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Does specialization matter? How journalistic expertise explains differences in health-care coverage

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14.1 Introduction

Americans have regarded health care as one of the most important problems facing the nation for several years (Brown, 2013). Outside of their own experiences with the health-care system, most people come to understand what health care is like, what the latest cutting-edge research is, and how to interpret the increasingly complex and interconnected webs of research, new treatments, insurance rules, and the like through what they learn from the mass media. While “interest in health news is as high as it’s ever been,” the rapidly changing media environment is placing new and challenging pressures on newsrooms to do more with less and on journalists to present their work across multiple platforms (Schwitzer, 2009, p. 16).

In other words, more people are seeking news about health care—an issue they find more vital than ever—at the same time it is becoming much more difficult for journalists to provide quality health-care coverage. Since the quality of health-care coverage can greatly affect what people know about health-related issues and the kinds of behavior people will engage in to address their own health needs, it is crucial to understand how journalists approach covering health-care issues (Tian & Robinson, 2008; Viswanath et al., 2006).

Unfortunately, the picture of health-care coverage in the United States that is painted by the journalists who know the most about the issue is not a pretty one. Indeed, a 2008 survey revealed that 65% of members of the Association of Health Care Journalists (AHCJ), the premier journalistic organization on the globe dealing with health-care issues, believed health-care coverage in the US was either fair or poor (Schwitzer, 2009). Only 1% believed that coverage was excellent. Schwitzer’s (2009) comprehensive review of health-care journalism revealed that AHCJ members lamented about the rise in “quick hit” stories (i.e., stories that are reported quickly, without much depth, and not followed up in future coverage). Quick hits provide little time for in-depth investigation, the interviewing of multiple sources, and engagement with the evidence on which the most important elements of the stories rested.

The continuing diminishment of the amount of space (in print) and time (on radio and television) that health-care journalism is afforded in news coverage, coupled with
the fact that shrinking newsrooms make it more difficult for journalists to develop complex, time-consuming stories—the very stories that can provide crucial information to citizens about the state of health care—raise potentially frightening questions about the quality of health-care reporting that can be produced in such an environment. This is likely to be especially true for the legions of reporters who have little to no training in health-care journalism. After all, they are the ones doing most of the health-care reporting in the US.

As one veteran reporter described what was happening at his newspaper to health journalism scholar Gary Schwitzer (2009), “A reporter with no specialized knowledge in health/science news was named as health/science editor. He thought we could simply use AP wires on research stories” (p. 4). Wire service news agencies like the Associated Press (AP) are organizations of journalists who sell their stories to subscribing newsrooms. They often provide quick, reliable coverage of breaking news and daily events, but they do not do much in the way of investigative work. Colloquially, journalists view newsrooms that rely on wire services to fill their pages as weaker than newsrooms that generally cover the news on their own.

Recent evidence from Australia reveals that “specialists” in health-care journalism score higher on a range of measures taken from their reporting—including covering the novelty and availability of new health interventions, the evidence supporting the intervention, the benefits, harms, and costs of the intervention and independent sources’ views of the research—than reporters without any particular affinity for or training in health coverage (Wilson, Robertson, McElduff, Jones, & Henry, 2010).

This study compares journalists who specialize in health-care coverage with those who do not explain the willingness of journalists to cover advances in health-care delivery in the United States; the style of coverage journalists favor; and the process of reporting journalists follow when covering these advances. The specialists are journalists who are members of a professional organization dedicated to improving coverage of health care-related news. This organization puts on conferences, workshops, web-based seminars, and maintains a listserv where reporters can ask questions and share tips about covering health care. These specialists have been exposed to in-depth information about a variety of health-care issues—including cutting-edge research about the effects of complicated regulations, new research methods, peer-learning opportunities, and short courses adding to their toolkits in ways that non-specialists (general assignment reporters) have not.

The research questions explored in this chapter are (1) Does journalists’ level of specialization affect whether they view a health-care topic as newsworthy? (2) Does specialization affect the kind of story (hard news vs feature) journalists believe a health-care topic merits? Hard news is generally defined as timely stories about serious topics while feature stories generally refer to human-interest stories that are not always tied to a timely event. (3) Does specialization affect the process by which journalists would seek to write a story about health-care advances?

To answer these questions, a detailed survey of journalists was conducted, some of whom are health-care specialists and some of whom are not. The survey asks the journalists to decide how they would respond if they learned of the development of a new mobile phone web application (“app”) that would connect cancer patients to their doctors and to other cancer patients. The survey also asks open-ended questions that allow for the reporters to explain their choices in more detail. The analysis reveals major, crucial differences in how specialist and generalist journalists approach health-care coverage in the United States.

### 14.2 Why specialization should matter

Despite lofty expectations that reporters act as independent, fair, accurate, open, investigative, truth-telling, multiple perspective-giving, alarm-sounding watchdogs who defend the public interest, journalists often end up reporting what is said by officials in power with far greater frequency than almost anything else (Bennett, 1990; Cook, 2005; Hayes & Guardino, 2010; Janowitz, 1975). This behavior is rooted in the training journalists receive in journalism schools and in newsrooms to produce balanced, “objective” stories containing conflict between authoritative sources about novel topics (Groeling & Baum, 2009; Schudson, 2001; Shoemaker & Reese, 1995; Sigal, 1973).

