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FROM THE EDITOR

The Beginning of the End

The end of life is a tough reality on every level — for those experiencing it, those caring for someone who is, for those paying the medical bills or even those just contemplating ultimately facing it, as we all must.

Reporting on the emotionally loaded controversies surrounding end-of-life issues is no less daunting. Our cover story takes a look at an infrequently covered but crucial topic that will grow exponentially in importance on the health-care beat as aging baby-boomers increasingly face the deaths of their parents — and themselves — and the issue becomes more and more politicized.

On the other end of the coverage spectrum, the rollout of the Obama Administration’s Affordable Care Act dominated the headlines over the past year, challenging health-care reporters to ferret out the truly meaningful issues in the over-the-top battle between Obamacare’s supporters and its detractors.

Our report on ACA coverage found mixed reviews for the press, with some efforts praised for their astuteness and others blasted for disseminating utter misinformation and hype. And, as our sidebar found, the preponderance of ACA coverage came at the expense of other important health-care developments, which were too often relegated to reduced space in less visible positions.

The annual Association of Health Care Journalists conference held in Denver last month proved a hit with most of the attendees we talked to, as our on-scene coverage reports, and its foray into the topic of legalization of marijuana in the host state made an impression on some.

We’ve also got an examination of the state of the nonprofit news sector — one obvious example of success being Kaiser Health News, which we profile separately — a look at the John S. and James L. Knight Foundation’s recent backing of a spate of data-driven projects, and some pointers on the ever-more-necessary art of self-promotion for journalists.

Finally, Dr. Mehmet Oz has some news for you in our Sign-Off column: Journalists though you may be, you nonetheless are healers, too.

— Tom Gilbert, Editor
Reviewing the 2013 Showtime documentary “Time of Death,” Time magazine critic James Poniewozik succinctly summed up the challenges surrounding end-of-life journalism: “How do you recommend a TV series that’s well-made, thought-provoking, deeply moving — and that most of your readers, with good reason, will not want to watch?”

End-of-life issues as an area of journalistic scrutiny come with a seemingly guaranteed large audience: Everyone will die, someday. But the subject gets surprisingly little attention, whether due to worries that readers and viewers won’t tune in or read, or hesitance on the part of the journalist to plunge into emotionally draining terrain.

The topic is a journalistic challenge: Subjects need to be coaxed to share stories, often at a personally wrenching time. And when it hits the news — as it did this winter, in the high-profile cases of Jahi McMath and Marlise Munoz, two women who were being kept biologically functioning by technology despite being declared brain-dead — journalists run into confusing issues and terminology not easily understood or explained on deadline. In some press reports on those two cases, ventilators were mischaracterized as “life support,” which they couldn't be if the patient was already dead, and questions were raised as to whether “brain-dead” actually meant “dead.” (Legally, it does, in all 50 states.)

Coverage around end-of-life issues is only going to become more urgent and the need for clarity more crucial. An aging baby-boomer population is grappling both with care for their parents, who are living longer, and confronting their own mortality more directly than any other previous generation.

Politicians, meanwhile, have forced end-of-life issues out of the realm of the personal and into the political arena on the front pages, and “that’s beginning to have an effect on how people are thinking about decisions related to end-of-life,” said Mildred Z. Solomon, president of The Hastings Center, a nonpartisan, nonprofit bioethics research institute, which sponsored several sessions exploring end-of-life issues at the recent Association of Health Care Journalists annual conference. “It’s not a topic that needs to be polarized,” she added. “It’s a human issue.”

By Elizabeth Jensen
Nashville Public Television dealt with these challenges when last year it began a multi-year initiative, “Aging Matters.” The baby-boom generation “has always done things differently,” said Beth Curley, Nashville Public Television’s president and chief executive. For many boomers, as their parents started aging, questions of how to care for them “are becoming very visceral,” she said, and as the station looked ahead, questions arose about how prepared Nashville is for caring for the boomers themselves when they get to that point.

“What’s it going to mean personally, and as a community?” Curley said, to keep loved ones in their homes, meet housing, transportation and medical needs and find caregivers.

Because there was a local hospice with its own project in the works, the first focus for the multi-pronged undertaking turned out to be the end-of-life issue; “NPT Reports: Aging Matters: End of Life,” a national documentary tackling the roles of advance directives, palliative care and hospice, among other topics, begins airing on public television stations nationwide this month. Without the local partner hospice, “we would not have kicked this project off with the end-of-life subject matter, but, hey, why not start with the hardest,” said Curley.

The challenge was how to craft a program people would watch “without crying throughout the whole thing,” said the project’s producer, Mary Makley. “Thinking about your own death is hard, and planning for that is not something most people want to face up to,” she said, adding that medical advances allow for patients to be kept alive “more than is perhaps desirable.”

She ultimately found a jumping off point in two conflicting statistics: “A huge proportion of Americans say they would prefer to die at home,” she said, and yet, 70 percent of deaths occur in a hospital, nursing home or long-term care facility. “There’s a real disconnect here,” she said, so the approach became “Why people don’t get the death they say they want.”

The reporting found that conversations could help. The medical issues surrounding death are particularly complicated, Curley said; “when a doctor says, ‘do you want this or that,’” oftentimes the patients and families “have no idea.”

“There’s a lot of research now that gives clinical evidence that some of the routine things we do near end of life don’t make sense, but we continue to do them,” said The Hastings Center’s Solomon. For one, many care facilities give artificial nutrition and hydration to patients with advanced dementia, in an attempt to keep them from getting aspiration pneumonia when they have problems swallowing.

“Research shows they still get pneumonia and yet we continue to churn nursing home patients into hospitals to get these PEG [feeding tubes], instead of having compassionate end-of-life care conversations,” she said. Similar research is being undertaken examining patients who are near death who are being referred for dialysis.

Journalists could help bring more clarity to those issues, as well as the decision-process around palliative care services, which! are often mistakenly thought of as synonymous with end-of-life care, Solomon said. One recent study suggested people might actually live longer if they get quality palliative care early, to manage symptoms including pain, but “there is a PR problem,” Solomon said: People think palliative care is something they only get when they are actively dying.

A separate issue is the country’s growing politicization in recent years, which has muddied some of the conversation, Solomon said. “There’s a lot of confusion around withholding treatment continued on page 6
and assisting suicide,” which are not the same thing, she said. And the complex issue of costs of end-of-life care gets manipulated, as well: Solomon said her view is that “end-of-life care is one area where doing the right thing is also probably less expensive,” noting the “preponderance of evidence that good palliative care could save money.”

The Hastings Center last year published an expanded and updated version of its influential 1987 book, “The Hastings Center Guidelines for Decisions on Life-Sustaining Treatment and Care Near the End of Life,” which is meant to help clinicians think through the ethical and legal issues surrounding end-of-life care decisions as they guide patients and families.

Reporters who plunge into the more intimate side of end-of-life issues find they must alter their approach, at times. For her HBO documentary “One Last Hug,” about children confronting the death of a loved one, director Irene Taylor Brodsky was very direct. “The very first thing I would say to these kids is, ‘we both know...”

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why I’m here,” she said. “I dealt with the elephant in the room right away.” She also used language given to her by the grief support center Our House. “Use the words ‘dead’ and ‘dying,’ not ‘passed’ or ‘gone.’ With kids it’s very important to use very direct language.”

At one point, when she used the phrase “committed suicide,” a counselor in the room interrupted her; the language made it sound as though the father in question had done something wrong. The preferred usage, Brodsky discovered, is to use “suicide” as a verb.

“It sounds corny, but I think bonding with your subject is important,” said filmmaker Edgar Barens, whose recent HBO documentary “Prison Terminal” documented the moment of death for inmate Jack Hall in the Iowa State Penitentiary hospice. “I don’t think you can blow in and blow out and have heartfelt scenes take place in front of you,” he said.

