Health and Medical Journalism
Off the Critical List
Page 4

Bringing it Home
Localizing Health Care Reform
Page 7

Rx for a Story
Add a Dose of Skepticism
Page 14

Striking a Balance
Informing Without Creating Panic
Page 18

Covering a Tragedy
Reporters Land in Uncertain Territory
Page 20
Pharmacist.  
Mom.  
Advocate.  
Never Uses Acronyms.

Do you need a healthcare source who doesn’t require a decoder ring?

Pharmacist Kathleen Jaeger knows patient care, and talks in terms that your audiences will find inviting.

She is the National Association of Chain Drug Stores’ senior vice president of pharmacy care and patient advocacy. She is available for interviews about community pharmacy’s role in improving patient health and healthcare affordability – and she likely can help with any stories on your plate.

For more clarity and less confusion on issues ranging from healthcare reform to accountable care organizations, please arrange an interview by contacting Chrissy Kopple at (703) 837-4266 or ckopple@nacds.org.
EDITORIAL OFFICES
Phone: (212) 210-0748 Fax: (212) 210-0772
Publisher-Editorial Director:
David S. Klein
Editor:
Jarre Fees
Art Director:
Elise Cozzi

ADVERTISING SALES
Ph: (212) 210-0748 Fax: (212) 210-0772
Executive Producer:
Jeff Rosman, jrosman@crain.com (212) 210-0748
Producer:
Danny Schreiber, dschreiber@crain.com (503) 723-9688
Production Manager:
Nicole Dionne
Circulation Manager:
Nicole Chantharaj

CONTENTS
SIGN OF THE TIMES ...................... 4
Finding New Models of Health Reporting
BRINGING IT HOME ...................... 7
Tips on Localizing Health Care Reform
KEYS FROM MASSACHUSETTS ...... 10
Gov. Deval Patrick’s Take on Health Reform Coverage
E-BOOKS: A NEW OPPORTUNITY ..... 12
Self-Publishing Online
Rx FOR A BETTER STORY .............. 14
A Dose of Skepticism
WHAT DO EDITORS WANT? .......... 16
How Freelancers Can Get an Editor’s Attention
FINDING THE RIGHT BALANCE ...... 18
Informing the Public Without Creating Panic
COVERING A TRAGEDY ................. 20
Reporters Land in Uncertain Territory
AHCJ AWARD WINNERS .............. 23
AHCJ JOINS SCIENCE GROUP ....... 29
SIGN-OFF: ANIMAL MAGNETISM .... 33
A Vet Shares Ideas for Health Reporters

FROM THE EDITOR
Getting the Word Out

For a number of years, NewsPro — a Crain business publication and the print and digital arm of TVWeek.com — has been available at the Association of Health Care Journalists’ annual conference, but it turns out there were more members to reach beyond the conference.

This year we decided to heighten our visibility by direct mail distribution, to make sure all AHCJ members found out about us, in the hopes that we could provide information and resources to more reporters, editors, broadcasters and others in the business of health journalism.

Even as news holes shrink and health care reporting gets shunted to the lifestyle pages, new models are emerging to pick up the slack. People clearly want to know more about medical care, and even with cutbacks and shrinking budgets, health care journalism in general seems to be on the rise. But the delivery systems continue to change, and news providers continue to seek new outlets.

The big news in health care this year is of course the coming implementation of some critical components of the Affordable Care Act. Last year at this time we were waiting to see whether the Supreme Court would let those components stand. Stand they did, and now health care reporters nationwide are scrambling to educate an American public that can easily be overwhelmed by the amount of information available on health care reform, and confused as to what they should do about it.

There are plenty of other health concerns in the foreground this year, and this issue of NewsPro tries to provide insight on covering some of them: finding the right tone in stories on problems in our food supply and deadly bacteria in our hospitals; getting the facts right when covering tragedies like Sandy Hook; putting medical studies into a larger framework to gain a more accurate perspective; and some ideas for freelancers on how to get an editor’s attention.

Our special thanks go out to veterinarian, broadcaster and author Elizabette Cohen, who contributed our sign-off; and to all of you who try to keep us healthy by keeping us informed.

— Jarre Fees, Editor
When journalist Steven Brill’s 25,000 word, 36-page cover story headlined “Bitter Pill: Why Medical Bills Are Killing Us” breaks online and single-copy records for Time magazine, the media business takes notice. But in addition to seemingly voracious consumer interest in health and medical journalism, there are other signs, too, that the field is regaining its footing after several years of wrenching transition.

Attendance at the Association of Health Care Journalists’ mid-March conference in Boston brought out about 780 registered attendees, a record by far, said Charles Ornstein, president of the organization’s board and a senior reporter at the nonprofit ProPublica. Membership in AHCJ is also at an all-time high, at close to 1,500, up about 40% in the last five years.

With more than 400 entries, this year’s AHCJ awards competition also set participation records.

“These are all good signs,” said Ornstein. “From my point of view we are seeing a continued interest in this topic.”

AHCJ’s growth comes even as the news business remains in flux. In 2012, “a continued erosion of news reporting resources converged with growing opportunities for those in politics, government agencies, companies and others to take their messages directly to the public,” the Pew Research Center’s Project for Excellence in Journalism found in its 2013 annual report on “The State of the News Media.”

Among the report’s key findings: professional newspaper newsroom employment fell below 40,000 full-time employees for the first time since 1978, as cutbacks...
in the sector continued. On average about 40% of the local television news hole is now given over to sports, weather and traffic, and story lengths continued to shrink; audiences shrunk, too, by more than 6% on average for affiliates of ABC, CBS, Fox and NBC in the morning, early evening and late news slots. Cable news cut back on reporter packages and live events in favor of cheaper interview segments, which surged 31%. And some heralded nonprofit news organizations, most notably the Chicago News Cooperative, folded.

Replacing traditional newsrooms, the Pew report documented, are alternative news sources, including Kaiser Health News, a program of the Kaiser Family Foundation. The Kaiser model, the report noted, has more recently been emulated by Insidescience.org, whose supporters include the American Institute of Physics, and the nonprofit, foundation-funded Food and Environment Reporting Network.

Also muscling in on traditional newsroom territory, the Pew report found, are newsmakers and companies themselves, who are using digital technology and social media to get their messages out, “without any filter by traditional media.”

The full Pew report can be found at stateofthemedia.org.

Health care and medical reporters have been among those caught up in the industry trends. At least one veteran health reporter was a victim of cutbacks at the Los Angeles Times, which in February 2012 discontinued its stand-alone health section in its print editions. The topic is now part of a Saturday section that also includes food and home content; other health coverage continues on the paper’s website.

Richard Gulla, media relations manager for the Massachusetts Medical Society, the professional association for the state’s physicians, has noticed that smaller news outlets, “whose staffs have been cut and diced and spliced by the economy,” are now using general assignment reporters to cover complicated health care issues, replacing dedicated health care reporters. “It’s quite apparent they don’t have the level of knowledge of health care,” he said, adding that he offers himself and the Society’s website as a resource for those reporters.

Online, the news has been more encouraging, with several specialized sites launching in the last year. They included the bilingual health and wellness site VidaVibrante.com for Latinos, which debuted in late February 2013, and a PBS website for the 50-plus crowd, NextAvenue.org, which started up in May 2012, with original and aggregated content about health, among other topics.

That they are online is no surprise, given consumers’ rapidly changing media habits: a September 2012 study by the Pew Internet & American Life Project found that 72% of Internet users said they had looked online for health information in the past year. A separate study showed one in three cell phone owners have used their phone to look for health information, up from 17% two years ago, according to the Pew organization.

As in the wider media landscape, health journalists are continuing to see competition from “brand journalism,” most recently with the launch in March of ahchealthenews.com. The site, from the Oak Brook, Illinois-based nonprofit health system Advocate Health Care, is partly consumer-focused, and partly a marketing tool; its content has already generated a report that appeared on CNN.com.

The Pew report took note of the struggles of some nonprofit news organizations, but in the health care sector, several of the first-generation online nonprofit websites, including Florida Health News, Georgia Health News and North Carolina Health News, have continued to find funding for their work.

Kaiser Health News, which has the relative luxury of being an editorially independent program of the Kaiser Family Foundation, saw noticeable year-over-year Web traffic growth: Visits grew 38% and daily unique visitors were up 51% in 2012 compared to 2011, said Karl Eisenhower, senior Web editor for the site. KHN is also adding 3,000 Twitter followers each month (@khnews) and had more than 38,000 followers at the end of March, he said, adding that its email blasts go to about 70,000 people (unduplicated).

John Fairhall, the site’s editor-in-chief, said much of the site’s growth is immeasurable; most of its journalism is published by an increasing number of partner news organizations, who have turned to the KHN reports to supplement their own reporting. To distribute its work more widely, KHN has taken advantage of AP’s new marketplace syndication program, which allows nonprofits to distribute their work for free to AP subscribers, which can use the material without charge.

