Checking the Pulse: Midwestern Reporters' Opinions on Their Ability to Report Health Care News

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Objectives. Newspapers play a key role in disseminating information and shaping perceptions about health, research, and policies. Inadequate or misleading reporting constitutes a public health threat that can jeopardize individual health and lead to harmful health policies.

Methods. Surveys were mailed to 165 reporters at 122 newspapers in 5 Midwest states. The association of training, newspaper size, and experience with reporter's self-perceived reporting ability was assessed.

Results. The response rate was 69.6% (115/165). Between 66% and 85% of the reporters assessed 4 tasks vital to sound health reporting as "sometimes difficult" to "nearly always difficult." No significant differences in perceived ability were found by training or newspaper size. Respondents with less experience reported higher perceived ability.

Conclusions. These findings show that reporters may have difficulty understanding complex health issues and interpreting statistics because they are inadequately trained. (*Am J Public Health.* 2002;92:1158–1160)

The mass media provide important information to the public about research, policies, and the health business,[1–3] yet a study of science reporters found that 77% acknowledged that they do not understand the complexities of scientific subjects.[2] Reporters have been criticized for careless, inadequate, or unfair coverage,[4–13] and even reporters themselves have criticized the quality of health news.[14–16] Inadequate, misleading, or incomplete news reporting constitutes a public health threat. Such reporting can lead people to make misguided choices that may put their health at risk or influence policymakers to adopt inadequate or harmful laws, regulations, or policies.

Traditionally, reporters are not trained in the subjects they cover, although evidence indicates that they want such training.[16–19] For health reporters, vital skills may include understanding complex health issues, finding reliable sources, placing research findings in context, and producing balanced, thorough stories on tight deadlines, as well as interpreting statistics.

This study examines health reporters' perceptions about their ability to report health news; additionally, it may help public health professionals, who need to become more aware of reporters' constraints, to aid and work with the media to ensure quality reporting.

METHODS

Participants were health reporters at daily newspapers in 5 Midwestern states (Minnesota, Iowa, South Dakota, North Dakota, and Wisconsin). Reporters at 122 newspapers identified by Burrelle's Media Directory (Livingston, NJ; July 1998) received surveys. Identification of individuals surveyed occurred through telephone conversations with reporters or editors. Surveys were anonymous. A return of 115 completed surveys and 1 uncompleted survey from 165 surveys mailed yielded a response rate of 115/165, or 69.6%.

Researchers asked participants how often they report health news, from full-time to rarely, as well as how much they report on health policy, medical research, consumer health, health business, public health, or other related topics. Participants rated their ability in 5 skill areas (e.g., understanding key health issues) on a 5-point Likert scale ranging from 1 (nearly always easy to do) to 5 (nearly always difficult to do). The Cronbach α coefficient for the 5-item measure was .67. This measure has not been independently validated for reliability.

Participants rated their interest in covering health issues on a 4-point Likert scale (1 = very strong: I want to cover it indefinitely; 4 = weak: I don't like it and would prefer another beat). Questions about training for reporting health news employed yes-or-no answers. Researchers did not define training or ask respondents to do so. The validity of this measure has not been independently assessed.

For questions about confidence in reporting health news and interpreting statistics, respondents' ratings could range from 1 (not at all confident) to 4 (very confident). Finally, participants' agreement with 9 statements assessing their perceptions of health news (e.g., news media who cover health concentrate too much on spot news) was measured on a 5-point Likert scale (1 = strongly agree; 5 = disagree strongly). Demographic variables were self-reported.

Frequencies were examined to assess need for training, attitudes about covering health news, and perceptions of the quality of health news. Differences in perceived ability by training (training vs no training), newspaper size (>25 000 vs <25 000 weekday circulation), and health reporting experience (>5 years vs <5 years) were assessed. *t* tests were conducted with perceived ability as a continuous variable. *P* values of <.05 were considered significant.

RESULTS

About three quarters (77.4%) of respondents (see Table 1 for their demographic characteristics) stated that they reported on health half or less than half of the time, whereas about 14% covered health full-time. Nearly 83% (n = 94) reported having received no training for covering health news. Of those, about 73% (n = 62) said that training would be helpful. Nearly 84% (n = 96) reported hav-

TABLE 1—Characteristics of Survey Respondents (N = 115)

	% (n)
Gender	
Female	60.5 (n = 69)
Male	39.5 (n = 45)
Age	
20–30	21.1 (n = 24)
31–40	25.4 (n = 29)
41–50	35.1 (n = 40)
> 50	18.4 (n = 21)
Experience in journalism	
< 2 years	4.4 (n = 5)
> 2 years but < 5 years	18.6 (n = 21)
> 5 years but < 10 years	13.3 (n = 15)
> 10 years but < 20 years	31.9 (n = 36)
> 20 years	31.9 (n = 36)
Experience covering health	
< 2 years	22.8 (n = 26)
> 2 years but < 5 years	22.8 (n = 26)
> 5 years but < 10 years	21.9 (n = 25)
> 10 years	32.5 (n = 37)
Race/ethnicity	
White	95.6 (n = 109)
African American	0.9 (n = 1)
American Indian	0.0 (n = 0)
Asian or Pacific Islander	2.6 (n = 3)
Hispanic	0.0 (n = 0)
Other	0.9 (n = 1)
Highest level of education completed	
High school or equivalent	1.8 (n = 2)
Some college or technical training	10.5 (n = 12)
Two-year degree or certificate	4.4 (n = 5)
Bachelor's degree	66.7 (n = 76)
Master's degree	15.8 (n = 18)
PhD	0.9 (n = 1)
Weekday circulation of newspaper	
< 10 000	25.0 (n = 28)
> 10 001–25 000	25.9 (n = 29)
> 25 001–50 000	17.9 (n = 20)
> 50 001–100 000	12.5 (n = 14)
> 100 001–250 000	8.0 (n = 9)
> 250 000	10.7 (n = 12)

