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The Future of Health Care Journalism
Kaiser Family Foundation
March 11, 2009

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[START RECORDING]

MATT JAMES: I want to welcome everyone and thank you for coming and I am truly amazed at this turnout. We had an incredible number of RSVPs. I do want to make sure everyone understands this is not a journalism job fair [laughter]. We are discussing health journalism but this is not a job fair.

For those of you who don't know me, I am glad to see so many old faces and familiar faces around the room, not old faces just familiar faces [laughter], a few old faces. Good morning. Let's start this again. I'm Matt James [laughter], Senior Vice President, Kaiser Family Foundation and I want to thank you for being here for what I think is going to be a very lively discussion on the future of health journalism.

Health journalism is a subject that we have long been interested in at the Kaiser Family Foundation. Back in the early 1990s, soon after Drew Altman became President of the Foundation, one of the very first projects he asked me to take on was to come up with a project that would help health journalists understand the very many complex issues that they have to wrestle with in explaining health policy to the American public.

After consulting with a number of journalists, editors, health care experts, journalism experts around the country, we came up with the idea for the Kaiser Media Fellowships in Health program, which was the very first operating program at

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the Kaiser Family Foundation. We were actually still a grant maker back then and this was our first operating program. I was very fortunate to be able to persuade the indefatigable Penny Duckham, seated here in the first row, I always like indefatigable with Penny [applause] to come to Kaiser and to run this program and run our other health journalism programs, which she has done so well through the years.

More recently, we have decided to take a very bold step and launch our very own health news service, Kaiser Health News or KHN, because we felt there was a real danger that with the changes in the news business, there was a danger that news organizations would not be adequately focused on health policy as they were trying to focus on a great many issues with less staff and a smaller news hole.

We have hired two outstanding journalists to run KHN, Peggy Girshman who is in the room here somewhere today over here and Laurie McGinley who is on our panel today to run this enterprise along with a lot of other good folks who'll you meet as you become familiar with KHN, John Fairhall, who had been at the Baltimore Sun before coming here.

Now this program operates very, very differently than any other program at the Kaiser Family Foundation. Peggy and Laurie have total editorial control over KHN and the Foundation, in effect, acts as a publisher of the enterprise. So what that means is we don't know what's going to be showing

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up from KHN until it actually shows up in the newspaper or with one of our other media partners.

We're now in sort of a soft launch phase and have begun to collaborate with a number of news organizations such as the Washington Post and the Philadelphia Inquirer, which ran this excellent story this week on hospital emergency room super users. We have brought on a couple of well-known health policy journalists, some of whom I know you know, Julie Applebee of U.S.A. Today will be joining us soon as will Mary Agnes Carey at Congressional Quarterly. We're adding additional reporters at this time. In fact, I am proud to say we are one of the few news organizations in America that is now hiring people.

I won't say much more about KHN because I really want to let Laurie address that when it comes to her time in the panel but I'm happy afterwards or later on during the question time to answer any questions you might have about KHN or Kaiser's role in health journalism.

Now at the same time we're developing KHN, we ask the very talented Vicky Rideout, who has spent most of her time at Kaiser working on kids and media issues, to take a look at what kind of a research agenda we could do around health journalism.

Today's meeting is a product of Vicky's program and I'd like to thank her and Theresa Boston for pulling this together. One more Kaiser kudo, if you would let me, helping me through all of these projects through the years and giving invaluable

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advice has been Jackie Judd who has spent many years at ABC and at NPR before joining us here and Jackie is going to be moderating our panel today.

Now we've taken such a strong interest in health journalism for a few very simple reasons. First of all, we believe that a robust news media is critically important if the public is to understand our complex health care system and it is equally important if policy makers are going to know that about changes in the health care system that they are thinking of, how that's going to affect real people on the ground. As survey after survey shows, the news media is the number one source of health information for the American people.

Now I know we're not here to talk about all of the broader news media changes that are happening and the traumatic changes we're seeing around the country at news organizations but I don't really feel we can have a discussion about the future of health journalism without at least addressing some of these.

Hardly a day goes by now without news of another newspaper laying off reporters, filing for bankruptcy, going out of business, or looking for a sustainable business model. For example my hometown paper from where I grew up, The Detroit Free Press, has stopped home delivery with the exceptions of Thursdays, Fridays, and Sundays, which are big days for advertisers. You can still buy it on the newsstand, have it

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delivered by mail to your house, but otherwise it's an online enterprise.

Now when this happened, the thought did cross my mind that not getting the papers on Mondays is actually merciful if you're a Detroit Lions fan but I don't really think that was part of their business model [laughter]. Clearly though, we're at one of those historic changes, a change point, where we're seeing a remaking of the media landscape and how we will get our news and information in the future is changing literally hour by hour.

Disruptive technologies like the Internet have altered both revenue sources for news organizations and how people are choosing to get their news and information. You add to that the economic downturn, which has greatly accelerated many of these changes and we have a media landscape that is literally changing at warp speed.

Where I now live, in Silicon Valley, it's been common for some time for the Internet evangelists around us to talk about how the Internet changes everything. It's very hard to argue that in the case of the news business, this is anything but the truth. I want to show you a news story that we found from one of our Bay area news stations, I believe it's a KRON news story, KRON in San Francisco, that I think makes this point quite dramatically. It focuses on the San Francisco

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Chronicle and its' early efforts to take advantage of the Internet to communicate to a broader audience.

Now when we first stumbled on this tape, which dates from 1981, we mostly found it amusing, sort of a relic from the past, but now with the Chronicle struggling for survival, Vicky and I were talking about this yesterday, it's actually a very poignant reminder for where the news business is going. So Renato if you'd roll that tape please.

[VIDEO PLAYED 00:06:44-00:09:02]

MATT JAMES: So you can see why we both found it amusing but, at the same time, poignant. Today we will not be addressing all of the changes in the news media but we are going to focus in on one specific segment of the news media health journalism. We've assembled a truly great panel to discuss the changing health journalism landscape. After the panel discussion, we're going to be taking questions from the audience and I'd ask you to just abide by the usual rules. Please give us your name, your organization. Please keep it short and avoid sermons if you can.

Let me quickly introduce our panel. Then I'm going to turn it over to Vicky Rideout who will summarize the findings of the survey we conducted with our partners, the Association of Health Care Journalists. First let me introduce, way off to my right, Jonathan Cohn. Jonathan is, in my humble opinion, one of the brightest young writers and commentators on health

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issues in America today. He loves being on panels with me because I always describe him as young [laughter]. He makes his living blogging and writing for The New Republic and is a fellow Michigander living in Ann Arbor, Michigan.