Kaiser Health News has also forged creative programs such as a... continued on page 6
training and partnership arrangement with more than 20 local public radio stations nationwide, along with NPR. The local stations — many of them having participated in Kaiser “boot camps” on health care policy issues — do the reporting, KHN helps edit the pieces into text form and NPR gets the content for national use, giving the local stations more exposure. “Everyone benefits,” Fairhall said, adding that the program has been “so ridiculously successful” that KHN is going to try the same model with newspapers this coming year.

Another experimental cooperative model paid off this past year for the University of Southern California’s Annenberg School for Communication and Journalism and its California Endowment Health Journalism Fellowships program.

Director Michelle Levander in September brought together former fellows and their diverse print and broadcast outlets, both in English and Spanish. The Bakersfield Californian, the Merced Sun-Star, Radio Bilingüe in Fresno, the Record in Stockton, Valley Public Radio in Fresno and Bakersfield, Vida en el Valle in Fresno, the Voice of OC in Santa Ana and USC Annenberg’s reportingonhealth.org, were all gathered into the fold for the Reporting On Health collaborative. “We had tremendous good will,” Levander said.

Rejecting ideas from Levander and the project’s editor, the reporters on the ground decided to tackle valley fever, the little-covered but devastating disease that plagues California’s Central Valley and parts of Arizona.

Residents treated it as part of the “wallpaper of life there,” Levander noted, but as the dozens of eventual reports found, the disease had reached “epidemic levels,” even as the public remained unaware, doctors continued to misdiagnose the disease and government agencies took no action.

The project, whose budget consisted largely of the reporter time and news hole donated by the participating media outlets, also included a community engagement component — developing lists of people interested in the topic, live-streaming of a hearing, a story booth at a fair — and as a result, Levander said, the “cumulative reach was much bigger” than anticipated. The Centers for Disease Control for the first time has created a special page on its own site featuring the team’s reporting; state legislation is being discussed. The Los Angeles Times did a follow-up on one aspect of the story. And the project is ongoing, with more reports in the works.

The response “points to the potential of this model,” Levander said, adding that the program is considering a second project on a new topic with different reporters.

Providing data that local reporters can tap into is another area...
As key provisions of the Affordable Care Act (ACA) race toward implementation and states scramble to meet the requirements of mandated health care reform, it’s easy for journalists to get lost in the maze of political-speak and industry jargon. There’s a substantial amount of information online, but “as the October enrollment period rolls in, people will have a lot of questions,” said Abigail Foerstner, assistant science professor at Northwestern University’s Medill School of Journalism. “It’s easy to be overwhelmed by so much information. How are the exchanges going to work? What are the best plans?”

Foerstner said local communities hold a wealth of health care stories “just for the taking.”

“There are forgotten places like libraries, community centers, senior centers and maybe even churches,” she said, “that will probably be bringing in speakers and forums and workshops” to offer information on the ACA and support for local communities.

“Going to that little meeting at the library might not even seem worth it,” she said, “but that’s where we find the important local stories.”

That’s where reporters are likely to meet families with a sick or disabled child, Foerstner said. “[Those families] are looking for hard answers and what opportunities are available under the ACA.”

Brahm Resnik, who has covered what he describes as Arizona’s “long slog” toward health care reform as anchor and politics reporter for KPNX-TV in Phoenix, said the journey isn’t over yet.

Resnik said he tries to talk to people wherever he can, and keeps

continued on page 8
a long list of contacts handy to help him reach out for man-on-the-street interviews. He tries, he said, to “talk to people who have chronic illnesses to manage or who have been affected” by cuts to the system.

The easiest way to reach out, Resnik said, is to “try and know a lot of people who know a lot of people. Social services, hospital contacts, legislators. It’s always ‘Where can I go? Who can I talk to?’”

Teaching hospitals nationwide continue to be a good source for local health care stories.

There are around 400 teaching hospitals in the United States, including 51 Department of Veterans Affairs medical centers. Joanne Conroy, M.D. and chief health care officer at the Association of American Medical Colleges said those hospitals hold a wealth of stories at the local level.

“Teaching hospitals see about 40% of the in-patient charity cases in the U.S.,” Dr. Conroy said. “A huge amount of those patients are in specialty care, both children and adults who have complex medical problems.”

Doctors and sometimes patients are available for interviews at many teaching hospitals, and Medill’s Foerstner said health and medical reporters “have to find those people, find those doctors to give a face to these issues in order to bring a story home.”

“There are stories no matter where you live,” said Gary Schwitzer, health media watchdog and publisher of HealthNewsReview.org. “We have to take a significant share of responsibility in telling those stories accurately. We have to educate the population.”

In researching a recent story for the Austin Statesman on the changing models of local care for the chronically ill, medical writer Mary Ann Roser said she contacted a number of local physicians and clinics.

“Going to that little meeting at the library might not even seem worth it, but that’s where we find the important local stories.”

— Abigail Foerstner, Medill School of Journalism

In keeping with health care accountability, “Doctors here are trying to put more emphasis on the quality of the procedures they’re doing instead of the quantity,” she said.

Roser said she also spoke to local hospitals — “sometimes the CEO and other times the innovation and quality care people,” to discover what kinds of innovative care models Texas is developing.

After contacting the Texas Academy of Family Physicians, Roser talked with a patient in a targeted program for the chronically ill in Austin, “and then did a sidebar on how the [state-run] system will affect those people who don’t have to manage a chronic illness,” she said.

Many of Medill’s grad students report for a website or downtown Chicago news service, Foerstner said, and many of those students “have reached out to different groups on Facebook or other social media” for stories.

“They’ve found it’s a great way to find someone with a family member who’s bipolar or has Alzheimer’s,” she said, “and who’s willing to share their story in order to help someone else.”

Managing the cost and quality of medical treatment is an
important part of both the ACA and state-run exchanges, Schwitzer said, and is an underutilized topic for journalists. “We spend more of our gross domestic product on health care than any other developed country and twice as much as some,” he said, “yet our life expectancy and infant mortality rates are among the [worst] of any wealthy country. We’re not getting a return on our investment.”

Schwitzer said too many journalists fail to accurately portray the downside of modern medicine, whether it’s the potential side effects of a drug or the high costs of treatment. “There’s a clear bias toward listing the potential benefits of new treatments while minimizing the potential downside,” he said. “And it’s a failure on the part of journalists not to talk about the costs of treatment.”

Other aspects of health care reform, like end-of-life choices, don’t fall strictly under the umbrella of the ACA or state exchanges, but they can be an important subject for health and medical reporters. Reporters need to educate people on “the concept of shared decision making for a person’s overall health,” Schwitzer said, “and particularly with end of life care.”

Journalists should “invite people to engage with their physicians” he said, to discuss the best treatment and the patient’s own personal wishes.

---

**“There’s a clear bias toward listing the potential benefits of new treatments while minimizing the potential downside, and it’s a failure on the part of journalists not to talk about the costs of treatment.”**

— Gary Schwitzer, HealthNewsReview.org

---

The American Heart Association’s Federal Advocacy Office in Washington, D.C., can provide you with real-life sources, analysis and background on legislation, regulation and federal policy relating to:

- Research
- Prevention
- Access to Care
- Quality of Care
- Stroke

**Does Your Story Have Heart?**

Contact us for your next story at (202) 785-7929 or visit heart.org/advocacy
Gov. Deval Patrick’s Keys to Covering Health Care Reform

Common Values, Personal Stories Help Keep it Real

By Andrew Holtz | Special to NewsPro

Around 780 people attended this year’s Association of Health Care Journalists annual conference, held March 14–17 at the Seaport Boston Hotel and adjacent Seaport World Trade Center.

Second-term Massachusetts Gov. Deval Patrick welcomed AHCJ attendees with an opening night speech about his state’s leading role in health care reform. In his remarks, Gov. Patrick highlighted the popularity of the state law (signed by then-Gov. Mitt Romney, but implemented by the Patrick administration) that requires Massachusetts residents to have health care insurance and foreshadowed the federal Affordable Care Act.

Gov. Patrick claimed successes in expanding insurance coverage and access to health care, while noting challenges, including finding ways to increase the number of primary care doctors and nurses. He outlined a new state law that puts pressure on providers to rein in costs, something the original reform law did not address.

After his talk, Gov. Patrick spoke with NewsPro about how reporters...
in the Commonwealth of Massachusetts have covered health care reform and what lessons he’d offer to journalists covering the rollout of the ACA. The questions and answers have been edited for length and clarity.

NewsPro: Massachusetts is ahead of the curve, so you’ve seen how media coverage has evolved. What are some of the things that stand out?