The most prominent explanation of how media coverage operates in the United States is W. Lance Bennett’s indexing hypothesis (1990). Indexing argues that news coverage of political issues tends to chronicle debates—and a limited range of views—between officials sources. For example, rather than covering how health-care policy decisions affect individuals’ health, finances, and families, news reporting is more likely to cover what public officials like lawmakers and bureaucrats say about health-care policy (Bennett, 1990, 1996, 2012). While there is impressive evidence supporting the indexing hypothesis, there is a considerable amount of evidence that reporters can act as more than indexing stenographers, more closely fulfilling the democratic requirement that a free press provides a variety of critical perspectives on issues (Althaus, 2003; Hayes & Guardino, 2013; Sartori, 1987). However, journalists often fall short of this standard (Baker, 2007; Dahlgren, 2009; Patterson, 1994).

Indexing studies demonstrate that Republican and Democratic elected officials are regularly used as sources in political news coverage because their general style of debate provides the opportunity for reporters to tell “both sides of the story” (Cook, 2006; Tuchman, 1972; Wagner & Gruszczynski, in press).

Indeed, Bennett argues that a “small set of rules account for a large share of political content in the news” (1996, p. 374). The rules include creating stories based on official or authoritative views and indexing those views with respect to the magnitude and content of conflict. Indexing is almost always considered in the context of political news coverage. Indeed, its development was conceived as a theoretical addition to the understanding of press–state relations. However, the chronicling of official positions on medical breakthroughs, health-care provision strategies, and the like are also quite likely to be indexed (see Schwitzer, 2009).

Advances in health-care research are not routinely accompanied by opposition voices in the way that Democratic proposals are regularly answered with Republican counterproposals and vice versa. The powerful voices indexed in health coverage are likely to be those of doctors, bureaucrats, and scholars. Since journalists are not generally experts in health care, research, or statistics, they are likely to defer to their
sources, failing to ask critical questions about the generalizability of research findings. This often results in sensational, overblown stories promising readers and viewers the moon—frustrating the very sources of the stories in the process (Shuchman, 2002; Voss, 2002). The doctors, nurses, and administrators responsible for delivering health care to the citizenry, and the scientists who play the major role in medical advances, regularly complain about the coverage they receive in the news media. They claim the coverage is simplistic—oversimplifying research, making claims that go beyond what the research evidence suggests, and sensationalizing stories about patient care.

What is more, several organizations such as political interest groups, medical industry representatives, and the like seek to take advantage of journalists’ lack of health expertise and the increasing pressures of producing multiple stories on tighter and tighter deadlines in a 24-hour news world. Companies like Ivanhoe Broadcast News sell newsmoms canned (preproduced) stories about health care promoting particular health-care “breakthroughs,” treatments, and the like so that media outlets will print or air the stories in their entirety. The stories are presented in a way that makes it look like they are locally produced when they are not. These kinds of stories are desirable from an economic perspective both because health news “sells,” and because the stories are already completed, and thus will not take the time of the already limited (and shrinking) newsroom staff (Hamilton, 2005).

In addition to these pressures, journalists themselves have not expressed confidence in their ability to report health news—largely because of a lack of understanding of how to interpret statistics. When Midwestern journalists were asked about four skills that are required for quality health reporting—understanding key health issues, putting news about health care into the proper context, writing balanced stories while still meeting a deadline, and interpreting health statistics—Voss (2002) found that between 66% and 85% of journalists said these skills were difficult or to master (Voss, 2002). Thus, they are not likely to want to cover health-care stories in much depth, nor are they likely to want to engage with the research that produced the advance that is newsworthy in the first place.

### 14.3 Methodology

#### 14.3.1 Hypotheses

This study seeks to test three hypotheses about how specialization affects how journalists judge what they should cover when it comes to the topic of health care.

1. Journalists who specialize in health-care coverage will be more likely than other journalists to find advances in health-care provision to be newsworthy. Those who do not have any special training in health-care journalism should be less likely to see advances as newsworthy because they are not as likely to recognize them as advances and because they are less aware of potential sources for the story.

2. Journalists who specialize in health-care coverage will be more likely than other journalists to believe that an advance in health-care provision merits a feature-length treatment. Even if nonspecialty reporters believe the topic merits coverage, they should be more likely to see it as a “one-day story”—something requiring minimal effort and not returned to later for updates. Thus, they should be less likely to do the extra work involved with writing a lengthier “feature” story that typically contains highly personal stories from sources who have been or are likely to be affected by the topic of the story.

3. Journalists who specialize in health-care coverage will be more likely than other journalists to believe it is important to read the research that produced the advance about which they are reporting. If my first two hypotheses are correct, nonspecialty journalists should be less likely to do the work with respect to reading the research that preceded the health-care innovation they are going to cover. They ought to be more likely to trust the information on the press release or ask a few simple follow ups to a source rather than read the research for themselves and follow up on areas they personally felt needed clarification, amplification, or outright challenging.

