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ENVIRONMENTAL JOURNALISM 2018

SOCIETY OF ENVIRONMENTAL JOURNALISTS
28TH ANNUAL CONFERENCE

FRESH WATER FRESH IDEAS

Hosted by University of Michigan-Flint
Oct. 3-7, 2018
FROM THE EDITOR

Prescription for Trust

Being a health journalist isn’t easy even in the best of times. Reporters covering medical issues bear a responsibility to their audience that requires them to be true to the facts, remaining impartial and, at the same time, being discerning, as “facts” can change depending on what study is coming out or who’s talking about the issues.

But this year got off to a shaky start on the federal level. Reporters were being singled out for exclusive access to federal press briefings while others fought to find out what was happening. One reporter was cut off during a press conference call. Even finding people to interview about complicated regulatory issues was a monumental task.

Thanks to the efforts of the medical press, things are slowly changing for the better. With the help of the Association of Health Care Journalists, access is opening up in Washington, and federal officials are working to be more transparent. In addition, several nonprofit associations and think tanks are providing perspectives on the changing health care policy landscape, while hospitals and other specialty centers can provide research, background and expert sources.

But those haven’t been the only challenges for the medical media. With the number of traumatic events such as mass shootings and weather catastrophes escalating, both health beat journalists and general assignment reporters are scrambling to cover fast-breaking news as accurately and as quickly as possible. At the same time, interest in general health information and new studies continues to grow, putting more demands on already thinly stretched staffs.

To help, we offer tips and advice throughout this issue from both veteran journalists and health communications professionals on best practices to help the reporter — and, more importantly, the consuming public.

Journalism has always had a commitment of responsibility to its audience — a pledge that is being sorely tested and questioned as even facts are debated as being true or not at the highest levels of our society. For medical journalists, this responsibility is even more critical as viewers and readers look to the media for fair, accurate and reliable information about what’s best for themselves and their families. In the end, medical reporting represents public trust in the media in its most critical and essential form.

— Karen Egolf, Editor
A reporter’s phone connection suddenly cuts off during a press conference call. Three reporters receive an exclusive briefing on a drug pricing provision in President Donald Trump’s proposed budget but others are left scrambling. Requests for interviews go nowhere. No one is available to explain complicated regulatory issues.

It isn’t easy to be a journalist covering federal health policy in Washington, D.C. But in the wake of some well-publicized incidents, reporters pressed for greater access and transparency — and they’re beginning to see improvements. Alex Azar, the new secretary of the U.S. Department of Health and Human Services, has held three “pen-and-pad” sessions that enable reporters to ask a range of questions. His predecessor, Tom Price, did not hold a single press conference during almost eight months leading HHS.

The changes came thanks to the persistence of hard-working reporters and the support of the Association of Health Care Journalists. “We try to open lines of communication wherever we can,” said Felice Freyer, vice president of AHCJ and chair of the association’s Right to Know Committee.

At the 20th annual AHCJ conference in Phoenix in April, Washington reporters shared tips and strategies for covering some of the most important and politically sensitive health policy stories, including Affordable Care Act changes, Medicaid expansion and the opioid crisis.

The most basic rule is to keep pushing. “You have to ask and ask and ask and send emails and not be willing to take no for an answer,”
said Phil Galewitz, senior correspondent for Kaiser Health News, who has covered federal health policy for the news site since 2009.

Turnover in the Trump administration adds an additional challenge, but building relationships still pays off, said Virgil Dickson, D.C. bureau chief and regulatory reporter at Modern Healthcare. For example, he attends Centers for Medicare & Medicaid Services (CMS) advisory committee meetings, such as the Advisory Committee on Outreach and Education, to learn about upcoming initiatives and meet HHS officials. “I would hear about initiatives months before they were launched,” he said.

Dickson found himself in the CMS crosshairs earlier this year after writing an article about the sudden departure of Brian Neale, a top CMS official. At issue were three sentences that cited “industry insiders” revealing “some sort of disagreement” between Neale and CMS Administrator Seema Verma. A CMS communications contractor demanded Dickson remove those sentences. When he refused, the contractor threatened to exclude Modern Healthcare from future press calls. (Modern Healthcare is a sibling publication to Crain’s NewsPro.)

A week later, Dickson’s phone went dead during a press call, and the operator informed him that he had been shut out. When Freyer inquired about the incident, a CMS spokesman insisted that no one had been banned. The CMS contractor was not renewed and no longer works for CMS.

“No we’re in a good place and they’re very communicative with me,” said Dickson, adding, “It was an interesting learning experience.”

Dickson isn’t accustomed to being at the center of a dispute. His readers are mostly executives in the hospital and insurance industries, and his job is to explain evolving health policy. He scours the Federal Register every day, looking for announcements of meetings, proposed rules or notices in the official publication of the federal government. He sometimes gets stories from the comments submitted to proposed rules on www.regulations.gov.

The comments include statements from health care and insurance executives who are often inaccessible to reporters. “For the first time, you’re getting on-the-ground insight,” Dickson said.

Lobbyists and advocates track legislation and policy decisions, and they can provide inside information, as well. For example, when Republicans in Congress were drafting their ACA “repeal and replace” bills, health industry lobbyists often were privy to proposals that were being debated behind closed doors.

“Anyone who has gotten a scoop can tell you that industry is the place to go to get access to legislation if you want to break a story before other reporters,” said Kimberly Leonard, senior health care writer for the Washington Examiner and co-chair of AHCJ’s Washington, D.C., chapter.

Sometimes the scoop comes from former federal workers. Joe Rannazzisi, retired head of the Office of Drug Diversion of the Drug Enforcement Administration, was the key whistleblower in a joint investigation by CBS “60 Minutes” and The Washington Post into the role of the drug distribution industry in the opioid crisis. The stories won first place for investigative reporting in the 2017 AHCJ Awards for Excellence in Health Care Journalism.

“There were a number of people, not just Joe, who had just retired, and they had a lot to say about what had happened in the last 10 years [or] 15 years in the diversion division,” said Sam Hornblower, associate producer with “60 Minutes.”

The stories detailed how communities became flooded with hundreds of millions of pain pills, and how the drug distribution industry pushed back against DEA’s enforcement actions, advocating for a bill that ultimately passed Congress restricting DEA’s ability to freeze suspicious shipments of narcotics.

Reporters had covered the growing number of opioid overdoses and the actions of drug manufacturers, but the role of the middlemen — the distributors — had largely gone unnoticed.

“How is it possible that this story was going on in Washington for years, and the whole press corps just didn’t see it?” asked Lenny
Beyond the Fray: Using Non-partisan Sources for Health Policy Stories

By Michele Cohen Marill

As Americans enrolled in 2018 health plans through the Affordable Care Act marketplace, Obamacare was either stable or collapsing, sabotaged or flawed, depending on the prevailing spin. Health journalists seeking up-to-date numbers and unbiased perspective turned to nongovernmental sources specializing in health policy.

These nonprofit associations and think tanks provide quick responses and deeper analysis in a changing health care policy landscape. In politically fraught times, they also offer a nonpartisan avenue to develop important stories.

For example, the National Academy for State Health Policy (nashp.org) in Washington, D.C., evaluates how federal health policy on such hot-button topics as the opioid crisis, drug prices and Medicaid expansion affects states. California, New York and the District of Columbia were the last to close their 2018 ACA marketplaces, and one week later, on Feb. 7, NASHP issued state-by-state enrollment totals. The Centers for Medicaid & Medicare Services issued final enrollment numbers on April 3.

NASHP calls itself “the UN of state health policy,” as it enables state policymakers to interact and learn from each other. But it also places a priority on providing information to journalists. NASHP held a conference call for reporters on the ACA enrollment data and issued a release with tables showing that overall participation in state-run plans remained steady while states with federally run marketplaces saw an average decline of 5 percent.

“It can be very complicated to get at the crux of an issue,” said Maureen Hensley-Quinn, senior program director. “Understanding how states are affected will help a journalist be able to follow the issues of the day.”

Kaiser Family Foundation (www.kff.org), a nonprofit organization based in San Francisco with an office in Washington, D.C., likewise provides independent analysis and data. Kaiser conducts polls on health issues, providing both a current snapshot and evidence of trends. For example, a Kaiser Health Tracking Poll in March found...
that the public is confused about whether there is still a mandate to have health insurance, and that most people believe the ACA marketplaces are collapsing. Kaiser also provides state-by-state data on topics ranging from influenza deaths to Medicaid requirements. In some cases, it even offers a breakdown by county.

“One way we differ from other sources is that we’re not an advocacy group,” said Craig Palosky, communications director in Washington. “There’s a role for advocates on all sides of an issue. A lot of advocates use our data, but that’s not our role.”