Barens, who had previously taken a 14-week course in hospice care so he would know what he would be confronting, said he also “blurred the lines sometimes.” He put the camera down occasionally and took on a hospice volunteer role, bringing Hall water, and massaging his hands and rubbing his back.

And when Hall would have a panic attack, Barens said he sometimes ran to get the nurse, “because I thought he was going to die and I didn’t want to be there by myself when that happened.”

— James Poniewozik

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Documentaries: HBO Films Explore End of Life From Two Perspectives

By Elizabeth Jensen

HBO documentaries have never shied away from end-of-life issues — from the five-hour 2009 series on Alzheimer's disease to the 2011 “How to Die in Oregon” about physician-assisted suicide — but this spring, the pay cable network’s lineup is tackling elements of the subject twice, and from two perspectives: that of the dying and those left behind.

“Prison Terminal: The Last Days of Private Jack Hall” chronicles the death of a terminally ill inmate in the prison hospice at the Iowa State Penitentiary, while “One Last Hug: Three Days At Grief Camp” explores the minds of children as they grapple with the lingering emotional effects of the death of parents and siblings.

“The confluence is a coincidence, HBO said, but the topic is a favorite of HBO Documentary Films President Sheila Nevins, who said she sees stories about death as “a way to value life.” It’s not much of a way to grab an audience, she said, but “it’s necessary. It’s the other end of a joke. If you do light, you have to do dark.”

“Prison Terminal,” which was nominated for a 2014 Academy Award in the Short Documentary category, was filmmaker Edgar Barens’ second film on prison hospices. The first, made in the mid-1990s for the Open Society Institute’s Center on Crime, Communities and Culture, was a how-to for setting up a prison hospice, which helped “jump start” a number of them, Barens said. But in the back of his mind, he said, “I always wanted to do something much more intensive and long term,” where he would get to know the prisoners themselves.

He got his wish when, to his surprise, he approached the Iowa State Penitentiary and, because they knew his earlier work, they gave him “24/7 access for up to a year. I almost had to pinch myself.” He stayed six months in 2006.

He was denied permission to live in the prison, but was offered “the next best thing”: basement space in a house 30 yards from...
the front gates, where the prison’s medical practitioners live when on call. That allowed him to spend up to 15 hours a day inside the prison and its cozy two-room hospice, simply getting to know everyone, since no one entered hospice for the first two months he was there.

The film chronicles the final months of Jack Hall, an 82-year-old who had served 21 years for killing a dealer who sold drugs to his son. But it’s also about the trained volunteer prisoners, who, with unexpected tenderness and compassion, handle the non-medical caregiving for their dying fellow inmates, at what Barens called “a pretty sacred moment in life.”

Not wanting to miss the moment should Hall pass away suddenly, Barens said he barely left for the last few months. Hall’s family got so comfortable that “they didn’t have any hang-ups with me being two feet away from them when the grandkids were saying goodbye.”

Irene Taylor Brodsky’s “One Last Hug” tracks a more immediately sympathetic group, children who attend one of the 41 camps nationwide designed to help them confront their grief. The idea came from one of the producers on the project, who lost his own father at age nine, before such options as the camp existed. Over the course of several days the counselors draw kids out of their shells, gently encouraging them to talk about their feelings of anger and sorrow and abandon.

Brodsky went through the parents to find her child subjects; of the approximately 65 kids at the camp session she attended about a dozen were not filmable because the parents had not signed waivers. “That’s a pretty high number in terms of shooting a big group setting,” Brodsky said, but understandable because parents were not permitted at the camp and couldn’t meet the filmmakers.

The film’s title is taken from the words of one 13-year-old who had been uncomprehending despite watching her parent die for several years. “I think that children perhaps are less able than adults to ever accept intellectually in any way that someone will die,” Brodsky said. “They’re never prepared, so the kids who lost their mother to a violent incident, or a heart attack were suffering in the same way as someone who lost their mom to breast cancer. None of them are ready,” she said, unlike adults. ■
The annual conference of the Association of Health Care Journalists held in Denver last month opened by looking 80 years into the past, and over a period of three days led attendees through the present and into the future.


From his deep, long-term viewpoint, Sullivan shared observations about health issues facing the nation, including the transformation of AIDS from death sentence to a chronic condition, and gave his personal and professional perspectives on race and health.

Sullivan, who is African American, spent his early childhood in a small Georgia town during the 1930s, a time when Ku Klux Klan members walked openly in their robes and the nearest black physician was 40 miles away. He helped create and then led the Morehouse School of Medicine in Atlanta as part of a lifelong effort to boost the numbers of African-American and other minority healthcare professionals.

Sullivan told journalists that while he has seen great progress against racism, racial disparities in health and access to healthcare deserve their continued attention. Sullivan criticized the politicization of health-care reform, noting that the individual mandate and other key features of President Obama’s Affordable Care Act were also in his administration’s reform proposals in the early 1990s.

Paul A. Offit, M.D., another AHCJ speaker, created something of a stir with his speech at the annual awards luncheon. In it, Offit, chief of the division of infectious diseases and director of the Vaccine Education Center at Children’s Hospital of Philadelphia, called for a “journalism jail” for reporters who put anti-vaccine advocates on an equal footing with experts supported by scientific evidence.

His stance elicited the following tweet from freelancer Maryn McKenna (@marynmck): “Q to @DrPaulOffit: what is your advice to journos on short time frames? Offit: don’t do the story: he said–she said is lazy.”

This tweet came from NYU’s Dr. Ivan Oransky (@ivanoransky): “Paul Offit, at #ahcj14 making friends by telling reporters how we get vaccine science wrong.”

And, from North Carolina Health News Editor Rosemary Hoban (@rosehoban): “Offit critiquing use of journalistic ‘balance’ should be replaced with ‘perspective’ on health.”

continued on page 12
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Note: Data comes from the 2013 American Academy of Physician Assistants Annual Survey, the U.S. Bureau of Labor Statistics and other industry sources.
Colorado’s recent legalization of recreational marijuana was the topic of a popular session and a common subject of conversation between sessions, with some attendees even venturing out to local pot stores to see for themselves how business is being conducted. (See sidebar, page 14.)

Several attendees praised a presentation by Billings (Mont.) Gazette reporter Cindy Uken about her coverage of the state’s shockingly high suicide rate, a piece which garnered her an AHCJ award this year.

“I thought the session on suicide was quite moving and very intriguing,” said freelancer Stephanie Stephens. “Montana apparently has the highest suicide rate. It was very poignant and got into some topics that reporters don’t normally have the opportunity to get into for lots of reasons.”

Although Denver can be considered off the beaten path to many journalists around the country, turnout this year surprised organizers by rivaling last year’s record-setting attendance in Boston. Some 700 journalists and other attendees packed into the Denver conference. Some of the early sessions had to be moved to larger rooms to accommodate more guests. A common complaint was the difficulty in choosing between up to six competing panels on topics ranging from practical reporting skills to intriguing new research to deep diving into health policy.

Asked about her favorite session, Suzanne Robotti, founder and president of medshadow.org, picked an emerging area of clinical research. “Surprisingly, the one on gut biomes,” she said. “I wandered in by mistake. They did a great job presenting it.”

Freelancer Heather Boerner said she saw a new way to look at familiar topic. “The aging panel was just phenomenal. I learned so much that I didn’t know, like the idea that we are dying of frailty...
now as opposed to a specific condition, and how chronic illnesses play into that.”  

Practical lessons learned by attendees included how to judge the newsworthiness of medical journal articles, how to guard against the biases of expert sources and tips gleaned from hearing the stories behind the award-winning journalistic pieces.

