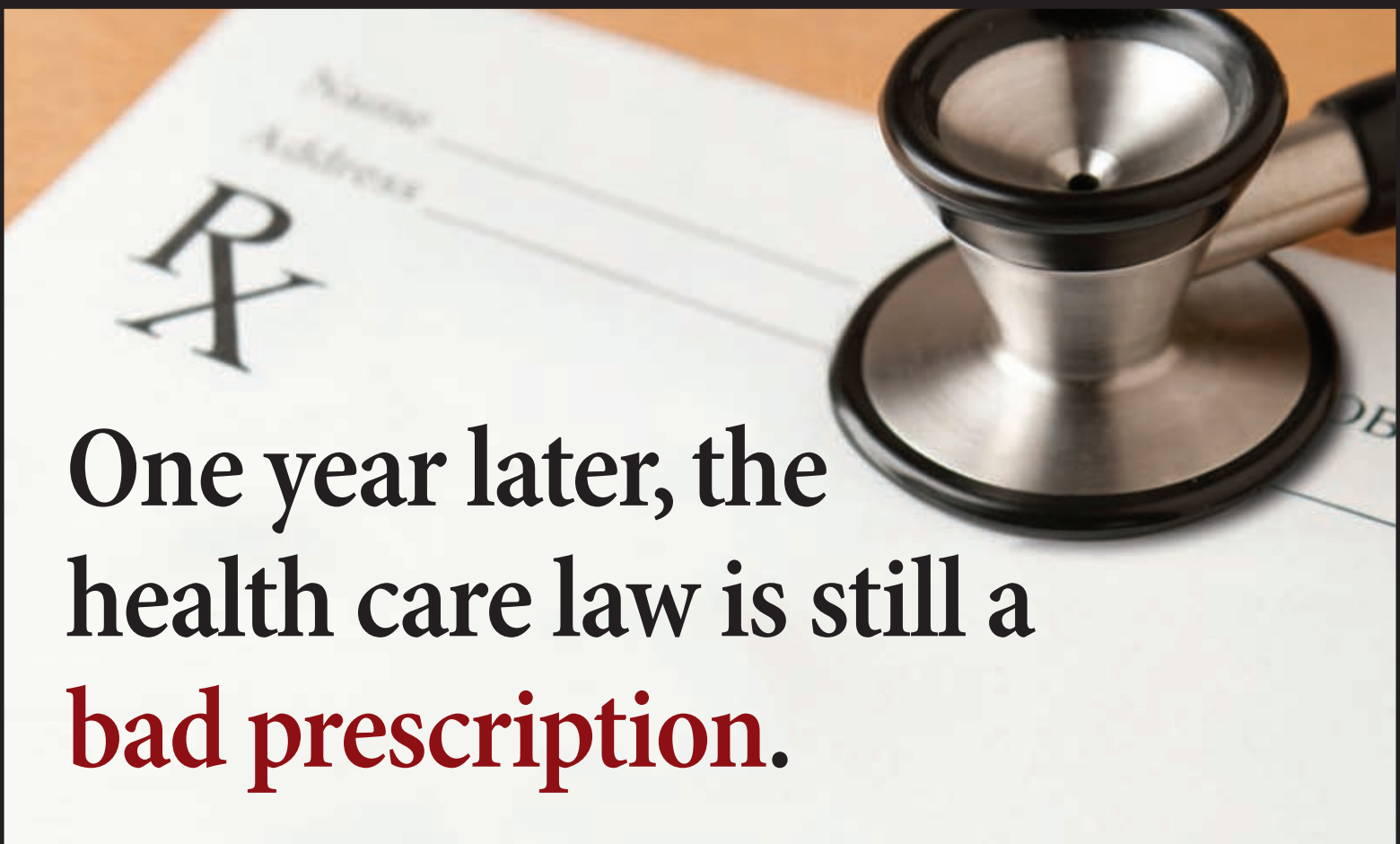
— Charles Ornstein, President, AHCJ

So what happened to the "new openness" in government?

"The rhetoric doesn't match up to reality," said Charles Ornstein, AHCJ president and senior reporter at ProPublica. "There was a sense of hope when the Obama administration began that the issues—not getting return phone calls by deadline, not being able to talk to experts with direct knowledge of the issues—would be resolved. They haven't been resolved, and that's a very serious problem."

Getting information from the FDA in particular has long been a prickly issue for the AHCJ's standing Right to Know Committee, chaired by Felice Freyer.

continued on page 24



One year later, the health care law is still a **bad prescription.**

Small businesses are speaking out on higher than expected costs and the wave of crushing new regulations.

“As the costs of the health care law and other burdensome mandates continue to pile up, Bowlmor will be forced to look for other ways to control costs and this may mean reducing our workforce.”

Brett Parker

Vice Chairman and Chief Financial Officer of Bowlmor Lanes, Testimony Before The House Committee on Education and the Workforce’s Subcommittee on Health, Employment, Labor and Pensions, March 10, 2011

“The goal of providing health insurance coverage is noble, but the restaurant industry can’t afford the steep fines and mandates loaded upon us by the health care bill. Paying the penalties will be devastating for most.”

Scott Womack

President of Womack Restaurants, Testimony Before The House Ways and Means Committee, January 26, 2011

“The uncertainty caused just by the employer mandate alone can hardly be emphasized enough. It causes us to seriously hesitate before taking any risks needed to grow our business.”

Bill Feinburg

President of Allied Kitchen and Bath, Inc., Testimony Before the House Committee on Small Business, February 16, 2011

See more stories like this and share your own at www.HealthReformImpacts.com.



www.healthreformimpacts.com

Remembering NAMC

Organization Shuttters After 30 Years

By Elizabeth Jensen

Medical communications is a rapidly evolving field, as doctors set up webcams, hospitals look to reinforce their brands by putting their doctors in front of the public, Twitter makes even TV sound bites look lengthy and TV stations attempt to meet intense viewer interest in personal health topics. So it came as a surprise when the unique National Association of Medical Communicators quietly closed its doors last summer.

The organization, whose main activity was its annual Medical Communications Conference, fell victim to the recession in its 30th year. "Some of the sponsorships that had been present [to subsidize the annual conference] in the past weren't there anymore," said Dr. Maria Simbra, the medical correspondent at KDKA-TV in Pittsburgh who was the organization's vice president at the time it closed. The annual conference that had been planned for April 2010 in Atlanta was canceled.

Dues weren't enough to sustain the group,

she said, adding that the decision to disband was "a very emotional thing because we loved the organization." But she added, "Sometimes a time has come, and it was time."

"No one's fault but the changing world," the group's president, Dr. Bruce Bonanno, a New Jersey emergency physician who has appeared frequently on television and radio, wrote at the time of the organization's official shutdown in August.

Founded in 1980 as the National Association of Physician Broadcasters, the group, which until recently was affiliated with the American Medical Association, had some noted alumni over the years, including NBC News' Dr. Art Ulene and Dr. Timothy Johnson of ABC News. It found its early calling in teaching media savvy to physicians, who were increasingly in demand by television outlets but needed to learn broadcasting skills. As the medium changed, and TV sound bites became shorter and shorter, NAMC taught members

continued on page 21



NEUROSCIENCE
2011

Attend the annual meeting of SfN
The source for emerging news about brain science and health

Washington, DC
November 12 – 16

SCIENCE ■
HEALTH ■
DISEASE ■
AGING ■



EXPERTS ■
RESEARCH ■
NEWS ■
FACTS ■

Get accurate, clear information on all matters concerning the brain at the annual meeting of the Society for Neuroscience. Neuroscience 2011 offers unparalleled access to new research and experts in the field, as well as events on the interplay between brain research and health, policy, and society.

LEARN MORE AT WWW.SFN.ORG/AM2011



★ SAVE THE DATE ★

JUNE 3, 2011 IN ST. LOUIS

Join us for a special one-day, no-fee workshop to help you find and cover health stories in rural America.

Nearly a quarter of America's population lives in rural areas. Look past the idyllic settings and signs of serious health issues are everywhere: Residents are generally older and more likely to live in poverty; chronic conditions such as diabetes are rampant; and residents tend to live many miles from doctors and hospitals.