Another organization, the Patient-Centered Outcomes Research Institute (www.pcori.org), takes a unique perspective. Although it was created through the Affordable Care Act, it is an independent, nongovernment organization based in Washington. PCORI supports research that helps patients and their clinicians make health care decisions — and it puts the results on its website.

Patient partners are often involved in helping design the research and may be available for interviews. The most common conditions in the research portfolio are mental health, cancer, neurological diseases and cardiovascular diseases.

“We are geared toward a patient-center approach to research. It’s built into the requirements of the way we fund studies,” said Christine Stencel, associate director of media relations.

Sometimes the studies focus on the impact of health policy changes on patients. For example, an ongoing study compares the outcomes of Medicaid patients with lower back pain in Oregon with similar patients at California clinics. Oregon recently ended Medicaid payment for chronic opioid therapy for back and spine conditions and increased reimbursement for nondrug treatments such as acupuncture, physical therapy and cognitive behavioral therapy, while California offers standard treatment.

“We’re generating the evidence that policymakers can use to decide how to tackle an issue like the opioid epidemic,” Stencel said.
Medical Rounds

Reporters Offer Advice on How to Work With Hospitals

By Andrew Holtz

Good reporting is based on knowing who you are talking to and what you are talking about. When you are working a story that involves a hospital, the basic skills for building source relationships and researching a topic are fundamental, but there are particular health care twists.

Hospital administrators worry about voluminous government regulations, including federal and state privacy rules. Reporters need to respect the special responsibilities that come with reporting on health; for their audiences, picking a medical treatment is far more consequential than choosing a model of car or TV.

To start, said former newspaper health reporter Debra Gordon, “don’t sit back and wait for them to send you a press release or call you. You need to do what we used to do at newspapers: Develop your sources. If you are new to a beat, you go and you make a list of the key people at the hospital, and you set up informational interviews, and then you keep checking back in with them.”

Identifying the key people involves a least some understanding of how hospitals are organized. Beyond knowing the CEO and media relations staff, it pays to get acquainted with department heads, who may assert as much autonomy as they can from the central administration. The chief of surgery may be the best ally if you want to observe an operation. Getting to know the leaders in the ER can be particularly useful to general news reporters when a local disaster strikes or a newsworthy crime or crash sends people to the trauma center. And don’t neglect the chief nursing officer. Most of what patients experience in a hospital is nursing care. Doctors pop in and out as they do rounds, but the nurses are there around the clock.

Public radio health reporter Bram Sable-Smith works the rural hospital beat for KBIA in Columbia, Missouri, and the Side Effects Public Media collaborative. “I have had a lot of success talking to hospital CEOs,” he said. “At those rural facilities, they tend to be very welcoming. They get me in, show me around. They’ve been really open with data and their financials; they will open up their financial books to me. They’ll introduce me to the CFO and board members.”

That small hospital openness can also help in bigger cities. If the major medical centers don’t seem eager to open their doors to a reporter, a smaller community hospital may be a good alternative. They have patients and providers who can breathe life into common health issues.

Sable-Smith said that most of the hospitals he covers are publicly owned, which means they are required to release a certain amount of information, even if they’d rather not. “They have to, but it was also kind of amazing,” he said. “When people stopped talking to us, it was important to get the data.”

To do that, reporters need to get to know state public records and Freedom of Information rules. Not-for-profit hospitals have to file reports with the IRS, called 990s, that contain revenue, key executive salaries and other spending. A trove of quality data is available from Medicare at www.medicare.gov/hospitalcompare. The Association of Health Care Journalists has put government data into spreadsheets on its website that can be easier to use. Many insurance companies provide ways to compare procedure costs at different hospitals, while Medicare posts some data at costreportdata.com. Certain states offer their own hospital price databases.

Another issue for reporters can be HIPAA. The Health Insurance Portability and Accountability Act of 1996 enacted stricter federal rules to protect patient privacy. Too often HIPAA is used as a blanket excuse to bar reporters from hospitals and clinics. While the nuances of HIPAA are arcane, the most important point for reporters to keep in mind is that the patient is in charge of his or her own information.

Another important point to remember is that stories always go better when you do your homework.

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**Specialty Sources Fill Coverage Gaps**

*By Dinah Eng*

When it comes to covering health care, there are many sources of information beyond hospitals and academic research facilities that journalists can tap into for story ideas.

Options can include interviewing experts at orthopedic specialty centers, associations specific to various medical conditions, dental chains or elder care facilities. The larger the organization, the more likely it is to have a media relations staff that can help set up interviews or provide story ideas.

In the private sector, for example, Brookdale Senior Living is the nation’s largest owner and operator of senior living communities, running about 1,000 communities in 46 states. The facilities, which range from independent and assisted living residences to skilled nursing facilities and memory care communities, serve an estimated 100,000 seniors.

Dana Schroering, senior communications specialist for Brookdale in Brentwood, Tenn., said its media relations team tries to be “a resource for all things aging.”

Journalists can subscribe to news alerts and talk with experts in Alzheimer’s and dementia, health and wellness for seniors or the use of technology for the aging.

“We worked with the Florida Times Union in Jacksonville on a story about one of our residents who is going blind,” Schroering said. “He wanted to see the beach one more time, so we arranged that with the help of Wish of a Lifetime [a national nonprofit that fulfills seniors’ wishes].”

A doctor who read the story then offered to see if the man would be a candidate for treatment to save his eyesight.

“We have great people stories like that all around the country,” Schroering said.

Another source for aging issues is the Health in Aging Foundation, created by the American Geriatric Society, which offers information on more than 60 common diseases and conditions that affect older adults. Its Health in Aging blog discusses issues, such as changes in walking speed and its link to dementia, and tip sheets cover the effect of medications on the elderly.

When it comes to dental care, the American Dental Association provides press kits on everything from fighting opioid abuse while helping patients manage dental pain to dental filling options.

The ADA website gives information on fluoridation in community water supplies and tips for better oral health care, as well as story ideas related to its lobbying efforts for adequate funding for the Indian Health Service, which is responsible for providing services to American Indians and Alaska Natives, and other advocacy projects.

Alternative sources for information on dental health can include companies such as Pacific Dental Services, which handles back-end business support for dentists in private practice. PDS Director of Communications and Public Relations Debbie Millsap often provides oral health care information to journalists in the 19 states where the company currently operates.

She notes that the company’s PDS University Institute of Dentistry offers continuing education credits for dentists and can be another source for expert interviews.

“Our faculty can talk about the ways dental practices can affect the opioid crisis,” Millsap said. “Our experts can also talk about how untreated problems in the mouth can lead to more systemic issues in the body. We also do special needs advocacy, so we can talk about how dentists can best treat special needs patients.”

Hundreds of organizations providing health information are listed in the National Institutes of Health MedlinePlus site (medlineplus.gov), ranging from the American Lyme Disease Foundation to the American Orthopaedic Society for Sports Medicine.

While the websites provide information related to their health specialties, some are more proactive about reaching out to media than others.

The American Optometric Association, which represents doctors of optometry, offers information on common eye conditions ranging from dry eye and cataracts to macular degeneration on its website. Its media relations staff actively pitches stories on eye care pegged to news events.

“We get steady requests from media about everything from contact lenses to refractions,” said Deirdre Middleton, director of strategic and advocacy communications for the American Optometric Association in Washington, D.C. “We have a team of content developers who work with doctors who propose ideas about things they see in their practices.”

When last year’s solar eclipse occurred, for example, the AOA sent out information about how to safely view the eclipse. For Save Your Vision Month in March, the association focused on information about dealing with digital eye strain.

“With today’s gaming culture, people can spend about four hours a day playing games,” Middleton said. “So we encourage people to use our 20/20/20 exercise. Every 20 minutes, look away from your screen at something 20 feet away, for 20 seconds. That can be a useful exercise for people who are constantly working on computers as well.”

Middleton said the organization lobbies for patient access to quality eye health care, and “was able to make sure children’s eye and vision benefits were included in the Affordable Care Act.”
So even when a story may go against a hospital’s PR interests, if a patient wants to talk to you and share medical records, the hospital can’t stop them, though they still have some say about physical access to a patient in the hospital.

“Right after HIPAA started, there was a real, immediate crackdown out of fear,” said Kaiser Health News Senior Correspondent Barbara Feder Ostrov. “I think over the years, as people have gotten more comfortable with it, it’s been a little easier on that front. But with social media and all kinds of patient websites, it’s easier to find patients on your own through Facebook, Twitter, patient groups, advocates. I used to get patients from doctors and hospitals, but it’s very hard to do that now, so you have to find other routes to find actual patients affected by a particular issue.”