Boston Globe reporter Chelsea Rice’s favorite panel was “the conflict-of-interest session on medical studies, and how physicians are sometimes being paid by pharmaceutical companies to write reports of different treatments that maybe they have a bit of a bias towards.”

“My favorite panel was the one in which the award-winners told about how they got their stories,” said first-time attendee Tara Bannow, health reporter at The Bulletin in Bend, Ore. “There’s nothing more important than hearing a really great journalist talking about their process. That’s the most valuable part of all of this. The policy wonks are great, but I mostly like hearing reporters talking about how they got the story, what they did first and what they did next,” Bannow said.

Cincinnati Enquirer reporter Lisa Bernard-Kuhn said that a session featuring experts in the massive transition from paper to electronic medical records gave her a string of ideas for stories tied to approaching national deadlines.

She noted, “Those of us who came out of that session spent a lot of time talking about the number of great stories there are to do come September, and in 2015 when new regulations hit, and hospitals and health-care providers will have to have these electronic medical

records up and fully functioning or they are going to start getting hit with penalties.”

Having been exposed to a span of information stretching from the early 20th century health-care history into the future health-care stories coming next year and beyond, journalists left this year’s AHCJ conference with their bags packed full of ideas to consider and leads to follow — but for those leaving the state, at least, probably not marijuana.

See page 29 for the list of this year’s AHCJ Awards winners.

FOODCHANNEL.COM HOST AND PRODUCER JOY ROBERTSON SHOWS VIDEO TECHNIQUES TO AHCJ CONFERENCE ATTENDEE MEERA DALAL.

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Journalists Go to Pot

Theory at Health Journalists’ Conference Meets Reality in Denver’s Marijuana Stores

By Andrew Holtz

This is the first time I’ve gotten a receipt.

That telling remark came from a journalist patronizing a store selling marijuana for recreational use while visiting Denver for the Association of Health Care Journalists’ annual conference.

For the hundreds of health-beat journalists at the meeting, the early days of Colorado’s pioneering experiment with regulating marijuana created plenty of “buzz” … was “high” on the news agenda … [insert your clever pot pun here].

But the jokey leads in stories by out-of-town reporters is a pet peeve of local journalist Michael Booth.

“There’s been a lot of silliness. There is a juvenile quality to the subject matter, because it’s pot, it’s marijuana, it’s sort of the giggle factor.” said Booth, who was a health reporter at the Denver Post until his recent move to be editor of Health Elevations for the Colorado Health Foundation.

“I think it needs to be treated more seriously. Not without any humor, but get beyond the juvenile factor and realize that it is happening, there is a legal framework in place,” he said.

Although an AHCJ conference session on the serious medical and health policy angles of recreational and medical marijuana was well attended, many attendees also took the opportunity to do some hands-on reporting, easy to accomplish since a quick Google Maps search turned up several marijuana shops within walking distance of the conference site.

FoodChannel.com host and producer Joy Robertson, from Springfield, Mo., said there was just a small sign at the pot store she visited in an office tower.

“I went up to the eighth floor. There was a waiting room with about eight to 10 people. You take a number, show an ID, they give you a ticket. When you go in, they check your ID and ticket again. No phones, no photos,” Robertson said.

“Theres been a lot of silliness. There is a juvenile quality to the subject matter, because it’s pot, it’s marijuana, it’s sort of the giggle factor. I think it needs to be treated more seriously.” — Michael Booth

“You go in the back, two at a time, and there are some very, very, very nice people to show you about a hundred different products. Lots and lots of things. I felt a little guilty, because I wasn’t really in the market to buy anything and I didn’t want to keep the people behind me waiting too long. But we were able to ask a lot of questions and we learned a lot,” she continued.

Blogger Suzanne Robotti said she plans to update recent blogs about marijuana on her medshadow.org website.

“Just about a month ago I had written a blog about marijuana and
why couldn’t it be measured and handled like alcohol,” she said. “I understand it so much better now, I’m going to publish a follow-up blog.” Robotti said she plans to include her visit to a marijuana store, because “it will add color to my story.”

At the “Medical Ramifications of Legal Marijuana” session, journalists got an overview of both science and politics. Researchers Kari Franson, Pharm.D. at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences, and Michael Bostwick, M.D., from the Mayo Clinic, both said marijuana is more difficult to study than most drugs; not only is each plant different, but there is much more individual variability in responses to the drug.

Larry Wolk, M.D., executive director of the Colorado Department of Public Health and Environment, said the state wants to take advantage of new opportunities to study marijuana now that use here is more open.

Marijuana Industry Group Executive Director Michael Elliott deployed the usual anecdotes illustrating the benefits of marijuana, such as treatment of epileptic seizures in children, which has received coverage across the country. Elliott referred to an article in which CNN Medical Correspondent Dr. Sanjay Gupta wrote he was “doubling down” on medical marijuana.

But Bostwick cautioned that Gupta relies heavily on such anecdotes. “He, I have to say, went with the manipulative nature of the children.” And Wolk alerted the audience of journalists to the campaign story lines that were used in Colorado and that are likely to be replayed in other states considering legalization. “These have become the poster children for medical marijuana. It is a very well-planned campaign,” he said.

According to the Cincinnati Enquirer’s Lisa Bernard-Kuhn, seeing the sale of legalized marijuana first-hand “brings this whole new insight to what’s being debated.”

The Colorado experience will inform the coverage of proposed marijuana legislation in Ohio and Kentucky by Cincinnati Enquirer reporter Lisa Bernard-Kuhn.

“Being here and seeing on the ground what it means for marijuana to be legal brings this whole new insight to what’s being debated. I’ve never been in a state where it’s legal. It’s going to help me ask smarter questions about the topic because I’ve been here and I’ve experienced it. That’s a huge take away.”

But for those tempted to take home samples, there were reminders that legalization ends at the Colorado border. Joy Robertson remarked, “It makes me wonder if they check you a little closer when you fly out of Denver.”
Like most things in life, how well the media did at covering the rollout of the Affordable Care Act depends on who you talk to. To some observers, reporters missed the mark by concentrating on the political fight over the health-care law, rather than explaining what the fight was about. Others say coverage of the challenging and complicated topic was well done.

One study done by Media Matters for America, a liberal media watchdog group, found that broadcast news programs hyped negative aspects of the ACA rollout, while underplaying or ignoring positive changes to insurance coverage in segments that aired in October and November 2013. “We found a lot of the morning shows, particularly the ‘CBS Morning Show,’ pushed the horror stories, and Fox pushed misinformation nonstop,” said Eric Boehlert, senior fellow for Media Matters for America. “Last fall, millions of Americans got insurance cancellation notices and if you watched the broadcasts, you’d assume it was because of Obamacare, when that wasn’t accurate. People were given the option to get other policies that were less expensive and more comprehensive. But the media hyped the horror stories, and when they were fact-checked, the stories didn’t hold up.”

The public’s lack of understanding of the law, particularly among low-income and uninsured people, hasn’t changed much since 2009, when the ACA was being debated in Congress, noted Trudy Lieberman, past president of the Association of Health Care Journalists and a contributing editor to the Columbia Journalism Review who has written more than 700 blog posts on the ACA. “The press was caught in a message war between President Obama and administration supporters, and the Republicans, who fought successfully against the Democrats’ message,” Lieberman says. “In wars, truth is the first casualty. The media never got through to what was going on, overall.”

Lieberman said the Obama message was that health care, under the ACA, will be affordable. When some people began to complain...
about their canceled coverage and increased premiums, the media failed to explain what had happened.

“For example, the minimum benefits package meant that people who might not need coverage for something would be cross-subsidizing those who do,” Lieberman explained. “A 58-year-old woman might not need maternity coverage, but she well might need cataract surgery and outpatient care, which younger insured people would be subsidizing. If people understood that, they might not have been so angry.”