TABLE 2—Self-Perceived Reporting Ability by Category (N = 115)

		Perceived Ability, %				
		Easy				Difficult
Reporting Task	Mean Score (SD)	1	2	3	4	5
Finding reliable sources	2.10 (0.87)	**26.1**	**43.5**	25.2	4.3	0.9
Understanding key health issues	3.16 (0.78)	1.8	15.9	**49.7**	**31.0**	2.7
Putting health news in context	3.30 (1.00)	5.3	**26.3**	**47.4**	18.4	2.6
Producing balanced stories on deadlines	3.38 (1.11)	1.7	**31.3**	**43.5**	18.3	5.2
Interpreting statistical data	3.64 (1.37)	1.8	13.3	**51.3**	**27.4**	6.2
Overall perceived ability (n = 115)	3.05 (0.60)					

Note. 1 = Nearly always easy to do, 2 = Usually easy to do, 3 = Sometimes easy to do, sometimes difficult, 4 = Often difficult to do, 5 = Nearly always difficult to do. Bold percentages show where the majority of responses fall.

ing received no training in interpreting health statistics. Of those, nearly 68% (n=80) said that training would be helpful.

Fifty-one percent of respondents said that they had a strong interest in covering health. Of those, roughly half said that they wanted to cover health indefinitely. Another 44.1% said that they liked covering health but could easily shift to another subject. Reporters at newspapers with weekday circulation under 25 000 had a mean score of 2.34 (SD=0.91) in rating their interest in covering health, and reporters at larger newspapers had a mean score of 2.22 (SD=0.94). A *t* test showed no significant difference (P=.51, t=.65, df=108).

Table 2 shows percentages of perceived ability in 5 categories. About one-third of respondents said that understanding key health issues and interpreting health statistics were often or nearly always difficult to do. Putting health news in context was nearly always easy or usually easy to do for about 32%.

Nearly three quarters of respondents said that they were moderately or very confident in their ability to report h0ealth news. Another 25% said that they were not at all or were somewhat confident. Less than half said that they were moderately or very confident about reporting statistics. In rating confidence in health-reporting ability, small-newspaper reporters (n=63) had a mean score of 3.12 (SD=0.77), and respondents from larger papers (n=49) had a mean score of 2.00 (SD=0.82). A *t* test showed no significant difference (P=.21, t=−1.24, df=110).

The average score for perceived ability in reporting health news was 2.98 (SD=0.59) among respondents with less than 5 years' experience (n=52) and 2.76 (SD=0.55) among those with more than 5 years' experience (n=62). In this instance, a significant difference *was* found (P=.04, t=2.0, df=112): respondents with less experience reported higher perceived ability.

Average perceived ability was 2.87 (SD=0.61) among respondents at smaller newspapers (weekday circulation <25 000, n=49) and 2.87 (SD=0.54) among those at larger newspapers (n=64). No significant difference was found (P=.94, t=.06, df=111).

Fifty-five percent agreed that the news media often do not provide context for health stories. Nearly 23% disagreed. About 40% agreed that most health reporters lack adequate training to cover health; less than one third (29.2%) disagreed.

DISCUSSION

This study examined reporters' perceptions about their ability to report health news and whether health reporting experience, training, or newspaper size affects perceived ability. Results strongly suggest that health reporters are aware that they lack proficiency and want help. Only 31% and 9.7%, respectively, felt very confident in reporting health news and interpreting health statistics. In contrast, between 66% and 85% of respondents assessed 4 of 5 critical skills required for sound health reporting as sometimes difficult to nearly always difficult. Four troublesome skills for respondents are understanding key health issues, putting health news in context, producing balanced stories on deadline, and interpreting statistics.

These difficulties may stem from inadequate training. Nearly 83% of respondents re-

ported that they had no training for covering health. Over half indicated a strong interest in covering health, suggesting that many reporters want to do a good job. Reporters at smaller papers were just as likely as those at larger papers to express a strong interest, suggesting that training should include small newspapers.

Respondents gave the news media low marks for health news coverage. About half of the respondents agreed that the media often do not provide context. Respondents' views mirror science reporters' perceptions reported in a study based on a national survey.[2] This result suggests that certain criticisms of news coverage by those outside journalism are valid and that newspapers should address those criticisms.

Study limitations included a measure for perceived ability that has not been validated outside this study. Also, the use of a Midwestern sample may limit generalizability. Finally, because the study is cross-sectional, no data are available to indicate whether perceptions about training and the survey questions changed over time. This study contributes to research on training needs of health reporters by showing relatively high degrees of perceived difficulty with essential tasks. This result may mean that the quality of health reporting is low, contradicting a widespread belief held by the journalism community that reporters are trained to ask the right questions, analyze complexity, and write understandable stories.[2] This assumption does not consider that health matters often rely on statistics, science, economics, and related disciplines. Most journalism schools have not required such training. Most news executives have not perceived statistics courses as important,[20] yet without proficiency in these subjects, many health professionals and scientists believe,[2,8–13] reporters may shortchange or harm readers with poor reporting.

Thus, the need for better training of health reporters seems clear. Public health professionals could help educate reporters who contact them for information and could also place pressure on newspapers to train health reporters. Further research is needed to examine how much and what training would be most effective. ■

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