Note that it is the reporter’s responsibility to check out a patient’s claims by asking to see their medical records and getting the patient’s permission to reach out to their providers. Feder Ostrov also suggests contacting health care worker unions, independent doctors’ groups and local medical societies when hospitals resist talking about things going on inside the institution.

Another important point to remember is that stories always go better when you do your homework. The first stop for many health reporters is PubMed.gov. It provides abstracts of almost every medical journal article. The amount of information may appear overwhelming, but searches can focus on review articles that offer comprehensive overviews of research topics. And perhaps the most important feature for journalists is that contact information is listed for at least one author on each study.

Separately, the National Institutes of Health offers a searchable database of all its grants, so reporters can find out what researchers in their city are doing.
Hospital Treatment

Medical Center Execs Offer Six Tips for Reporters

By Karen Egolf

With the recent increase in mass shootings, weather-related tragedies and other traumatic events, along with the vast amount of information and volume of studies coming out that affect people every day, medical issues are on the front lines of the news more than ever before.

While some media outlets have dedicated medical and science writers, many rely on general assignment reporters to produce stories about complex topics on short deadlines. When reporting medical stories, often the best place to start is with a top hospital system.

“I feel like if a journalist is looking for an expert, I would go to a top-rated leading hospital system or the medical schools that are associated with that great health care system because that’s where they can give you the initial research on a topic,” said Karen Sodomick, vice president of communications at NewYork-Presbyterian Hospital, a New York-based academic medical center that collaborates with two medical schools, Cornell University’s Weill Cornell Medicine and Columbia University College of Physicians and Surgeons. “It allows the reporter to have access to really credible, accurate sources very quickly.”

Whether you’re a veteran reporter who’s been covering medical news for years or a general assignment reporter who suddenly finds yourself on the medical beat — or a freelancer looking to expand your areas of expertise — here are six tips from five major medical centers on how to best work with them to cover medical news.

continued on page 12

My Hospital

Advancing Health in America

The Lifeblood of Your Community

The blue and white sign with the big H has always carried the promise of help, hope and healing. At your hospital, you will find people who work around the clock to provide care for patients in their time of need.

The hospital of the future will continue that promise, but in new ways that focus less on the four walls of a building and more on partnerships that advance the health of individuals and communities. Find out more at www.aha.org.
1. The fastest route to the right expert is the communications department.

Medical centers often require reporters to make their requests for interviews and other materials to the communications department, but that doesn’t mean it will slow you down when you’re on deadline. Communications experts at major medical centers say they can actually speed up requests because they already know who the best experts are for specific topics—and they can reach those people faster than reporters can.

“Very often a reporter will call the expert themselves,” Sodomick said. “I always recommend calling the press office to request interviews or to address questions because that allows us to facilitate it in a much quicker way and do the approvals—and make sure you have the right expert.”

In fact, reporters may reach out to the wrong people when working on their own. “It’s a good idea to give us a call and we can get you to the right person faster than you might by just googling topics and names on the website and finding the person you think might be the right person,” said David Olmos, director of news strategy and editing at the David Geffen School of Medicine at UCLA Health medical system.

For example, he said, the communications department can connect reporters to scientists who have done the latest research on a specific topic or with clinicians who are more comfortable talking with the media. In addition, the department can send reporters background materials and other documents that will help with the assignment.

Another benefit of working through the communications department is that specialists will be ready to address the topic the reporter wants to discuss. “We ensure our physicians are prepared for a media interview,” said Jim Anthony, senior director of PR for the NorthShore University HealthSystem, a medical system based in Evanston, Illinois, that is affiliated with the University of Chicago’s Pritzker School of Medicine.

“We try to give them as much information [as possible] about what the interview is going to be about and how they can prepare for it. “It’s important for the physicians to be prepared because in the end, the journalist wants to craft an informative and interesting story, and we want our physicians to share their expertise and their knowledge,” he said. “So it’s a win-win when everyone is prepared.”

2. Your story is important—but so are the patients and their families.

When making requests through medical center communications departments, it can often feel like hitting a brick wall, as media executives seem to block access to patients. But keep in mind that while news is important, the hospital’s first priority is the patient.

For example, sometimes a reporter may have talked to a patient as part of an ongoing series or in-depth story about a particular procedure or case before that person entered the hospital. “Sometimes the media can be very demanding because they’ve
cultivated a relationship with the patient outside of their hospital care," Sodomick said. "Although the patient may feel like they want to do the interview, it may not be the right decision. … We’re more interested in preserving the integrity of the care."

When the issue is more immediate, such as when a mass shooting or major accident has occurred, the media today have more access to victims through social media. Here, again, medical center communications departments can appear to be stonewalling media requests, but they may actually be protecting the patients and their families.

"With Facebook and Twitter, we see a lot of reporters reaching out to patients and their families directly within minutes of a tragic accident, and that tends to upset the families to the point that they do not want to have anything to do with media," said Craig Boerner, media and national news director of Vanderbilt University Medical Center in Nashville. "If news outlets allow us some time to approach patients’ families once they have had time to digest the situation and assess the condition of their loved ones, they are often more willing to share their stories with the public."

At the same time, these kinds of situations can lead to a lot of misinformation being disseminated, so experts advise patience when hospital communications departments don’t appear to be continued on page 14

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**Which Treatment Options Work Best for Whom?**

PCORI has awarded more than $2 billion to support **comparative clinical effectiveness research (CER)**. CER findings help people compare the benefits and side effects of their healthcare options and make better choices. PCORI-funded studies focus on topics such as:

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PCORI-funded studies involve patients and other healthcare stakeholders as active research partners, not just passive participants, and focus on outcomes that matter most to these stakeholders.

*To interview experts on CER and patient-centered outcomes research, please contact Mary McNamara, Senior Media Relations Specialist, at 202.370.9480 or mmcnamara@pcori.org*
forthcoming with instant updates.

“Within the past year, we’ve treated multiple victims from both a mass shooting at a church and also a school mass shooting,” Boerner said. “We do not rush to confirm the number of patients being treated at our facility or provide specifics until those patients are physically here in our care. Once a piece of misinformation is out there, it is very hard to go back and correct it, so it is much better to get it right the first time.”

3. Do your homework — but don’t be afraid to ask for help.

When a big health story breaks, general assignment reporters often get called in to cover the news on deadline. Or outlets that don’t have designated medical reporters will give more in-depth pieces to general assignment or feature writers. Here, medical centers can be a big help — but they still recommend you get a grasp of the basics first.

“My best advice for them would be try and do as much research on [the topic] as possible in the half-hour to hour before you come to your interview, and then just listen to what our doctors or professionals have to tell you,” said Paul Heinert, senior media relations specialist for Sanford Health, an integrated health system in the Dakotas and the largest rural not-for-profit health care system in the nation.

At the same time, he said, “There are times you can be up front and just say, ‘Hey, I’m not 100 percent sure what the story is about.’ As media relations, we’re trying to educate folks as much as possible. [We can tell our experts], ‘You’re going to have to speak to him in a way that’s not highly medical jargon.’ That’s important too.”

UCLA Health’s Olmos agreed. “Our experts are always happy to speak with people who are science writers, medical writers and even generalists who have been given a medical or science-related topic they wouldn’t ordinarily have to cover,” he said.

With generalists, the communications department will work to help them understand complex topics and associated medical jargon. “We’ll certainly try to walk someone through that science, and we’re always here to help,” Olmos said. “If you need additional help, we can send you materials or get you information that might help you write that story.”

Anthony of NorthShore said members of the media do need to be prepared with a general working knowledge of the topic and
some good questions, but part of his job is to help reporters at all levels of medical expertise. “As a novice reporter, you don’t need to be an expert on a particular health topic,” he said. “That’s why you have the doctor as your source. And that’s why you’re reaching out to us — because you want to speak to an expert who can provide the information you need in crafting your story.”

4. Make your requests specific.
When emailing or calling communications departments, it helps to make your requests as specific as possible. Be sure to include your basic topic and your deadline for doing the interview. In addition, email more than one person in the department to make sure you get a response — but don’t copy the entire staff.

“Give us as many specifics about the story that you’re doing as you can,” Olmos said. “That doesn’t mean giving us the whole story. … Saying something like, ‘I need an expert to talk about flu,’ is not as helpful as, ‘I’m doing a story about new flu vaccines that are in the works, and I want to look at this particular aspect of that topic.’

“When you give us those types of details, it really helps us because … we’re trying to catch [experts] in little, short windows that they have between surgeries, between seeing patients. … So if we can eliminate some of that back and forth, that’s going to help us and help them.”

5. Take advantage of hospital resources.
For reporters looking for background on new innovations or interesting ideas for a story, academic medical centers can serve as a great resource. They also are a good source for story ideas, both in terms of the latest research through the communications department.