She blames the lack of explanation on reporters who were happy to see health-care reform, and who tended to use the same pro-administration sources over and over.

“It wasn’t in the interest of those supporters that there be winners and losers in the aftermath,” Lieberman said. “The affordability question was not covered well, and people were told how easy it would be to buy insurance. Insurance is not an easy product to buy, and never will be.”

Right now, the ACA story is largely a consumer story of how to buy and use the insurance. This summer, she predicted, the stories will be about whether premiums go up or down. Once enrollment begins again in October, the next wave of coverage “should be about who’s protecting people’s rights,” she added.

Health-care reform is a complex issue, said Phil Galewitz, a senior correspondent for Kaiser Health News and an AHCJ board member, who thought the media did a good job covering both the negative and positive aspects of the ACA rollout.

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<th>Total Number of ACA Reports on Broadcast Evening News</th>
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<tbody>
<tr>
<td>ABC World News</td>
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<td>Oct. 1 – Nov. 30, 2013</td>
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<td>19</td>
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As the newspaper industry has contracted, there are fewer health-care reporters, so much of the coverage at small and medium publications has fallen to political and business reporters, Galewitz noted.

“There are still health-care reporters at the larger dailies and online publications, but that’s not what 80 percent of America reads,” he said. “As mid-term campaigning starts, in the state capitals where the Medicaid issue is important, it’s often political reporters covering it.

continued on page 18

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Otherwise, it’s health-care reporters covering the story now.”

Since the story of health-care reform is ongoing, it’s important for reporters to recognize the difference between temporary problems that consumers face, like long wait times for customer service, and permanent issues, like narrow networks of providers in health plans offered on government-run marketplaces, said Charles Ornstein, senior reporter with ProPublica and a past president of AHCJ.

Reporters also need to separate problems that have existed for a long time — such as insurance bureaucracies and increasing insurance costs — from political finger-pointing that attributes such problems to Obamacare, Ornstein added.

“Our job is to chronicle what’s going on,” Ornstein said, “the people who are benefitting from the law, those who aren’t benefitting from the law. Too often, we give short shrift to the human fallout.”

He noted that the ACA rollout was a challenging story because it involved covering what was happening, what was going to happen, and the political fallout.

“Trying to stay atop both sides that were trying to spin it wasn’t easy,” Ornstein said. “I think the media did a good job covering the problems with the website, but after that, it became a more nuanced story with how many people signed up, who were they, and now, it’s how they’re using it. Reporters are trying to get past the talking heads now.”

See sidebar on page 32 for more on ACA coverage.
Countdown to a Cancer Opus

Anticipation Builds for Producer-Director Ken Burns’ 6-hour PBS Documentary About ‘The Emperor of All Maladies,’ Coming in 2015

By Elizabeth Jensen

Ken Burns’ three-part, six-hour film, “Cancer: The Emperor of All Maladies,” is not slated to appear on PBS until the spring of 2015. But a massive outreach campaign for the documentary is already gearing up this month, even as the project is still in its early stages of being edited.

The film’s website emperorofallmaladies.org is live, with more video and interviews expected to begin appearing in the next couple weeks. And during April, the American Association for Cancer Research, one of the program’s outreach partners, was planning to screen excerpts of the footage to the approximately 18,000 attendees at its annual meeting in San Diego.

Over the next year, many of the film’s funders and other outreach partners — which include Siemens, Genentech, Bristol-Myers Squibb, Cancer Treatment Centers of America, David H. Koch and the American Cancer Society — will mount their own campaigns among their employees and volunteers to spread the word, said Tom Chiodo, senior vice president of business development for the Entertainment Industry Foundation, whose Stand Up To Cancer program is coordinating the outreach.

The American Cancer Society, for one, will promote the documentary through ACS signature events such as Relay For Life, allowing it to reach millions of people in communities around the world.

The program’s budget also includes funds for grants to 50 PBS stations nationwide to help bring attention to the film, Chiodo said,
PBS documentaries are produced in conjunction with WETA, to take on a television adaptation.

Like the book, the film is essentially “the past, present and future of cancer,” said Barak Goodman, who is directing and producing the project. (Burns is executive producer and series creative consultant.) The historical part of the documentary traces civilization’s primitive understanding of the disease up until the present day. To that, Goodman said, “We are adding the stories of about eight people who undergo these journeys” with the disease. They were filmed at The Johns Hopkins Hospital and the Charleston (W. Va.) Area Medical Center, where the filmmakers “embedded.”

The patients, he said, range from ages two to 70, and have “variety of outcomes,” including death. “It’s the emotional landscape; it’s the journey of people through their treatment,” he said, with a wide range of reactions, from fighting the disease to accepting their fate. At a few critical moments, some patients decided they didn’t want a camera documenting parts of the harrowing experience, he said.

A third piece of the film looks at “where we are in the race to a cure,” Goodman said, and will include advances made since the book was published in 2010.

“I think the most important question people have going into this as viewers is, ‘Is this a good-news or a bad-news story?’” Goodman said. What the filmmakers found is a split field, depending on the perspective. Among patients, he said, “there is frustration that we haven’t made more progress,” and that treatments and outcomes remain largely unchanged despite the large sums of money that have been invested in recent years.

Among researchers and scientists, the view is much more optimistic, he said, with many believing that, given recent progress, “cures will inevitably follow in the next decade or two.” “We’ve heard that before,” Goodman said of the optimism, adding that, while he believes that some of the hopefulness may be warranted, the film likely “is going to walk a line where we give full voice to both sides. We’re not going to be mindless about it.”

The fundraising and advocacy communities around cancer will not be a major topic of the film, Goodman said, but drug pricing will be dealt with, both the high costs to develop cancer treatments and the costs to consumers.

A final part of the project is extensive curricular materials that are only in the early stages of being developed, Chiodo said. In addition to the curriculum resources for kindergarten through 12th grades that PBS traditionally assembles, the producers are planning to create material appropriate for medical and nursing schools, Chiodo said, to reach the next generation of scientists dealing with cancer.

“If we use the bully pulpit of public television, Ken Burns and all the organizations that are involved, we can begin to develop the capacity of going further in fighting cancer than we might otherwise,” he said.

**The AAAS Kavli Science Journalism Awards**

Recognizing Excellence in Science Journalism since 1945

**New This Year – Online Entry**

For the 2014 contest year, we will be going to online entry. Paperless submissions will be easier for you, and easier on the planet. The online entry portal will be available by the end of April at: [www.aaas.org/sjawards](http://www.aaas.org/sjawards)

Contest year: 1 July 2013 – 30 June 2014

**Deadline:** 1 August 2014

No entry fee

**“Like the book, the film is essentially the past, present and future of cancer.”**

— Barak Goodman

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Can big data drive solutions to public health-care problems, from prescription drug abuse to the presence of toxic chemicals in communities?

The John S. and James L. Knight Foundation in January funded seven data-driven projects that will attempt to tackle those challenges and even broader issues, including allocation of medical resources and connecting communities with basic health services.

While many of the funded projects are designed to encourage civic participation in collecting health data, one of the seven winners of the $2.2 million in grants is directly aimed at journalists. A project on “positive deviance journalism” from the Solutions Journalism Network received $180,000 for its work encouraging newsrooms nationwide to tap into data from the Institute for Health Metrics and Evaluation, in order to identify positive solutions to health issues that can be turned into local stories.

The project received a supplemental award of $122,500 at the same time from the California HealthCare Foundation, which — along with the Robert Wood Johnson Foundation, the Clinton Foundation and the Health Data Consortium — collaborated on The Knight News Challenge: Health.

Solutions Journalism Network was founded by the writers of The New York Times’ “Fixes” column with a mission “to legitimize and spread the practice of solutions journalism: rigorous and compelling reporting about responses to social problems.”