Laurie McGinley is one of the country's top editors having spent over 20 years at The Wall Street Journal where she was a Pulitzer Prize Winner. I consider it my great good fortune that Laurie was willing to come work with us along with Peggy Girshman to help develop Kaiser Health News.

Also joining us is Gary Schwitzer. Gary and I go a long way back first meeting when he was a producer at CNN. Gary is now Associate Professor at the University of Minnesota School of Journalism and Director of Health News Review. Gary produced the excellent report for the Foundation that is being released today on the state of health journalism, which we are releasing now.

January Payne is truly in the health care trenches having worked at The Washington Post Health Section and now at U.S. News and World Report where she is Associate Editor of the health section.

Last but certainly not least, Trudy Lieberman. Trudy and I also go a long way back. Trudy is a passionate journalist who cares deeply about health care and health journalism. As the President of the Association of Health Care Journalists, she has helped develop the AHCJ into what I think is the model

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organization for specialty journalists. So now let me turn it over to the indefatigable and indomitable Vicky Rideout.

VICKY RIDEOUT, M.A.: Thanks Matt. I have to say about that video I just love that it was an old guy who was one of the first two to 3,000 home computer owners in the Bay area and who totally saw the advantage of having his news delivered to him via the Internet. As somebody who lives in the Bay area, it also is incredibly poignant to me and really sad when we think about one of those papers is gone and the other one is literally on the precipitous right now. There they were trying to embrace this new platform early on.

Today is your packets you have three different reports that I just wanted to point out to you and I know you come to events like this and then you kind of don't really have a chance to sit and read them but I want to encourage you to read them later.

The first is this report, which Gary Schwitzer authored for us on the state of health journalism in the U.S. This is basically pulling together everything that is out there now that we know about health journalism today and where it's going. The second is a survey that we conducted in partnership with AHCJ and that I'll be talking to you about in a minute.

Then the third that I also wanted to draw your attention to is something that we released a couple of months ago. It is a content analysis of health news coverage that we

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conducted in partnership with the Pugh Research Centers Project For Excellence in Journalism. I think a lot of folks in the audience here who were communications folks with different health organizations will find this of particular interest because it tells you exactly what proportion of the news hole is filled with health news of different kinds and how much is devoted to cancer versus HIV/AIDS and so on. So I think that'll be of interest to many of you as well.

What I'm going to do now is quickly walk you through some of the key findings from the survey that we conducted with the Association of Health Care Journalists. I want to thank, in particular, Trudy Lieberman and Len Bruzzese for their help in making this project a reality and also the indefatigable public opinion group at the Kaiser Family Foundation.

The survey was conducted among members of AHCJ by email in September and October and a total of 256 respondents completed the survey. One of the first things that we wanted to find out from respondents was simply well most AHCJ members think that they and their colleagues and the news business, as a whole, are doing today at covering the health beat.

Overall, I would say that respondents give basically a passing grade to the news media's coverage of health, 51-percent rate it as fair, 34-percent say it's good, and 14-percent say the quality of coverage is poor. This is not too different from how they assess other beats in the news media as

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well. So you have the complete survey in your folders there and you can see it's not that far off from how they think they do in covering the economy or education and so on.

Now the health issues that AHCJ members think get the best quality of coverage are the consumer and lifestyle health issues where 56-percent say the coverage is either excellent or good, medical research and science, and the business or economics of health care. The topics that are lowest down on the quality list include health policy, the quality of health care, global health, and health disparities.

Not surprisingly, given the incredible economic turmoil that that country and the news industry in particular are going through, nearly all respondents say that the bottom line pressure in newsrooms is seriously hurting the quality of health journalism.

So for example, 40-percent of the staff journalists in the survey say the number of health reporters at their organization has gone down since they've been there. In fact, one in 10 respondents say that they personally have been laid off from a health reporting job because of downsizing in the past few years and 39-percent say it's somewhat or very likely that their positions will be eliminated in the next few years. So there is not a lot of security on the health beat to say the least.

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One thing that's interesting is that the amount of coverage of health and number of health-related stories has either increased or stayed the same for most of the respondents in our survey. So there's more work, not necessarily longer stories, in fact oftentimes shorter stories but the same or more number of stories and assignments that reporters have to cover, more work with fewer resources and that is not necessarily a recipe for success.

When we asked our respondents what are the most important elements that go into good quality journalism, nearly 90-percent listed time as one of the top two ingredients, having the time to adequately research and report a story. All of the trends in the news business today are working against people having enough time. A majority of the respondents said that the time that they have available for reporting a story is getting worst. Two-thirds of them said that the pressure to do a quick hit story is getting much worse in recent years.

So what happens when you've got the same amount of coverage or more, fewer staff and resources, and more pressure to produce stories quickly? What can happen is that you get journalists reporting stories right off of news releases without doing any additional reporting of their own. That's something that 44-percent said happens either sometimes or frequently at their organization.

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You can end up relying more and more on PR firms for your story ideas. About a quarter of respondents say that they do that somewhat or very often. When the financial pressures are as bad as they are in most newsrooms today, you also run the risk of letting sponsors and advertisers influence stories. About one in 10 in the survey said this is something that happens sometimes or frequently at their organizations.

The main conclusion that I take away from the survey is that the turmoil and the cutbacks that are roiling the news business today are exacerbating challenges that health reporters already faced, how to be accurate and balanced, how to be on the lookout for financial interests trying to influence your reporting.

So today with fewer reporters, less time for reporting the story, fewer resources for training, more pressure to produce short, quick hit stories, all of this opens the door for less careful reporting and more influence from industry and from interest groups but somewhat surprisingly, even in this tough climate, most AHCJ members have a more optimistic view of the future of health journalism than they do about journalism overall.

So as you can see from the top bar in this chart, only 25-percent or less than 25-percent of the respondents in our survey say that journalism, in general, is going in the right direction in this country but even in the face of the real

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crises that so many newsrooms are operating under, a narrow majority of respondents say they think health journalism is going in the right direction. An even greater proportion, two-thirds, thinks health care journalism at their own organization is going in the right direction.

I think this speaks to a few things. First, while the audience for news is declining at most institutions, the demand for health news in particular remains strong. So I think there's a sense that whatever happens to the news business as a whole, there will still be a market for news about health whatever the platform or format that may take.

Second, I think that there are a lot of health reporters out there who feel that despite all the cutbacks and the challenges that they face, they're still seeing a professionalization of the field of health journalism. In fact, despite all of the economic and other pressures, respondents were a lot more likely to say that the quality of health news at their organization has improved over the past few years than say it's gotten worst.