This workshop, presented by the Association of Health Care Journalists and its Center for Excellence in Health Care Journalism, will focus on special health concerns of rural populations and how reporters can better cover their stories.

Register at www.healthjournalism.org/rural to attend this free workshop. Just join AHCJ – or make sure your membership is up to date.



SPONSORS

- The Leona M. and Harry B. Helmsley Charitable Trust
- The Midwest Health Journalism Program:
 - The Kansas Health Foundation
 - The Sunflower Foundation
 - The United Methodist Health Ministry Fund
 - REACH Healthcare Foundation
 - Health Care Foundation of Greater Kansas City
 - Missouri Foundation for Health

COMING THIS FALL : THE AHCJ-NLM FELLOWSHIPS



The Association of Health Care Journalists has teamed up again with the National Library of Medicine to present the AHCJ-NLM Fellowships. AHCJ will select four journalists to spend a week on the campus of the National Institutes of Health.

* Fellowship will take place Oct. 2-6 and includes membership, travel expenses, lodging and stipend.

The selected journalists will:

- Learn how to explore the latest NIH research
- Learn to understand and interpret biomedical statistics
- Take advantage of NLM's data, programs and resources for stronger stories
- Get hands-on training in PubMed, MedlinePlus, ClinicalTrials.gov, ToxNet and Household Products Database

Watch healthjournalism.org for this summer's call for applications.

PLUS: MAKE PLANS TO JOIN US IN

Atlanta for

HEALTH JOURNALISM 2012
TENTATIVE DATES SET FOR MARCH 29-APRIL 1, 2012

YOUR LOCAL HOSTS

THE UNIVERSITY OF GEORGIA

EMORY UNIVERSITY

CHILDREN'S HOSPITAL OF ATLANTA

Freelancers in Demand

Landscape Changes, Opportunity Remains

By Hillary Atkin

Freelance journalists who specialize in health and medical reporting are currently finding a lot of work, even in the face of cutbacks and other economic pressures in the media industry, and despite the fact that some publications have folded or have gone digital only.



JEANNE ERDMANN

Members of the Association of Health Care Journalists freelance committee say the employment terrain is fruitful these days, and that rates paid to writers remain at about their previous levels.

“Health and medicine is a very broad field, and there are a lot of opportunities to write online, and a lot of magazines have websites,” said Jeanne Erdmann, a freelance committee member and independent journalist who has specialized in writing about science and medicine for trades, newspapers and magazines for the past 10 years.

“Health is in demand. The economy and the state of the health care industry has created some opportunity for me as a freelancer,” said Lisa Zamosky, whose focus is reporting on health insurance,

health care reform and general pocketbook issues for health care consumers. “I write a blog twice weekly for WebMD called ‘The Health Insurance Navigator’ and I’m starting a similar column for *The Los Angeles Times*. The need for content has increased because of online, but also because editors are not able to hire full-time staff. They are more reliant on freelance.”

Experienced freelance health reporters say there are several things to keep in mind when navigating the landscape and pitching story ideas to media outlets. The first is to know the content of those outlets and to suggest stories that appeal to them and their audiences, whether it be bread-and-butter topics, breakthroughs or a new spin on stories that have been done before.

“I target the publications I’m interested in and send story pitches. That’s how I’ve broken in to every market that I knew used freelance,” said Lola Butcher, a former daily and weekly newspaper reporter who has written for health trades for six years now.

“The idea of pitching blindly is a harder way to go. People talk about it all the time. You can establish yourself by networking,” Zamosky said. “It’s no different than any business. If you’ve got a good idea, editors are going to want it, especially if you can bring them things they haven’t seen or a fresh angle to a topic they’ve covered. It’s about doing a good quality job, behaving ethically and delivering clean copy on time.”

And then there’s the pay. Butcher said the rates she’s paid have stayed the same, but her best clients have increased her income by paying more on a project basis. Over time, she said, her income has increased steadily, with a big increase in 2010.

So what are employers seeking in a freelance journalist?

“I’m looking for experience covering and writing about health and medicine, good research and interview skills, the ability to find and understand studies, and a good consumer tone and style of delivering health information,” said Colleen Paretty, an editor at WebMD.

The Patient Protection and Affordable Care Act, also known as health care reform, will become a much bigger story as implementation gets closer, and freelance journalists who are knowledgeable about the multiple issues involved will be very much in demand, as are those who specialize in genetics, aging, Medicare, infectious diseases, general health and well-being.

“For my magazine, which is very lifestyle and health oriented, reader interest is high for fitness, nutrition, parenting and general conditions like seasonal allergies and cold and flu,” said Paretty.

In one of the rare opportunities journalists have to pitch editors face to face, Erdmann runs the PitchFest at the AHCJ conference, one of the most popular conference events for freelance health journalists.

The PitchFest is a three-hour session in which a number of writers get just seven minutes each to pitch story ideas to editors—and trade business cards.



Resources for Health Care Journalists:

- ▶ mayoclinic.com - *health/medical*
- ▶ mayoclinic.org - *diseases/conditions*
- ▶ mayo.edu - *research/education*
- ▶ newsblog.mayoclinic.org
- ▶ podcasts.mayoclinic.org
- ▶ sharing.mayoclinic.org
- ▶ twitter.com/mayoclinic

Contact the Mayo Clinic Media Team:

E-mail: newsbureau@mayo.edu

Website: www.mayoclinic.org/news

Phone: (507) 284-5005

“The networking opportunities are invaluable, as well as the opportunity for writers to learn about different trends and resources in doing a good job in reporting,” said Zamosky.

Union membership can also come into play as far as finding work, and many freelance health journalists are members of the Freelancers Union, which offers health, dental and life insurance to members.

The organization boasts more than 150,000 members nationwide in fields ranging from television and graphic design to fashion and financial services, and provides job listings, networking opportunities and other resources.

Other freelance health journalists say they check in with MediaBistro regularly for online job listings, and list themselves in its freelance directory.

Another resource is the freelancers’ directory of AHJ members who are independent journalists, which is found under “career development” at www.healthjournalism.org. It lists journalists by state and includes their areas of expertise along with links to their bios, resumes, clips and websites.

“The online freelance directory is specifically designed so editors can go and find people with particular expertise and knowledge and use that info to contact these writers for work,” said Jeff Porter, special projects director of the Association of Health Care Journalists

“It’s one of the nice perks of membership,” said Erdmann.

“They put out a lot of tips, if someone wants to break in or improve their health writing. The organization is very big on making sure writers are well trained.” □



MedEvac Transport Saves Lives.

Speed. Access. Quality of Care. Contact AAMS to learn more.

Association of Air Medical Services
909 N. Washington | Suite 410 | Alexandria, VA 22314 | www.aams.org
Contact: Blair Beggan, Communications & Marketing Manager at (703) 836-8732 or bbeggan@aams.org



A Year of Quality Health Coverage

By Allison J. Waldman

The AHCJ has presented the annual Awards for Excellence in Health Care Journalism since 2004, and as in past years, the work being honored for 2010 covered a broad spectrum of issues, controversies and insights. The winners in each of the major categories delved into subjects as diverse as the unreported effects of successful radiation therapy for cancer survivors, the demise of one of New York City's historic hospitals and the dangers of wood-burning fireplaces.

"Journalists are tackling difficult and important medical and health policy issues, despite working in an era of increasingly limited resources," said contest chair Julie Appleby, senior correspondent for the nonprofit Kaiser Health News. "The high quality of these winning entries shows they are doing so in a way that not only captivates and informs, but in many cases also results in needed changes."

The Association of Health Care Journalists, an independent, nonprofit organization dedicated to advancing public understanding of health care issues, meets for Health Journalism 2011 in Philadelphia, when it will present the awards at a luncheon April 16. Here's a look at the winners in each category.

Beat Reporting

First Place: Kay Lazar, *The Boston Globe*

Kay Lazar of *The Boston Globe* is being recognized "for the range and depth of her health policy coverage, and its measurable impact." Among her most important work were pieces on "gamers" who tried to exploit no-bid contracts for Medicaid, a feature about early-onset Alzheimer's that involved the complications of genetic testing for family members, and a report on the reliance on antipsychotic drugs in state nursing homes.