Normally, reporters “tend to look for the negative performer” when analyzing data for a story, said Tina Rosenberg, a journalist, author and co-founder of the network; this project is meant to flip that on its end by examining what is working, not just failing. For the Knight- and California HealthCare Foundation-funded project, Solutions Journalism Network will help reporters and newsrooms think through the issues and work with IHME — which Rosenberg called a “conierge of data” that maintains its own databases and has access to others — to identify potential areas that are having success battling a particular health challenge.

If childhood asthma is a particular issue in a health reporter’s area, the reporter might ask IHME to search out cities with, say, high rates of poverty and pollution and low rates of hospital admissions for asthma, as a possible place to explore ideas that are working in treating the problem. If preliminary reporting pans out, Solutions Journalism Network will provide travel money to continue the reporting, Rosenberg said.

The group is already working with several newsrooms and looking for a total of about 10, diversified by geography and platform, where the leadership is interested in a number of stories, not just one-offs, Rosenberg said.

Other projects funded in the Knight competition could generate data that journalists can eventually tap into, said Michael Maness, the foundation’s vice president of journalism and media innovation. “We believe in data journalism and we can see the impact that it has,” Maness said. Journalists see the value in big data sets, too, he said: “If they’re designed well and comprehensive, journalists use them a lot.” The problem, he added, is “the things that journalists get really excited about aren’t the things that citizens get excited about.”

The six other projects chosen by Knight from nearly 670 entries include the Camden Health Explorer, from the Camden Coalition of Healthcare Providers, designed to make the local Camden, N.J., health-care system more efficient; DoSomething.org’s Crisis Text

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Nonprofits Keeping Pace

Funding is Ever a Problem, Yet Coverage Broadens

By Hillary Atkin

With 172 digital nonprofit news outlets launched between 1987 and 2012, the landscape of their fields of coverage — ranging from hyper-local issues to global environmentalism and health and consumer issues — continues to widen.

The largest percentage of those outlets, identified by the Pew Research Center, focus on investigative reporting or government watchdogging. Many could be considered independent sources, while others have specific agendas that they promote. A vast majority, about 75%, have five or fewer full-time staff people, while others have just one part-time person and a handful have staffs rivaling for-profit organizations.

With budgets ranging from $75,000 to several million dollars a year, nearly all nonprofits face challenges in funding their work — money which often comes from foundations or individual philanthropists — and many such grants are small or short term.

“Most start with grants and then diversify. Some, like California Watch, have found a lot of success in syndicating high-quality original reporting with partner publications and broadcasters. Partnerships are key not only for financial reasons, but for distribution of the information the groups produce,” said Al Tompkins, senior faculty for broadcast and online, the Poynter Institute.

“A few have public donations at the core of their income,” Tompkins said. “Think of the NPR model that uses some grant and foundation funds, but the majority of funding comes from the people who use the news service who make donations.”

On the Internet, receiving donations from the audience, often with matching dollars from funders, is a concept that works like clicking on display advertising, and has been successful for the members of Investigative News Network, an umbrella organization for nonprofit journalism.

When readers share content on e-mail, Facebook, Twitter and other digital platforms, INN or one of its supporters will donate a dollar, up to $5,000.

The organization’s mission is to help nonprofit news organizations produce and distribute stories with impact, achieve cost efficiencies by pooling resources and develop new revenue streams to become sustainable businesses.

It currently has 94 members in its network.

After they establish themselves, which can take four to six years, newsrooms are encouraged to earn revenue from e-commerce, memberships and, taking a page from other nonprofit organizations, fundraising events. Case in point: the successful MinnRoast, which raises several hundred thousand dollars annually for the nonprofit news site MinnPost and attracts Minnesota’s top lawmakers and personalities.

While the practices and ethics of for-profit and nonprofit journalism are the same, their constituencies are often different.

“The need for nonprofit news comes out of the fact as there are giant swaths of this country that are grossly underserved and lacking important news and information about their communities and states,” said Kevin Davis, CEO of Investigative News Network, which was formed in 2009 and is based in Los Angeles. “What isn’t

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Kaiser Health News: A Model of Symbiosis

News Service Works With Radio, Major-Market Papers to Keep Health Stories Flowing

By Tom Gilbert

Come June, Kaiser Health News, the nonprofit health policy news service created by the Henry J. Kaiser Family Foundation, will mark its fifth anniversary — those five years being perhaps the craziest ever on the health-care beat.

Fortuitously born amid the furor surrounding the Obama Administration plans for health-care reform that ultimately resulted in the Patient Protection and Affordable Care Act, KHN, having its work cut out for it, hit the ground running. But the service, the brainchild of KFF President and CEO Drew Altman, had actually been in development for more than three years, going back as far as the middle of Pres. George W. Bush’s second term.

“[Drew] had the idea because the foundation had, for years and years, worked with journalists in a number of ways,” said KHN Editor-in-Chief John Fairhall, who was in on the ground floor as a senior editor before being elevated to his current position in 2011. “When the foundation began to see the [health-care] reporters disappear because of the implosion of traditional media,” Altman saw the need for a KFF-backed editorially independent news service to purvey in-depth health policy journalism. “He

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made his first two hires before the ACA was on anybody’s radar screen,” Fairhall said.

Today, Kaiser Health News has 21 full-time staffers, and besides generating stories by its own staff, works with two sets of partners to create content for distribution.

One partnership is with NPR and reporters from a group of more than 20 public radio stations across the country, whose stories KHN helps develop for broadcast, then adapts to print for use by the service on its website.

The service’s other partnerships are its contractual arrangements with a consortium of eight major-market newspapers, including the Chicago Tribune, the Denver Post, the Detroit News, the Miami Herald, the Philadelphia Inquirer, the St. Louis Post-Dispatch, the Seattle Times and the Texas Tribune.

“Our site is never going to have millions of hits a month because it’s a niche site, Fairhall said. “But that’s not what we most value. We most value getting our stories out to radio and traditional legacy media. They are still the backbone of journalism in the United States.”

It turns out that’s a two-way street: Editors who work in the partnerships say they find great value in KHN’s service as well.

“KHN is like a Washington Bureau for us, but one dedicated to health,” Philadelphia Inquirer Assistant Managing Editor, Health & Science, Karl Stark, who has worked with KHN since July, said via e-mail. “We use their stories, and often collaborate by adding in our own region’s voices. They help keep us up-to-date on important deadlines, and it’s helpful to hear what other partners are doing.”

Stark also found data the service provides to be a major plus.

“KHN obtains national databases — on hospital admissions, for example — that we then localize. This is a great addition for us in the data-rich world of health care.”

Miami Herald Healthcare Editor Amy Driscoll, who has been collaborating with KHN for a little less than a year, said by e-mail that the benefits of the Herald’s association with KHN “far exceeded our expectations.”

“We sometimes use Kaiser stories in our paper and online, and Kaiser often posts our stories on its website,” Driscoll said. “We use the Kaiser website to educate and assist us in our own reporting, and we have frequently gotten help from Kaiser staff members, who slice health-care data for us in ways that then become stories.

But besides the reporting resources made available to her, Driscoll cited several other advantages, including a weekly phone call with the other members of the consortium “to share healthcare reporting ideas and spark new ones,” and KHN health-care “bootcamps that offer a fast grounding in the latest healthcare policy information.”

“KHN is full of talented journalists who share our journalistic DNA on things like fairness, accuracy and completeness,” the Inquirer’s Stark said. “So it’s a valuable partnership, one that has enabled us to go further into the Affordable Care Act — both in print and online — that we otherwise would have gone.”