Now if you read Gary's report, you'll find a lot of other very eloquent and articulate health journalists who say the opposite. So I think there is a real division of opinion here. It's obviously something that we can have a good conversation about with the panel that we've got here today. People may disagree with the assessment in the survey. They may

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disagree with how I'm interpreting the survey but I think they'll make good fodder for conversation. So without further delay, I will turn it over to Kaiser Foundation Vice President and our Senior Communications Advisor, Jackie Judd, who's going to moderate the discussion here today. Thanks.

JACKIE JUDD: Thank you. Thank you. Good morning everyone. So Gary let's start with you. As Vicky mentioned, you authored the report for the Foundation about the state of health care journalism. What are the highlights and spend a few minutes, if you would, on these kind of seeming contradictions that Vicky mentioned.

GARY SCHWITZER: Sure. Jackie, it was a buzz kill for me. In order to have a buzz kill, you have to have a buzz. So the buzz, and here's my credit to the Kaiser Family Foundation in supporting this effort, I think this is an appropriate role for a foundation to pull together the literature search of more than 100 publications in the scholarly academic publications, in consumer publications, and things that people like Trudy and I have written over time about the state of health journalism to afford me the opportunity to conduct what had to be more than 50 hours of in-depth interviews with about 50 health care journalists across the country and then finally to do the survey that Vicky just summarized for you. So that was the buzz to have this opportunity.

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The buzz kill comes in in those 50 hours that I spent with people, smart, dedicated, caring, hardworking health journalists who told me time and time again that they were not able to do any longer in their news organizations the good work that they felt they were capable of doing. This was coast to coast, all media types, all market sizes, all experience levels of journalists.

I think, from a public policy and public discussion perspective, this is the strongest of warnings to editorial decision makers, to the owners of news organizations, to policy makers, and to news and health care consumers. I'm just going to review in quick hits, some of what you just heard from Vicky what the 94-percent who say that bottom line pressures is affecting the quality of health care news, the almost 90-percent who think we're getting too many quick hit stories and that that trend has gotten worst in the past few years, the more than half who say that there's too much coverage of consumer or lifestyle health issues.

As many people, the journalists told me in the interviews, we have too much cutesy, soft, fluffy featurey news and not enough, as the survey shows, of harder issue-oriented health policy stories, stories about quality and about disparities and access.

While that one pie chart figure may have only shown 11-percent of staff journalists saying that their organizations

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sometimes or frequently allows advertisers, sales staff, or sponsors to influence story selection, that is a very troubling figure to me. I find that glass much more than half empty. I don't get much solace from the majority who say that doesn't happen. In fact, the 21-percent who say it rarely happens, it's still happening.

So I sort of wrap this up that on the even of what may be the most important health policy discussion that we've had in this country in about 15 years, we're covering these topics less frequently and instead, we're covering, as journalists said to me, more cutesy, soft, fluffy news you can use or you might think of it that our news organizations often, often make it seem like they felt that we did a lot, of top of that one bar graph, research and consumer stories.

Well it can feel, in many weeks from many news organizations, like every medical journal, every scientific presentation is like Christmas Day with toys under the tree that are terrific, have no side effects, and have no price tag associated with them.

Mean time, there are hardworking members and with disclosure here, I'm an active member of the Association of Health Care Journalists and was a two-term board member so these folks and this is what hit me in the gut as I conducted these interviews, they know that the themes of more is not always better, newer is not always better, screening tests

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don't always make tests, that evidence-based wisdom of so many of the people who we've invested in in the past and who've invested their time and efforts is being lost.

The discrepancies and there were some between the one-on-ones and the survey, it's a little difficult for me to account for. I'm not a survey researcher but I'll be a nickel psychoanalyst here. I think that when you get someone on the phone for an hour interview or more, you open up and say some things that you don't even say in an anonymous survey. I don't know if we have science to back that up but that is my belief. We had a discussion about this. There is no denying the depth and the passion that I felt in those interviews.

So in a nutshell, the concern, the huge red flag here is that if the changes in the industry are leading us to a future that is pressuring people to do things more quickly, more simplistically with one single source and no time to look at potential conflicts of interest in that source, that is not a path that is going to lead to an informed electorate, an informed patient population, or an informed consumer population.

JACKIE JUDD: Thank you. You've managed to depress us all [laughter]. Trudy, I'd like to know what takeaway messages you see in the survey and also if you could spend a moment on this really intriguing finding that Vicky pointed out and that is despite some of the disappointing news in the survey, there

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is this relative optimism about health care journalism and its' future.

TRUDY LIEBERMAN: Thank you Jackie. First of all, I want to thank the Kaiser Family Foundation on behalf of AHCJ, Len and I have been very pleased to work with Vicky over the past year on this to find out more about what our members are thinking and how this can translate into wider audiences. So we really appreciate this opportunity, Matt and Penny and everybody else, to do this.

I have several thoughts that I want to relay to you that I took away from this. The first is that the problems that haven't been enumerated in the survey are really problems that all journalists are facing today. Newsroom cutbacks affect environmental reporters. They affect consumer reporters. They affect food and fashion reporters and everybody else. Also the lack of depth in stories, I think, is also endemic to what's going on in newsrooms.

The lack of training, I think there's been cutbacks in training all along the line and one of the advantages of sort of being the elder statesman of this business right now is that I can remember the days when I was at the Detroit Free Press that one could go and spend several days in Lansing, Michigan at the Insurance Bureau learning everything there was to know about insurance.

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Now I can't believe that many newsrooms these days they give a reporter that luxury. So I think training has been a real issue. The advertiser influence has always been a part of the news business since the very beginning of time really. Perhaps it is more accentuated now as things are getting worst. I'll talk a little bit more about that.

I think the extent to which the health sections that were so prominent in newspapers over the last 10 or 15 years, to the extent that they are disappearing and we know that they are disappearing and they're disappearing, perhaps, because the advertising has disappeared that supports them. so I think that may be common to health journalism but many of these other issues are not.

Now despite all of these problems and to get to the question that Jackie asked is why are we seeing this streak of optimism among our members. I think the answer is and the survey that 52-percent said things were really going in the right direction. This survey, you have to remember, was taken six months ago.

So perhaps things are not so rosy now but I like to think that her members really believe in what they do and they've come to this with a great deal of passion and dedication and belief that this is the right thing to do for the public. They keep the public in mind always. The public is

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in their minds in terms of their reporting, which is what good journalism is all about anyway.

I think that they try to look at the bright side of things even when, in their own newsroom, things might be a little rocky below. I think genuinely in some news organizations, things really have been pretty good. I think the question that deals with the quality, many reporters say that the quality of health journalism is a lot better now than it used to be. As someone who began covering health reform in 93-94, I can also agree that, in general, the quality of the coverage on some of these issues is better than it was when I first started looking at this stuff.