Lazar's no-nonsense, down-to-earth style makes her work accessible to readers. "Reporting on health care reform and health insurance can be incredibly complex," she said, "so I try to weed out a lot of the lingo ... from bureaucrats and tell the stories in terms readers can understand."

That same style is reflected in her response to this honor: "I still can't believe I won. This gives me incentive to dig deeper this year to find fresh angles and untapped stories on my beat." Also recognized by AHCJ in this category were Elizabeth Simpson of *The Virginian-Pilot*, second place; and Duke Helfand, *Los Angeles Times*, third place.



KATHY LATOUR

Trade

First place: Kathy LaTour, *Cure Magazine*, "The Cost of Living"

In "The Cost of Living," writer Kathy LaTour had a personal as well as a professional connection to the story, being a breast cancer survivor. At the age of 37, she

American Cleaning Institute®

is your information source on

cleaning, hygiene and health.

ACI (formerly The Soap and Detergent Association) represents the U.S. cleaning products industry and offers **informed perspective** on consumer, legislative, regulatory, and technical issues and trends.

Give us a call: **202-662-2517**

Send us your questions: **media@cleaninginstitute.org**

Check out online: **www.cleaninginstitute.org**



american cleaning institute®
for better living
1331 L Street, NW, Suite 650
Washington, DC 20005

underwent a modified radical mastectomy and chemotherapy. On her website, LaTour says that while cancer did not take her life, she has given it willingly to educate, empower and enlighten the newly diagnosed and those who care for them.

She does just that in this award-winning story, uncovering the often unknown, dangerous after-effects of radiation therapy. She examines what happens when a survivor discovers that the cure might be worse than the disease, and provides valuable information on steps that can be taken by patients and physicians to minimize debilitating effects.

In the trade category, the second place honoree was “Closing the Distance: Native Americans and Epilepsy” by Aliyah Baruchin in *EpilepsyUSA*; third place went to “The Duke Debacle: Misadventures in Personalized Medicine” by Paul Goldberg, *The Cancer Letter*, and an honorable mention was given to “Brain, Interrupted” by Megan Scudellari, *The Scientist*.

Large Magazine

First place: Katy Butler, *New York Times Magazine*, “My Father’s Broken Heart”

As the AHCJ judges pointed out, Katy Butler’s story of her father and mother’s medical struggles was a beautifully written feature. “She delivers the story with an investigative reporter’s eye for detail, a novelist’s sense of pacing and a consumer advocate’s talent for providing useful information to the reader,” they said.

From Butler’s perspective, she was unafraid to put her personal experience in print. “In this case, I was honest about the fact that after six years of caregiving, my mother and I were worn out and secretly longed for my father’s death,” she said.

Receiving the AHCJ award was a validation for the author, in part because she had never done any health care journalism before. “I’m honored to be recognized by a group whose members have a greater depth of expertise than I do,” she said. “I have a lot of respect for the organization, its ethics and its grasp of the complexity of health care stories.”

Two other entries were also honored in the category: second place to Pablo S. Torre of *Sports Illustrated*, for “A Light in the Darkness”; and third place to Steven Kotler of *Playboy*, for “The New Psychedelic Renaissance.”

Television

First place: Merrill Schwerin, Ray Suarez and Catherine Wise, “PBS NewsHour,” “China Health Series”

“PBS NewsHour” is being honored for its presentation of a series of health reports from China. Ray Suarez examined how anti-tobacco advocates in the country battled the

biggest producer of tobacco products, the government, in an effort to put a stop to the country’s smoking epidemic. As the piece states, “No nation on Earth has more smokers than China—350 million people here light up regularly, meaning China has more smokers than the United States has people.”

In addition to what the report revealed, the judges said, “It was also notable for what it didn’t say.” The piece allowed viewers to make the connection that in the evolution of awareness of the ravages of tobacco usage, China is where the U.S. was not very long ago.

“My favorite stories take the audience to someplace they’ve never been, and present them with a challenge to noodle over that resists easy answers and simple solutions. ...These people on the other side of the planet are very different from you, but have a problem you understand,” said Suarez.

Added Merrill Schwerin: “Recognition from the Association *continued on page 20*

RAY SUAREZ



FOR PEOPLE WITH DISABILITIES

THE

CIVIL RIGHTS MOVEMENT

IS NOT OVER

LEARN MORE AT UCP.ORG

UCP United Cerebral Palsy™
Life without limits for people with disabilities™

© 2010, United Cerebral Palsy, 1660 L Street, NW, Suite 700, Washington, DC 20036 | (800) 872-5827 www.ucp.org

A Year of Quality Health Coverage *(continued from page 19)*

of Health Care Journalists is especially rewarding given the level of sophistication their members have in understanding today's complex health stories."

Two other winners were also honored in the television category: PBS's Paul G. Allen received second place for "This Emotional Life"; and Kelly Peterson, Martin Christian and Tim Walton of KVIE Public Television won third place for "Crisis in Caring: California's School Nursing Shortage."

Small Magazine

First place: Mark Levine, *New York Magazine*, "St. Vincent's Is the Lehman Brothers of Hospitals"



MARK LEVINE

Looking at America's health care crisis from another point of view, Mark Levine's *New York Magazine* cover story about the demise of St. Vincent's Hospital was an insightful eye-opener for readers.

"I thought hospitals didn't close—especially not historically significant hospitals in affluent areas," Levine said. "I think most New Yorkers were like me. The more deeply I investigated the factors that led the hospital to close, the more I discovered that the entire vital, quasi-private, semi-public health care delivery system in New York is built on alarmingly precarious ground."

What impressed the AHCJ judges was Levine's tenacity—he

spent six months on the article—along with his dedication in telling a tale that he said "became something more like an obsession or a strange labor of love."

The judges noted that while Levine was new to the health care beat, he offered "perceptive insight around the economic, political and medical forces that drive the dysfunctional health care system far beyond the five boroughs of New York."

Two other pieces were recognized by AHCJ in the category: Second place went to Amanda Bennett and Charles R. Babcock of *Bloomberg Businessweek* for "End of Life: Lessons of a \$618,616 Death"; and Yudhijit Bhattacharjee from *Discover Magazine* received third place for "The Organ Dealer."



Community

First place: Deborah Schoch, Steve Schoonover and Larry Mitchell, California HealthCare Foundation Center for Health Reporting and *Chico Enterprise-Record*, "A Burning Issue"

The story told in "A Burning Issue" struck a chord with readers and the judges. The writers' mission was to help locals understand that wood-

continued on page 22



Congratulations to the
PBS NEWSHOUR
Global Health Unit

Ray Suarez, Merrill Schwerin
and Catherine Wise
for their
Award for Excellence
in Health Care Journalism



Ray Suarez
Senior Correspondent
PBS NEWSHOUR

Remembering NAMC *(continued from page 14)*

how to adapt without giving short shrift to the medical information.

In the late 1990s, NAMC dropped its requirement that members had to be physicians, said Joanne Buckley, NAMC's executive director in recent years. The group expanded its membership and opened

"It was a great place for people who saw the big picture of health communications to come together every year to learn from each other. You could see what trends were happening, and think about things in new ways."

— Dr. Maria Simbra
Former Vice President, NAMC

its conference to include public information officers and communications directors for health associations and nonprofit organizations, nurses, dentists and veterinarians.

In addition to teaching doctors and other medical professionals

how to talk to lay audiences, the annual conference sessions explored the tricky issues of dispensing medical information via social media such as Facebook and Twitter, and how hospitals could protect the medical privacy of celebrity patients.

In what turned out to be the final conference in 2009, the organization honored CNN chief medical correspondent Dr. Sanjay Gupta, who was once under consideration for the surgeon general's post in the Obama administration and who embodies the changing and complex role of medical communicators.