Going forward, KHN’s Fairhall sees the service’s mission being as crucial as ever. “Political coverage as it relates to health issues will be important to us in 2014, with the Congressional elections. Obviously, there are ramifications to the law if Republicans take the Senate,” he said, adding, “Politics is really, really important. You have to stay focused on the nexus of health care and politics because you can’t separate the two. Ever.”
Because of his front-page articles breaking news about the disappearance of Malaysia Airlines Flight 370, The New York Times reporter Michael Schmidt found himself making the rounds of news programs, discussing his work and the latest developments in the story.

But for most journalists, such news-driven, high-profile opportunities to promote their work to national television audiences moving forward will be few and far between. Instead, every journalist, whether employed by a media conglomerate or working solo, can build larger audiences and garner more attention for their work on their own, through social-media platforms that best fit their respective target audiences.

Even in a rapidly shifting landscape, there are clear paths that have proven to be successful for journalists marketing their work outside of its original distribution channels.

“For broad-based consumption, Facebook. For a more professional audience, or a niche audience, Twitter,” said James Breiner, a digital media consultant who runs the website NewsEntrepreneurs.com. “For an even more professional audience of peers in your specialty area, LinkedIn has been coming on fast. For image-oriented topics, Instagram seems to be the place. For younger audiences, Tumblr.”

Breiner goes as far as to say power has shifted from the media organization toward the journalist.

“The relationship used to be skewed toward the publishers and broadcasters; they defined the audience and the community,” he said.

The Future of Women’s Health

In 2014, SWHR will focus on the important innovations of molecular diagnostics and their impact on the future of health care for women. The promises of personalized, precision medicine are becoming a reality.

Key Facts

- The Society for Women’s Health Research is the national thought leader in the study of biological sex differences, dedicated to transforming women’s health through science, advocacy and education.

- SWHR advocates for increased funding for women’s health; greater inclusion of women and minorities in medical studies; and analysis of the biological differences between women and men in disease and health issues.

- President and CEO Phyllis Greenberger is routinely called on for expert perspective on a variety of health issues by congressional committees, government agencies, reporters and editors, and public policy groups.

Follow Women’s Health Online

SWHR.org

Twitter.com/SWHR

Facebook.com/SWHR2013

YouTube.com/WomensHealth

Contact the SWHR Media Team

Looking for expert comment on the biological sex differences between women and men, other issues related to women’s health and public health funding, legislation and regulatory action?

Reach out to SWHR at (202) 496-5008 or mike@SWHR.org.
said. “But now journalists themselves can build a community around their work through social media, and that community has value to employers.”

“All journalists have to cultivate a personal brand,” said Edirin Oputu, an assistant editor at Columbia Journalism Review. “The primary objective is exposure, and you have to be sure you have considerable presence on Facebook. Quite a few journalists have a more formal presence on Twitter, whereas Facebook is a bit more conversational. You can use Twitter to turn it into a platform to get your own voice out there and have people become aware of you and your work.”

With many other platforms available, including Google+, StumbleUpon, Reddit, SnapChat and Imgur, Oputu recommended journalists focus on the few that they can update regularly.

Breiner pointed to the experience of CNN’s senior media correspondent and host of its “Reliable Sources,” Brian Stelter. “When he was still a college student, Stelter attracted a huge following of cable news journalists and executives to a blog about cable news coverage of the war in Iraq,” he said. “He built a community of interest around his work. The New York Times recognized that value and hired him right out of college. His formula then, and now, is to post valuable, verified news many times a day to your blog and social media; and interact with your followers, give them credit for tips and thank them. He is a good example of how a journalist’s personal brand can rival that of the media brand he or she is working for.”

Another journalist who has gained new exposure — and made valuable connections — is Bruce Frattes, an entertainment and pop-culture reporter and editor who held lengthy stints at Entertainment Weekly and TV Guide before recently joining Closer Weekly as senior articles editor.

Writing mainly about television but not wanting to be pigeonholed, he started a film blog about five years ago with a colleague that later morphed into the solo Frattes on Film blog. He started a Facebook business page for it that gives his work additional exposure and the chance to interact with people interested in the subject matter.

“It’s brought me some paying gigs, and kept me in media circles, helping people, including former colleagues, to remember I was around and interested in these topics,” said Frattes, who also tweets links to his stories but prefers Facebook for its interactivity and collegiality.

His advice, echoing Oputu’s, is to put the most effort into one or two platforms that can be maintained. “Because it is so much work to update regularly, don’t spread yourself too thin or take a buckshot approach.”

Frattes credited a Facebook connection — a former coworker with whom he’d reconnected — with helping him get his first article in The New York Times published recently, a goal he had been working on for years. ■
More than 475 entries were received for the 2013 AHCJ awards, the Association of Health Care Journalists’ 10th such contest, which recognizes the best health reporting in 12 categories, including public health, business and health policy. “From international reporting to deep dives into regional issues, this year’s winners reflect the broad scope of excellent reporting being done today,” contest chair and AHCJ board member Julie Appleby, a senior correspondent for the nonprofit Kaiser Health News, said in a statement.

Here’s a rundown of the first-place winners in each category:

**BEAT REPORTING**

The New York Times correspondent Elisabeth Rosenthal grabbed the first-place prize for her 2013 body of work on the series “Paying Till It Hurts,” examining the high costs of ordinary health care in the U.S. versus other countries — and the reasons behind them.

The judges commented, “Elisabeth Rosenthal shines a light on the absurdities in health-care pricing. Something has got to give in this system, and stories like these will inspire people to keep demanding change.”

**TRADE PUBLICATIONS/NEWSLETTERS**

Nature Medicine’s Roxanne Khamsi won the top award for “Rethinking the Formula,” a report on the battle for insurance reimbursement for life-sustaining diets known as “medical foods” — needed to keep certain patients alive and well — and how it could affect the treatment of diseases as diverse as osteoporosis and Alzheimer’s.

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The AHCJ judges cited “Khamsi’s thorough research, historical context and examination of market economics” and praised how she “expertly weaves all of this together to create a compelling narrative about an underreported but important issue.”

BUSINESS (LARGE)

“Supplement Shell Game: The People Behind Risky Pills,” an investigative report into the $30-billion-a-year supplement business by the USA Today team of reporter Alison Young, editor John Hillkirk and video editing lead Shannon Rae Green, took top honors in the large-market business reporting category. The investigation revealed that a wide array of dietary supplement companies selling products dangerously spiked with hidden pharmaceuticals are headed by executives with criminal backgrounds — convicted felons, thieves, drug addicts, narcotic sellers among them — and how they evade federal regulators by creating an ever-changing series of companies.

The AHCJ judges cited, “exhaustive and groundbreaking reporting” that “got results: Walmart has removed Craze, an energy supplement, from its shelves. Florida investigators are looking into the past of some of the supplement makers.” They also singled out the report for “original and thorough reporting,” “excellent writing,” “great multimedia presentation” and “impact.”

INVESTIGATIVE (SMALL)

“Other Than Honorable” a report by David Philippis for the Colorado Springs Gazette grabbed first prize. It determined that in 2013, after a decade of war, the Army was giving more other-than-honorable discharges for minor misconduct than ever before to soldiers — including injured combat veterans, many of whom had so-called “invisible injuries” such as traumatic brain injury and post-traumatic stress disorder that made them more likely to misbehave. It also revealed that among combat troops, such discharges had surged more than 67 percent since 2009. An other-than-honorable discharge strips them of VA benefits for life, meaning the soldiers who needed help the most were least likely to get it.