#### 14.3.2 Participant recruitment

In order to test these hypotheses, I conducted an original web-based survey, programmed in the web-based survey platform Qualtrics. The participants in the survey came from two separate groups. One came from a sample of working journalists in the largest 150 media markets in the United States. Nielsen Media Research identifies media markets as locations that receive the same (or nearly the same) television and radio stations. They are generally named for the largest city/cities in the market. New York is the number one market, boasting over 7.4 million television households (over 6% of the US population). In the middle is the Omaha, NE market. It has over 420,000 television households and makes up 0.36% of the country. The 150th market is the Odessa/Midland, TX market. It has over 155,000 television households and comprises 0.135% of the United States. Over 90% of the American people reside in these 150 markets, though there are a total of 210 markets in the country.

The sample was created by creating a database of every reporter who covered any kind of political or public affairs news for a major newspaper or the local NBC, CBS, ABC, and FOX television affiliates in each market in the fall of 2013. Decisions about which employees of a newspaper or television station might cover politics were made by visiting the Web site for each news outlet. For those outlets that had staff biographies, a team of research assistants read them and created a list of reporters who covered politics. These were mostly local television stations. For newspapers and other outlets that did not include staff biographies, research assistants combed the Web site for any information that revealed where the employees worked. Most newspaper Web sites had information about the “desks” (topic areas such as city politics, sports, crime, etc.) to which reporters were assigned. For outlets that provided no help with respect to the work done by their reporters, research assistants clicked on the tabs related to political news and acquired the e-mail addresses of the bylines of reporters who had produced a story within the previous 7 days.

The generalist, or nonspecialist, group of reporters received an e-mail in the spring of 2014 at her or his station/newspaper e-mail address that invited them to participate in a study of how news reporters approach their jobs. The full database consisted of 6733 reporters. I e-mailed a random sample of 2000, introducing them to the project by explaining that the survey was seeking to understand how reporters approach their jobs and by inviting them to participate. Ninety-four e-mails were bounced back to
14.3.4. in Section described are the sample also that conventional

The second group was comprised of members of a professional organization of journalists that was dedicated to news coverage of health-care issues. The organization boasts more than 1000 members. I e-mailed an invitation to participate to a random sample of 300 members, 102 of whom elected to participate for a response rate of 34%. Of the 631 journalists in the first sample, seven answered the survey questions asking if they were members of a professional organization related to health care in the affirmative. Thus, the final sample of specialty journalists grew from 102 to 109 and the final sample of nonspecialist journalists dropped to 624.

14.3.3 Characteristics of the sample

Before the survey began, the participants answered a battery of questions relating to demographics, political attitudes, and their judgments of the American political system. Males made up 59% of the sample while females comprised 41%. Ninety percent of the sample was white; 35% were Democrats while 22% were Republicans. In terms of ideology, 40% of journalists were identified as liberal (including those who “leaned to the left”) while 27% identified as conservative (or leaning to the right); see Table 14.1. These numbers are highly comparable to the last two major national surveys (Weaver, Beam, Brownlee, Voakes, & Wilhoit, 2006; Wilnat & Weaver, 2014) of journalists in the past decade. The median (average) media market size a respondent worked in was 71.

There was one statistically discernible difference in the demographics of the two samples. As shown in Table 14.2, the health-care specialists were far more likely to be women (61% female in the specialists sample as compared to 41% female in the generalists sample). Otherwise, Table 14.2 shows the two groups to be remarkably similar. The two major differences between my samples of journalists and Wilnat and Weaver’s (2014) sample, the most recent national sample of journalists, was that my sample had slightly higher percentages of Republicans and women. It is important to know the political background of the reporters because their personal beliefs might influence whether they cover stories, especially those that promote beliefs consistent with the reporters’ own political beliefs.

Participants were asked several questions about their attitudes regarding which political party was best able to handle a variety of health-care related issues (including medical device taxes, legal reform, prescription drug prices, medical research, and health insurance coverage). Participants were also asked to estimate which political party “conventional wisdom in America” would say is better at handling each of the issues.

As shown in Table 14.2, 61% of the sample believed Democrats were best able to handle health insurance coverage; 69% of the sample also believed that conventional wisdom put the Democrats on top (see also Petrocik, 1996; Petrocik, Benoit, & Hansen, 2003). Sixty-eight percent of the sample believed that Republicans were best able to handle medical device taxes while 70% of the sample believed that conventional wisdom gave the advantage on that issue to the GOP.

The most important part of the survey for our purposes was the introduction of a (fictional) web application designed for mobile phones called Connect2FightCancer. New communication technologies have been shown in scholarly research to play important roles in treatment for several diseases (Han et al., 2010; Johnson, Isham, Shah, & Gustafson, 2011; Noh et al., 2010). Respondents were told that the Connect2FightCancer app was not real, but that it was similar to new developments in both academic research and the health-care field more generally. The app was described as one that was developed after years of research from scholars at multiple universities.