Gov. Patrick: I think it has been fair and I think it’s been even. But we’ve had some hiccups, too. You take a couple of steps forward and a half a step back once in a while.

The thing that I think has been powerful is the telling of stories, personal stories, people whose lives have been changed with access to care; small businesses who are worried about their premiums going up and what I was doing to their decisions about whether to add another position or two, at a time when we’re trying to climb out of the recession. Those stories that make what the policy was about real, both in terms of its challenges and its successes, have been told by our journalists, and that’s a good thing.

NewsPro: If you could be editor for a day on the topic of health care reform, what stories would you order up?

Gov. Patrick: I’m afraid of running afoul of our reporters here, I don’t want to seem continued on page 31
E-books can be a Smashing Success for Health Care Writers

By Elizabeth Jensen

Spend just a few minutes talking to Mark Coker and you will feel like a laggard for not going directly to your computer and cranking out an e-book or two this weekend.

Coker, the founder and chief executive of Smashwords, which calls itself “the world’s largest distributor of indie e-books,” is a proselytizer for the form and the many benefits he believes that independent e-book publishing offers journalists, from brand-building to a potential ongoing financial annuity.

Journalists, he said, have the skills and expertise to write a book, and “many are sitting on a potential goldmine of content they own. Get it out there as soon as possible; don’t delay. The more you publish the more successful you’re going to be.”

His business, of course, benefits when more authors take advantage of it, but statistics seem to justify Coker’s enthusiasm.

The research firm IDC predicted worldwide tablet shipments would hit 122.3 million in 2012, and, based on sales rates, raised its 2013 forecast to 172.4 million units, CNET reported in December. The content side of the business has seen similar growth: in the five years since Coker founded Smashwords, in 2008, e-books’ share of the U.S. trade-book market has grown from less than 1% to roughly 30%.

And while that exponential growth rate is slowing in the U.S., the foreign market is just starting to take off, Coker said, as Apple adds iBook stores worldwide, including Japan starting in early March. Almost 50% of Smashword’s sales through the Apple distribution channel are already outside the U.S., Coker said, insisting that the market for e-books “is much larger” than potential authors imagine.

KQED, the San Francisco-based public media organization that has been aggressively expanding its science unit, published its first multi-featured e-book in September 2012, on earthquakes. The free e-book, which blends video, audio, interactive elements, animation and quizzes in addition to text, was produced with the California Academy of Sciences and has already registered more than 70,000 downloads, said Tim Olson, vice president of digital media and education.

“Technology has finally caught up to our mission,” Olson said, noting that the content, which was developed both for consumers and to meet educational standards, meshes well with tablets. He added that the biggest current challenge for such multi-featured e-books is sorting out the best publishing platform. (KQED used Apple’s iBooks Author and iTunes U course.)

KQED has just finished a second e-book, on the Sacramento-San Joaquin Delta, and a biotechnology book is on the way. Publishing more e-books will depend on finding additional funding — KQED is a nonprofit — but, “we see it, definitely, as a growth opportunity for us,” Olson said.

Perhaps more important than the number of readers, the financial model of the self-published e-book offers significant opportunities for authors, with few barriers to getting published and a significant
The financial upside for those who can help their books break through the clutter.

The specifics vary by publisher, but at Smashword, authors publish for free, gaining distribution access to the major retailers, including Amazon, Apple and Barnes & Noble. An author takes home anywhere from 60% to 85% of the book’s sales price, which the author sets. By comparison, Coker said, the traditional advance-based publishing model pays authors 12% to 17% of list price. Self-published e-books can be sold for a lower cost, and the author can still take home four to five times more per unit, Coker said.

After writing what he calls “a super awesome book,” Coker said the most important consideration in breaking through the glut of e-books (more than 200,000 at Smashword and a million in the broader universe) is having a professionally produced cover. Other important factors include a book’s title, its description and a price that is not too high, he said.

For writers, one of the biggest hurdles is not specific to e-books. “If you’re a working journalist and you need to make money and you have weekly commitments like a column and a blog and other assigned features, the biggest challenge is carving out time,” said Lisa Zamosky, a freelance health care journalist.

Zamosky, a former executive at a managed care organization, is finishing up “Healthcare, Insurance, and You: The Savvy Consumers Guide,” a practical handbook coming out mid-year for consumers who will be dealing with changes resulting from health care reform policy. It is a traditional paper book that will also be released in e-book form through Apress, part of Springer Science and Business Media. The book covers everything from dealing with medical bills to the challenges of finding affordable health care.

Zamosky had pitched a book years ago about health benefits, but “nobody was interested,” she said. With health care reform a hot topic, she was approached for this book by her publisher, and was paid the traditional small advance.

Having the guidance of a traditional publishing company for her first book, she said, as well as the pressure of regular emails from the publisher to remind her of deadlines, “is probably what I frankly needed, given my schedule, to make this happen.” But next time around, she said, a self-published e-book sounds appealing. “It sounds like there’s more of a financial upside,” she said.

Lisa Zamosky

One-quarter of America’s 650,000 professional social workers serve patients and their families in the health care system. They provide health education, crisis intervention, financial counseling, mental health therapy, as well as care and case management for people coping with illness at every stage of life.

SOCIAL WORKERS IMPROVE HEALTH CARE

› Medical and psychiatric hospitals
› Community health and mental health clinics
› Alcohol and substance abuse programs
› Veterans centers
› School health clinics
› Home care agencies
› Nursing homes
› Hospice centers

LEARN MORE OR SPEAK WITH AN EXPERT
SocialWorkers.org » HelpStartsHere.org » media@naswdc.org » 202.336.8212

April 2013 | NewsPro | 13
Rx for a Better Medical Story:

Take a Healthy Dose of Skepticism
And Call me in the Morning

By Al Stewart

Never easy to cover, health reporting has become increasingly complicated in recent years. A seemingly nonstop barrage of so-called groundbreaking studies and medical breakthroughs — coupled with the uncertainty surrounding the Affordable Care Act and state insurance exchanges — plays against a backdrop of shrinking newsroom budgets and mounting workloads for many reporters.

It’s an environment ripe for potential error. Even seasoned journalists can botch important details or make a mistake that changes the tenor of a story, compromising the efficacy of their coverage as surely as a doctor prescribing the wrong meds.

NewsPro asked four journalists who keep close tabs on the health care beat — the Poynter Institute’s Butch Ward; Trudy Lieberman, a fellow at the Center for Advancing Health; Merrill Goozner, editor of Modern Healthcare [a Crain trade publication and sister magazine to NewsPro] and Arielle Levin Becker, health care reporter at the Connecticut Mirror — to weigh in on how medical and health care reporters can do a more effective job of handling assignments.

All of them agreed that reporters place too much emphasis on the importance of medical studies.

“Journalists have the desire to write the definitive story, but [writing about a single study] can create context problems,” Poynter Institute senior faculty member Ward said.

Studies can be biased, highly contradictory and sometimes downright misleading, and Ward said reporters need to be wary of “overstating [a study’s] significance.”

Recognizing that any study is only part of a larger health picture is critical for reporters who want to present a clear picture of the topic at hand.

“Mainstream journalists trying to churn out copy on deadline fall prey to doing tons of study stories,” Goozner said. “The problem with meeting deadlines with a single study is that it allows almost no reporting on the broader context into which that study falls.”

Goozner, a former director of the Integrity in Science project at the Center for Science in the Public Interest before joining Modern Healthcare, said not seeing the bigger picture translates into too few stories about the cost of cancer care, for instance, and too many stories “about the latest treatment for tumor X, which extends life for three months.”

Becker, who previously covered the health care beat for the Hartford Courant, said she remembers receiving a press release on a study about the potential effects of cell phones on pregnant women.

“The release wasn’t misleading,” she said, “but toward the bottom it noted that the research was conducted on mice. That’s an important caveat.”

Goozner said reporters have to continually question study outcomes, and stressed the importance of perspective, arguing that reporters often put “a mistaken emphasis on reporting relative risk and benefit versus absolute risk and benefit.

“So Drug X reduces the risk of having a heart attack by 33%,”

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.debugthemys.com to learn more.
Goozner said. “Sounds great, until you realize that it reduces the number of heart attacks from 3 in 1,000 people who take the drug for a year, to 2 in 1,000. Imagine that drug costs each person and the health care system $1,000 a year. Is preventing one heart attack worth a million dollars?”

Our informal panel also agreed on a second issue: when talking to experts, reporters need to question everything.

Ward, who worked for 27 years at the Philadelphia Inquirer and spent three years as vice president for corporate and public affairs at Independence Blue Cross in Philadelphia before joining the Poynter Institute, said even the tried and true method of finding authorities to comment can misfire. “There is no substitute for your ability to say, ‘I have covered 10 stories on this subject.’ [And reporters] need to treat every person with equal skepticism.”