The AHCJ judges found “the stories provided example after example of outrageous cases, prompting changes at the local, state and federal levels.”
### BEAT REPORTING

**First:** Elisabeth Rosenthal, The New York Times  
**Second:** John Fauber, Milwaukee Journal Sentinel  
**Third:** Donald G. McNeil Jr., The New York Times

### INVESTIGATIVE (LARGE)

**First:** Deadly Delays; staff, Milwaukee Journal Sentinel  
**Second:** Supplement Shell Game: The People Behind Risky Pills; Alison Young, John Hillkirk and Shannon Rae Green, USA Today  
**Third:** Nevada Buses Hundreds of Mentally-Ill Patients Across Country; Phillip Reese and Cynthia Hubert, Sacramento Bee

### INVESTIGATIVE (SMALL)

**First:** Other Than Honorable; Dave Philips, (Colorado Springs) Gazette  
**Second:** Children Are Dying; Alexandra Robbins, Washingtonian Magazine  
**Third:** Special Report: Scientists Critical of EU Chemical Policy Have Industry Ties; Brian Bienkowski and Stéphane Horé, Environmental Health News

### CONSUMER (LARGE)

**First:** Overdose; Jeff Gerth and T. Christian Miller, ProPublica  
**Second:** Life and Death in Assisted Living; A.C. Thompson and Jonathan Jones, ProPublica and Frontline  
**Third:** The Course of Their Lives; Mark Johnson, Milwaukee Journal Sentinel  
**Third:** Exploring our Microbes; Rob Stein, Jane Greenhalgh and Joe Neel, NPR

### CONSUMER (SMALL)

**First:** Suicide Epidemic in Montana; Cindy Uken, The Billings Gazette  
**Second:** Planning for the End: A Look at Advance Directives in New Hampshire; Todd Bookman, New Hampshire Public Radio  
**Third:** Have a Heart: Organ Donation & Transplantation in Louisiana; Karen Stassi, Healthcare Journal of New Orleans

### BUSINESS (LARGE)

**First:** Supplement Shell Game: The People Behind Risky Pills; Alison Young, John Hillkirk and Shannon Rae Green, USA Today  
**Second:** Life and Death in Assisted Living; A.C. Thompson and Jonathan Jones, ProPublica and Frontline  
**Third:** Dirty Medicine; Katherine Eban, Doris Burke and Frederik Joelving, Fortune

### BUSINESS (SMALL)

**First:** BioBeat; Luke Timmerman, Xconomy  
**Second:** Venture Philanthropy: A New Driver for Research; Lauren Arcuri Ware, Proto  
**Third:** Getting Stuck; Dianna Wray, Houston Press

### PUBLIC HEALTH (LARGE)

**First:** Step by Step: The Path to Ending Child Mortality; special reports team, GlobalPost  
**Second:** ADHD Nation; Alan Schwarz, The New York Times  
**Third:** Two Lives: Why are You Not Dead Yet?; Laura Helmuth, Slate

### PUBLIC HEALTH (SMALL)

**First:** The Art of Eradicating Polio; Leslie Roberts, Science Magazine  
**Second:** The Cost of Diabetes; Rhiannon Meyers, Corpus Christi (Texas) Caller-Times

### HEALTH POLICY (LARGE)

**First:** Sex and Dementia in Nursing Homes; Bryan Gruley, John Brecher and Cecile Daurat, Bloomberg News  
**Second:** Chronic Crisis; Meg Kissinger, Milwaukee Journal Sentinel  
**Third:** Overdose; Jeff Gerth and T. Christian Miller, ProPublica

### HEALTH POLICY (SMALL)

**First:** The Robot Will See You Now; Jonathan Cohn, The Atlantic  
**Second:** Bitter Pills; John Ramsey, The Fayetteville (N.C.) Observer  
**Third:** Understanding Obamacare; Laurence Hammack and David Ress, The Roanoke (Va.) Times

### TRADE

**First:** Rethinking the Formula; Roxanne Khamsi, Nature Medicine  
**Second:** Telltale Hearts; Jeanne Erdmann, Nature Medicine  
**Third:** When the Smoke Clears; Sonya Collins, Georgia State University Magazine

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**CONSUMER/FEATURE (LARGE)**

ProPublica’s Jeff Gerth and T. Christian Miller took first place for the series “Overdose,” an account of the damage done by acetaminophen — a medicine, used in such products as Tylenol, touted for its safety — and the failure of federal officials to act when confronted with increasingly definitive evidence of its dangers. It alleged that McNeil Consumer Healthcare, the unit of Johnson &

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Johnson that makes Tylenol, had fought for decades against measures
meant to safeguard users and that the FDA’s inaction continued for
decades. Subsequent pieces explained how the delay resulted in an
untold number of deaths and injuries to infants and children over
the decades and how a simple flow-restrictor safety valve could
prevent up to 10,000 emergency room visits per year by children who
accidentally get into liquid medicines.

The judges commended the series for its “exhaustive reporting,
concise writing and heartbreaking videography on a health topic that
affects a vast swath of the public.”

CONSUMER/FEATURE (SMALL)
Top honors went to “Suicide Epidemic in Montana” by Cindy
Uken, the Billings Gazette’s series of articles on the state’s suicide
rate, which is twice the national average. The series surprisingly
disclosed that one of the highest suicide rates in Montana was
among the elderly, not teenagers, as was suspected at the outset of
the assignment.

The judging panel called the series “a journalistic tour de force:
comprehensive, honest and compassionate,” and praised Uken for
repeatedly “getting survivors and their relatives to tell their stories,
no easy feat given the subject matter.”

HEALTH POLICY (LARGE)
The blue ribbon went to the series “Sex and Dementia in Nursing
Homes” by Bloomberg News’ Bryan Gruley, John Brecher and Cecile
Daurat, which illustrated how poorly prepared elder-care facilities,
regulators and families are for dealing with older people with
dementia who want — and have a legal right — to have sex. It also
disclosed how the AMDA, an organization representing the medical
directors who advise the country’s 16,000 nursing homes, was urging
facilities to consider adopting sexual policies and training.

“Not surprisingly, coverage of the subject is rare. This series did not
shrink from these challenges, offering fresh perspective on an under-
reported topic,” the AHCJ judges said, commending the pieces for
“careful reporting and balanced writing that delicately navigated
clashing positions of science, morality and regulation.”

HEALTH POLICY (SMALL)
“The Robot Will See You Now,” Jonathan Cohn’s piece for The
Atlantic exploring the potential major technological revolution in
medical care, won top prize. It considered that technology may be
about to disrupt health care in the same way it has disrupted so many
other industries, making doctors less necessary, and explores just how
far might the automation of medicine go. It also took a close-up look
at how medical care might already be changing, and then pondered
the implications for policy-makers.

The judges found “Exhaustive reporting and the unusual clarity of
Cohn’s writing made an unfamiliar, complex subject easily accessible —
and fascinating — to the general reader.”

PUBLIC HEALTH (LARGE)
First place went to the multimedia series “Step by Step: The Path
to Ending Child Mortality” by the 18-member special reports team
of the GlobalPost, in which correspondents across Africa and Asia
examined efficacy in the battle to end the nearly 7 million preventable
child deaths that occur each year globally. Additionally, investigative
pieces from Washington detailed how budget cuts threaten global
health spending and how a well-intentioned global campaign to end
child deaths has been hindered by a lack of coordination and funding.

“The scope of the staff reporting is breath-taking and the variety
of media used to tell the story make it all the more compelling,” the
judges concluded.

PUBLIC HEALTH (SMALL)
Top honors went to Science Magazine’s Leslie Roberts for “The
Art of Eradicating Polio,” which studied Nigeria as one of the last,
most stubborn reservoirs for the poliovirus — and one of the biggest
obstacles to the massive global effort to eradicate polio. Science
found that the roadblocks to eradicating the virus in Nigeria are not
so much scientific as political and social, and spent three days on the
road with Muhammad Ali Pate, Nigeria’s then-minister of state for
health, chronicling his personal effort to finally chase polio from his
country.