A good place to start is often the hospital website. Sodomick points to NewYork-Presbyterian’s HealthMatters.org. “It basically features the latest news and some of the key insights from our physicians or nurses and our experts,” she said. “You’ll find everything from technology and innovation to first-hand accounts from patients and caregivers. From a media perspective, it’s an excellent resource for credible and fact-checked data and information for a reporter who is looking for new story ideas.”

Another source of information is the medical center’s newsletter, which often addresses breaking news. “For example, when John McCain had glioblastoma, we immediately put [up] 12 tips and had experts

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Essential People, Essential Communities, Essential Hospitals

In 2016, essential hospitals provided nonemergency outpatient care to 79.3 million people and emergency care to 14.8 million, operated more than a third of all level I trauma centers, and trained three times as many physicians as other hospitals — all while providing nearly eight times as much uncompensated care.

Find these and other facts in our new report, Essential Data: Our Hospitals, Our Patients.

Learn more at essentialdata.info
With health news continuing to expand and grow in complexity, the Association of Health Care Journalists met in Phoenix for its annual conference, Health Journalism 2018.

More than 700 journalists gathered in April for a series of training and educational seminars and to honor the best in medical reporting through the 2017 AHCJ Awards for Excellence.
I trained as a medical doctor, but it was when I began working as a medical journalist that I really learned how to read medical studies.

Wait, was I supposed to admit that? Oh, well — it’s true. Had I completed my psychiatry residency, I probably would have the same proficiency I do now, but I’d wager that I’ve now read thousands of studies with a confidence that would have taken years to attain.

Some of that training came on the job, working at trade publications and then at places such as Scientific American and Reuters. But a lot of it came from workshops and conferences put on by the Association of Health Care Journalists (AHCJ). I’ve been a member of the organization for nearly 20 years, and I now serve as president.

Health care reporters don’t only need to learn statistics and how to read medical studies, however. They need to learn to read hospital 990s, how to sift through Medicare claims data, how to shape patient narratives, how to write about health care policy, and more. To say that medicine and health care are becoming more and more complicated is a massive understatement. Keeping up is difficult — and more difficult still is keeping skills and knowledge up to date while rushing from...
Better Medical Journalist  continued from page 17

deadline to deadline at understaffed and overworked newsrooms.

Each of those skills, and far more, were the subject of sessions at Health Journalism 2018, AHCJ’s annual conference last month. More than 700 journalists gathered in Phoenix to soak up the sun — after applying sunscreen, of course — and the latest training in our field.

AHCJ’s training isn’t one-and-done, however. Quite the opposite. Thanks to our generous funders who recognize the importance of ongoing training, we offer six different fellowships on subjects including cancer medicine, comparative effectiveness research and health care systems.

Just look at what we’ll provide our Regional Health Journalism Fellows with in 2018-19: A two-day initiation and in-depth seminar on social determinants and disparities. An intense one-week health reporting boot camp at the Missouri School of Journalism featuring some of the top health journalists in the country. Two days of customized briefings at the Centers for Disease Control and Prevention in Atlanta. Four days at Health Journalism 2019, AHCJ’s annual conference featuring dozens of panel sessions, field trips and news briefings with key health experts and policy makers. And that’s just a partial list. (Interested? Act quickly — the deadline for applications is June 1.)

Here’s what Joe Carlson of the Minneapolis Star-Tribune told us when we asked him for some examples of work influenced by his AHCJ fellowship several years ago: “It didn’t just inform my reporting, it transformed it. I now pay close attention to p-values and statistical significance in clinical trial reports, and phrases like ‘noninferior’ and ‘prespecified endpoint’ jump out as meaningful.”

Think you would have been confused by that jargon without specialized training? You’re not alone. That’s why training needs to be ongoing, and needs to draw on the expertise of as many people as possible — crowdsourcing, if you will. One of our most popular offerings is an electronic discussion list, where more than 1,000 of our 1,500 members ask questions, get advice and help one another do their jobs better. Want to know what that chain that just bought your local hospital did in the last market it entered? Need a good talker on deadline? Have a question about the latest FDA announcement? Ask a question of your peers. You’ll get replies almost instantly.

Join us in furthering your own training. It’s the best investment you can make in your career — and in better-informed viewers, readers and listeners.

Ivan Oransky, M.D., is Distinguished Writer in Residence at New York University’s Carter Journalism Institute and blogs at Embargo Watch and Retraction Watch. Formerly, he was global editorial director at MedPage Today, executive editor at Reuters Health, managing editor for online at Scientific American and deputy editor of The Scientist.

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2018 AAAS Kavli Science Journalism Awards

Since 1945, the awards program has honored distinguished reporting on the sciences, engineering, mathematics and more. Panels of journalists select the winners.

With an increased endowment from The Kavli Foundation, the contest is open to journalists from around the world. To learn more, visit sjawards.aaas.org.

Entries for the 2018 contest will be accepted online starting in May.

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WE ARE NOW GLOBAL
Winners of the 14th Awards for Excellence in Health Journalism were honored recently at the Association of Health Care Journalists annual conference in Phoenix. The awards recognized the best in health reporting for 2017 in 10 categories, ranging from overall coverage to investigative and feature work, including public health and health policy.

The winners were selected from more than 300 entries, which were overseen by the AHCJ conference committee and assessed by more than 50 judges, all of whom were either academics who teach journalism or working or retired journalists. First-place winners were awarded $500 and registration and hotel accommodations for the conference.

“We’re thrilled to see such strong work continuing despite the challenges our industry is facing these days,” contest committee co-chair Tony Leys, a Des Moines Register reporter and AHCJ board member, said in announcing the award winners. “Health care is one of the most complicated and controversial topics in our society, and it’s great to have so many top reporters digging into it.”

The committee also includes co-chair Julie Appleby, a senior correspondent at Kaiser Health News, and AHCJ members Blythe Bernhard, Charles Ornstein and Cate Vojdik.

The awards, established in 2004, were created to recognize the best health reporting in print, broadcast and online media. According to AHCJ, the awards were created by journalists for journalists and are not influenced or funded by commercial or special-interest groups.

Here are the first-place winners of this year’s competition.

**BEAT REPORTING**

Helen Branswell, infectious diseases and public health reporter for STAT, took first place for her body of work in 2017. She was judged on five stories that demonstrated the breadth and depth of her reporting. These pieces ranged from an article exploring whether the trend toward giving flu shots in the mid-to-late summer undermines a public health program, to challenging the “dogma” that people take full courses of antibiotics even after symptoms have resolved, to exploring why mumps outbreaks are on the rise. Her work also included coverage of high-level issues such as under-reporting of Zika-induced microcephaly in Puerto Rico and the World Health Organization’s appointment of since-deposed Zimbabwean President Robert Mugabe as a WHO goodwill ambassador.

“Helen Branswell exemplifies the best in beat reporting,” the judges said in awarding Branswell first place. “She addresses a wide variety of issues that are very current and very important. Her stories are well sourced and beautifully written. Regardless of length, her clear and compelling writing style keeps readers hooked to the end of every story.”

**BUSINESS**

“Liquid Gold,” an in-depth study of how some U.S. doctors are seeing huge profits through urine testing by Fred Schulte, Elizabeth Lucas and Heidi de Marco of Kaiser Health News, won first place in the Business category. The piece explored how doctors across the country are becoming millionaires by establishing private, onsite labs to test for legal and illegal drugs, a practice that costs the U.S. government and American insurers $8.5 billion a year — more than the entire budget of the Environmental Protection Agency. Doctors are testing patients, including the elderly, for opioids and street drugs, yet most never turn up positive and there are no national standards regarding who should be tested.

Said the judges: “This was reporting of exceptional depth and... continued on page 20
breadth that required locating and retrieving vast amounts of urine testing data. The meticulous analysis provides disturbing new insights about how dozens of physician-owned urine testing labs have skirted the law to turn urine into Medicare-funded ‘liquid gold.’"

CONSUMER/FEATURE (LARGE)
The first-place winner of the Consumer/Feature (Large) category was Marshall Allen of ProPublica for his piece “Wasted Medicine,” exploring spending waste. The National Academy of Medicine estimated in 2012 that the U.S. wastes about $765 million of the money spent on health care each year. Allen identified examples of wasted spending and found some solutions to this problem. The piece inspired lawmakers in Florida and New Hampshire to introduce bills to create such programs, with other states considering similar actions.

“We thought this was a truly outstanding reporting and writing effort, which jarred our sensibilities and brought about some real change,” the judges said of Allen’s work. “We hope it brings about more.”

CONSUMER/FEATURE (SMALL)
Luanne Rife of The Roanoke Times won first place with “Final Wishes: A Series on Navigating Life’s Last Journey.” For this series, Rife talked to terminally ill patients and their families about the choices they need to make at the end of life, the under-use of comfort care and the lack of caregivers, and their search for a place to die.