The reporters were asked to imagine that scholars had learned that some patients were less likely than others to follow their doctor’s recommendations to treat and manage their cancer. Research suggested that a quick link to doctors and other cancer patients was a promising way to encourage patients to follow doctors’ orders. The reporters were told that the app had performed well in pilot studies and was about to be released for general use by cancer patients nationwide. Then, they were asked a series of questions about their interest in the story and how they would choose to cover it if assigned to write a story about it. These questions are described in Section 14.3.4.

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Table 14.1 Characteristics of the two samples of journalists

<table>
<thead>
<tr>
<th>Journalist type</th>
<th>Female</th>
<th>Liberal</th>
<th>Moderate</th>
<th>Conservative</th>
<th>Democrat</th>
<th>Independent</th>
<th>Republican</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist</td>
<td>61%</td>
<td>40.3%</td>
<td>29.3%</td>
<td>30.2%</td>
<td>36.7%</td>
<td>40.3%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Generalist</td>
<td>41%</td>
<td>39.4%</td>
<td>34.1%</td>
<td>26.4%</td>
<td>34.6%</td>
<td>43.5%</td>
<td>21.8%</td>
</tr>
</tbody>
</table>

Note: Percentages of ideological and partisan groups may not add up to 100% due to rounding.

Table 14.2 Journalists’ beliefs about which party would better handle health-care issues

<table>
<thead>
<tr>
<th></th>
<th>Party handling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health insurance best</td>
</tr>
<tr>
<td></td>
<td>Democrats</td>
</tr>
<tr>
<td>Journalists’ own attitudes</td>
<td>61%</td>
</tr>
<tr>
<td>Journalists beliefs about “conventional wisdom” in the US</td>
<td>69%</td>
</tr>
</tbody>
</table>

Note: Participants were forced to choose between each party and were not allowed to say “both” or “neither.”
variables in our statistical models. The major concept we are testing in this study is whether the way journalists approach health-care coverage differs based on whether the reporter is a health-care specialist or a generalist. Thus, Specialist is coded as 1 if the reporter was a member of a professional organization of health-care journalists and 0 otherwise. Years Experience is a categorical measure of how many years the respondent has been a journalist (0–5 years, 6–10 years, 11–15 years, more than 15 years) as reporters with more experience may approach stories differently than "cub reporters" just getting their start.

Television is coded as 1 if the reporter is primarily a television reporter and 0 if the reporter is primarily a newspaper or magazine reporter. Television reporters have far less time to tell their stories; they also have the added requirement that their coverage play well on television. Indeed, all of the words said on a typical 30-min newscast would fit on the front page of the New York Times with plenty of room to spare. As such, television reporters may be less likely to want to cover an issue without an obvious video component, and they may prefer a quick, "hard news" story to a lengthy feature that takes up valuable airtime.

Journalists increasingly wear multiple hats across formats when doing their work. To arrive at the dichotomous measure used in the Television variable for the generalist sample, I coded 1 for television reporters if they worked at a television station and 0 if they worked at a newspaper. For the specialty sample, I first asked a question about what kind of newsroom the reporter worked in (television, newspaper, magazine, weekly, or other). If the reporter chose "Web-only" or "other" I asked if their reporting was primarily presented as a print-style story or a broadcast-style story. Six percent of the sample fell into the web-only or other categories and the results of the analysis are robust when these journalists are included and when they are not. Recall that both samples are merged together for the analysis reported below.

In Schwitzer’s (2009) survey of members of the AHCI, “having the time to do research” was one of the top two elements specialists said was necessary for quality reporting. Thus, Time was measured by asking respondents to agree or disagree with the following question statement on a 7-point scale where 1 represented strongly disagree and 7 represented strongly agree: "In general, I have enough time to do the research that I feel is necessary to tell a compelling, accurate story."

Advertising pressure was a variable intended to capture the influence that advertisers sometimes have on the news decisions made in the newsrooms where the individual journalists worked. It was measured on a 4-point scale (1 = never, 2 = rarely, 3 = sometimes, 4 = frequently) that was used when answering the question, “how often, if at all, does your news organization allow sponsors or advertisers to influence the content of your health care coverage?” (adapted from Schwitzer, 2009). Ideology was measured along a 7-point scale from very liberal to very conservative. Female was coded 1 if the respondent self-identified as a female and 0 if the respondent self-identified as a male. White was coded 1 if the respondent self-identified as white and 0 otherwise.

For the Newsworthiness and Read Related Research models, ordered probit regression analysis was the appropriate statistical strategy. For the Feature Story model, logistic regression analysis was the best strategy.
In addition to the survey questions, the respondents were asked open-ended questions. These were invitations for them to explain their responses on the numbered scales. Respondents were permitted up to 200 words per response. By explaining their views about the app and their professional reactions to it, participants can provide more depth and context to their responses and bring up issues that I did not think to ask about in the survey (Hibbing & Theiss-Morse, 2002). Moreover, allowing journalists to describe their attitudes in their own words casts a revealing light on the process of how they form opinions and the way they characterize their own professional identity (Walsh, 2012).