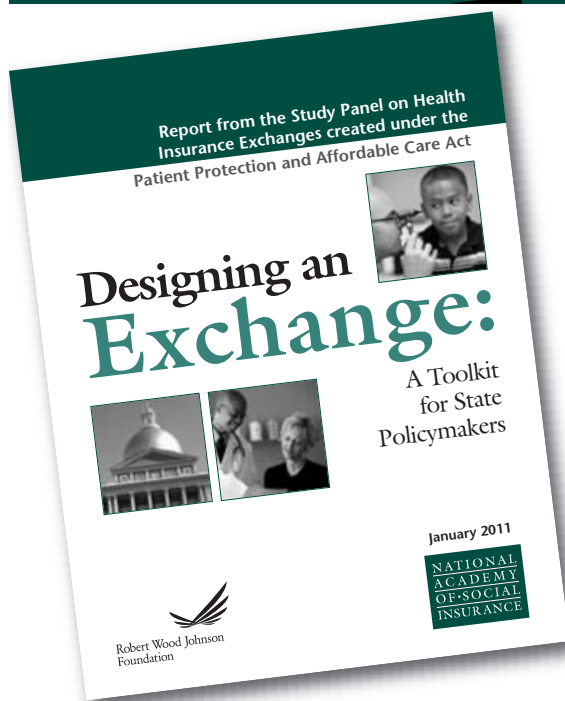
"It was a great place for people who saw the big picture of health communications to come together every year to learn from each other," said Simbra. "You could see what trends were happening, and think about things in new ways."

With about 200 active members at the time NAMC folded, the interest had not waned even if the conference proved unsustainable. "We had a core group of very interested people who liked what the group offered," said Simbra.

Buckley said she continues to hear regularly from interested organizations seeking training for their physicians. As late as February, a job posting popped up on the largely dormant NAMC Facebook page.

So while NAMC may not live on, its work might. Buckley said she is in conversations with a couple of other organizations she declined to name about taking over the group's media training function and adopting the membership. "There's still an interest in health communications," she said. □

Designing an Exchange: A Toolkit for State Policymakers



With states taking the first major steps toward ensuring individuals and small businesses have access to high quality health insurance, the National Academy of Social Insurance's (NASI) toolkit provides state policymakers and advocates with a broad array of options for addressing issues that are critical for a successful health insurance Exchange — a key element of health care reform.

Developed by a panel of national experts from a range of disciplines, NASI's toolkit provides technical and policy assistance to states working toward the establishment of health insurance Exchanges.

Celebrating
**NATIONAL
ACADEMY
OF SOCIAL
INSURANCE**

25 Years

www.nasi.org

To download the toolkit or for more information visit www.nasi.org or contact Jill Braunstein at 202-452-8097 or jillbraun@nasi.org

A Year of Quality Health Coverage (continued from page 20)



DEBORAH SCHOCH

burning stoves pollute the air. One AHCJ judge was so influenced by the piece that she decided to remove the fireplace when she remodels her California home. “This is local journalism at its best,” the judges declared.

“I grew up in wood stove country in upstate New York, where I learned to respect the benefits of wood fuel,” Schoch said. “One of the major challenges in the reporting was the deep-felt skepticism of many residents toward the notion that wood smoke can be harmful.

“I’m honored to receive this award. I’m also gratified that AHCJ is recognizing a project produced by a 30,000-circulation daily in rural far Northern California.”

Other winners in this category: second place, Carol Smith, InvestigateWest, for “Lifesaving Drugs, Deadly Consequences”; third place, Tony Bartelme, the *Post and Courier*, “One Brain at a Time”; and honorable mention, David Wahlberg, *Wisconsin State Journal*, “Rural Health Care Gap.”

Radio

First place: David Baron, Patrick Cox and Sheri Fink, WGBH-Boston, “Rationing Health: Who Lives? Who Decides?”

WGBH’s series “Rationing Health: Who Lives? Who Decides?” looked at one of the most highly charged issues in the mid-term election, contrasting American health care issues with those in other parts of the world. According to one judge, “I was hooked by the first characters—doctors deciding who will get life-saving dialysis in South Africa.”

Also being honored in the category: second place, Mary Beth Kirchner, NPR, “A Scientist’s Saga: Give Son the Gift of Speech”; third place, Alice Dembrosky, KQED-San Francisco, “Pediatric Hospice”; fourth place, Sarah Varney: KQED-San Francisco, “Losing Hospital, A County Comes Alive”; and fifth place, Caitlin Carroll and Betsy Streisand, Marketplace Radio, “The Economics of End-of-Life Care: Parts I and II.”

Metro

First place: Michael Berens, *Seattle Times*, “Seniors for Sale”

Michael Berens likened the long-form reporting in this winning entry to a game of chess, in which “strategy and timing are everything.” Berens faced obstacles, especially a recalcitrant state agency and officials who were dismayed that the nationally recognized best adult family home system wasn’t up to snuff.

The judges called his piece “searing reporting,” noting how Berens “skillfully blends accounts of human suffering, attempts by state regulators to dismiss the seriousness of his findings, and dogged data mining.”

To Berens, however, it was face-to-face reporting that made the story work. “It’s people skills that matter most,” he said. “This series came to life only because there were so many brave people who agreed to share their painful stories.”

Four other pieces were also honored in this category: second place, Amy Harmon, *The New York Times*, “Target: Cancer”; third place, Amy Brittain and Mark Mueller, *New Jersey Star-Ledger*, “Strong at any Cost”; and honorable mentions for the staffs of *The Charlotte Observer* for “Cradle of Secrets” and *The Wall Street Journal* for “Secrets of the System.”



MICHAEL BERENS

Multimedia

First place: Robin Fields: ProPublica, “Dialysis: High Costs and Hidden Perils of a Treatment Guaranteed to All”

The judges called this analysis of the deplorable quality of dialysis centers in the U.S. “a stellar piece of journalism. . . . Great multimedia features, including one that lets readers check the quality of care at dialysis centers in their area.”

Also honored in this category: second place, Marshall Allen and Alex Richards, *Las Vegas Sun*, “Do No Harm: Hospital Care in Las Vegas”; and third place, Kristen Lombardi, Kristin Jones and David Donald, The Center for Public Integrity, “Sexual Assault on Campus: A Frustrating Search for Justice.” □

Your Alzheimer’s Source

312.335.4078 | www.alz.org | media@alz.org

The only place you need to go for science and medical experts, people with Alzheimer’s and their caregivers, national and local news angles, story elements, statistics and b-roll.

alzheimer’s  association®

THE POWER OF Modern Healthcare



SUBSCRIBE to *Modern Healthcare*—the #1 choice for news among hospital and healthcare executives.

**Call 888.812.1581 or email
customerservice@modernhealthcare.com today!**

360 N. Michigan Avenue | Chicago, IL 60601 | 888.812.1581 | ModernHealthcare.com

Freedom of Information *(continued from page 12)*

“We’ve been at this for quite some time without much being accomplished at the federal level,” Freyer said.

In March, Ornstein and Freyer, along with Right to Know committee members Kathryn Foxhall and Rose Hoban, met with top press officials at Health and Human Services, the FDA and the Centers for Medicare & Medicaid to discuss the issue of transparency.



FELICE FREYER

On Friday, Freyer will moderate the panel “Right to Know: Getting Information From Government Agencies.”

“I want to encourage people to be persistent,” she said. “Too many people tell me, ‘I gave up long ago [at the federal level] and

One of those officials was Richard Sorian, assistant secretary for public affairs at HHS, who told Ornstein and Freyer that with the “proliferation of media outlets now,” there are more people covering health care than in the past. “People are facing a higher volume of calls” than ever, Sorian said, admitting that HHS doesn’t actually track the number of calls it receives.

just try to get what I can from the state.’ That’s just wrong. We have a responsibility to people to get this information out there.”

Glimmers of hope are seen at the state level. In addition to meetings at the federal level, the AHCJ caucus met with 12 recently appointed state health directors in a gathering organized by the Association of State and Territorial Health Officials. The two groups are drafting guidelines for reporting deaths in a public health crisis, an outgrowth of unresolved issues from the H1N1 outbreak in 2009.

“State officials recognize the importance of communicating and the danger of having different levels of information,” Ornstein said. “It seems counterproductive when one state releases information and another one doesn’t.”

“The guidelines are nonbinding and can certainly be adjusted, but what’s important about this is that the [AHCJ] is always willing to go out on the line and explain those guidelines, including what reporters’ duties are. We have an issue of responsibility, too, like not crashing a funeral.”

“We want health officials to be more transparent, but we think reporters also need to do some basic things to make sure we don’t betray the trust.”