Another takeaway point is the lack of training. This came through loud and clear that our members reported that they were having a great deal of trouble having training opportunities and getting the time off to learn this very complicated system that we all live under. I think that was sort of a wake up call in a way. I mean we always sort of knew that was there but we didn't realize that the depth of it was so deep.

I think the takeaway for us at AHCJ is that training, training, training is everything and that we will be doing a lot more. One surprising finding here for me was that our members seem to want more training in the business and economics of health. I guess on the surface, this is surprising

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but on the surface, if you dig a little deeper, it's not surprising.

The American health care system is all about business. It's all about making money. I think that journalists realize that point. What they want is to know how it works. They want to know how drugs are marketed. They want to know how biotech firms come up with new products. They want to understand risk selection and insurance. So I think we, at AHCJ, are going to be working a lot harder on this issue.

One thing I do want to mention here is a need to marry some of these concepts in journalism with one another. I think we're thinking too much in silos about what health journalism is. Is it consumer journalism? Is it health policy? Is it health politics? Is it business? Actually all of this really blends together. I think the challenge for us at AHCJ and for others interested in this is going to be how do we really marry a health policy story say with a consumer story?

As many of you know, I have also turned out to embrace the new technology and I blog several days a week for CJR.org. One of the things that has really struck me in the last month or so with all the stimulus package provisions that deal with health and COBRA and Medicare Advantage and all of that stuff is that if you take it on its' surface, the whole discussion was really a health policy story.

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What's going to go in this package of money that's going to be spent but as I've read the comments that have come to me on the blog and to me in emails, I realize that people are really looking for the takeaway, what's in it for them. What does this mean to them? I found myself giving advice on the nuances of COBRA, which I am calling labor attorneys to help people out, which I didn't think I was ever going to do but that seemed to say to me there is a hunger out there for more information that tells people how all of this works for them.

A couple more points. Like Gary, I was very concerned about the advertising pressure numbers that we saw in this survey, 11-percent say that they often are dealing with sponsorship and so forth that deals with newsrooms and what they can do and influence other stories. In preparation for a panel I'm going to do with the AAMC in a couple weeks, I'm working with a PR person from a hospital. He was telling me the other day that we're going to see a lot more influence coming from sponsors in terms of the news business.

There will be, they believe that they're going to capitalize on this turmoil that's going on in journalism these days and see this as an opportunity for more of these kinds of sponsorship. I know this isn't going to gladden Gary's heart.

The other thing that was disturbing to me was that 28-percent of our members get their story ideas from marketing and

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public relations people. I'm sure that the PR people in this room would probably find that really good. From a journalism point of view, I'm not so sure how good it is because we try to teach, at least at CUNY, we try to teach our students that there are other sources of information. The survey, if you read it carefully, does show that reporters go to other sources of information.

The final point I want to make is this confusion. I read this several times in the survey trying to figure out what was going on in here. Our members seem to say that the amount of space and effort given to consumer stories and medical research stories is about right that there are a lot of stories done in these two categories again.

The other thing that we see in the survey is that our members say that these stories are done very well. They seem to think that the quality of those stories may be higher than they are for say health policy stories or business stories or health politic stories. I thought about that for a minute and I was wondering whether the journalists who were responding were sort of confounding these issues.

Then I realized that well maybe because these two categories are so numerous that there are so many stories in them that they're equating quantity with quality. I just want to throw out, based on my observations over the years, is that the quality of the medical research stories is really not all

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that good. Gary has talked to that and Gary's whole news operation is dedicated to trying to improve that quality. So I'm not quite sure where that comes from.

On the consumer side and I think I can speak here from some experience since I started my career as a consumer reporter and really in some ways, never left that niche, the quality of the consumer journalism, the QC anecdotal stuff that we seem to say we don't really like so much, the reporters don't like so much, seems easy to do. So maybe that passes for quality but I can tell you that writing a good consumer story is very, very difficult. That is not a matter of five quick tips that might be provided for somebody. Somehow that passes for good journalism.

So I'm kind of concerned here about what is meant by quality and in a way, I take it as a challenge for us at AHCJ that we need to work a little bit more on improving those two categories.

JACKIE JUDD: Thank you Trudy. January, I want to turn to you. You have had the unique experience of being a full-time journalist for only the past five or six years, which means you've only known this state of transformation and upheaval. How has that affected your ability to be the journalist you want to be in both positive and negative ways?

JANUARY PAYNE: Thanks Jackie. I also want to start off by just thanking Kaiser for having this forum today. I do think

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that it's very important and yes, having been in the business for the past five years, I have actually witnessed quite a transformation even in those five years. As I entered the business, we were still writing those long, long stories that really examined treatment and looked at quality of health care. We were doing that pretty frequently.

As a reporter for the health section of The Washington Post, I was doing stories like that once a week that might have been 1,000 words to 2,000 words. Today that's no longer the case for me. I've since changed jobs. I'm now at U.S. News and World Report, which has also changed significantly just in the past year and a half since I've been there. When I started, just to give you an illustration of how it's changed, in 2007, October of 2007, we were still a weekly publication at that point.

We had a website, of course, and published our stories to the website but we're still a weekly publication. We still have the magazine coming out every week. Today we are now a monthly. So health stories are not necessarily in the magazine every month, which means that most health stories are now going to our website.

So it's changed so much and the priorities, as a result for the journal involved, have also changed significantly just as they have at all news organizations. So everything that we've heard today, it really hits home for me because the quick

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hit stories, the web stories that is kind of our life as a journalist. You can't not do those stories but then they also tell you, your editors will tell you that they want you to still write longer stories. The challenge is where do you find the time to do it all?

You can write those quick hit stories and unfortunately they are often the three ways to do this, the 10 ways to lower your cholesterol. I know that we joke about it and honestly, it's not that we like writing those stories necessarily, it's what people are clicking on on the Internet.

Right now because of declining print revenues, we're trying to get more money out of advertising from the Internet. So they are analyzing over and over again what do people tend to click on the most when they're looking at news bytes. Guess what? They click on 10 ways to lower your cholesterol, three ways to fight heart disease. That is what they click on. So that is why you see so many of those stories.

So the challenge for us is to figure out how to find the time to write stories that balance out those other quick hit, three ways to do this, 10 ways to do that stories and still do the harder hitting stories, the stories looking at quality of health care, the stories looking at racial and socioeconomic disparities. That's a passion of mine that I don't get to write about often because there's just not a demand for it.