### 14.4 Results

#### 14.4.1 Descriptive analysis

Figures 14.1 and 14.2 reveal the average responses that health-care journalists and generalist journalists gave to the questions used as the three dependent variables described above. Recall that the values in two of the three variables are arrayed along a 7-point scale and one question was a dichotomous “yes/no” question (Figure 14.1). In terms of Newsworthiness, health-care journalists saw the potential story about the health-care communication app as highly newsworthy ($M = 6.1$, $SD = 1.1$), whereas generalists found the same topic about as newsworthy as not ($M = 4.4$, $SD = 1.5$).

In other words, health-care journalists were certain that they saw a story; generalists barely saw one, if at all. Second, when it came to the amount of work that reporters felt would be necessary to write an accurate story, health-care specialists believed that they needed to read the original research on which the delivery of the health-care communication app was based ($M = 5.8$, $SD = 1.1$), whereas generalists were less likely to believe that judging the scholarship for themselves was necessary ($M = 3.9$, $SD = 1.4$).

Figure 14.2 reports the results for how specialist and generalist journalists would approach a story about the app’s launch if they were assigned to cover it. The results are nearly the inverse of each other. Specialists overwhelmingly preferred to cover the story as a feature (68%); as compared to 32% who thought a shorter, “quick hitting” hard news story was best. On the other hand, only 37% of generalists believed a lengthy feature would be the best way to go with a story about the Connect2FightCancer app. Sixty-three percent favored a traditional hard news story.

Across a range of measures, then, journalists who were part of a professional organization that provides training and professionalization opportunities related to the conduct of health-care reporting appear to have behaved in a fundamentally different way than did nonspecialist reporters. The raw data show that specialists saw the development of a new health-care delivery strategy, the Connect2FightCancer app, as newsworthy, worthy of feature-length coverage, and a topic on which it was important to read the studies that lead to the development of the app and the expectation that it would affect health outcomes for cancer patients.

#### 14.4.2 Quantitative results

It is important to establish that the populations of specialist and generalist journalists reported in Figures 14.1 and 14.2 are statistically different from one another. Thus, Table 14.3 reveals the results to two-ordered probit regressions (for which Newsworthiness and Read Related Research are the dependent variables) and one logistic regression model (for which Feature Story is the dependent variable).

The pattern revealed in Table 14.3 is striking. Across all issues, journalists who were health-care specialists were more likely to find a story newsworthy, believe the Connect2FightCancer app was worth a feature story, and agree with the idea that it was important to read the research that led to the development of the app.
Table 14.3 Journalistic specialization and reportorial decisions making

<table>
<thead>
<tr>
<th></th>
<th>Newsworthiness</th>
<th>Feature story</th>
<th>Read related research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist</td>
<td>0.491** (0.181)</td>
<td>0.813** (0.101)</td>
<td>0.544** (0.201)</td>
</tr>
<tr>
<td>Years of experience</td>
<td>0.036 (0.120)</td>
<td>0.040 (0.097)</td>
<td>0.032 (0.120)</td>
</tr>
<tr>
<td>Ideology</td>
<td>0.001 (0.0003)</td>
<td>-0.001 (0.009)</td>
<td>0.001 (0.0003)</td>
</tr>
<tr>
<td>Television</td>
<td>-0.240** (0.008)</td>
<td>-0.127 (0.088)</td>
<td>-0.261** (0.02)</td>
</tr>
<tr>
<td>Time</td>
<td>0.002 (0.01)</td>
<td>0.004** (0.001)</td>
<td><strong>0.003</strong> (0.001)</td>
</tr>
<tr>
<td>Advertising pressure</td>
<td>0.177 (0.121)</td>
<td>0.218** (0.020)</td>
<td>0.122 (0.046)</td>
</tr>
<tr>
<td>Female</td>
<td>0.125 (0.11)</td>
<td>0.012 (0.057)</td>
<td>0.213 (0.11)</td>
</tr>
<tr>
<td>White</td>
<td>0.022 (0.026)</td>
<td>-1.141 (0.194)</td>
<td>0.024 (0.031)</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.900</td>
<td>-1.533** (0.271)</td>
<td>-1.881</td>
</tr>
<tr>
<td>Cut 1</td>
<td>-0.611</td>
<td>80.34**</td>
<td>71.32**</td>
</tr>
<tr>
<td>Cut 2</td>
<td>73.54**</td>
<td>-1143.22</td>
<td>-1695.87</td>
</tr>
<tr>
<td>Log-likelihood</td>
<td>-1433.12</td>
<td>733</td>
<td>733</td>
</tr>
</tbody>
</table>

Observations: 733

Standard errors in parentheses. **p < 0.01, *p < 0.05.