In awarding Rife first place, the judges said: “This series is a journalistic tour de force. Writer Luanne Rife shines a bright light on a dark subject: end-of-life choices that must be made. She tells the stories of terminally ill patients in vivid and heart-rending detail. The series does a vital community service by highlighting a lack of hospice services in Virginia. Writer Luanne Rife and the Roanoke Times are to be commended for the resulting community reaction aimed at solving that problem.”

HEALTH POLICY (LARGE)
First place in the Health Policy (Large) category went to Robert Weisman, Jonathan Saltzman and Scott LaPierre of The Boston Globe for their series “The New Price of Hope.” The series looked at the issues surrounding Spinraza, a new genetic treatment for spinal muscular atrophy from Cambridge, Massachusetts-based Biogen Inc. One year after the U.S. Food and Drug Administration approved the treatment, most patients with the rare disease were still waiting to get the life-saving medicine. Demand overwhelmed health care providers while hospitals weren’t sure if they would be reimbursed for the drug by insurers, some of which balked at the price: $750,000 per
patient for the first year and $375,000 a year after that. The reporters explored the story through one family’s efforts to get Spinraza while examining the impact of these kinds of costly treatments on the nation’s health care system.

Said the judges: “The New Price of Hope” is a remarkable and touching series about a new drug for spinal muscular atrophy — wonderful balance of personal stories, science, business and politics. The amount of research and legwork involved was obvious and impressive. The stories also demonstrated well the unusual and often cruel and counterproductive nature of the U.S. health care system.

HEALTH POLICY (SMALL)

Kerry Klein of Valley Public Radio captured first prize in the Health Policy (Small) category for “Struggling for Care,” a series of four in-depth pieces about the lack of doctors in California’s San Joaquin Valley. The Valley has 39 primary care physicians per 100,000 residents, 22 percent less that the state average of 64, and even fewer specialists — along with a shortage of health care professionals who accept Medi-Cal and Affordable Care Act plans. Plus, with the area’s heavy concentration of poverty and air pollution, its 4 million residents suffer from elevated rates of asthma and obesity. Through this series of reports, testimonials and panel discussions, Klein explored how these shortages affect residents, what some health care professionals are doing about it and why the problem exists.

“Much has been published about the doctor shortage in rural areas, but ‘Struggling for Care,’ a four-part series produced by Valley Public Radio, truly elevates our understanding of the problem,” the judges said. “Focusing on California’s agricultural San Joaquin Valley, the series takes a deep dive into history, new data and residents’ stories, delivering a provocative analysis of causes and potential solutions. The package, which includes online discussions and postings, is smart, fresh and moving.”

INVESTIGATIVE (LARGE)

Winning first place in the Investigative (Large) category were staff members of The Washington Post and CBS’ “60 Minutes” for their 18-month project, “The Drug Industry’s Triumph Over the DEA.” The stories showed how pharmaceutical companies use their power in Washington to sidestep responsibility for the prescription drug abuse epidemic that has killed about 200,000 people in this century. According to AHCJ.com, “Numerous findings include: Congress, at the behest of drug distributors, passed a law at the height of the epidemic to weaken DEA; an initial version of the law was written

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### BEAT REPORTING

**First:** Helen Branswell, STAT  
**Second:** Meredith Cohn, The Baltimore Sun  
**Third:** April Dembosky, KQED-San Francisco

### BUSINESS

**First:** Liquid Gold; Fred Schulte, Elizabeth Lucas, Heidi de Marco, Kaiser Health News  
**Second:** Live Forever: How the Drug Industry Holds Onto Patients, Patents and Profits; Cynthia Koons, Benjamin Elgin, Robert Langreth, Bloomberg  
**Third:** Healthy Hospitals, Sick Neighborhoods; Dan Diamond, Politico

### CONSUMER/FEATURE (LARGE)

**First:** Wasted Medicine; Marshall Allen, ProPublica  
**Second:** Alive Inside; Mike Hixenbaugh, Houston Chronicle  
**Third:** Treating Cancer: Hope vs. Hype; Liz Szabo, Kaiser Health News

### CONSUMER/FEATURE (SMALL)

**First:** Final Wishes: A Series on Navigating Life’s Last Journey; Luanne Rife, The Roanoke Times  
**Second:** Losing Conner’s Mind; Amitha Kalaichandran, Shan Wallace, Seyward Darby, The Atavist  
**Third:** The Fix: Treating New York’s Opioid Crisis; Staff, The GroundTruth Project

### HEALTH POLICY (LARGE)

**First:** The New Price of Hope; Robert Weisman, Jonathan Saltzman, Scott LaPierre, The Boston Globe  
**Second:** A Time to Heal; John Schmid, Kevin Crowe, Andrew Mollica, Milwaukee Journal Sentinel  
**Third:** About a Boy; Casey Parks, The Oregonian/OregonLive

### HEALTH POLICY (SMALL)

**First:** Struggling for Care; Kerry Klein, Valley Public Radio  
**Second:** Urgent for Care: Can Missouri’s Poorest County Keep Its Hospital Alive; Bram Sable-Smith, KBIA/Side Effects Public Media  
**Third:** Voice of the People; Timothy Gower, Proto Magazine

### INVESTIGATIVE (LARGE)

**First:** The Drug Industry’s Triumph Over the DEA; Staff, The Washington Post, “60 Minutes”  
**Second:** Mexico Blackouts; Raquel Rutledge, Milwaukee Journal Sentinel  
**Third:** Orphan Drug Machine; Sarah Jane Tribble, Sydney Lupkin, Heidi de Marco, Kaiser Health News

### PUBLIC HEALTH (LARGE)

**First:** Planet Fat; Staff, The New York Times  
**Second:** In Harm’s Way; Kathleen McGrory, Connie Humburg, John Pendygraft, Tampa Bay Times  
**Third:** Lost Mothers; Nina Martin, Adriana Gallardo, Renee Montagne, ProPublica and National Public Radio

### PUBLIC HEALTH (SMALL)

**First:** To Reduce Neonatal Mortality, Nigeria Is Taking a Simple Treatment Nationwide; T.R. Goldman, Health Affairs  
**Second:** The Opioid Crisis; Markian Hawryluk, Bend (Ore.) Bulletin  
**Third:** What’s Killing Indiana’s Infants; Giles Bruce, The Times of Northwest Indiana

### TRADE PUBLICATIONS/NEWSLETTERS

**First:** A ‘Cure’ for Autism at Any Cost; Brendan Borrell, Spectrum  
**Second:** Charities and the Lure of Capitalism; Howard Wolinsky, EMBO Reports/Science & Society  
**Third:** To Save a Life, Doctors Turn to Bacteria-Killing Viruses; Chris Dall, Jim Wappes, CIDRAP News
by a drug industry lawyer who previously worked for the DEA; drug companies routinely hire the best DEA personnel to weaken regulatory and enforcement efforts; DEA attorneys and U.S. prosecutors declined to pursue criminal charges and severe civil penalties against drug distributor McKesson over the objections of investigators; [and] Mallinckrodt, a drug manufacturer, outmaneuvered DEA lawyers and prosecutors in a ground-breaking civil case.”

In awarding this joint effort first place, the judges said: “The 18-month reporting project involved 20 public-record requests, which were delayed so long the journalists filed suit in federal court. The unearthed documents and on-the-record interviews provided fuel for hundreds of lawsuits against the companies by state attorneys general, local jurisdictions, shareholder activists and others. What made this project so powerful was the way it combined the strengths of print and TV. By joining forces, two influential media outlets were able to tell the stories in complementary ways and amplify the impact.”

PUBLIC HEALTH (LARGE)

The staff of The New York Times scored first place in the Public Health (Large) category with “Planet Fat,” a multimedia report of the global obesity epidemic. The team of journalists, led by Pulitzer Prize-winning business and technology reporter Matt Richtel and veteran foreign correspondent Andrew Jacobs, explored the epidemic caused by Western exports of processed foods such as Doritos, KFC and Coca-Cola, saying the introduction of these foods has contributed to 4 million premature deaths a year from diet-related illnesses such as diabetes and heart disease. The Times covered the epidemic in Latin America, Africa and Asia with a crew of foreign correspondents, business reporters and health specialists, videographers, photographers and graphics journalists.

Said the judges: “This series, reported from seven countries, alerted readers to the rising problem of obesity in less-wealthy countries and shined a light on the food industry’s aggressive efforts to continue growing market share, regardless of the health consequences. More than a result of resources, the series shows that smart and alert reporters can recognize a serious and growing problem, study it from all angles, and turn it into riveting journalism.”