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Consumer health is what's being pushed these days because that is what readers, at least what our editors think, readers want. So it's a challenge to pitch policy stories. It's a challenge to pitch disparity stories. There kind of has to be some sort of consumer perspective like an obvious consumer perspective in order to get editors interested in it.

So I know there are a lot of public relations people in the room and I think that the good way for us to use what public relations people are giving us is not necessarily to take the stories that we're getting press releases about and turn them into stories. I think that's a very just bad thing to do that and not do any independent reporting on your own but to help it inspire you maybe for different ways to pitch stories to our editors so that we can get more coverage of various topics.

So to answer your question, in a nutshell, yes it's only been five years but it has changed significantly just in those five years.

JACKIE JUDD: When you do make the sale to an editor for a long, exploratory piece, do you get the time that you need since you are only publishing the hardcopy every month?

JANUARY PAYNE: That's a good question. We don't get the time that we used to get, which was you had time to sit down and think through the story, to think through who absolutely are the best people to talk to, to really dig into what

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research has been published on the topic that you want to write about, which helps you find names of people to talk to, to just kind of take a step back, which helps you to produce your best work.

When you have time to step back and know you really don't have time to do that so much because if you're not actively working on that story, in other words, if you're not on the phone doing interviews, if you're not writing it. You just have to be actively involved in it and if you're not then you should be writing that quick hit web story that they also want. So it is a challenge and you do not have the time that you once had or that I even had a few years ago.

JACKIE JUDD: Gary, a quick comment before I move on to Jonathan and Laurie.

GARY SCHWITZER: Good read. Thank you. You caught yourself very appropriately when you said that consumer health stories, that's what readers, pause, at least that's what our editors think people want. one of the people that I interviewed was really powerful about this, making the point that if you put up an interactive quiz or a poll on a website with 10 questions, that is probably going to end up in 10 hits. So if that's the kind of market research that's feeding this decision-making, I'd suggest that it's very flawed. I think it is to a large degree.

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JACKIE JUDD: Jonathan, you straddle both worlds, the blogosphere in more mainstream media as well and I'm wondering if we could talk about the blog for a few minutes. What is the value of it? What do you get to report and write and ruminate about in the blog that you wouldn't in a more traditional outlet? What's the value?

JONATHAN COHN: The value of the blog, that's a good news, bad news question. I actually think there's positive value and negative value to the blog. Matt referred to me as young, which I appreciate. I do. I am old enough that, first of all I have a 10-year old who already knows more about the Internet than I do [laughter] but I'm also old enough to, like Trudy, I was around in 1993 and '94 covering, well I wasn't covering at the time really but I was following the debate over the Clinton health care plan.

Actually when you want to know about the value of the blog, I'm drawn to say it happened very recently. I don't know how many of you are following this but a couple of weeks ago during the stimulus debate, there was a woman who was a fairly well known expert at a think tank who wrote something for Bloomberg about the stimulus package and claiming that, it buried deep in the pages of the stimulus package was a provision through which the government was going to take over your health care and deny you lifesaving treatments, etc., etc., etc.

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For those of us who followed the 93-94 debate, it was a bit of a flashback, a fairly nightmarish flashback because the woman that actually also appeared during that debate, her name is Betsy McCoy, famously the author of an article, which I'm sorry, it actually first appeared in my magazine, The New Republic, we've since apologized for it, in which she went through again the pages of the Clinton health care plan and found all sorts of things that she said were off about the Clinton health care plan and it was going to actually do the very same things.

It was going to take over your health care. You would die prematurely because you'd be having a heart attack and there would be no hospital to go to, which by the way, happens today already but we'll leave that aside.

Anyway what makes this relevant to the blogosphere and blogs is that when she did that last time, when she put out these misleading statistics, they kind of hung out there for a while and they continued to define the debate going forward. What was so fascinating to me this time was the fact that within hours of her publishing this all over the Internet, various people and I was actually one of the later ones to this, were writing about the fact that what she was claiming was factually incorrect.

Within hours after that, people were reminding people and, by the way, this is the woman who was telling you all

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those misleading things last time. Now the media being an echo chamber, she still ended up having her claims repeated on the Rush Limbaugh show and etc. and to be clear, I don't want to be making an ideological argument here.

I think they're perfectly rational arguments you could have made against the stimulus package or against those specific provisions but it wasn't long before the blogs had pounced on this. That fed its' way into the news media chain and it was on TV and actually looking back, I think the media did manage to correct for that. At the end of the day, if you were following this debate and you were paying attention to it reasonably wide swath of commentary, you got a pretty accurate picture.

So when I think about the value of the blog, the first thing is the immediacy and the voices it brings into the debate and I feel like I have an opportunity as somebody who has followed this and has some institutional knowledge to jump in and not only to jump in but to have a very wide audience, very, very quickly.

JACKIE JUDD: Who is your audience?

JONATHAN COHN: Well that's a very interesting question. I can't tell you exactly who the audience. Well actually I can tell you who the audience. I think of myself as writing for two audiences. One are readers of just general readers who come to my blog and the numbers kind of shocked me. actually this blog

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I have is about three months old now and it's brand new. We get 15,000 visitors.

We were recently going through the circulation figures for The New Republic, which is the magazine I'm at, obviously it's not just a health publication but I was sort of shocked here. Like everyone else, our circulation has been falling over the years although we've sort of stabilized it around 50 or 60,000 people but in an average month, we get well over, I'm not sure if it was two million or three million to our site. That's an enormous, enormous reach. So you really can reach a lot of people but there is also, as I said, I think of there's a media bloodstream.

Something I write has a very good chance of being seen by somebody who writes for ABC News as a procedure there or is on CNN or is at The New York Times and it spreads quickly. There's is actually something, I would like to think meritocratic about what gets picked up. If you have something new to say and if it's something that can be backed up, it does tend to get repeated by the sort of more respectable voices out there.

That's not to say there's not a downside to that because there are also a lot of very loud voices that will just repeat anything. So it's a good and a bad but I feel like the value of the blog is that number one, the ability for immediacy and to reach, there is also an ability to kind of wonder if

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you're in the right place. I can talk about, a little earlier, like how unfortunately increasingly rare this opportunity is but if you have a blog, you have a lot of control. I mean a blog is impulsive. It has a wandering focus typically.

JACKIE JUDD: Does it go straight from your fingertips out or is there an editor in there?

JONATHAN COHN: Yes it does. No, no. I mean it does in my case and it's funny. When we started the blogs at The New Republic, like most traditional publications, we have a magazine where we edit, any article gets edited twice. It goes through fact checking. We try to be very rigorous about it. we don't always succeed in being so rigorous about it but we certainly try to be rigorous about it and when we started the blogs, there was a whole assignment editing procedure for it.