The left-hand column of Table 14.3 reports the results of an ordered probit model in which Newsworthiness is the dependent variable. The results demonstrate that being a specialty journalist had a positive, statistically significant (p < 0.01) effect on believing that the Connect2FightCancer app was newsworthily. Additionally, television reporters were less likely than newspaper reporters to find the app to be newsworthily (p < 0.01). The years of experience the reporter had as well as the time she or he had to commit to doing quality work were not related to judgments related to the news value of the app’s launch. Moreover, the effects of the demographic controls were also not different than zero.

In the Feature story model, reported in the middle column of Table 14.3, specialty journalists had a positive, significant relationship with the dependent variable (p < 0.01). This time, being a television reporter was not meaningfully associated with the desire to cover the app as a feature story. As the journalists in our sample reported that their newsrooms were increasingly open to the influence of Advertising pressure, they were more likely to favor covering the story as a feature (p < 0.01). Additionally, the desire to cover the app as a feature was positively and significantly associated with believing that one had the time to do quality reporting (p < 0.01). Once again, the length of time one had been a journalist was not statistically related to wanting to cover the app story as a feature or hard news story. The demographic controls were not significant predictors of the dependent variable either.

The right-hand column of Table 14.2 reports the results of an ordered probit regression examining the factors associated with the belief that it was important to Read Related Research about the app before printing or airing a story about it. Once again, being a specialty journalist had a positive, significant (p < 0.01) effect on the dependent variable. Television journalists were less likely to indicate that it was important to read the research about the app (p < 0.01) while those who said that they had time to do good work believed it was important to read the scholarly evidence. Advertising pressure and years on the job had no statistical relationship with the belief that reading the research was important.

As was the case in the first two models, Ideology and White had no effect on the dependent variable. However, Female was marginally significant in the model (p < 0.10). This finding should be interpreted with caution as it does fall outside of conventional levels of statistical significance. It does suggest, however, that future research might examine differences between male and female journalists with respect to the importance of different kinds of evidence (e.g., scholarly) that is important to understand during the reporting process.

Taken together, the data revealed in Figures 14.1 and 14.2 and the statistical analyses reported in Table 14.3 demonstrate with impressive clarity that specialty journalists approach their work in a fundamentally different way than do their non-specialist counterparts. Indeed, even when controlling for structural matters such as whether one is a television or print reporter, the power of advertisers, the time one has to produce one’s work, and the years on the job, as well as demographic factors like political ideology, gender, and ethnic background, the importance of specialization shines through.

14.4.3 Qualitative results

Of course, survey responses arrayed across 7-point scales and the like have their limits with respect to explaining individual behavior. Most notably, they often fall short in helping to elucidate the process people go through when making decisions. Additionally, respondents, of course, cannot comment on issues that were not asked about by the survey researcher. As noted in the discussion of research design above, in order to further clarify the differences in how specialty and generalist journalists approach health-care coverage, respondents were given an opportunity to explain their views—in their own words—about whether and how they would go about covering the Connect2FightCancer app and whether they would cover it at all.

After respondents answered the Newsworthiness question, they were asked:

*In the space below, please share why you selected the option you did when you answered the previous question about the newsworthiness of the Connect2FightCancer app.*

Regardless of whether the respondents were specialty journalists or generalist journalists, respondents who answered on the positive side of the midpoint discussed that the app was a “good story.” However, there were differences in how each type of reporter explained what it was that made the app a good story.

One generalist described how the app fit his narrative about the increasing ubiquity of mobile devices in modern life:
Generalist: This sounds like a story, a good one in fact. People are using mobile devices for everything now, so why not to battle cancer? I think our audience would be interested in something like this.

Another generalist highlighted the novelty of the app:

Generalist: It’s new and it’s relevant. That’s why I’d want to cover it.

A female generalist with more than 10 years of experience covering the news took the value of the topic as a given, spending her time describing how the story would not take much effort to put together.

It should be pretty easy to find people to interview. The company who made the app will want to promote it, which will help find users to talk to. At a minimum, a hospital’s PIO (public information office) will talk though I’d rather have a doc who uses the thing too.

In contrast, specialists—health-care journalists—who thought the app was newsworthy focused more on the science behind the app’s development and the directions that the story might go. A health-care journalist who worked for a newspaper wrote:

Specialist: This has the potential to be a great story. The fact there is a university research team behind the app’s development makes me less worried about conflicts of interest and shilling for the app. They (the researchers) should be able to talk benefits and harms.

Another experienced health-care specialist reporter showed evidence that she had considered the scientific relevance of the app and potential consequences—both positive and negative—of its use, noting that:

Specialist: This isn’t a phase one medical study that people rush to cover as the latest and greatest when it is really just making sure that a real study is safe to conduct. The app addresses what should theoretically facilitate cancer patients to be more likely to follow doctor’s orders. I wonder how people will feel if they hear that they’re screwing up from other cancer patients. One thing I’ve learned from psychology professors is that people don’t like it when they’re told they’re wrong.

These quotations illustrate that, in judging the app’s potential newsworthiness, generalist journalists thought about the potential story’s impact on the audience and how difficult the story would be to cover. Health-care specialists, on the other hand, were more interested in what benefits and harms might come from the app’s use, considered the quality of the scientific research ahead of their newsworthiness judgment, and asked whether they would be promoting a product instead of covering the news.