“I think reporters can get intimidated,” Lieberman agreed. “They’re not skeptical enough.”

Lieberman, a longtime contributing editor to the Columbia Journalism Review, said many reporters “don’t understand enough science and math to read medical trends.

“Good health care journalism takes time and effort,” she said, “but in fairness, journalists don’t have enough time.”

The Mirror’s Becker said reporters have to ask questions and press for a simpler explanation when necessary. “Don’t be afraid to ask that something be explained in layman’s terms,” she said.

Making sure the expert is speaking within the framework of his expertise is crucial for reporters as well.

“When you’re talking to a doctor about his knowledge of diabetes,” Ward said, “that’s distinct from talking to him about digitizing his office records. In that case, you’re talking to a businessman.”

Lieberman said there is a tendency for reporters to avoid highly complicated issues or approach them superficially.

“That’s why we don’t get much reporting on what’s really going to happen with Obamacare,” she said. “There’s a lot of cheerleading because people think it’s better than nothing. We see a lot of mistakes of omission. [The ACA] needs to be explained, but we tend to frame it as a Democrat-versus-Republican horserace.”

Public clamor for instant information also presents a challenge for health and medical reporters.

“Health care, more than any other field, requires solid explanatory reporting,” Modern Healthcare’s Goozner said. “Longform explanatory reporting is becoming a lost art in our rapid-fire digital age.”

In spite of cutbacks, uncertainties about the ACA and a plethora of sometimes misleading information from medical studies, Lieberman was cautiously optimistic about the future of medical journalism.

“Overall, I think health care coverage is improving,” she said, “but it still has a long way to go.”

TRUDY LIEBERMAN

The Patient-Centered Outcomes Research Institute is engaging patients and others across the healthcare community in comparative clinical effectiveness research that will help people make better-informed clinical decisions.

Our team of experts can explain how PCORI is supporting research on:

- Assessing prevention, diagnosis and treatment options.
- Improving the way healthcare systems provide care.
- Evaluating the best ways to provide clinical information to support decision-making.
- Addressing disparities in health research and outcomes.
- Growing the nation’s capacity to conduct patient-centered outcomes research.

To talk to an expert about our work, please contact PCORI Communications Director Bill Silberg bsilberg@pcori.org 202-827-7680
What do Editors Want?
Someone to get Their Attention

By Andrew Holtz | Special to NewsPro

It’s the question that obsesses freelance journalists: What Do Editors Want?

Attendees at the Association of Health Care Journalists conference in March had the chance to explore WDEW with about two dozen editors during the annual Freelance PitchFest.

With an array of publications ranging from national newspapers to consumer health magazines to research journals to faves of policy wonks, no dominant trends emerge. Each outlet is, of course, unique. Yet conversations with a grab bag of editors offer a sample of interests for freelance journalists to chase.

If there was any theme to the chatter at the conference, it was about ramping up for the central provisions of the Affordable Care Act, to take effect in January. That policy playground is the home field of Kaiser Health News, represented by senior editor Carol Eisenberg.

“For us, this is the best of times. Our issues are access to care, cost of care, quality of care; and the biggest provisions of the [ACA] go into effect next year, so we are intensely interested in the implementation of the law,” Eisenberg said.

“We are following it to see how it ramps up and to see whether in fact coverage is affordable, more affordable, less affordable, to different groups of people.”

Kaiser Health News feeds the daily habit of policy wonks and politicos, while also sending out general interest stories for use by print, broadcast and online partners.

And while the universe of outlets that run stories from the health beat seems limitless, each editor is looking for those pitches that will serve his or her specific audience.

Timothy Cole, editorial director at Belvoir Media Group, helps manage a river of health information flowing into more than a dozen publications that carry the brands of Harvard Medical School and other prominent academic centers. He sees a trend that perhaps echoes the growing attention to the costs and challenges of health care: an increasingly sober view of medical advances.

“It used to be that health journalists would be interested in things like drugs and devices and high tech and whiz-bang and gee-whiz and holy cow,” he said. “I think that increasingly what people want and pay for is information about how to prevent disease, and how to avoid surgery, and what to eat and what not to eat.”

Cole said people still “want to know about breakthroughs, but increasingly they also want to know what you can do. And that’s what we are interested in.”
Belvoir Media is trying to deliver information people can act on. “It’s way less gee-whiz and more practical,” Cole said, “but to a pretty deep level.”

Oncology Times reports to those at the other end of the stethoscope. Editor Serena Stockwell said doctors and nurses want to know how health care reform will influence how they treat their patients. The twice-monthly magazine emphasizes cancer research and clinical practice. But with research headlines zapping across the Internet, her team digs for deeper stories.

“[What we want is] different than just straight write-ups of an interesting research study or a presentation at a meeting,” Stockwell said.

“There are lots and lots of places that people can get that now, and get it almost instantly. So for us, if we are going to be taking a little bit or a lot longer to write it up, then we want to be able to offer people something more than that.”

Oncology Times wants to find the less obvious information about a study, Stockwell said.

“Is this [research] really brand-new,” she said, “or is it information from [a line of research] that might’ve been first reported five or 10 or 15 years ago? We always try as much as possible to put things in context.”

Long before research findings alter the work of Oncology Times’ readers, they are fodder for features edited by Brendan Maher at Nature.

“The desires of editors change and evolve over time,” Maher said. “Right now I’ve been thinking a lot about doing some more hard-core cell and molecular biology in our magazine, but in general we are always looking for the stories that are behind the science, the stories behind the scene.”

Even though Nature stories often include sophisticated scientific details, Maher said he wants features to reveal bigger trends and connections between science and society.

“The people [at the PitchFest] that got my attention, they didn’t necessarily have stories that I was about to push the button on and say yes,” he said, “but what they did was, they were shooting in a cluster of ideas that was near to the kind of stuff we do.

“It showed that they understood our magazine and showed that they understood what we want to do. Those were the best kind of conversations I had.”
Finding the Right Balance

How do Reporters Sound a Wake-up Call Without Hitting the Panic Button?

By Robyn Flans

From tainted produce in the food supply to zombie-like bacteria crawling like the undead through our hospital corridors, the public has faced a glut of health scares recently, and realistically, there’s no end in sight.

Finding a way to communicate the facts about a broken food chain or a possible flu epidemic is a challenge for health and medical journalists, who have to provide a public wake-up call. But how do reporters sound the alarm without creating panic?

Public health journalist Maryn McKenna, author of “Superbug” and a member of the board of directors for the Association of Health Care Journalists, said the way reporters relay information is as important as what’s being said.

“The individual words you choose and the individual way you put your journalism or press release out [is critical],” she said, adding that the National Association of Science Writers is a good place to start for reporters who want to make sure their language is appropriate for the crisis at hand.

McKenna pointed out that at a press conference in March, a spokesperson for the Centers for Disease Control “deliberately chose the word ‘nightmare’ to describe CRE, the antibiotic-resistant bacterial strain that has already hit 42 states and that renders common bacteria untreatable.”

McKenna, who has covered the CDC, said they are “extremely judicious in the language they choose when they tell people what’s going on with health threats. They tend to be very conservative.”

“We’re talking about an organism that has a very high mortality rate,” said Tom Skinner, senior press officer at the CDC. “Half the people that are getting this organism die from it, so in certain instances we feel it’s important to sound the alarm bell.”

The CDC’s ultimate goal is to provide information to the public, he said, and the staff at the CDC thinks very carefully about how to communicate a story.

“It’s important to provide people information in the right perspective, but it is also equally important to empower people with steps they can take to protect their health,” he said.

Skinner said the CDC tries to give practical advice people can use right out of the gate.

“We tell people what they can do to protect themselves, whether it’s get an immunization or cook your food properly,” he said. “If you’re going to go into a hospital, make sure your doctors and nurses wash their hands.”

Cardiologist Juan Jose Rivera, who recently signed on as chief medical correspondent at Univision Communications, the leading media company serving Hispanic America, said responsible reporting is a topic he struggles with constantly.

“Every time there’s a bird flu scare, it’s all over the news,” Dr. Rivera said. “Everyone wants to talk about that, despite the fact that only one person died from it — while a story on hypertension, from which thousands and thousands of people die in the United States, is
much more difficult to get into the grid. It's just not as sexy.

“I have had to learn how to navigate that balance with producers and the need the networks have for ratings,” Dr. Rivera said, “versus the responsibility they have to inform the public.”

Dr. Rivera concedes there is too much hype in media, and that many media outlets concentrate on headlines instead of content.

“That’s what causes the hype,” he said. “My job at Univision is to be that intermediate person between scientific development, headlines and my people. I’m a filter between every study and news report that comes out.”

Keeping the public calm isn’t the only problem reporters face when reporting on the latest health scare. Perhaps an even bigger challenge in an age of information overload is getting people to take the latest issue seriously in the first place — and then letting them know what steps to take, if any.