It was great. Our blog items were appearing about a week after the news happened and everyone else had already moved on [laughter]. I said okay, this isn't going to work. We still, actually for our junior writers, need to have everything edited and approved but for a senior writer like me who's been around, there's an implicit trust that okay, I'm not going to embarrass the magazine. I'm not going to get us sued and I'm not going to say something wildly off base.

So that is good but the flipside is there is something very dangerous with the idea that a thought can occur in my head and be out in the real world in about five seconds. I've

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often thought, I think Google has a feature to test for inebriation where you have to do like a simple math problem [laughter] and don't drink and blog. In fact I've actually had occasions where it's been very late and night and I've blogged something and then I woke up in the morning and I said oh God, what did I do.

So it is interesting-

JACKIE JUDD: Could you pull it back? I mean once it's out there, it's out there.

JONATHAN COHN: Well I should say you can't pull it back because once it's out there, Google has it. The world has seen it and you're stuck except, and this is, I do think a virtue of the blog, which is it is okay to admit a mistake and correct it. My favorite six letters in the English language are update [laughter]. I was recently informed by somebody who knows a lot more than I did. I was completely wrong last night. You can do the little strikethrough feature also.

So I think it's important if you blog successfully, one of the things is to acknowledge then to have that kind of tone. One thing I've always learned is when blogging, don't pretend you know what you don't know. It's okay to say so this happened three hours ago and I see everyone's writing about it. So I'm going to write about it too, to be honest, I'm not really sure what it means but I seem to recall reading this before and here's a report.

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You can go find out yourself and I'll come back in a couple hours and do some more research but I don't want to be all Mr. glass half full guy here because I don't want to be left out with the other panelists [laughter].

JACKIE JUDD: Feel free.

JONATHAN COHN: so I mean I will say I mean when people ask me what do you worry about with the logs, the biggest thing I worry about is the loss of institutional knowledge and accountability from editors. I'm a big believer, I mean I'm an old fashioned journalist. I started writing obituaries and cops [misspelled?] of daily newspapers and I'm a big believer in the virtue of what Trudy was talking about with training and with editors who check your work.

That does not happen nearly enough and that, I worry, is what is increasingly disappearing with the dwindling of resources. What we need to be thinking about is how do you take advantage of the good aspects of blogging, the ability to do that kind of work without losing that expertise, without losing that accountability and that check. I think that's really the challenge going forward.

JACKIE JUDD: Great. Thank you so much. Laurie? Quickly. Quickly.

TRUDY LIEBERMAN: Very quickly. I just want to, one post-script to the Betsy McCoy thing, we blogged on it at CJR very quickly and took off on what CNN did because CNN didn't

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identify or explain who Betsy McCoy was. So we gave CNN a dart. Here in the past what would have happened is we would have picked that up and two months later, we might have written a story about it for the magazine. So the immediacy thing is absolutely great and then we got tons of people commenting and understanding what CNN had done wrong.

JACKIE JUDD: Thank you. Laurie, my colleague, you left one of the pillars of mainstream journalism after many, many years at The Wall Street Journal and you've now joined a new model for journalism and that is the creation of the news organization inside the nonprofit organization. Why did you make the leap and what are the goals?

LAURIE MCGINLEY: Well maybe I could start for a minute to talk about a few things that actually did not enter into my decision to leave the journal. It was not because of Rupert Murdoch. It's true that when he bid for the paper that people went into a huge panic but I think by the time we had all read and written the stories about the Bancroft family and how they were actually managing the paper that people came to see Rupert Murdoch as somewhat of a financial savior which he, in fact, turned out to be.

You can argue about the changes that they've made in the paper and they've made a lot of changes. They've made it much more news-driven and less featurey. It looks more like the Financial Times than many people would like but the truth is if

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he hadn't come along and pumped a lot of his news corp money into it, God knows what would have happened to The Wall Street Journal. We hope that he lives for a long, long time and takes care of the people over there.

Also I have to say another thing that didn't really enter into it was my general concerns about journalism in general or in health care in particular even though obviously things were swirling around and I was concerned about things.

I had made the decision really last summer and it wasn't until this fall that things really seemed to fall apart in terms of advertising the economy and newspapers. So why did I leave? I think it was because of Matt James' terrific idea and Trudy's terrific idea. I was ready for a change. I'd been at the journal for 27 years. I had been at the Washington bureau the entire time.

I had literally done 12 or 13 different reporting and editing jobs and I'd been thinking for a while that it was really time to get my act together and pick myself up and try something different.

So the idea of trying something in nonprofit journalism on a website, trying to do partnerships with newspapers, getting back into health care journalism, which I had gotten away from because I was editing economics at the end of the journal, which was very interesting but incredibly depressing as you can imagine. That was all really fascinating to me and

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it has turned out Peggy and John and I have discovered it is a fascinating rubric's cube that we're trying to put together here. It has been very, very interesting.

I think you have a pretty good idea of maybe from what Matt said about what our goals are, we're going to try to produce high quality journalism on not only on some of the developments in Washington and in the state capitals but also in the hospitals, in the doctors' offices, within the employers, what's going on, try to describe trends as they come up.

I would suspect that much of the coverage would be supplemental. We're not trying to be a wire service even though we call ourselves a news service but we're not trying to be a wire service. We're not trying to replace AP or The New York Times service or The Washington Post service. This is going to be a small staff and there's now way that we can do that. So in many cases, we will probably be supplemental but I think that it's important supplemental coverage.

It goes back to what Trudy was talking about, which we've also discovered in our discussions with editors around the country, which we're starting to have, which is there's a real interest in getting what I would call kind of translational stories that tell the consumer what is going on, what are people talking about, what does this mean? If you have

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a public plan, what does that mean? How does that affect them?
If you have an individual mandate, what does that mean?

So you're not talking about the oversimplified consumer stories that some of us aren't so crazy about. You're talking about things that are actually, as Trudy said, can be very difficult to pull off. If you do it well, they provide a real service. So that along with other in-depth stories is what we're going to try to do.

JACKIE JUDD: Okay. Thank you. It's obvious that everyone in this room, everyone in the panel believes that health care coverage is important but I think for a moment or two, we need to have an explicit conversation about the why does it matter question. So January and Jonathan, I'd like to ask you each quickly if you could cite a report that you've done that's had an impact on your readers.

JANUARY PAYNE: Sure. Is it okay if I start? I would say well it's hard. It's a toss up between two but I'll go with the more recent one that I'm thinking of. I recently wrote a story about Black women and HIV. The CDC has released a number of updated figures on HIV and AIDS in the past year or so where they've been able to use more updated technology to show that the problem is worst than what we thought particularly in minority communities. Black women specifically are disproportionately affected.