In an email following his and Freyer’s meeting with HHS, Ornstein said, “I am very hopeful that our recent discussions with HHS will lead to changes that will improve media access to information and sources in a timely way.”

“While we may not see eye to eye on everything, there are many opportunities to bridge the gap and make changes that will help smooth relationships on both sides.”

A message from this writer to Sorian’s office mentioning the AHCJ meeting and emailed shortly before NewsPro deadline was answered within several hours by Dori Salcido, HHS deputy assistant secretary for public affairs.

Salcido said she was “in the [AHCJ] meeting with Richard [Sorian] and I can tell you that we’re committed to working together in this era of openness.”

What about Fauber’s request for information about financial conflicts for the Medtronic drug?

“I expect that eventually I will get something from [the FDA],” Fauber said. “I did the best I could in finding financial conflicts among the authors without getting the answers I needed.” □

A detailed schedule for Health Journalism 2011 can be found on the AHCJ website, healthjournalism.org.



GET TO THE HEART OF HEALTH CARE POLICY.

If you need an expert on medical innovation and health care policy, AdvaMed can help you get to the heart of the challenges and potential solutions for better health care. AdvaMed represents America’s medical technology and diagnostics innovators, providing clear and compelling insight on where health care policy is today—and where it needs to be for a better tomorrow. **Contact our expert sources:**

Wanda Moebius, wmoebius@advamed.org, 202-434-7240; Mark Brager, mbrager@advamed.org, 202-434-7244.



Follow us on Twitter
@AdvaMedUpdate

Tackling the Issues *(continued from page 10)*



JEFF PORTER

those areas.”

Porter said the “hallway networking” that happens at the conference can play an important role in deciding which workshops to attend. “Members can get some good insights from the very people who are going to speak or moderate the next panel,” he said. “We provide a description of each panel [but] they can tell you exactly what they’re going to be talking about.”

The Philadelphia Inquirer hosts a reception Thursday evening, capping off a full day of panels, workshops and other events. Kicking off the activities Thursday morning are the annual field trips, and shortly afterward, Frank Bass, Bloomberg reporter and analyst, and AHCJ’s Porter open the workshop portion of the conference with “Mapping and Charting Health in Your Area.”

Gaining access to government experts is an ongoing challenge for AHCJ members, and that issue will be addressed in Friday’s panel “Right to Know: Getting Information From Government Entities,” moderated by AHCJ board member Felice Freyer.

Another important theme at this year’s conference is the quality of medical care in the U.S. and the instruction of medical personnel.

“The training, licensing and quantity of the health care workforce will continue to spin off stories,” Bruzzese said. “Specifically, we will have a session that looks at how the role of nurses will continue to evolve, and ... a session on how the training of physicians has changed.”

Those sessions—“Future of Nursing: Blueprint for Health Care Reform” and “Educating the 21st Century Doctor”—will be moderated by Barbara Glickstein, R.N., co-director of the Center for Health, Media & Policy at Hunter College, City University of New York, and *The Philadelphia Business Journal’s* health care reporter John George, respectively.

AHCJ President and senior reporter at ProPublica Charles Ornstein moderates or co-hosts several panels, including “Researching the Backgrounds of Health Professionals,” “Localizing Health Investigations” and “Analyzing Hospital Quality.”

“Deciphering the Language of Hospital Finances” will be moderated by Karl Stark, AHCJ vice president and health & science editor for *The Philadelphia Inquirer*.

Some sessions are specifically aimed at freelancers, “an important contingency within our membership,” Porter said, adding that “workshops pertaining to using data and the ones involving multimedia, blogging and social networks” are targeted to freelancers but are of value to other members as well.

How-to panels on handling contracts and protection from lawsuits are also planned for freelancers, as well as the annual Freelance PitchFest that brings freelancers and editors face to face.

A second reception takes place Friday night, hosted by The Robert Wood Johnson Foundation.

More than 500 people attended last year’s conference in Chicago, Bruzzese said, adding the association was “shooting for 500 to 600 this year.” □

Creating Opportunities

The Association of Health Care Journalists now has more than 1,000 members in 28 countries. Started in 1997, the association incorporated in 1999 and received start-up grants from The Robert Wood Johnson Foundation and Crain Communications (publisher of *NewsPro*).

This year the Center for Excellence in Health Care Journalism, the educational branch of the AHCJ, was bolstered by a three-year grant of \$1,097,000 from The Leona M. and Harry B. Helmsley Charitable Trust. The grant will support AHCJ’s yearly conference as well as an annual rural health journalism workshop.

“The Helmsley Trust grant allowed us to expand the fellowship opportunities we can offer journalists needing assistance [to get] training,” said Len Bruzzese, AHCJ executive director. “It’s helping us bring in a larger number of reporters and editors from ethnic media outlets, from rural communities and from non-health beats.”

This year’s rural workshop is a one-day event scheduled for June 3 in St. Louis and is free to AHCJ members. The Helmsley endowment will also fund the expansion of a regional program that provides training for up to a dozen reporters, producers and editors every year. The grant will also be used to maintain the AHCJ website and enhance the resources listed on the site.

Other donors to the AHCJ include the California HealthCare Foundation, the CDC Foundation and *The Philadelphia Inquirer*.

—Jarre Fees

Need a Pediatric Source?

Whether you are a news reporter looking for an expert source or an entertainment producer researching a pediatric plot line, the 60,000 pediatricians of the American Academy of Pediatrics are available. Contact us for resources on topics such as:

- Obesity
- Vaccines
- Bullying
- Social media
- Dog bite prevention
- Pool safety

Reach us at 847-434-7877 or
commun@aap.org

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™





G. MICHAEL LEMOLE JR., MD, CHIEF OF NEUROSURGERY AT THE UNIVERSITY OF ARIZONA'S UNIVERSITY MEDICAL CENTER, IS SURROUNDED BY THE PRESS DURING THE CHAOTIC HOURS AFTER THE TUCSON SHOOTINGS.

Doctor in the Spotlight

Rep. Giffords' Surgeon Keynotes Conference

By Jarre Fees

On Jan. 8, a gunman fired at close range into a group of people at a "Congress on Your Corner" event outside a grocery store in Tucson, killing six people including a 9-year-old girl and a federal judge, and injuring 12 others, including U.S. Rep. Gabrielle

Giffords, D-Ariz., host of the event.

The would-be assassin's 9mm bullet moved through the left side of the congresswoman's brain, but did not cross hemispheres or reach the lower area of the brain that controls critical function.

WHAT HAPPENS IF PESTS KEEP HANGIN' AROUND?

Does your audience know that cockroaches irritate asthma? Uncontrolled weeds increase allergies and the risk of injury on playgrounds? Many myths exist when it comes to pesticide and fertilizer use, making the subject matter complex. RISE (Responsible Industry for a Sound Environment)® is a resource that can help you cover these issues responsibly. Contact Karen Reardon at (202) 872-3893 or kreardon@pestfacts.org with questions or for more information. Visit www.debugthemyths.com to learn more.



Reporters flocked to the University of Arizona's University Medical Center in Tucson clamoring for daily updates on the condition of Rep. Giffords and the other victims.

Enter G. Michael Lemole Jr., MD, neurosurgery chief at the medical center and keynote speaker for the Association of Health Care Journalists awards luncheon on Saturday, who, along with Peter Rhee, MD and trauma chief at UMC, juggled press conferences and live interviews with meticulous care of Rep. Giffords until her transfer to Houston's Memorial Hermann Hospital for rehab on Jan. 21.

How did the staff at UMC balance the public's right to know with Rep. Giffords' right to privacy?

"We were completely in compliance with federal regulations," Dr. Lemole said. "My first mandate is to my patient and the family, and federal law is congruent to that."

"Literally, before a press conference, I would ask the family, 'How much do you want me to let out?'"

—G. Michael Lemole Jr., MD

The Health Insurance Portability and Accountability Act (HIPAA) covers all aspects of an individual's protected health information—electronic, written and oral. HIPAA makes no exceptions for the privacy of public figures. But Rep. Giffords' constituents wanted answers as to her immediate and long-term prognosis.

Rep. Giffords' family "was very cognizant of these issues," Dr. Lemole said, "and wanted to get enough accurate information out to counteract any false information that might be circulating."