“We do very little in this country to help the population cope with potential threats to their health,” said Victor M. Montori, M.D. and director of the health care delivery research program at the Mayo Clinic.

“The stories of these threats tend to be heavy on the nature of the threat and who is responsible,” he said, “and light on what you can do about it.”

Public health scares have to be looked at in terms of relative risk, Dr. Montori said. Journalists have to balance the public’s right to know with the likelihood of how many people will potentially be affected, and less important stories have to be presented in a more pragmatic vein.

Even stories like 2012’s fungal meningitis outbreak, traced back to steroids from a compounding pharmacy in Massachusetts, shouldn’t tie up so much media space, Dr. Montori said.

“Why worry everyone about it?” he said. “Because one of the things that eventually people do when challenged in this way, is they get tired of the media crying wolf and they stop listening.

“We just can’t go from emergency to emergency, with every story being presented as if it’s the end of the world,” he said. “Because when the really important story comes along, you can’t distinguish it anymore.”

Bacteria Have a New Enemy: Antimicrobial Copper

Antimicrobial Copper touch surfaces kill the bacteria that cause Hospital-Acquired Infections such as MRSA, STAPH, VRE and more*. For experts on how this will impact patient safety, healthcare design, hospital equipment, and a hospital’s bottom line...

For independent data on the clinical trials, sponsored by the U.S. Department of Defense...

For more information on this EPA-approved bacteria fighter...

Contact Bonnie Sonnenschein at bsonnenschein@kellencompany.com or 212-297-2118.

www.antimicrobialcopper.com

*Laboratory testing shows that, when cleaned regularly, Antimicrobial Copper kills more than 99.9% of the following bacteria within 2 hours of exposure: MRSA, Vancomycin-Resistant Enterococcus faecalis (VRE), Staphylococcus aureus, Enterobacter aerogenes, Pseudomonas aeruginosa, and E. coli O157:H7. Please see AntimicrobialCopper.com for the full, EPA-approved health claims.
Shortly before 10 a.m. on December 14, 2012, in the newsroom of the Hartford Courant, the largest newspaper in Connecticut, Dave Altimari had been at his desk for hours. Suddenly he saw a text message on his breaking-news beeper.

“Possible” shooting at a school in Newtown.

All day and for much of the evening, Altimari and his colleague Edmund Mahony telephoned their law-enforcement sources. Twenty other Courant reporters helped.

The next day’s lead on their 1300-word story: “Adam Lanza blasted his way into the Sandy Hook Elementary School. He fired a half-dozen thunderous rounds from a semiautomatic rifle to open a hole big enough to step through in one of the school’s glass doors.”

The Courant, according to many, got an early, accurate and detailed story.

By contrast, many television stations and networks, national newspapers, and Internet blogs got many facts wrong, including the name of the shooter (it was Adam, not his brother Ryan).

Health care journalists aren’t usually the first reporters sent to cover a tragedy, but Dan Childs, managing editor of the ABC News medical unit, said that in the immediate aftermath of the Sandy Hook shooting, ABC had “a team of reporters on the ground covering the story from a lot of different angles.”

That team included members of his medical unit, Childs said, who were “able to provide top experts in the nation to sound off on [the shooting].”

The real brunt of a tragedy of this magnitude is obviously felt by those closest to the situation — children at Sandy Hook who lost classmates, along with parents and friends of the victims. “You have to question the effects of [the shootings],” Childs said. “You have to ask who was affected and how were they affected.”

But you also have to “take a look at the effect of first responders” in a crisis, he said. “What is the psychological effect for these people who were sent in there to help and report?”

News outlets have generally been slow to recognize the effects on those reporters who respond to a crisis, or report on the aftermath.

In the weeks following the terrorist attacks on the World Trade Center on September 11, 2001, Carol Gorga Williams a staff writer for the Asbury Park Press, said she noticed extreme stress among her colleagues.

The reporters had covered hundreds of deaths in what were New Jersey’s bedroom communities for Wall Street, where many of the 911 victims worked. Gorga Williams said her colleagues ate junk food, drank too much, got little sleep, and seemed to be short-tempered with partners and spouses.

With the encouragement of editors, Gorga Williams and a colleague, Elaine Silvestrini, appointed themselves volunteer ombudsmen, checking after the well-being of nearly 60 metro reporters.

Twelve years after 911, Gorga Williams said she has noticed a change. Reporters used to talk about how the story hurt them, she said, adding that her colleagues seem to be “no longer comfortable talking about their feelings.”

Childs said the network was cognizant of the potential downside for reporters at Sandy Hook.

“Almost from the start of this, ABC had counselors available on a confidential basis to talk to the reporters working on this story,” he said. “I don’t know how many of our reporters used that service, nor should I, but [they need to be] able to talk about the traumas they experienced in the field.”

Frank Smyth, a correspondent in several regions, including Central America and the Middle East, remembers talking to friends in Washington, D.C. one evening, after a movie in 1997.

“I began to sweat,” Smyth wrote later. ‘Before I finished my first beer the beads were pouring down so much I wondered if any other patrons besides my date noticed as they began to drip from first my
forehead onto our table and then from my chin onto the cement floor when I leaned back in my chair.”

Smyth had recalled an Iraqi teenager named Jaffer. Smyth had been imprisoned with Jaffer, a Shia, and others in an Iraqi prison six years earlier. The guards, presumably Sunnis, had tortured the boy.

Jaffar’s screams came back to Smyth again in 2000 when Smyth’s dog was bitten by another dog. The flashbacks and other experiences led Smyth, now 52, to write a 16-page paper for Columbia University’s Dart Center for Journalism & Trauma.

Brandon Kohrt, a medical anthropologist, finds studies of workers, like doctors and nurses in conflict zones, similar to what other journalists like health-care reporters might experience when exposed to human tragedy. In a 2008 study entitled “Psychological Problems Among Aid Workers Operating in Darfur,” researchers at United Arab Emirates University found the conditions for acute traumatic stress. “Aid workers who come to know the stories of fear, pain, and suffering of victims may experience similar feelings because they care,” the researchers wrote. “This makes them vulnerable to secondary traumatic stress (compassion fatigue) as the emotional residue of exposure to working with victims suffering from the consequences of a traumatic event.”

ABC’s Childs said more situations like Sandy Hook are bound to come up. “Especially with things shifting to online and digital reporting,” he said, “there’s more real estate reporters can use when talking about a story. More reporters are going to find themselves covering situations like [Sandy Hook].”

Childs said he thought several news organizations were wise to “shift the focus off the shooter.

“I think the news organizations that adopted this approach were the ones who learned the lessons of tragedies past and made a conscious decision to concentrate their coverage not on the perpetrator and whatever might have motivated his actions,” he said, “but rather on the innocent people whose lives were affected.”

That said, reporting on the victims is still a cause of compassion stress, and unless reporters have access to a support group or counseling like ABC’s program, they can run into problems. Even online support groups are noticeably absent.

Those groups can be tricky to set up, said Elana Newman, a psychology professor at the University of Tulsa and the research director of the Dart Center. Confidentiality for journalists is essential, she said, especially when reporters live in countries where the government monitors email, Facebook, and Skype.

One support group, however, was set up by the Australian Broadcasting Corporation after the 2009 brushfires that killed nearly 200 people. The Dart Center posted a video from the Australian group at http://goo.gl/3GXCS.

“Talking to your mates” about “the horrors of the day” helps, said a journalist in the Australian video. “It gets it out of your system.”

see sidebar on page 22
Lessons From Sandy Hook on Covering a Tragedy

Everyone in the country was affected in some way by the Sandy Hook shootings, even without a direct connection, said Dan Childs, managing editor of the ABC News medical unit.

Childs said coverage of Sandy Hook, including stories on the psychological trauma of those who lost friends or loved ones in the shooting, was “in very great demand by our audience, and useful to our audience.”

ABC News, along with other networks, had reporters in a variety of fields working the area after the shooting. The network tried, he said, to respect the privacy of those who had lost someone in the shootings.

“The last thing we wanted to do was flood the area” with reporters, he said. “But everyone was trying to process what had happened and how to go forward.

Childs said he thought many news organizations approached the Sandy Hook story “judiciously and with restraint.”

“Especially in today’s news environment, in which publication can literally occur in a split second, those journalists who were able to take the time to question the information they were getting and get confirmation before repeating what they had heard showed themselves to be the true professionals,” he said.

But there were also some elementary errors made by journalists reporting on the shootings.

“Health care reporting needs to be very informative,” Childs said, “so journalists have to be well-informed themselves.

“One of the challenges any reporter faces is the need to remember, when things come up, to stop and kind of pinch yourself” to make sure you’re reporting accurately.