Similar patterns of difference appeared in the comments made by those who did not find the app to be newsworthy; the comments below were made by those who chose 3 or less when answering the 7-point scale newsworthiness question.

One television-oriented generalist journalist thought that the story would not be a good fit for her medium.

Generalist: It’s a cool idea, but I don’t know that people sitting around fiddling with an app plays well on TV.

Another generalist worried about the impact the story would have on readers, musing that:

Generalist: This doesn’t seem like it gets us any closer to a cancer cure or anything like that. I’m all for people listening to their doctor, but I don’t see where there is a story here.

Health-care specialists, on the other hand, were less concerned about the medium they worked in or the audience impact when explaining why they scored the app as being less than newsworthy. “This may well be a big deal,” one specialist newspaper reporter wrote:

Specialist: but I can’t judge it without reading a study or two about why it has to be this app. I mean, why can’t doctors just call patients or have them go to support groups or do other things that we know works? Do we really know this is better? If so, I’d be interested in telling that story but as it stands, it’s thin.

The health-care journalists who thought the app was a newsworthy development described how the app’s development appeared to have gone through a lengthy research-oriented development process. In contrast, skeptics indicated a desire to see how the app was an improvement over other areas of research with which the journalist was familiar. The specialists’ skepticism was more closely hemmed to audience expectations rather than scientific concerns.

With respect to whether the story should be a short, hard news story or a lengthy feature, additional differences between specialists and generalists revealed themselves. Turning first to those who thought the app merited a feature story, both generalists and specialists thought that examples of how the app were used would be key components of the feature. One generalist wrote:

Generalist: I could see a nut graf [the paragraph that refers to the major point of the story] or a pull quote [a quote from the story that is also printed in larger type and set apart, from a design perspective] that was actually the testing back and forth between a patient and her doctor or two cancer patients chatting about whether to listen to their doctor’s advice. You need room (a long feature) to have the time to put something like that in there.

Similarly, a health-care specialist wrote:

Specialist: It would be really great to find a way to show how this worked in the story itself. If people who used the app would let us put a screen shot of how they
talked with their doctor or something. You know, so long as the patient and doctor sign off on revealing that type of relationship... but you could really show how it works and pull out examples from a real person to add color to the theoretical stuff that researchers used to develop the app in the first place. It'd be especially great if people used the app in ways the researchers didn't imagine. Are they sharing recipes? Advice about what to do with their teenagers? You know, that kind of stuff. I'd want to go back and ask the study team if they foresaw other uses of the app or if they think it would be better if the users focused on all cancer treatment all the time.

While the health-care specialist’s response was similar to the generalist’s response from a “structure of the story perspective,” once again, the additional context of the response reveals a key difference in the thinking of specialists and generalists concerning their approach to health-care coverage. The specialists consistently wrote about the quotes they might gather from their reporting in context with the research—research they had already indicated was important to read. On the other hand, generalists knew instinctively how giving an example of how the app works would improve the story, but they did not speculate about how the colorful examples of app use might reflect, confirm, or contradict the research that led to the app’s development.

Finally, respondents were asked:

Is there anything else you would like to comment on regarding whether and how you would cover a story about the Connect2FightCancer app?

Most respondents (70%) did not answer this question. Far more specialists (60%) answered the question than generalists (24%), but keep in mind that generalists were a much larger proportion of the sample overall (85% of the total respondents). Generalists who answered this question focused on questions they had to which an affirmative answer would make them more interested in covering the story. These questions largely related to the availability of interviews and the likelihood the app would be widely used (e.g., “Do we know people are really going to use this? How?”).

Health-care specialists wanted to know more about potential benefits and harms of using the app, what methods were used in the research that led to concluding the app would be of value, how available the app would be to the average cancer patient (for what kinds of cancer would patients have to use the app), and would other researchers be familiar enough with the evidence to offer independent comment upon it. Indeed, the health-care specialist comments reflect the AHCI Statement of Principles about health-care coverage, including the sections of “Professionalism, Content, and Accuracy,” “Independence,” and “Responsibility” (Schwitzer, 2004).

14.5 Discussion

Scientists and doctors have long been skeptical of journalists’ ability to understand statistics and the scientific method well enough to cover adequately health-care advances, questions facing health-care provision, and political battles over health care (Shuchman, 2002).

The analysis reported here suggests that there is a subset of journalists who do understand these matters quite well. These specialists are members of a professional organization dedicated to improving health-care coverage and thus receive information on Iversen’s listserve™, attend conferences, receive training, and the like to help them tell the most accurate, interesting stories possible about health care in the United States. Specialists who join organizations dedicated to improving health-care coverage gain access to a yearly national conference, regular regional meetings on a variety of topics ranging from the technical—statistics, “big data,” and arcane new health-care policy rules from a national or state government—to web-based tutorials about specific concepts—covering hospitals—to workshops and seminars where reporters can engage in hands-on learning with experts and other reporters interested in health care. These specialists approach the decision to cover an advance in health care, what kind of story to write, and what legwork needs to be done when reporting the story in fundamentally different ways than nonspecialists.