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So I actually got to write a long feature story, kind of examining it. It's one of those stories I'm most proud of and I would say that I've picked that one as far as why it matters because it's an issue that is not examined that frequently in the mainstream press specifically in regard to Black women.

So I did get a lot of response. That story got a lot of comments, you all know about the comments feature at the end of news articles, from people who appreciated the issue being explored and looking into the reasons why it may be that Black women are disproportionately affected. So that would be my example.

JACKIE JUDD: Jonathan?

JONATHAN COHN: So well I mean I the example I'm going to take is one, it's a policy piece I wrote so in the sense that it affected people, this is not one that so much reached readers and it affected people's lives directly so much as it affected a policy debate that I think may have-

JACKIE JUDD: That's important.

JONATHAN COHN: Well God I hope so [laughter]. It was actually back during the controversy a year and a half, two years ago, again you people may remember this, over when the Democrats, this is when President Bush was still in office, over whether to extend the State Children's Health Insurance

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Program and there was the controversy over the boy in Baltimore and his story.

That was a funny debate too because that really was tied in to what's good and bad about the Internet. I don't know if people remember this story. This is the one where the little boy who was on SCHIP had gotten up and given the radio address for the Democrats and within a week, a sort of media storm fell upon him and his family and they were going through well his family's actually pretty rich and they have three cars and he's going to private school. Why are they getting government insurance?

Again, to be clear, I argued both the pros and cons of what the Democrats we're trying to do and I guess I don't want to be making an ideological argument here. What I ended up doing, I knew a lot about SCHIP just from my past writing. So the two things I knew instantly were number one people didn't understand what the program was or what it was designed to do but it was also clear even just from the thumbnail sketch of this kid's story, why a family like that that was not affluent but was lower middle class might not be able to get health insurance on its' own.

Anybody, I think, who followed the health debate knew that. So I was able to write about that a lot very quickly with some long stories. I was able to get some background information on him. I found out later that the pieces kind of

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found their way into the bloodstream and you find out that members of Congress are sending them around and they're using them. That influences the debate.

What was so interesting, to me, about it was the extent to which you could use the blog to kind of hammer away at something you cared about and to revisit a story over and over again. There was a conversation that was starting to take place among people writing about this on both sides. So you actually had both enlightenment and interesting intelligent discussion going forward.

It was, in some ways, it had started off as the Internet at its' worst. It was people who really didn't know what they were talking about saying some pretty horrible things. I mean there was a lot of name-calling. It was very vitriolic but by the end, I thought the end result was a fairly intelligent discussion that not only got at the truth of this family story but I thought made for very interesting debate at the end about the merits and flaws of this program and whether to have it. So I guess that's what I'd pick.

JACKIE JUDD: Great. Gary?

GARY SCHWITZER: Just another take on why this matters. This is something I've observed not in the course of this work but in my other life of being publisher of this healthnewsreview.org website that grades and evaluates health news coverage every day.

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It matters when journalists report on screening tests and the benefits of screening tests outside the boundaries of evidence. It has been shown that such stories will result in more people going in for prostate screenings, for cholesterol screenings, and perhaps they are not in a demographic for which there's good evidence to support that.

So if you wonder why we spend more than any other country on the face of the globe as a percentage of the gross domestic product and why we don't have the outcomes to show for it, this is one of the impacts of journalism that I think we should be concerned about.

Now back to this report and true to this report. If we don't give good people the time and the training if they don't have it to understand that there is a U.S. Preventive Services Taskforce whose recommendations you can find online in seconds that will tell you that there are questions about prostate cancer screening. There are still some questions about mammography screening in younger age groups.

There are questions about cholesterol screening in certain age groups but if you take the news release from the local hospital that has a free simple, easy weekend screening experience, you might be helping the health care industry and the coffers of that industry, you might be making your editors happy with the news you can use story, which you are not helping your readers or viewers.

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JACKIE JUDD: Go ahead.

JANUARY PAYNE: I just want to say one thing to follow up on what Gary just said. One thing that we're losing with the layoffs and the buyouts is a loss of institutional knowledge, which I just thought of while Gary was speaking because some of the things that you just talked about, I learned from experienced editors who were experienced in health and medicine.

I learned what the U.S. Preventive Services Taskforce is and never to write a screening story without looking at their website but we're losing a lot of that now with the layoffs and the buyouts and if we're also cutting back on training budgets then where are people supposed to learn these things?

JACKIE JUDD: Well Laurie, before I turn it over to the audience for questions, let me turn that question to you. As an editor, you probably worked with younger journalists. Where are they to learn these things? We've talked a lot about training but what other pieces are out there to help journalists seize this moment and really enhance the reporting that they can do?

LAURIE MCGINLEY: This is going to sound like I'm repeating what everybody else is saying but there's really no substitute for time, which is of absolute short supply everywhere. When I started on the health care beat at the journal years ago, it was not unusual to be able to go to

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conferences, a couple conferences a year if you could make the case that it was going to improve your knowledge of a situation.

Now, it's very hard for a reporter to go get permission to a conference without having the story proposal already approved, maybe a couple already approved, that they're going to execute at the conference. It's not necessarily coverage of the conference because maybe we wouldn't have wanted the conference covered but just to use the conference as a strategy.

So that, in a way, increases reporters' productivity and that's all good I suppose but what it means is that the reporter is not spending time wandering around and interviewing and bumping into 20 or 30 people that they then have some kind of serendipitous interaction with that might give them the best idea that they could come up with.

So I don't have an answer for that. I don't know where people, they're just making phone calls after phone calls but they're dealing with this double edged sword of technology where they're just racing from task to task to task.

JACKIE JUDD: And the beast needs to be fed as we used to say in the television newsroom. Yes?

GARY SCHWITZER: Very quickly and this is going to sound like a continued promotion and it is for the Association of Health Care Journalists and I know this is being webcast at

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some point, some very young journalists watching this, you will get more than the price of your membership back if you joined and simply lurked on the membership list serve of AHCJ. Every day, Jonathan you're on that, Trudy, I'm with January, I think you're on that.

So people on deadline write in saying I'm stuck and my deadline is today. I need help. Certainly within hours, many times sooner than that, they're getting great answers back from veteran people across the country with this.

JACKIE JUDD: That's a great resource but we're not going to put up the 1-800 number on the screen [laughter] when we webcast. Okay, first question from the audience. As Matt said no sermons. Please wait for the mics. Stand up. Identify yourselves and your affiliation. Let's start on this side. There's the lady with the mic who has a question. Oh my goodness. I've never encountered this. Here we go. over here and then you get the second one right here.