Dr. Lemole said he worked closely with Rep. Giffords' family to coordinate the release of information to the press. "Literally, before a press conference I would ask the family, 'How much do you want me to let out?'" adding that sometimes the circumstances "required verbal gymnastics on my part.

"Her husband [U.S. Navy Captain and NASA astronaut Mark E. Kelly] said to me, 'I don't want people pegging her as to what she'll be able to do.'"

Dr. Lemole said most of the journalists covering the follow-up briefings on Rep. Giffords were probably news reporters, not health care journalists, but he said he "thought they did a pretty good job" of explaining his medical procedures to the public.

"From a surgeon's perspective, they certainly made a big deal of what we consider simple procedures," he said, "[sensationalizing] things that in fact we do every day."

One of the more sensationalized procedures Dr. Lemole performed was a decompressive craniectomy—the removal of a portion of Rep. Giffords' skull to relieve pressure on the brain.

Dr. Lemole said journalists have to "get the correct information" to their audience but admitted that doctors aren't always good at putting the correct information out there.

"Doctors are notoriously bad at public relations," he said. "They insist upon telling you what IS, and that requires a great degree of

detail. It's a rare [doctor] who can take it and make it pithy."

Dr. Lemole acknowledged that discussing Rep. Giffords' condition was easier when he "was speaking to Dr. Sanjay Gupta," or other journalists who were also medical doctors, because a lot of the procedures did not have to be explained in detail.

In addition to working with Rep. Giffords' family, Dr. Lemole also worked closely with the PR people at the UA Department of Medicine to help make things run smoothly.

The staff "agreed on certain rules," he said. "We made ourselves very available. We made it very orderly. Sometimes we'd be going down [an interview] list and I'd say, 'Dr. Rhee should take this one.'"




G. MICHAEL LEMOLE JR.

Dr. Lemole's brother-in-law is TV's Dr. Oz, a connection that helped make him "aware of some of the pitfalls" in dealing with the press. Dr. Lemole was widely praised for the manner in which he dealt with the media after the shooting.

He said he believes the country will soon face a new set of health care challenges, particularly in sparsely populated areas. "It's getting harder to recruit doctors," he said. "The country is already seeing the results of that recruitment shortage."

There has been a corresponding decline in the nationwide availability of medical care, Dr. Lemole added. "Small communities won't have access to [top medical care], and we're already dealing with it now," he said. □



American Society for
Clinical Pathology

www.ascp.org

EXPERTS

IN LABORATORY TESTING AND DISEASE DIAGNOSIS

- Genetic testing
- Cervical cancer
- Personalized medicine
- Gene patents
- Forensic medicine
- Blood collection and testing

- Laboratory workforce shortage
- HIV/AIDS, TB, and malaria testing in developing countries
- And much more

As the world's largest society representing pathologists and medical laboratory scientists, ASCP can give you ACCESS to an international network of specialists.

Gelasia Croom
Media Relations Manager

312-541-4754
gelasia.croom@ascp.org



UNIT 4 OF FUKUSHIMA DAIICHI NUCLEAR POWER STATION.

Health in the Headlines *(continued from page 5)*

groups such as the Citizens' Nuclear Information Center.

The CNIC, based in Tokyo, has warned the Japanese government for years that the nuclear plants along Japan's northeastern coast would be vulnerable in a tsunami.

Otake said the CNIC has become an alternative source of information for citizens and journalists who are "frustrated with the government's fragmental and highly technical reports regarding the [Fukushima] accident." She added that worst-case scenarios at the plant are "hard to come by from the government."

"We try to collect facts and not breed hysteria," Dr. Gupta said, "but as time went on we realized there was a concern all along. The Prime Minister finally came out and said the radiation levels are high enough that they could affect human health."

At *NewsPro's* deadline, many radiation experts continued to

minimize the risks posed by the situation at the Fukushima plant, with a common assertion being that radiation levels posed no immediate threat except to the very young in Japan. But journalists have to continue asking questions.

"Reporters can only do their best to digest and analyze the latest data and information as they become available," Otake said.

"Readings change daily depending on the weather and the direction of the wind," she added. "What we all can do is to seek the most updated information from local government agencies. [But] in the days since the accident, we have come to know the government has more data than they give us."

No matter what the official stance is when it comes to a nuclear disaster of this magnitude, "It's imperative that reporters keep putting information through the logic test," Dr. Gupta said. □

Call for Entries

2011 AAAS Kavli Science Journalism Awards

The AAAS Kavli Science Journalism Awards honor distinguished reporting on the sciences, engineering and mathematics.

Panels of journalists select the winners.

DEADLINE: 1 August 2011

www.aaas.org/SJAwards



THE  KAVLI FOUNDATION

 AAAS

U.S. CATEGORIES

Awards will be presented for U.S. submissions in the following categories: **Large Newspaper, Small Newspaper, Magazine, Television (Spot News/Feature Reporting, In-Depth Reporting), Radio, Online.**

INTERNATIONAL CATEGORY

Open to journalists worldwide, across all news media:
Children's Science News

Sorting Out Studies

Context Is Key to Reporting on Research

By Hillary Atkin

Like so many studies involving women's health and sexuality, those looking into the side effects of oral contraceptives generate a lot of media interest.

While each woman may notice different consequences, health journalists—and physicians—look to research to sort out the facts. One of the most trusted sources is the Cochrane Reviews, which analyzes hundreds of studies on a given topic, such as birth control side effects. It filters out studies that are not well-controlled or fail to employ adequate reporting methods.

While researching whether oral contraceptives cause weight gain, Cochrane Reviews found many of the nearly 600 studies it analyzed were hard to interpret and difficult to compare, because of the wide variety of pills and regimens. It concluded that in the 47 studies that did qualify, the evidence was not strong enough to say definitively that birth control pills cause weight gain.

It's a perfect example of the challenges health journalists face when reporting on the multitude of medical studies that are released, including how much weight should be given to reporting



on clinical trials and studies and how to analyze the data, as well as the inevitable contradictions that occur in multiple studies on the same topic.

“What reporters have to do is put things in context,” said Ivan Oransky, a physician who is executive editor of Reuters Health, which reports on more than 100 medical studies every week.

But even for an experienced journalist, that's easier said than done. “Studies are written in heavy-duty jargon and they use statistical tools and analyses that are not very user-friendly,” he said.

The Association of Health Care Journalists offers a guide to members on covering medical studies, written by Oransky and Gary Schwitzer, publisher of HealthNewsReview.org. It explains

differences between absolute and relative risks, and defines differences
continued on page 32



NIHCM FOUNDATION

CONGRATULATES THE FINALISTS OF NIHCM'S ANNUAL
HEALTH JOURNALISM AWARDS

RECOGNIZING EXCELLENCE IN REPORTING ON
HEALTH CARE ISSUES AND POLICY

NIHCM IS A NONPARTISAN ORGANIZATION THAT DISSEMINATES
RESEARCH FINDINGS AND ANALYSES TO PROMOTE ACCESS TO HEALTH
CARE AND IMPROVE HEALTH CARE SERVICES AND DELIVERY.

WWW.NIHCM.ORG



For the Latest on Health Savings Accounts...

Turn to the HSA Council the Media's Best Source for Information

The ABA's HSA Council is the one national advocacy group that can give you the in-depth, up-to-the moment information and analysis you are looking for on all aspects of HSAs. For information on the issues affecting HSAs and their impact on consumers, contact the experts at the HSA Council first.

**For questions, contact Kevin McKechnie at
1-800-BANKERS, ext. 5172 | kmckechn@aba.com**

Visit the HSA Council website at aba.com/ABA/hsacouncil



Targeting Childhood Obesity

Michelle Obama's Campaign Keeps Media Focused



OFFICIAL WHITE HOUSE PHOTO BY CHUCK KENNEDY

FIRST LADY MICHELLE OBAMA GETS IN ON THE ACTION DURING A "LET'S MOVE" EVENT ON THE WHITE HOUSE LAWN.

By Dinah Eng

When a first lady speaks, the media listens. First lady Michelle Obama's "Let's Move" campaign, designed to fight childhood obesity through better nutrition and physical education, is resulting in more media coverage of the issue because of the first lady's political stature, say journalists and health care providers.