“Leslie Roberts skillfully explored a widely misunderstood public
health story — why is it that many Nigerians refuse to allow their
children to be vaccinated against polio?” the judges remarked, adding
“making the global health implications clear, the article took us to
the front lines.”

Knight
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In addition, Knight funded Code for America’s Ohana API,
a centralized database connecting community members in San
Mateo, Calif., to health resources; the Open Humans Network
from PersonalGenomes.org, which will link people who are willing
to share personal health information with researchers, in an effort
to bring about medical breakthroughs; and Principled Strategies’
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Non-Stop ACA Coverage Came at a Price

By Elizabeth Jensen

Late last fall, researchers from two major medical centers had been planning for weeks to make a big announcement tied to an extensive new study that could have implications for millions of Americans. A major newspaper was on board to cover the news in a splashy way, and the evening newscasts of two networks had expressed preliminary interest.

But just days before the story’s planned break, yet another controversy broke related to the national roll-out of HealthCare.gov. The major study? It still got picked up in the newspaper, but the coverage was not nearly as wide or as visible as those announcing it had hoped, and felt it deserved, said a veteran health-care public-relations executive who had been working on the announcement and declined to be named. The networks didn’t bite at all.

There has been no dearth of health-related journalism over the last year, but the love isn’t being shared equally among stories. With implementation of the federal Affordable Care Act taking top priority among journalists, some public-relations professionals are finding it slow-going to get attention for other health-related issues.

“Health-care reform is the elephant in the room for health-care PR people right now because you never know what’s going to happen,” said the veteran public-relations official, who has represented pharmaceutical companies and hospital systems. As the biggest change ever to American health care, the executive said, “it’s the prism that everything is now viewed through, and it completely changes health-care communications.”

The change is perhaps even more startling for health-care publicists because they are coming off several boom years, when they could count on major news outlets jumping on study after study as they catered to baby boomers’ obsession with personal health. The major broadcast networks, in particular, seemed to cover a health issue every night. Now that time is dominated by issues related to affordable care.

Numerous others back up his opinion. One — a senior media-relations executive for a prominent university research hospital, who also declined to be named — said that the reporter she works with most closely at the most prominent local newspaper can still be reached for “important things” but has otherwise had much of her attention diverted by ACA coverage. Another cited a pharmaceutical company’s seemingly newsworthy announcement that got almost completely overlooked because of ACA developments.

“When you have a science breakthrough that’s newsworthy,” the veteran health-care publicist said, “it’s getting harder to cut through the noise.”

With budgets ranging from $75,000 to several million dollars a year, nearly all nonprofits face challenges in funding.

Yet the role of foundations in supporting nonprofit journalism is crucial. The Ethics and Excellence in Journalism Foundation, the Nieman Foundation, the McCormick Foundation, the MacArthur and the Knight Foundations are just a few among them.

Knight, dedicated to preserving the best aspects of journalism and using innovation to expand the impact of it in the digital age, funds more than $30 million in new projects annually. Often, its grants are $1 million each to entities that promulgate these goals.

The funding situation is more critical for local versus national nonprofit news, according to Michael Meyer, a staff writer at the Columbia Journalism Review.

“The biggest challenges for local and regional nonprofit news are diversifying their revenue streams and growing their newsrooms to a more significant and efficient size. To my mind, there has been more progress on the former than the latter,” said Meyer.

While nonprofit news organizations maintain different business models, they share the same mission — to provide information and informed communications.

“As a group, we are focused on keeping the powers that be accountable, and to play a preventative role in society,” said Davis. “Without that kind of free press, bad actors do bad things. As more for-profit news organizations have fewer advertisers, they’re less interested in rocking the boat.”

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We Are Now Colleagues

By Mehmet Oz, M.D.

When I was asked to draft NewsPro’s Sign Off column for its issue devoted to the Association of Health Care Journalists conference, I took a moment to internalize how proud I was to be called your colleague.

I’ll never forget the first time I peered into an open chest as a young surgeon — there was the patient’s heart beating under bright lights, pulsating, struggling to do its job under the stress of cardiovascular disease and traumatic surgery. I watched the senior surgeons repair the heart, close the wounds and eventually spoke with the patient that afternoon hearing his gratitude for saving his life.

This experience represented the archetypical day for me as a young surgeon. For years, I would bound up the steps at the hospital anxious to see the next patient, to look inside the next chest, to repair the next heart.

I passionately pursued better engineering of surgical devices that would help hearts beat. I worked furiously with my colleagues to pioneer safer and better surgical protocols. There was never a shortage of patients — heart disease was ubiquitous as the No. 1 killer.

As the years went on, an undercurrent of frustration deepened; most of the people I operated on could have avoided their heart disease if they simply ate differently and exercised.

That restless irritation deflated into utter despair one day when I went to check on a young woman operated on could have avoided their heart disease if they simply ate differently and exercised.

I was confounded. In that moment I realized that no matter how many surgeries I performed, it would never really solve the problem.

Through conversations with my wife Lisa, my gloomy outlook gave way to a strategy that would use media as a teaching tool and my first channel program, “Second Opinion,” launched on the Discovery Channel with Ms. Oprah Winfrey as my first guest.

The show went so well that Oprah asked me to be a guest on her show and my career as a health journalist took a giant leap forward.

Over the next five years and 70 appearances on “The Oprah Winfrey Show,” my talk show was conceived and launched in 2009. Additionally, I have a newspaper column I co-author with Dr. Mike Roizen in more than 110 newspapers, a syndicated radio spot in the entire U.S. terrestrial market and I recently launched Dr. Oz: The Good Life, a brand-new glossy magazine with Hearst.

The reason there are so many platforms is because people need and want health information. They need a filter that takes extremely complicated topics and translates them in to relevant, practical everyday steps.

And the conventional medicine people were used to getting at their own doctor’s office.

I was never afraid of criticism, but I was terrified of tedium.

When we launched “The Dr. Oz Show,” many skeptics felt that an hour of discussion on health could never work on television. I saw it differently, and set out to build a bridge to the viewer, who knew from my years communicating with patients was often intimidated by complicated information, scared of bad news, discouraged from failed efforts to improve their health or simply anxious around doctor’s white coats.

We were going to need to behave like invited guests into someone’s living room. We had to be upbeat, we had to be positive and we had to leave viewers feeling better than when they tuned in.

Most of all, we need to convey a celebratory sense of hope. That meant being purposely unorthodox in our demos and discussions and drawing a wide distinction between our show and the conventional medicine people were used to getting at their own doctor’s office.

I am not re-inventing anything by tailoring content to these various media platforms — I am responding to a need that already exists for the average, everyday person to have accurate information, advocacy and, most of all, encouragement.

From where I stand, it’s not enough to tell people about the data in a recent peer-reviewed study. You must also show them the pathway to correct decision making and reinforce that they have the strength and character to do so. Lastly, you must do your best to lead them to understand their self worth.

The Latin word for doctor — doctore — means to teach. Healing with steel was only half the picture. Joining your profession and teaching was the other half.

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When we have completed 875 shows this month and we are broadcast in 118 countries. So far, so good. We seem to have found the nexus between healer-journalists and journalist healers and filled that gap.

I don’t say this because of any business metric; rather, the thousands and thousands of letters, e-mails and Facebook posts I get from people eager to tell me how a story they saw on the show led them to a decision, and ultimately a healthier life.

The epiphany I had so many years ago with my patient has made a full arc — I am reaching more people than I ever could as a surgeon and healing more lives than I could ever touch with a scalpel.

So, as you go about your work as health journalists, you must always keep in mind that whether you signed up for the task or not, you are, by proxy, a de facto healer, and now, a colleague of mine.

Dr. Mehmet Oz is a cardiothoracic surgeon, author, journalist and television personality.
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