PUBLIC HEALTH (SMALL)

T.R. Goldman of Health Affairs won first place in the Public Health (Small) category for the article, “To Reduce Neonatal Mortality, Nigeria Is Taking a Simple Treatment Nationwide.” The report took an in-depth look at the many problems facing a national program to apply chlorhexidine gel to the umbilical cord stumps of every baby born in Nigeria. The gel is critical in preventing bacteria from entering newly cut umbilical cords, which kills tens of thousands of infants every year, significantly contributing to Nigeria’s high neonatal mortality rate.

“The article captures the reader from the first sentence and holds the reader until the last word — it is seamless, well-constructed storytelling,” said the judges in honoring Goldman. “The way it was written conveyed a sense of urgency, yet weaved clinical, economic and political concerns into a single narrative. The story of neonatal treatment of the umbilical cord becomes a metaphor for the larger issues that plague Nigeria and the world.”

TRADE PUBLICATIONS/NEWSLETTERS

“A ‘Cure’ for Autism at Any Cost” by Brendan Borrell of Spectrum took top honors in the Trade Publications/Newsletter category. The piece looks at the Son-Rise Program, a program based in Western Massachusetts that has been offering parents a “cure” for their autistic children for more than 30 years. Following one mother’s story as the central narrative, Borrell dug into the history of Son-Rise, the lack of scientific evidence for the program and the impact on parents, who must make significant financial and time commitments to the process. The piece also explores the deeper issues of autism and whether any intervention can help patients outgrow the diagnosis.

“This investigative piece stands out for its all-around strength and its impact,” the judges said. “Brendan Borrell’s dogged reporting performed a public service by exposing how the operators of an unproven treatment program harm both the pocketbooks and the emotional well-being of desperate families. It provides readers with strong context about the changing nature of autism diagnoses and deftly integrates public documents and interviews as well as art elements.”
Specialized reporting can require more than good journalistic skills — it can require experts. That was the thinking behind an innovative approach to reporting medical news.

Doctors who normally take in-hospital rotations in internal medicine, OB/GYN or dermatology now have another option: taking a rotation in media in New York at ABC News headquarters.

In ABC’s Specialized Units, the Medical Unit has, at any given time, between two and six doctors completing a residency rotation called Media and Medicine. They come from medical centers across the country — from the Mayo Clinic, Johns Hopkins, Harvard, Emory, UCLA — and get residency credit at their institution for the month they spend with ABC. It’s a symbiotic relationship — the doctors learn how to communicate medical information in television, digitally and on radio, while ABC News is able to have a team at hand that supports ABC News’ journalism by being a quick resource for both a medical perspective and medical information for breaking and long-form stories.

A key ingredient: The program keeps ABC News scrupulously accurate in reporting the latest in vetted, evidence-based medicine. While 20 medical studies may be published each day, the residents, who understand the minutiae of randomized, controlled, double-blind medical research, can steer reporting away from science that isn’t well-researched toward those reports that truly change medicine and improve patients’ experience.

“This is an amazing experience and a unique opportunity to be involved in how patients get a lot of their medical information,” said current resident Dr. Roshini Malaney a third-year cardiology fellow at Stony Brook University Hospital who will be specializing in advanced cardiovascular imaging. “We get the chance to take complicated medical studies and break them down so everyone can learn from them.”

As part of their rotation, the doctors see first-hand how writers and producers craft segments that appear on all of ABC’s platforms, from “World News Tonight With David Muir” to digital segments on ABCNews.com. With guidance from ABC, they contribute to reports, and many write bylined articles for ABC News.

Said resident Dr. Laura Shopp, a third-year pediatrics resident at Indiana University specializing in pediatric cardiology: “The ABC News Medical Unit is truly honing my communication skills as a physician, in both written and spoken word. I appreciate the opportunity to read medical literature critically and evaluate its relevance to people’s everyday lives. I am a firm believer in providing accurate and up-to-date information to my patients, and this experience has given me more tools to do so.”

ABC News’ residents leave the program with the realization that both doctors and producers are, in a way, in the same business: communication. Getting better medical information into the hands of patients and making sure that the information can be understood helps people take charge of their health.

Ann Reynolds is senior producer of Specialized Units for ABC News.

ABC News Offers Doctors a Media Rotation

By Ann Reynolds
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One study says coffee is good for you. Another says it’s bad for you. Does red wine help prevent heart disease? Or does it contribute to it?

When it comes to highly reported research studies such as these, it seems you can often find two or more with conflicting conclusions. The result can be confusion for both health reporters and consumers.

Researchers admit there can be significant limitations to these studies, and consumers need to understand the shortcomings. For example, large-scale, randomized clinical trials (which drugs undergo before they’re approved) are generally not feasible for nutrition studies due to their time and cost. So less stringent studies that, by their nature introduce more variables, are used. These are often referred to as “observational” because they observe the behavior of a sample group in order to arrive at the study’s conclusion. As a result, those conclusions can be less definitive and open to more interpretation.

Some of these studies rely on participants maintaining and recording their own data, such as which foods they ate, when and for how long. How’s your own memory when it comes to what you had for dinner last week? Again, this approach can have a significant impact on the results that are reported because they rely on human behavior.

Who sponsors the research is another factor to consider. After all, the folks funding this study or that research can (but don’t necessarily) skew the results. It’s important to know who’s behind the project in order to make a judgement and to provide your audience with some context.

And context is key — not just concerning sponsorship, but also methodology. Providing your audience with as much detail about the particulars behind a study as possible will help them make more informed decisions about its conclusions.

Admittedly, that can be challenging in a 30-second brief or even a longer story. But one of the real advantages to having multiple platforms for your stories is that you can direct your audience to a more comprehensive report with that detail and context simply by providing a website address in your story.

One of the best resources I’ve found to help reporters navigate the sometimes choppy waters of the health study world is the website of the Association of Health Care Journalists (healthjournalism.org). Click on the Core Topics tab and navigate to the pages on Medical Studies.

I like this resource for a number of reasons. First and foremost, it provides a great glossary and primer on key concepts on this subject. It also has tip sheets from health reporters who cover this and other topics, and a How I Did It section, in which reporters provide firsthand accounts of how they covered important health stories. And it also has a great Resource Links page. All in all, it’s an excellent source of information for both experienced and novice health reporters.

Other tips when covering health studies:

Don’t just take the news release at face value. Call and request an interview with one of the researchers so you can ask your own questions about issues such as methodology and sponsorship.

Don’t assume the research is infallible — even if the information appears in a respected science or medical journal. Top journals can be wrong too.

Understand the language of the scientist. Before you sit down to write the story, make sure you are clear on the meanings and implications of the critical terms and data used in the study.

Don’t suspend your reporter’s skepticism just because your subjects and sources are doctors and scientists. You may not want to believe it, but they may have an agenda too.

For most people, little is more important than good health for themselves and their families. Because of that, medical and health reporting can have powerful effects on the audience — both positively and negatively.

That’s why it’s so important that we do all we can to get it right from the start.

Mike Cavender is executive director emeritus of the Radio Television Digital News Association and is a 40-year veteran of broadcast news management. He can be reached at mikec@rdtna.org.
The State of Health Care Journalism

HealthNewsReview’s Data-Driven Review of Medical Reporting Reveals Areas for Improvement

By Gary Schwitzer

It is foolish and impossible to make sweeping statements about the state of health care journalism today. There are too many journalists working in too many different formats, working on widely different story types, to allow for broad-stroke assessments. Some outstanding journalism is being done daily on health policy topics and on deep data dives on investigative projects.

But for the slice of the pie that HealthNewsReview.org has analyzed systematically for 12 years — stories that include claims about interventions (treatments, tests, products, procedures, etc.) — there is perhaps a clearer data-driven picture of performance than on almost any other type of journalism. And it’s not a very pretty picture.

How reviews are done
At various times in our 12 years of work, we have looked at the performance of many different news organizations. So the scope of whom we’ve reviewed has shifted through the years. Currently, we search online daily for stories done by the following news organizations:


When we find stories that include claims about interventions, we review as many of them as we can. To be clear, we can never review everything that is eligible on any given day. So, when faced with a choice, we choose to review subject matter that applies to broader populations or stories done by news organizations that we haven’t reviewed as often recently.

Three different reviewers analyze each piece — usually two journalists sandwiched around a physician-reviewer. Here are the review criteria:

Did the story:
• Adequately discuss cost issues with the intervention?
• Adequately explain how big/small are the potential benefits, based on the evidence?
• Adequately explain how big/small are the potential harms, based on the evidence?
• Independently evaluate the quality of the evidence?
• Avoid any evidence of disease-mongering (exaggerating the prevalence or seriousness of a condition, medicalizing normal states of health, etc.)?
• Use independent sources and identify conflicts of interest in those quoted?
• Compare the new approach with existing alternatives?
• Establish the true availability of the intervention?
• Establish the true novelty of the intervention?
• Rely solely or largely on a PR news release?