While childhood obesity is not a new issue, Ms. Obama's effort "to raise a healthier generation of kids" is putting the spotlight on statistics, resources and programs related to the issue.

"There's a long tradition of first ladies adopting issues, whether it's Lady Bird Johnson and beautification or Barbara Bush and literacy," says Tom Rosenstiel, director of the Pew Research Center's Project for Excellence in Journalism. "The presumption is because

there's a press corps that follows them, they have the opportunity to spotlight an issue that might not otherwise get attention. It's the same reason charities seek out celebrities to be their spokespersons."

Rosenstiel says Pew Center data shows relatively little play for diabetes and obesity stories, which accounted for only 0.1 percent of the news hole in 2009 and 0.3 percent of the news hole in 2010. Research looked at time on radio and TV given to stories, and space in print and online. Childhood obesity stories were not studied separately.

Despite the small percentage, however, coverage of diabetes and obesity tripled in 2010 from what it was in 2009. Rosenstiel says Pew research does not indicate whether that increase can be attributed to the first lady's initiative.

For some areas of the country, childhood obesity is a natural topic of coverage. “Obesity has long been a major public health issue for Michigan, which ranks poorly when it comes to health indicators and disparities,” says Robin Erb, medical writer for the *Detroit Free Press*. “I did a Q&A with the Surgeon General last summer about childhood obesity, but the first lady’s campaign didn’t direct my focus.”



MICHELLE OBAMA PROMOTES HER CAMPAIGN AT THE NEW ROOTS COMMUNITY FARM IN THE CITY HEIGHTS NEIGHBORHOOD OF SAN DIEGO ON APRIL 15, 2010.

Erb says the newspaper also recently posted a story on its website about a federal grant that the University of Michigan will soon receive to study childhood obesity.

“Without the first lady’s focus on childhood obesity, would this grant be available?” she asks. “Perhaps, but I don’t know. Even if the grant had been awarded, would that information have been on the radar screen for university folks who send out press releases? And would the release have made it to a story?”

She says she has received “quite a bit” of feedback from parents on stories about the increase in childhood obesity. With kids’ waistlines expanding, parents and health care professionals seem at a loss for what to do.

“Maybe some parents are more aware of health concerns associated with extra pounds because of the ‘Let’s Move’ campaign, but I’m not sure,” Erb says. “I can tell you that my own kids see Michelle Obama talking about gardening and healthy choices—both from TV and from their school.”

Meredith Matthews, senior editor of *Current Health Teen*, a publication used in junior high and high school health and physical

education classes, thinks the “Let’s Move” campaign has put childhood obesity on the radar for everyone in the country.

“The fact that the first lady has two young daughters and is concerned about their health punches it up a bit,” Matthews says. “Obesity as an issue has not gotten a lot of attention until Ms. Obama’s initiative. The campaign has created awareness that it’s a medical issue, and not a weakness that people should feel ashamed about.”

Medical professionals say media coverage of the campaign has been instrumental in changing patient attitudes and generating awareness of the dangers of gaining weight.

Dr. Sandra G. Hassink, director of the Nemours Pediatric Obesity Initiative at A.I. DuPont Hospital for Children in Wilmington, Del., says primary care physicians are hearing their patients talk about the first lady’s campaign, and pediatricians are talking about it as well.

“Obese children get a lot of teasing, and stories that show a positive message coming from such a high level are good,” says Hassink, who chairs the Obesity Leadership Work Group of the American Academy of Pediatrics. “Highlighting steps people can take to have a more healthy lifestyle is very positive.”



DR. JENNIFER ASHTON

Dr. Jennifer Ashton, medical correspondent for “The Early Show” and other CBS reports, says she sees childhood obesity covered frequently and prominently in print and on TV now.

“As a physician, I don’t think it can be covered enough,” says Ashton, also a practicing gynecologist in Englewood, N.J. “We’ve covered childhood obesity stories on ‘The Early Show’ and the ‘CBS Evening News’ as well. Whenever the first lady launches a public service campaign, you’ll see TV, radio and print pick up the cause because anything with a first lady’s face attached to it will get more coverage.”

Ashton says it’s important to have a human face to drive any issue home to viewers, and whether it’s the face of a celebrity or an ordinary citizen doesn’t matter, as long as viewers connect with the person. That said, Ms. Obama’s campaign has made it easier to get the problem of childhood obesity in front of the camera, she notes.

“When the first lady launched her campaign, we looked for stories to peg to it,” Ashton says. “The goal is to educate viewers, readers and listeners to make choices that will make their lives healthier.” □



AMERICAN ASSOCIATION for JUSTICE
Formerly the Association of Trial Lawyers of America (ATLA®)



Trial attorneys are on the front lines in the fight for justice and patient safety. Contact us to hear from our members and the people they represent, who have seen first-hand the successes and failures of our health care system.

Contact AAJ for:

- **Real people injured by dangerous drugs, devices, and medical negligence.**
- **Facts and figures on medical negligence and patient safety.**
- **Experts on the legal system, FDA or other regulatory agencies, and legislation that could affect the rights of injured patients and consumers.**

American Association for Justice | 202.965.3500 x8369 | media.replies@justice.org

Sorting Out Studies *(continued from page 29)*

in methods including observational studies and randomized controlled clinical trials. The AHCJ guide also tells how to interpret statistics and look for conflicts of interest.

Oransky said reporters should ask how the study was funded, information that is usually but not always available. They should determine whether the authors of a study have served as consultants or have been paid by companies that have an interest in the results, and whether the authors have a patent on the treatment.

The 65-page members-only AHCJ guide also explains how to scrutinize the quality of evidence and discusses news embargoes placed by medical journals.

Most of the medical studies that are reported are published in major journals, like the *New England Journal of Medicine*, *Journal of the American Medical Association* and the *Annals of Internal Medicine*. All are peer-reviewed journals.

Reuters Health ranks the journals themselves, in a system it calls the “impact factor,” a measure of how often they are cited by other researchers. “The bigger journals send press releases, but a lot of journals don’t,” said Oransky. “We have subscriptions, and we go through and see what’s interesting to decide if we should cover.”

A major error a health journalist should avoid is writing about a story from a press release, without perusing the study itself. Oransky called that “journalistic malpractice,” and said, unfortunately, it’s common. “If you read a lot of coverage, it’s clear that a lot of outlets are only using press releases, and it’s a big mistake,” he said.

June M. Lay, M.S., an AHCJ member who specializes in health

and fitness and often reports on studies, said she sees a lot of results being sensationalized—and misreported.

She cited the flaws in a *New York Times* article that headlined that not everyone could become fit, due to their genetics.

She said the article was based on a cardiologist who put his own study together and claimed he couldn’t build large quadriceps after years of running, but there was no explanation of how he conducted the research. The rest of the article quoted the study.

“As a health writer, I thought it was very misleading,” Lay said. “There are certain muscle fibers that have genetic components, differences that are seen in elite athletes, but have nothing to do with the general public.”

Another pitfall in reporting on studies is that they often contradict each other. When they are reported, it should be noted that a single study on a subject is rarely conclusive.

“Part of the problem is that people want news, and reporters sensationalize it,” said Lay.

Oransky said the ideal approach when reporting on studies is to take a big-picture look at the topic and how it affects people’s health, although that’s often not possible due to time and resource constraints.

“We’re in a high-volume business,” he noted. “How do you create high volume that readers, advertisers and clients want without covering studies? The reason why we cover published studies is you have the overlay of peer review, something that someone has decided is worth publishing.” □

Your online source for the most important industry news.

TVWeek.com
TV Biz Wire



Sign up for your free subscription at www.tvweek.com/newsletters

Social Relevance

Facebook, Twitter and Other Social Media Evolving Into an Essential Tool for Journalists

By Allison J. Waldman

The advent of social media—Facebook, Twitter, blogs and other online media—has had a profound influence on reporting in general, and health care journalism in particular. These new modes of media have emerged as essential tools that expand the capabilities, as well as the responsibilities, of news professionals in disseminating and gathering information.

Deborah Potter, president and executive director of NewsLab, says social media play a number of roles for journalists. “One is the classic promotional role—that is, you can use social media to let the world know that you’ve reported something and they should go and read it,” she said.