Childs referred specifically to the “rash of early reports” speculating that the Sandy Hook shooter, Adam Lanza, had autism or Asperger’s syndrome.

“Anyone who has ever reported on autism or Asperger’s syndrome knows this behavior is not consistent with [those conditions],” Childs said. “This was premeditated. Journalists have to be very careful when it comes to this kind of thing. You always run the risk of painting with a broad brush.”

There can be fallout from reporting on inaccurate information, Childs noted. “Certain people with mental illness are far more likely to be victims of a violent attack, not necessarily the perpetrator.

“Reporting has real consequences,” he said. Those consequences “can be beneficial or detrimental,” so reporters have to make sure they’re not misinformed in order not to misinform their audience.

With a tragedy like Sandy Hook, Childs said, “It’s no longer a situation where health care reporting is relegated to the sidelines. The burden rests upon the shoulder of health care journalists” to get the story right.

— Jarre Fees
Honoring the Best Health Journalism Work of 2012

By Allison J. Waldman

Since 2004, the AHCJ has presented its annual Awards for Excellence in Health Care Journalism. This year’s awards encompass areas as diverse as the impact of hurricanes on state and local health care systems, the lack of affordable dental care nationwide and the effect of long-abandoned lead factories on a number of communities. The awards were presented at the annual AHCJ conference in March.

The Future of Natural
Natural Products Association (NPA) is the largest and most powerful nonprofit organization dedicated to the natural products industry. Find out more at NPAinfo.org/News.

Key Facts
- The natural products industry contributes $126 billion to the U.S. economy and employs more than 450,000 people.
- More than 1,200 products and ingredients have been certified natural under the popular, nationwide Natural Seal program.
- NPA represents more than 1,900 members, including retailers and suppliers of dietary supplements, household cleaners, cosmetics and pet products.

Follow the Future of Natural
- NPAinfo.org/News
- TheNaturalSeal.org
- Facebook.com/NaturalProductsAssociation
- Facebook.com/NPANaturalSeal
- Twitter.com/NPANational
- Twitter.com/NPANaturalSeal

Contact the NPA Media Team
Looking for expert comment on the latest dietary supplement studies, natural certification issues or living a healthy lifestyle? Reach out to NPA at (202) 204-4720 or media@NPAinfo.org.
### 2012 AHCJ AWARDS FOR EXCELLENCE

#### BEAT REPORTING
- **First:** Sheri Fink, independent journalist
- **Second:** Jordan Rau, Kaiser Health News
- **Third:** Donald G. McNeil Jr., New York Times
- **Honorable mention:** Carol Ostrom, Seattle Times
- **Honorable mention:** Carolyn Y. Johnson, Boston Globe

#### BUSINESS (LARGE)
- **First:** Dollars and Dentists; David Heath, Jill Rosenbaum, Center for Public Integrity and PBS Frontline
- **Second:** Medical Billing: A World of Hurt; Sarah Jane Tribble, Dave Davis, Plain Dealer (Cleveland)
- **Third:** Meet the Drug Dealer Who Helps Addicts Quit; Mara Zepeda, Alex Blumberg, Uri Berliner, National Public Radio’s Morning Edition and National Public Radio’s Planet Money Podcast
- **Honorable mention:** How Fake Cancer Drugs Entered U.S.; Christopher Weaver, Jeanne Whalen, Wall Street Journal
- **Honorable mention:** Cost of Admissions; Sam Hornblower, Steve Kroft, CBS News

#### BUSINESS (SMALL)
- **First:** Ramon Rodriguez: The trials of a renegade CEO; Barbara Benson, Crain’s New York Business
- **Second:** Medicine Man; Andrea Gerlin, Allison Connolly, Stryker McGuire, Bloomberg Markets
- **Third:** Risky Bonds Prove Costly for Carilion; Sarah Bruyn Jones, Roanoke (Va.) Times
- **Honorable mention:** Bedside Bankroll; Rachel Anna Dovey, North Bay Bohemian (Santa Rosa, Calif.)
- **Honorable mention:** Your New Health Team … Halfway Around the World; Donald Edward Tepper, Chris Hayhurst, PT in Motion

#### CONSUMER/FEATURE (LARGE)
- **First:** Cost of Dying; Lisa M. Krieger, Dai Sugano, San Jose Mercury News
- **Second:** Chain Reaction; Kevin Sack, New York Times
- **Third:** A Rampant Prescription, a Hidden Peril; Kay Lazar, Matt Carroll, Boston Globe
- **Honorable mention:** Spray On Safety Ignored; Mark P. Greenblatt, Gitika Ahuja, Mollie Riegger, ABC News

#### CONSUMER/FEATURE (SMALL)
- **First:** Healing the Hurt; Rita Rubin, POZ
- **Second:** Gift from Grief; Michael Morton, MetroWest Daily News (Framingham, Mass.)
- **Third:** Demand for Home Care Workers Soaring, But Will There Be Enough Takers? Arielle Levin Becker, Connecticut Mirror

#### HEALTH POLICY (LARGE)
- **First:** The Crushing Cost of Care; Janet Adamy, Tom McGinty, Wall Street Journal
- **Second:** Cracking the Codes; Fred Schulte, Joe Eaton, David Donald, Center for Public Integrity
- **Third:** The Battle Over Women’s Health in Texas; Emily Ramshaw, Pam Belluck, Thanh Tan, Texas Tribune and New York Times
- **Honorable mention:** Cost of Dying; Lisa M. Krieger, Dai Sugano, San Jose Mercury News

#### HEALTH POLICY (SMALL)
- **First:** The Automated External Defibrillator: Medical Marvel But Measurement Myster y; Hoag Levins, The LDI Health Economist Magazine
- **Second:** Mental Breakdown; Jocelyn Wiener, Ken Carlson, Lauren Whaley, Modesto (Calif.) Bee
- **Third:** Importing Doctors; Kellie Ann Schmitt, Christine Bedell, Kent Kuehl, Bakersfield Californian

---

Do you know who diagnoses 70% of all diseases for patients? What happens when a specimen enters the medical laboratory? How is a genetic test analyzed and then used to help determine the best treatment options for an individual patient? What did the pathologist see and do to figure out someone’s cause of death?

These are some of the millions of questions your readers are trying to figure out for themselves and their loved ones. Let the 100,000+ experts at ASCP help you accurately answer those questions.

Your first call: 312.541.4754

www.ascp.org | www.facebook.com/ASCPChicago
www.twitter.com/ASCP_Chicago | www.youtube.com/ascpchi
BEAT REPORTING

First Place: Sheri Fink, independent journalist

Freelancer Sheri Fink’s series of stories for the New York Times, ProPublica and the Times-Picayune took the top honor in beat reporting for her coverage of how hurricanes affect the health care systems of New York City and New Orleans.

While there were challenges in covering such a large topic, Fink said reporting on a particular topic “over a period of years” can help a journalist “give context to current events, detect patterns, show where accountability might lie and know where to look for problems.”

Since Fink’s stories were published, there have been some political steps taken to deal with health care policy.

One issue of concern in New York City was how to reach vulnerable residents in high-rise buildings that lost power after a hurricane. In January’s State of the State speech, New York’s Governor Andrew M. Cuomo addressed new initiatives to better ensure the health and safety of those residents in the event of future emergencies.

In September, the New Orleans City Council passed a resolution addressing issues touched on in Fink’s stories. Resolution R-12-344 is designed “to relieve senior and disabled citizens without electricity during and in the aftermath of a weather emergency [that causes] electrical power outages,” Fink said.

continued on page 26
“The resolution seeks a state law that would require nursing home and residential building owners and developers that receive state tax credit incentives to have backup generators,” Fink said.

The Louisiana legislature will convene in April and may consider the legislation.

BUSINESS (LARGE)

First Place: “Dollars and Dentists”; David Heath, the Center for Public Integrity, and Jill Rosenbaum, PBS Frontline

David Heath, senior reporter at the Center for Public Integrity, and PBS Frontline producer Jill Rosenbaum were awarded the top honor in AHCJ’s business (large market) category for their documentary “Dollars and Dentists,” broadcast in June on PBS Frontline.

Heath and Rosenbaum’s investigative report analyzed the dearth of affordable dental care in America, where more than 100 million people — even those in severe pain — do not receive treatment because of the cost.

“David and I did all the writing together,” Rosenbaum said. “Apart from the reporting, we both thought this was a great example of multi-platform journalism and collaboration.”

“Until I really started seeing people who were suffering, when I saw what their mouths looked like, until I heard their stories, I really had no clue,” Rosenbaum said. “I called seeing a 5-year-old child in the hospital, having to go under general anesthesia to have multiple abscesses treated and many cavities treated. “That’s happening with some frequency in the USA,” she said.