On the one hand, this is good news. Specialists take accuracy, integrity, and the scientific method seriously in their work. They understand what kinds of questions to ask scholars, doctors, and patients; they are not prone to the most sensational framing of the story that is possible. The evidence presented here reveals that journalists who are health-care specialists can provide the kind of quality reporting needed to facilitate the creation and provision of important health information to local and national audiences.

On the other hand, the analyses revealed here show that a much larger group of journalists are not as prepared to cover health news. In fact, they are less inclined to think that developments in health-care delivery (in the context of the study conducted here) are even worth reporting in the first place. If they had to cover a health-care development, they generally prefer a quick, one-day story that is easy enough to tell so that they can meet their deadline. They do not want to spend the time on understanding the science that was used to develop the health innovation, and are thus more likely to report major innovations using the same tone as they do for minor ones and worse, for potential ones—the studies that have not yet passed a level of empirical scientific scrutiny matching the euphoria that is often present in the coverage.

The good news is that journalists can be trained to provide excellent health coverage. First, journalists have to participate in the training and seek to join associations that provide it. Second, newsrooms have to be willing to spend scarce resources on funding their reporters so that they can join relevant associations, travel to conferences and workshops, and spend the time learning from the web-based tutorials that teach new skills, share helpful techniques, and connect those interested in health-care journalism with fellow travelers. Newspapers could take advantage of the space and technological innovations on the web to produce “special series” coverage of major health-care issues. Going beyond the traditional print, these special series could include videos and audios that tell the stories of doctors, researchers, nurses, administrators, patients, families, and even politicians to cover an issue from all angles.

Journalism programs at universities have a role to play as well. “J-schools” can invite experts in health-care coverage to guest lecture and meet privately with students, as well as develop Masters-level curriculum for specialty reporting on topics like health-care news reporting.
The bad news is that newsrooms are facing tighter budgets and more structural constraints than they have in generations. Thus, it will be difficult to provide generalists covering the health beat with the training they need to do excellent work. This places the onus on the scholars developing new health innovations and the doctors, nurses, and allied health professionals administering them to patients to be able to explain advancements in clear, accurate terms: highlighting the importance of the development while still emphasizing the limits, time horizon, and potential harms that it carries.

### 14.6 Conclusions

The increasingly polarized political environment (Carmines, Ensley, & Wagner, 2012; McCarty, Poole, & Rosenthal, 2006) has tended to boil down the vast, complex issue of health care to whether one supports or opposes the Affordable Care Act. Comprehensive health-care coverage is more important now than ever. Journalists who specialize in health care have the training, ambition, and ability to tell quality stories to a hungry public. Whether there are enough of these reporters to meaningfully affect public opinion and individual behavior—and whether news organizations can be convinced that it is worth their while to produce more of these kinds of journalists—are crucial questions that we will continue to face in the next decade.

### References


A surprising and interesting finding from our work on this book occurred very early in the editing process—so early, in fact, that the editors had nothing yet to edit. Our Call for Chapters was distributed via numerous outlets—professional listservs™ frequented by practitioners, educators and researchers in medical informatics, consumer health informatics, medical librarianship, and consumer health librarianship; and Web-only venues where similar people in the fields of journalism and linguistics congregate. We also used our personal connections in these and related fields, such as health communications, based on our years of experience in our own fields of practice and research. So the community we sought to reach was by very definition a large and diverse one, united by one common attribute: health information communication, provision, or both, by humans to other humans who were not health-care professionals.

In that Call for Chapters announcement, we said: “The book will address the challenges and ethical dilemmas concerning the delivery of health information to the general public in a wide variety of non-clinical settings. Instead of patient education or patient communication in hospitals and clinics, our interest is the challenges and successes of presenting health information outside of patient care by non-clinicians.” To our surprise, we received a great deal of interest from people with interesting, worthwhile research to contribute, who somehow managed to miss the “non-clinical” piece of the instructions. We received many queries about work with patients in hospital settings, for example. The strong identification of “health information” with physicians, nurses, patients, and the clinical setting was apparently so strong that it was, for some people, actually blinding.

We wonder if the widespread amalgamation of “consumer” and “patient” as synonymous terms is also part of the problem. As author Nancy Seeger expresses it in her chapter on the Consumer Health Library, “When patients become library patrons, [health information concerns] do not automatically disappear.” If every member of the general public is seen as a patient, it is quite easy to assume the boundaries of the health-care model—in which the only provider of information is a physician, nurse, or allied health professional. It becomes difficult for practitioners and researchers alike to understand the special challenges of information provision when the provider does not herself/himself have training as a health-care professional. Recognition of these challenges was our principal motivation for writing and editing this book.

What do our assembled chapters tell us about these challenges, and the degree to which they are shared across health information provision communities?

We began the volume with two overview chapters to provide a context for understanding health information provision. Kreps and Neuhauser focused on health