Social media have also become valuable tools for discovering and developing sources, and for effectively searching for information. “A lot of people who have many followers or many Facebook friends will get tons of responses [and] find good sources for their stories,” said Potter.

As a tool for finding information, Facebook is opening new doors for reporters. Potter suggested that journalists take advantage of the advanced search function on Facebook. For example, a health care journalist looking for breast cancer survivors in Maine could find subjects to interview or make connections with just a few clicks of the mouse.

Ellyn Angelotti, faculty on Digital Trends and Social Media with the Poynter Institute, says the proliferation of social media has changed the nature of the reporting process. “Reporting has gone from being passive, where a story is published and that’s the last step in the process,” she said. Through the Internet and social media, she said, the information that is reported becomes part of a living history.

“We’re able to document living history so the only thing to be fleshed out is adding context to that narrative,” Angelotti said.

Because of this evolution, news organi-

zations are changing how they do business. “Instead of just providing a story at the end of the day, a lot of organizations have decided to provide updated information, so it’s more about the process than the product,” said Potter.

With that shift of emphasis, responsibility is paramount. “Social media encourages authenticity and transparency,” said Christine Cupaiuolo, editor of the 2011 edition of “Our Bodies, Ourselves” and owner of PopPolitics Media. “Reporters are in more frequent and direct contact with readers, experts and other journalists, and this enables us to seek story ideas and feedback. It also makes us more accountable.”



The interactivity between the writer and the audience is symbiotic. “People can add to the story or share related anecdotes,” Angelotti points out. In fact, she said, an original story can circle back to the publisher for a reprint based on the reaction or input of the audience.

The downside of that interactivity, however, is a loss of control. “We used to know who our audience was. Now we lose that control when others can share the story and take it out of context. Sometimes an excerpt doesn’t tell the whole story. We’ve sacrificed the control we used to have,” said Angelotti.

In addition, the augmentation of a story

via social media comments or blogs can reflect on the credibility of the source and the reputation of the publisher. This is especially true in health care journalism, where issues of life and death might be in play.

“Health is such a sensitive topic that you have to be more cautious than you would be reporting on something else,” Angelotti said. “Your credibility can be affected if you don’t report accurately, and people will hold you accountable. And the harm that could be caused is much more serious.”

Added Potter: “It takes a journalist to put information in context, to provide the background. You can see a nuclear plant in Japan exploding, but you can’t know what it means without the journalist.”

“Information is more shareable today, and that has both positive and negative opportunities and challenges,” said Angelotti. On the plus side, the reporter’s work is seen and heard. On the negative side, information can go viral and the journalist cannot predict when and if that will occur. That makes the accuracy of the original information even more important, she said, because “if people take it out of context, it can create the wrong impression.”

Potter concurs, citing the example of Twitter, which limits the size of the message. “The tweet alone is not sufficient,” she said. “What most journalists are doing on Twitter when they’re disseminating information is pointing people to more information. That’s the best way of using it.”

Adds Angelotti: “Journalists can help make people think critically about the information, and guide via Tweets and Facebook to what others are saying that’s worthwhile. Just as a notepad is a tool, Twitter is a tool.”

People are finding the value in using it, but understand that traditional reporting methods are important.

“We can’t completely abandon those.” □

Experience Counts

By Dr. Maria Simbra

I am lucky to work in a newsroom where certain reporters have interesting and special backgrounds.

We have a lawyer and former politician covering politics and economics. We have a former marine as a general assignment reporter, but whose insight is invaluable when it comes to reporting on matters with military context.

And there's me—once a neurologist, now a journalist, covering the health and medical news of the day.

In many ways, my background is useful. I can look at medical studies with insight about design and conclusions, and bring some balance to the sensational bits. I know which medical specialty or specialties to call upon for comment. I can translate the medical jargon into everyday language.

Being familiar with the anatomy and physiology and pathology makes me more efficient. When time is of the essence, or in a press conference situation, I know what the doctors are talking about, I understand the limitations of their abilities and knowledge, and I know where to find supplemental information and illustrative materials.

Also, I get the sense the TV station I work for appreciates my credibility factor. There's something you can't put your finger on that viewers can relate to. When the anchors toss to "Dr. Maria," that conveys in all of its shorthand here's somebody who is wise to "all that medical stuff."

My colleagues with backgrounds relevant to what they cover share the sentiment.

My KDKA-TV colleague Jon Delano, who has run for office himself and worked in Washington, D.C., as a congressional staffer, benefits from his experience by getting interviews with politicians more easily and connecting with them sincerely. "Coming from the political world gives me tremendous empathy for what politicians go through on a daily basis, but it also makes me wise to their posturing and antics," he says. "My job is to help the public understand why they say and do some of the crazy stuff they do, and I can do it because I've been there and done it."

Another colleague, Ross Guidotti, a

former Marine, says of his background, "It gives me cred when it comes to hanging with the troops and asking intelligent questions."

Indeed, asking the right questions is key to credibility with sources, too. A doctor might be more willing to do another interview with me on another topic someday because of my thoughtful and analytical questions. A recent compliment came from PR staff who told me, "Lots of reporters have covered this, but I understand that [procedure] so much more now after listening to YOU interview the doctor."

That's not to say that people without specialty backgrounds can't do an excellent job. Many of them do.

Harold Hayes, a general assignment reporter who covers many of Pittsburgh's important legal cases, finds his decades of experience as a journalist his biggest advantage. "Sometimes I listen to a closing argument and say to myself, 'I would have hammered away at this point or that point.' Sometimes I can anticipate the outcome of a motion or procedure given that I've seen it done before." Likewise, he can point out when events are unprecedented. But he admits, he's no lawyer. "Even after 30 years there is still some jargon I don't understand."

"I like to develop a working relationship with detectives, and cops on the street. It often helps when you're at an apparent crime scene, to know whether it's worth staying around, or not," says Ralph Iannotti, another general assignment reporter and 25-year news veteran who is frequently on the crime beat. "Oftentimes, I get a 'heads up' on a situation."

As with everything, there are risks as well as benefits. Specialty reporters are a fading species. The trend in the business is to go with all general assignment reporters, who can cover

health and medicine one day, entertainment the next, the budget impasse next week, and a labor strike next month. It might be less expensive to operate a fleet of general assignment reporters, freshly minted and eager for duty. But sometimes, the price is depth.

There's a depth to our reporting that comes from what we each bring to the news table with the nuance of our totality. Viewers have come to appreciate the value of each person on the team. Who wants homogeneity when you can have the variety and wealth of our experience as people and reporters? It's a branding that sets a news organization apart. It seems to work for my TV station, which is consistently No. 1 in a fiercely competitive market. □

Maria Simbra is the medical correspondent for KDKA-TV News in Pittsburgh.





EMMY[®] **2011** **AWARDS**

SPORTS EMMY AWARDS

MAY 2, 2011

Frederick P Rose Hall, Jazz at Lincoln Center, NYC

CREATIVE ARTS & ENTERTAINMENT EMMY AWARDS

JUNE 17, 2011, Westin Bonaventure, Los Angeles

DAYTIME ENTERTAINMENT EMMY AWARDS

JUNE 19, 2011, Las Vegas Hilton

NEWS & DOCUMENTARY EMMY AWARDS

SEPTEMBER 26, 2011

Frederick P Rose Hall, Jazz at Lincoln Center, NYC

For Sponsorship and Ticket Information contact:
Lauren Saverine, 212-484-9440 / lsaverine@emmyonline.tv

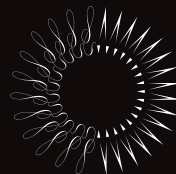


Who's hogging our antibiotics?

Up to 70% of U.S. antibiotics go to farm animals that aren't sick, to offset crowding and bad sanitation. Unfortunately, this also promotes the development of deadly strains of drug-resistant bacteria that can spread to humans. Congress needs to protect consumers by preventing the misuse of antibiotics in animal agriculture.

SaveAntibiotics.org

THE PEW CAMPAIGN ON HUMAN HEALTH AND INDUSTRIAL FARMING



THE
PEW
CHARITABLE TRUSTS