Rosenbaum said getting dental health professionals to speak on camera about the flaws in the system was a major challenge. “They knew things that they felt were wrong, but they have non-disclosure agreements,” she said. “In some cases, they were giving us documentation at their own risk.”

The Frontline report has garnered positive results since it aired. According to Rosenbaum, “There’s a class action lawsuit against Aspen Dental, and that lawsuit actually quotes the Frontline piece.” In addition, she said, some mid-level provider assistance for dental care has become available in Minnesota and Alabama.

CONSUMER/FEATURE (LARGE)

First Place: “Cost of Dying”; Lisa M. Krieger, Dai Sugano, San Jose Mercury News

Lisa M. Krieger of the San Jose Mercury News received the first place consumer feature award from AHCJ (along with photojournalist Dai Sugano) for a story based in part on the death of Krieger’s father.

“I worried about accuracy and neutrality,” Krieger said of her reporting. “Could I re-create each of the many decisions about heroic yet futile medical interventions, [while] still reeling from a sudden and overwhelming loss?”

Her father’s “medical records and final bill helped me enormously,” she said. “They validated my perceptions that the ICU is a

Get the facts and resources you need to inform your coverage of the fastest growing cancer in the world at melanoma.org.
traumatic place for a frail and elderly person, with very few exit ramps.”

As she expanded her series of stories, Krieger said she encountered new challenges. “One practical challenge was finding people willing to open up their lives and deaths to us, knowing that they would never live to see the story in print.”

Krieger said writing about her father was an “internal exercise — an effort to gain understanding and perhaps peace.” But the reaction she received from readers took her by surprise. “It resonated so deeply with so many people. I realized that my experience was not unique, and that ‘hard’ and wrenching deaths are a societal, not personal, issue,” she said.

Krieger’s lone regret about the series is that she has been unable to keep up with the flood of correspondence she’s received about Cost of Dying. “People want and need one-on-one conversations about really painful experiences,” she said. “By contributing their hard-won wisdom to a journalist, they feel they’re helping others, and the healing starts.”

HEALTH POLICY (SMALL)

First Place: “The Automated External Defibrillator: Medical Marvel But Measurement Mystery”; Hoag Levins, LDI Health Economist Magazine

Hoag Levins, managing editor of LDI Health Economist e-Magazine, was awarded first place in AHCJ’s health policy (small market) category for his story on publicly accessible automated external defibrillators (AEDs). What Levins discovered in his investigation was that these devices, touted as being able to “pull sudden cardiac arrest victims back from sure death,” don’t always live up to the hype.

Over the last 30 years, the use of AEDs has become commonplace. In 2006, the Journal of the American Medical Association hailed the devices as being so layman-friendly that they “may be used appropriately by individuals with as little as a sixth-grade education.”

But Levins’ investigation showed that conclusions about the efficacy of AEDs were based on “isolated scientific studies which, when gathered together, provided a story that showed a completely different and disturbing side of the AED issue.”

Levins said he didn’t start out to criticize the AEDs; his intention was to “map” citywide AED locations. “I ended up with a story about the serious deficiencies both of these medical devices themselves,” he said, “and the marketers who are promoting and selling them to people who have no idea about where to place or maintain them … or even use them.”

While Levins was pleased with the story, he said he regrets not tracking down “some of the surviving family members of people who have died of sudden cardiac arrest after being treated with public AEDs that failed to work.”

There have been situations, he said, “where bystanders attempt to do the right thing but are unable to find an AED that is located less than 100 yards away, even as the victim dies on the sidewalk.”

INVESTIGATIVE (LARGE)

First Place: “Ghost Factories”; Alison Ann Young, John Hillkirk, Peter Eisler, USA Today

Hundreds of neighborhoods across the United States hold poisonous reminders of where factories once spewed lead and other toxic metal particles into the air.

Three USA Today reporters — Alison Ann Young, John Hillkirk and Peter Eisler — set out to investigate the lingering effects of those toxic metals in areas surrounding abandoned lead factories nationwide.

The results of their comprehensive investigation, “Ghost Factories,” takes first place in continued on page 28
AHCJ’s large market investigative reports division.

Young said the trio investigated more than 400 potential lead factory sites “that in most cases had closed down decades ago,” adding that she had to file “more than 140 local and federal open records requests to find out what agencies had, or hadn’t, done.”

To complete the study, the reporters were trained to collect and analyze soil samples for lead contamination. “It took a tremendous amount of work to create detailed sampling plans for each of the 21 neighborhoods in our study,” she said. “I was on the road for two months, and Pete for one month, just doing the soil testing.”

Eisler said the assignment posed other challenges as well. “I didn’t have an opportunity to get trained completely on the video equipment,” he said. “Some of the footage I shot was flamed. Also, the video footage turned out to be a more important storytelling tool than I’d anticipated in the final project.”

Response to the study has been very encouraging. When USA Today informed New York City officials about the findings, they responded by closing a public park in Brooklyn where the reporters identified high lead levels.

“They were pretty aggressive in addressing the related problems once we’d identified them,” Eisler said. “That said, there were other jurisdictions that showed little interest in the problem until our stories created community pressure.”

“It’s been tremendously gratifying to see the series prompt so much action,” Young said.

---

PUBLIC HEALTH (LARGE)

First Place: Coverage of Fungal Meningitis Outbreak Tied to Contaminated Drugs; Staff, The Boston Globe

Led by Gideon R. Gil, health and science editor at the Boston Globe, the newspaper launched a series of stories about the fungal meningitis outbreak tied to steroid medication from a compounding pharmacy in Massachusetts.

The series, written by Gil along with staff writers Carolyn Y. Johnson, Liz Kowalczyk, Kay Lazar, Todd Wallack and Patricia Wen, was awarded first prize in AHCJ’s public health, large market division.

Gil said his priority was to make the information accessible. “The biggest challenge was taking the time to write explanatory stories that were absorbing, when the news was unfolding fast and dozens of media outlets were hungry to break every new development,” he said.

Over the last months, Gil and his staff have witnessed the toll this outbreak took not only on Massachusetts residents, but people all around America. “I was surprised by the number of people who fell seriously ill and died,” he said, “and the fact that these illnesses have continued. People are still being added to the CDC’s tally.”

There have been some positive changes after the outbreak, but Gil said he’s not sure the Globe can take credit. “Massachusetts has tightened regulation of compounding pharmacies like the one blamed for the outbreak and replaced Pharmacy Board members,” he said modestly, “but it’s hard to say how much our reporting played a role in that.”

---

The 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 2013**

www.aaas.org/SJ Awards

---

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), Radio, Online

INTERNATIONAL CATEGORY

Open to journalists worldwide, across all news media: Children’s Science News
On February 1, the scope and reach of the Association of Health Care Journalists expanded, as the group was accepted into the World Federation of Science Journalists (WFSJ), an international organization created to help the public use scientific knowledge to understand critical socio-economic issues.

AHCJ becomes the 44th organization to nestle under the WFSJ umbrella, and it’s a significant step for health and medical reporters, especially for those AHCJ members living outside the United States.

“The international segment of our membership continues to grow,” AHCJ Executive Director Len Bruzzese said. “We feel it makes sense to work with other established international journalism groups where possible, to meet the needs of these reporters, editors and producers.”

AHCJ has members in 25 countries outside the U.S., and while there are clear benefits for the group to broaden its profile by aligning with WFSJ, the addition of the American group to this international body is a plus for the Canada-based Federation as well.

Located in Gatineau, Québec, WFSJ is a nonprofit, non-government organization dedicated to supporting and nurturing science journalists worldwide. Founded in 2002, the Federation promotes and defends the free flow of information and open dialogue essential to accurate coverage of science and technology issues.

Having strong ties with a group like AHCJ is important, said current WFSJ Executive Director Jean-Marc Fleury, because “we are living in a time when skilled science journalists have become a necessity for publications, websites and media outlets.”

The Federation makes “an effort to professionalize science journalism in countries where that subject is weak, [and] also helps in countries where [science journalism] is facing cuts and other challenges,” Fleury said.

“We’re very, very happy to see AHCJ in the Federation. It is already an extremely active [partnership],”

AHCJ leaders expect that WFSJ membership will increase networking potential for AHCJ members both in reporting and in career development.

“We look forward to meeting the leaders of other journalism organizations with health and science interests, to see how we might

continued on page 30
Where organizations are seeing both growth and opportunity.

At Kaiser Health News, an August 2012 story by Jordan Rau on Medicare readmission penalties was published, accompanied by spreadsheet files so reporters could localize the data. The report ended up being used in some version by 92 outlets: 22 ran the story, 70 localized it and 15 others ran a similar story with no credit, Eisenhower said.

AHCJ itself put in place a groundbreaking database in March that it hopes will also generate news stories. The free database, found at hospitalinspections.org, is a searchable news application compiling thousands of inspection reports for hospitals around the nation since January 2011. AHCJ has been advocating for three years to get the Centers for Medicare and Medicaid Services to release the data electronically, sparing reporters and the public from having to file repeated Freedom of Information Act requests.