The report card for news stories & PR news releases
We have published more than 2,500 such news story reviews in 12 years. Since 2015, we have also systematically reviewed more than 500 PR news releases from a variety of sources. On the following page are the grades on what I think are the five most important criteria. They are also the criteria for which the poorest grades have been reported.

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Anyone whose story or news release is reviewed receives an email with a link to the review. It is gratifying how open-minded and appreciative most journalists and PR writers are about our constructive criticism — at least the ones we hear from.

### The Health News Report Card

<table>
<thead>
<tr>
<th>FIVE CRITICAL REVIEW CRITERIA</th>
<th>NEWS STORIES % UNSATISFACTORY N = 2,500</th>
<th>PR RELEASES % UNSATISFACTORY N = 500</th>
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<tbody>
<tr>
<td>Adequately discuss cost?</td>
<td>69%</td>
<td>92%</td>
</tr>
<tr>
<td>Adequately assess how big (or small) are potential benefits?</td>
<td>66%</td>
<td>73%</td>
</tr>
<tr>
<td>Adequately assess scope of potential harms?</td>
<td>63%</td>
<td>77%</td>
</tr>
<tr>
<td>Evaluate quality of evidence?</td>
<td>61%</td>
<td>71%</td>
</tr>
<tr>
<td>Discuss alternative options?</td>
<td>54%</td>
<td>59%</td>
</tr>
</tbody>
</table>

It is gratifying how open-minded and appreciative most journalists and PR writers are about our constructive criticism — at least the ones we hear from.

Other ways in which we try to have an impact

Besides publishing these systematic, criteria-driven reviews, HealthNewsReview.org also publishes a popular blog that is far more free-wheeling with a broader range of topics, including health care advertising, marketing, journal editorial policies — virtually anything that might impact the public dialogue about health care.

In addition to all of these media analyses, we offer an extensive toolkit of primers and tips to help journalists — and the general public — to improve their critical thinking about medical evidence and claims made in the midst of the medical arms race.

In the last year, we have also devoted a great deal of attention to conflicts of interest in health care journalism. We have written about our concerns with some of the industry sponsorship deals entered into by news organizations, journalism training organizations (including the Association of Health Care Journalists, the National Press Foundation and the World Conference of Science Journalists) and university journalism training programs.

As a career-long health care journalist who has committed four decades of work to the integrity and improvement of this vital area of journalism, I am deeply concerned about an increasingly weakening ethics environment surrounding the practice of, and training for, health care journalism. Much of what we've written on this topic can be found at www.healthnewsreview.org in the article, “The Trail of Tainted Funding: Conflicts of Interest in Healthcare, Academics, Public Relations and Journalism.” Some organizations have revised their ethics policies based on what we have written. We continue to hope that others will follow suit.

Gary Schwitzer has worked as a health care journalist for 44 years. He is the founder and publisher of HealthNewsReview.org. He is also an adjunct associate professor in the University of Minnesota School of Public Health. He was founding editor-in-chief of MayoClinic.com. For the Association of Health Care Journalists, he wrote the organization’s Statement of Principles and a guide for members on how to report on studies.
The In-depth View

TV Networks Use Long-Form Programming to Expand on Health Coverage

By Julie Liesse

Television networks and streaming services offer content creators a variety of ways to reach consumers with health care stories — in formats that are often more detailed, more personal and more compelling than the brief segments available on standard TV news programs.

Whether it's focused or multipart coverage within news programming, feature documentaries or even episodic series, television offers longer-form options for writers, reporters and directors to present health care stories.

Currently, content creators and TV networks are using these long-form programming options to provide extended coverage of health topics, often focusing on three vital areas: drug addiction, mental health care issues and the viruses that create pandemics.

For instance, in April Netflix premiered the second season of “Dope,” a documentary series examining addiction issues from the varied perspectives of dealers, addicts and the police. Discovery Channel’s recent “Invisible Killers” three-part special studied three viruses — influenza, smallpox and Ebola — and their impact on society and the battle to control them.

“PBS NewsHour” tackled the national opioid-addiction crisis in a 2017 project unique in its scope and layers of coverage. Beginning in fall 2017, “NewsHour” aired 29 different segments in its “America Addicted” project; individual segments covered everything from the science of addiction and treatment to stories of teenagers, prison inmates and communities struggling with addiction. The series combined efforts from the “NewsHour’s” science, economics and innovation correspondents to provide a multifaceted look at a national problem.

In addition to segments aired during the regular “NewsHour” program, the project included live Twitter and Facebook chats.

“America Addicted” built on “NewsHour’s” tradition of in-depth health care coverage. “Health-related reporting, the health care system and medical discoveries are topics that we see are of interest and important to our audience — across platforms — on broadcast, online and on social,” said Nick Massella, director-audience engagement and communications for “NewsHour.”

“NewsHour” features regular coverage of health topics as part of its weekly “Leading Edge” segment that runs on Wednesdays; the segment is a mix of science, health and technology topics. Another recent six-part “NewsHour” special series tackled the subject of antibiotic resistance.

Finally, the program will air a new five-part series following up on its “The End of AIDS?” project. That project, produced with the Pulitzer Center on Crisis Reporting, won a 2017 Emmy Award in the Outstanding Science, Medical and Environmental Report category.

“At ‘NewsHour,’ we’re committed to coverage of important stories that matter, and our health-related reporting does just that,” Massella said. He said recent ‘NewsHour’ pre- and post- airing analysis of the impact of its health and science coverage shows that three-quarters of surveyed viewers said they learned something new from the program’s content.

Premium cable outlet HBO has long made a place in its lineup for feature-length documentaries that provide an intimate look at health care issues affecting individuals and families.

“We are always looking for a mix of unique documentaries that meaningfully reflect and illuminate the human condition. Inevitably, this means following people who are exploring and sometimes wrestling with issues concerning the mental and physical health of our bodies and minds,” said Lisa Heller, executive vice president of HBO Documentary Films and Family Programming.

Recent offerings include “Heroin: Cape Cod, USA,” a look at drug addition, as well as “Life According to Sam,” about a teenager with a rare genetic disorder, Progeria.

The newest in the HBO portfolio is “A Dangerous Son,” the story of three young people, aged 10 to 15, grappling with mental illness, and the parents struggling both to protect their children and get appropriate treatment for them. Directed by Liz Garbus, a documentary film veteran whose previous projects have tackled AIDS, traumatic brain injury and addiction, “A Dangerous Son” debuts May 7.

“Yes, there is a large range of subjects we cover under the broad theme of health, but we’re always looking for the individuals, the human angle, the personal stories that can bring the issues and science to life,” said Nancy Abraham, executive vice president of HBO Documentary Films and Family Programming. “We’ve seen tremendous appetite for stories like this. Even if you’re not personally impacted by the particular health issue, if they’re compelling human stories, they should have a value to anyone.”

The most unexpected take on health care programming is in production at National Geographic Channel. In late 2016, the network made a commitment to producing high-quality, dramatized...
Health Policy  continued from page 6

news stories and blog posts and even staked him out at Washington Dulles International Airport. Eventually, the Politico stories led to Price’s resignation.

Meanwhile, AHCJ has been working to ensure that health reporters have access to officials in Washington. Kimberly Leonard expected her tenure as AHCJ chapter co-chair to involve planning happy hours and other gatherings for journalists. Instead, she became a point person for journalists trying to gain access to D.C. press briefings.

Alex Azar became HHS secretary on Jan. 29, and on Feb. 12, AHCJ President Ivan Oransky sent a letter asking for regular press briefings with him and CMS Administrator Seema Verma. Azar held his first press conference, with about 35 journalists, a week later.

When Verma invited 10 reporters to a briefing in March, Leonard received complaints from journalists who had been excluded. CMS public affairs told Leonard that other journalists would be rotated into the roundtable meetings. She asked CMS to make recordings available.

Leonard said she is pleased that access has improved and plans to continue to work through AHCJ to make information from the roundtable briefings available to all reporters. “Moving forward, our policy is absolutely going to be to circulate [a recording],” she said. “We are committed to posting these recordings on the AHCJ website.”

Even with improved access, reporters seek alternative ways to cover federal health policy. They often turn to state agencies, think-tanks and associations such as the National Association of Medicaid Directors to gain perspective.

“The only time you hear from CMS or HHS is when they’re launching something. You rarely hear six months later how that worked out,” said Galewitz of Kaiser Health News. “That’s our job [to find out].”