Paid for with the help of a $42,500 grant from the Ethics and Excellence in Journalism Foundation, the database, Ornstein said, “has the potential to change the way both journalists and the public think about these inspection reports.”

Another encouraging sign for health news was Pew’s State of the Media report finding that health and medical reports are occupying slightly more of the news hole of both local and national newscasts. On average, health in 2012 accounted for 2% of local newscasts’ reporting, up from less than 1% in 2005.

Among the national newscasts, attention to health and medical issues changed little between 2007 and 2012, the Pew report found, increasing to 7% from 6% at ABC, dropping to 6% from 7% at CBS, and rising at NBC from 5% to 6%. But at PBS NewsHour, health and medicine increased to 5% of the news hole, from 3% in 2005.

With implementation of critical components of the Affordable Care Act set to take place in 2014, consumer interest in health-related topics is unlikely to wane near-term.

While many health reporters felt as though Steven Brill’s March 4 Time magazine cover story did not break new ground, “he definitely struck a nerve with people who read it and that’s what we should be aiming for,” Ornstein said. “Clearly his piece was able to make people interested in a way some of them hadn’t been before.”

“There’s clearly an interest in understanding the impact of the health law,” agreed Fairhall. “As much as you write about what the public is not retaining it. The demand for those types of stories will increase dramatically between now and the end of the year.”
critical, because on the whole I think [they’ve] been very fair and very helpful. … But [it’s about] values, what [health care reform] says about who we are as a Commonwealth and why this was so important to so many different constituencies in the Commonwealth. It’s an important story and it’s a lasting one, and that part I don’t think gets told enough.

NewsPro: What should journalists watch for in comparing what Massachusetts has done with what’s going to happen with the ACA in other states?

Gov. Patrick: I think people anywhere in America get the inherent value of having access to care when you need it. The question of whether the government has a role [in health insurance] … this is a hybrid, a public-private system that we have right now, and that makes sense because this isn’t a market that is like other markets.

People don’t buy health care the way they buy consumer goods. Again, talking about those common values, talking about the importance of that coalition [of business, health care industry, consumer advocates and others that supported reform], having all the interests at the table, and instead of moaning about what has to be done, coming together in the spirit of problem solving, figuring out how to do it, is an important lesson to take home.

NewsPro: No journalist wants to do a story that says everything is wonderful here, it’s all rainbows and butterflies. Are there potential problems that journalists should be keeping an eye out for?

Gov. Patrick: It is harder than I realized [to reach] those “Invincibles”, those young men, mostly men, in their 20s who are feeling great and think they always will, and therefore don’t think they need health care. But bringing everyone in [to do] his part is the classic insurance formula for getting costs down for everybody, right? So that was a challenge here and it’s going to be a challenge elsewhere.

I think the other part of it [is] whether there is enough primary care capacity to meet this brand-new demand. That has to be thought about and that’s outside of the ACA … so you have to build that capacity. That can be done, but you’ve got to anticipate and face it.

I guess the third thing I’d say is … costs have been going up well ahead of inflation. The market hasn’t solved that on its own and we didn’t get going until I had a public hissy fit about it, and basically had the Insurance Commissioner deny [premium] increases. Then everybody began to focus again and we came back to the table and came up with a legislative solution. But leaving the question of premium increases to the market alone did not work here.
THE NATIONAL ACADEMY
OF TELEVISION ARTS & SCIENCES

2013 EMMY AWARDS

MAY 7
2013
SPORTS
NEW YORK CITY

JUNE
2013
CREATIVE ARTS
LOS ANGELES

JUNE
2013
DAYTIME ENTERTAINMENT
LOS ANGELES

OCTOBER 1
2013
NEWS & DOCUMENTARY
NEW YORK CITY

OCTOBER 18
2013
TRUSTEES AWARD
NEW YORK CITY

For Sponsorship Information contact:
Paul Pillitteri
212-586-8424
ppillitteri@emmyonline.tv
Animal Magnetism Makes a Difference

By Dr. Elizabette Cohen

Looking for a resource when you're on deadline for a health care story and don't know where to turn? You might try calling the vet.

A lot of you might wonder why a veterinarian would write an article aimed at health and medical journalists. But many medical stories start in the animal kingdom, so we could easily be your first stop.

Veterinarians have to be every kind of doctor. All of us are internists, anesthesiologists, surgeons, pediatricians, gynecologists, obstetricians, radiologists, oncologists, dermatologists, and at times, even therapists. There are veterinary specialists, but they are the exception rather than the rule.

It might not be a popular topic at dinner parties, but most research done for people comes from research done on animals. Specially bred rats and mice are most often used, which makes sense, since we share approximately 99% of our DNA with mice and 80% of that DNA has identical one-to-one counterparts. Mice develop many of the same diseases, but instead of taking years, these diseases can develop in days to weeks.

The problem is that not all treatments translate well from the lab to the real world. And that's also an area where reporters can look for story ideas.

When you're doing a story on cancer treatments, consider that many protocols used to treat pets are the same as those used to treat people. Almost 90% of veterinary medicines are the same as human medicines.

In fact, many teaching hospitals like New York City's Animal Medical Center and Memorial Sloan-Kettering Cancer Center pair up to share patient information, both human and non-human.

Successful stem cell surgery had been used for years in pets and horses before being implemented for people. I can speak from experience. In 2009, I became certified in regenerative medicine and did my first stem cell surgery on a 12-year old Golden Retriever with severe hip dysplasia.

I surgically removed subscapular fat, placed it into 2 large sterile vials and overnighted it to a lab in California. They isolated the stem cells, washed them, counted them and prepared three syringes for me to inject back into my patient.

Within 48 hours from the first surgery, I anesthetized the dog and injected 3 million stem cells into the right hip, 3 million stem cells into the left hip and another 3 million cells intravenously to help any other damaged joints or organs.

Two weeks post-op, the dog could walk well without any of the medications he once needed. He wasn't going to run any marathons, but was content to get up on the couch again like he used to do in his younger days and walk around the block without having to stop or rest.

Moving from successful treatments in mice to dogs and then ultimately to humans is the goal. Stem cell surgery is now almost routinely used in many human hospitals.

This year researchers in Spain report they have cured type 1 diabetes in dogs by injecting them with a single session of gene therapy. It worked successfully in mice in the lab. Success was achieved again in five Beagle puppies. Now it must be tested in people and hopefully, success will be achieved again.

Discoveries like this pave the way to cure or control diseases in people, and journalists can get a leg up if they know a vet who can answer questions about medical studies and other resources.

Even animals like snakes that cause people harm and death can be a key to our health in the future. Researchers are working on a new painkiller modeled after Africa's black mamba venom. Mambalgin, the peptide isolated from Dendroaspis polylepis, is said to block acute and inflammatory pain as well as morphine, without any of the serious side effects like respiratory depression or addiction.

Researchers have recently reported that a toxin in bee venom can kill HIV, while keeping the surrounding normal cells unharmed. Scientists have fused this bee toxin to nanoparticles, which may be able to not only treat HIV, but help prevent its transmission in the first place.

Vets can also point you toward general-interest stories. Horse and dog amputees with prosthetic limbs, for instance, visit summer camps for children amputees to offer them hope.

Therapy dogs are booked in half-hour sessions in law libraries during midterms and finals to help de-stress the students, and are also used in court cases where the victims of violent crimes are calmed by their presence and able to give difficult testimony.

They say every person has a story. Every animal has one as well, and vets have a million of them. I'm happy to share some of those stories, and always trying to help keep everyone's pet “Healthy and Happy.”

Dr. Elizabette Cohen's “Healthy and Happy Pet” advice can be heard every weekend on New York's WCBS Newradio 880. She's the author of “Most of My Patients Wear Fur: Tales of Small Animals and their Big City Vet.” You can reach her at YourHealthyandHappyPet.com.
The National Press Club Broadcast Operations Center is a full-service multimedia production studio offering video production solutions, and studio and editing facilities in a comfortable, convenient downtown location. We pride ourselves in combining our unique facilities, experience, and creativity in capturing and communicating your message.
Travel’s Most Trusted Voices

1100 Members Strong: Travel Journalists, Photographers & PR Professionals

Our journalists, photographers and bloggers cover the world—from global landmarks to hidden treasures. We promote responsible travel journalism and offer professional development that makes our members Travel’s Most Trusted Voices.

Join Us.

satw.org

Two Buddhist monks on the beach in Sri Lanka.
© Eric Lindberg, 2013 SATW Travel Photographer of the Year
“Human beings always do the most intelligent thing... after they’ve tried every stupid alternative and none of them have worked.” — R. Buckminster Fuller