Medical Rounds  continued from page 10

In addition, Feder Ostrov said reporters need to add context to stories about hospital procedures and devices. She points to the marketing buzz around robotic surgery, for example, saying hospitals offered some information, but it is up to reporters to add more. “You have to really look and see: Is this the latest? Is this the greatest? And if that’s the case, what is the efficacy, what is the evidence behind whatever they are promoting? What is the cost-benefit ratio? How much does it cost? Is it covered by most insurance?” The experts who pop up on PubMed and NIH searches can help provide answers.

Gordon said that with online access to a vast array of health and medical research resources, reporters can avoid the basic mistake that can sink a story.

“Not being knowledgeable, going in cold — I understand that if you’re just starting to cover medicine, you have a big learning curve,” she said. “But there is no reason these days, with all the resources out there … there is no excuse to go in there cold and not know what’s happening and the stresses that that hospital administrator is facing these days.”

Long-Form TV  continued from page 29

versions of real-life stories — genre-busting efforts, as seen in its award-nominated series “Genius,” which has presented the lives of Albert Einstein and Pablo Picasso as scripted dramatic series.

National Geographic now has green-light two series — both based on books written by journalists — that will present viewers with scripted, up-close looks at two critical moments in health and science.

“The Birth of the Pill” will follow feminist Margaret Sanger, philanthropist Katharine McCormick, scientist Gregory Pincus and doctor John Rock as they fought to develop and make the birth-control pill available.

A second series in production at National Geographic, “The Hot Zone,” will tell the true story of the origins of the Ebola virus, its arrival on U.S. soil and attempts to control the outbreak.
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on there that the media could interview, which ultimately is what they did,” she said.

“Recognize that those options are out there and take advantage of our access and our experts,” said Clarence Mellang, senior director of communications for Sanford Health, pointing to Sanford’s newly launched Sanford Health News (news.sanfordhealth.org), a content and news site. “We try not to shy away from any topic. In fact, one of the things that we work hard to do is avoid saying, ‘No comment.’”

Anthony agreed, pointing to NorthShore’s Healthy You website (northshore.org/healthy-you/), which offers timely health and wellness news along with blogs, online chats, videos and graphics. “We’ve actually had some media go on our site in the recent past and find content that they found interesting and then contacted us to pursue stories of their own.”

In addition, medical center media departments often pitch stories to reporters. “When we’re pitching a story idea to the media, we’ll try to provide them with a comprehensive outline,” Anthony said. “That’s to help them prepare for it. … We find that it’s certainly helpful to provide a profile of the physician … and a little video, what their philosophy is about medicine and things like that.”

In fact, some medical centers are becoming even more proactive in reaching out to the media. For example, the Geffen School is hosting a one-day symposium for journalists in May that will include various speakers, lab tours and science writing sessions. NewYork-Presbyterian holds lunches with reporters to discuss how they can better work together.

6. Top-notch communications departments understand journalists and their needs.

Top medical center communications departments understand journalists and their needs because, in many cases, their employees used to be journalists. For example, at the David Geffen School of Medicine, top executives have worked as journalists for the Los Angeles Times and Bloomberg News. NewYork-Presbyterian has former New York Times reporters and editors on staff.

NorthShore’s Anthony, also a former journalist, said that building relationships with journalists is essential. “It’s imperative to establish great working relationships, and fortunately we have, so we try to help each other out as much as we can.”

By establishing press relationships both locally and nationally through proactive pitching and media responses, NorthShore has been building not only its own reputation but also that of its specialists. For example, one of its physicians, Dr. Julian Bailes, is a world-renowned expert on concussion and CTE, or chronic traumatic encephalopathy. In fact, in the 2015 movie “Concussion,” which focused on the problem of CTE in pro football, Dr. Bailes was played by actor Alec Baldwin.

“This is a physician who is well-recognized, well-respected, and it’s not uncommon for media from across the country to contact us directly if by chance concussion, CTE, or brain tumors are in the news. We’ll do the legwork and coordinate and set up the interview,” Anthony said.

Sanford Health’s Mellang agreed. “We understand deadlines. We understand how quickly reporters need something, and so we try as best as we can to get those requests filled as quickly as possible,” he said. “We try to teach our folks that yes, they need this in two hours — can you be available right now? We want to help [the media] as much as possible.”

Finally, communications departments also know the critical need for accurate, factual and easy-to-understand medical news and information. “Medical and science communications is more important than ever right now,” Olmos said. “We’re really committed here in media relations and throughout UCLA to helping people understand what science is taking place and the importance of that science and its relevance to regular people. In that sense, we share a goal that many journalists have in helping to inform the public.”
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For 25 years, in what seems like the longest medical internship of all time, I have covered stories on oncology, neurology, nuclear medicine, psychology, alternative therapy and all stages of medical research. As a reporter of medical news at one of the country’s most respected news organizations, Tribune Broadcasting’s WGN-TV in Chicago, I have been in the OR for dozens of surgeries, watched a heart beat inside a patient’s chest, seen a heart outside the body as surgeons prepared it for transplant, experienced the last seconds of life as a family took a loved one off life support, and seen the joy of a live birth both inside the hospital and in a young mother’s home. The experiences have been eye opening and incredibly inspiring.

Through the years, I have honed my craft, absorbing enough terms and knowledge to qualify for medical degrees across various specialties and disciplines. All the while, I have tried my best to help people understand the nuances of their personal health and wellness.

Without an M.D. at the end of my name, however, people may wonder if I’m qualified to offer medical knowledge. Well, I’m also not a mathematician, but three medical stories per day, 250 days per year for 25 years equals 18,750 medical reports. Robert Young as Marcus Welby didn’t see that many patients, and six years equals 18,750 medical reports. Robert Young as Marcus Welby didn’t see that many patients, and six years equals 18,750 medical reports.

Seriously, I believe it is the curiosity and thirst for knowledge that drives reporters in any specialty, including medicine.

Being a medical reporter should not change the journalist’s goal of providing accurate, organized, thorough stories people want to watch. The only difference from general assignment reports is the topics. And as a general assignment reporter gets more skilled with age and experience, a medical reporter compiles and grows a specialized knowledge. It is such an incredible bonus to work and gain an education all while sharing the gift of wisdom given by so many doctors, patients and health care professionals.

However, there is a major difference between general assignment and medical reporting. Journalists tenaciously seek out both sides of a story. The goal is to report a balanced package, including opinions on all sides of an issue. But a medical reporter has to weigh science so as not to promote and spread misinformation. Take, for example, the vaccine story that has dominated medical reports for decades. Long after the autism-MMR vaccine connection was discounted, there are still some believers. In this case, facts outweigh the general reporting goal of letting the viewer decide. It is imperative that proof, expertise and science dominate medical news.

Gaining the respect of viewers and professionals requires more than just reading and reporting data. Seasoning gives you the perspective to weigh the newfound data against prior studies and personal experiences. When research comes out revealing standing too long is dangerous, the study authors make no mention of previous research indicating the dangers of sitting. Retaining information and combining earlier awareness makes for a more comprehensive report.

And then there are the people. Doctors provide a tremendous amount of expertise. But it is both a vocation and a business. So they often prefer to talk about their specialty and their success. As highly educated specialists, they also tend to deliver the message in “medspeak.” This is when a medical journalist/TV doctor can come in handy. Translating “medspeak” into “layspeak” is an acquired skill. If I can help people understand why a story is important for their lives, it may inspire them to make meaningful and critical changes that will augment their health.

Great reporters have long told great people stories. Medical stories are always about people. If I can deliver a gripping scientific message as told through the voice of a patient, viewers may say, “Hey, that could be me!” By giving a platform to people with a disease and allowing them to tell their tale rather than reporting on a disorder and its intricate workings in the body, people may listen, look at themselves and consider their own health. In that case, I may save a few people after all, M.D. or not.

Not having a medical degree has actually been a profound motivator for me. I want the doctors to say, “She really did her homework.” I want the viewers to say, “She may not be a doctor but she really knows her stuff.” Journalists are competitive by nature. Allowing my sense of competitive pride to catapult the hunger for knowledge and comprehension of the most complicated topics may be the key to my longevity (that, and a good personal doctor!).

But what is the measure of success? Is it an Emmy for a medical story? Does feedback from a doctor or hospital give the proper praise to provide confidence? When the phone rings and someone tells you that you “saved their life,” does that offer the ultimate satisfaction? I would suggest all of these are humbling and amazingly pleasing. But I believe true success is never achieved. It is a moving target and a bar that is set higher with every story.

Dina Bair is an Emmy award-winning journalist who is currently the anchor for “WGN Midday News” for the Tribune Broadcasting-owned station in Chicago. In addition, she is the medical reporter for the “Medical Watch” segments on “WGN Midday News,” “WGN Evening News” and “WGN News at Nine.”
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