CHRISTINE STENSIL: Hi, I'm Christine Stensil. I am the Media Officer for the Institute of Medicine, which is a branch of the National Academy of Sciences. I've worked with some of you folks, I guess my comment or question is one of the things that I'm seeing with the changes in the media landscape is kind of this growth of some of these not-for-profit or independent news organizations, many of which have sort of an investigative journalism bend to them.

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That both interests me but also concerns me. My experience with these is there's the time. There are people who really dig into something and can really spend the time I guess maybe because they're not being as driven by the make money right now but on the other hand, I have found that some of these reporters tend to seem to have kind of their story in mind when they go in.

They're not objective. They're not applying some of these old journalism principles of open-mindedness, they come in to me, in some cases, they know the story already and if they're presented with information or facts that seem to contradict that line, either suddenly the story gets dwindled into a tiny little bit rather than a full story or something that, to me, doesn't seem to really represent all the facts well is what goes out.

As I say, I guess I'm seeing a bit more of these types of journalism outfits out there. I'm curious if any of the panelists have any thoughts about that element of the changes in the media landscape. Thank you.

JACKIE JUDD: Jonathan, do you want to take that?

JONATAHN COHN: yes. I'd Actually even go beyond that and say that one of the things I've observed is you have a lot of people reporting who just don't, I mean again, I'm sort of old school about this, there are certain rules for reporting. You identify yourself as a reporter when you call somebody up.

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If you print something, it should be sourced. It should be sourced by someone willing to be sourced. Sourcing is not so I was in the kitchen the other day, on the cafeteria line and I heard someone oversay this and maybe this is true, which sometimes happens on blogs.

You see lots of people and it's not clear well people, what's on the record and what's on background, what is a fact, what is an opinion. I think my sense of it is that historically what prevented that from happening was not the fact that you had better people. The instincts have changed over time is that you had editors who took young reporters and Ann said, no that's not how we do things and edited things and made requirements.

There were institutional accountability about that. The institution's name was on the line. The editor's name was on the line and the journalist's name was on the line. These were people who frankly knew they would lose their jobs if they got it wrong and that's what mattered.

So I'm coming back around to the same point we've all been making, which is I think if we're thinking of ways to fill the gaps, to change this culture, we need to build homes for these people that are homes about journalism homes not organizations that also do journalism.

Again I don't want to be like the Kaiser publicity agent here or anything but actually this is why I'm actually

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very pleased about the Kaiser news service and particularly the model you guys have developed, this editorial independence, which is really pretty far sighted I think and unusual but creating, if we're going to save what's good about journalism, we need to create homes and institutions that are about journalism that are dedicated to journalistic principles. I think you're right.

I hear what you're saying. I worry about that too. I think unless we come up with more institutions like this and not just in health, you're going to see more and more of that and frankly, among other things, there's going to be harder for people like me even though I'm in an opinion magazine, I'm a journalist. I play by those rules that when I call up, you're not going to want to talk to me because you're not going to trust me. We're all going to bite the hand that feeds us and it's going to come back to haunt us.

JACKIE JUDD: I feel like I do need to say though that the golden years aren't so golden in every respect because what you just said about reporters or alleged reporters coming in with preconceived notions of stories, that's been going on forever. Reporters in mainstream media are frequently accused of that and have been for decades. My sermon. Questions?

ELAINE MYADA: Two quick things. I'm Elaine Myada from Ketchum Public Relations and one of the things I've noticed several of my colleagues get quoted n stories now. A reporter

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will call them and just ask them questions and they'll think they're answering on background as a PR specialist. So one of the things I caution my colleagues against is if you get a call from a reporter, before you even answer questions, even basic questions, reiterate to them that you're PR person not a spokesperson and you can't be quoted because what's happening is, I think, reporters are so busy and so stretched for time, they don't want to go through a PR person to get to a spokesperson.

So they'll start asking questions and you aren't sure, you'll end up answering them and be quoted in the story and have no clue that that's what's happening.

Second thing I found interesting. Laurie that you mentioned, that journalists aren't getting to go to conferences, to some extent, unless they have a proposal on stories they're going to work on. One of my clients, a big health agency, is looking at doing roundtables for journalists around the country on specific health issues. we're trying to figure out what's the best model to really draw journalists and make sure that their editors and their papers see this as important.

January and Laurie, if you could just give me a sense of what things would appeal to your editors or your papers, Jonathan as well, to go to something like this and to get specific information on a health issue or topic.

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JACKIE JUDD: Are you offering to pay for the reporters to come to the conference?

ELAINE MYADA: Well it's going to be local so it's for reporters locally in their specific area.

JACKIE JUDD: Okay. Okay.

JANUARY PAYNE: I think the Food and Drug Administration does a monthly roundtable. Someone in the room might know but the way that they do it and while I've never been to it, I know a bit about it is to have someone, I think it may even be the Chief of the FDA who meets with reporters monthly locally here.

So the reason I mention that is to say that if you have someone who is notable, I don't know what the organization involved is but in order to convince our editors to give us the time to go to this roundtable, there has to be somebody there that is worth it for us talking to that could likely contribute to a future story. Otherwise, the editors are not going to be interested in allowing the reporters to go.

JACKIE JUDD: Free food [laughter]. That's why we always said free food here at Kaiser [laughter]. A question on this side back there, yes?

DAVID SHAPINSKY: Hello. This is David Shapinsky [misspelled?]. I'm with O'Connor Blota & Associates [misspelled?] and Jackie and I used to work together. I can attest that the golden days were not golden but I wanted to ask a question about Twitter and microblogging.

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I recently, because of my interest in the new media, found a local news organization, which probably did the right thing in this particular case, they were covering Mumbai, the terror incident in Mumbai, by broadcasting their analysis of what was coming across Twitter.

As many people know now, Twitter was, at that time, filled with accounts that were constantly changing and so on, some of which were wrong, some of which were right but they were using this to follow and give people information. The question is, is there a place for microblogging as a source for reporters or is it a way, some tool that can be used by reporters in the future of health care journalism?

JACKIE JUDD: Trudy, do you want to take that one?

TRUDY LIEBERMAN: I can try although I have not embraced Twits and Tweets and all that stuff yet despite that I work in a very converged journalism curriculum. Peter Oskinetz [misspelled?], who's here in the audience, was just showing me something on his Blackberry today about how the FDA is using Twitter and I was really quite impressed with that Peter. Thanks for doing that, showing how they're monitoring the recall of the peanut butter.

As I was looking at that and finding and he was showing me where there was a grocery store somewhere that had it on their shelves and so on and other people were calling in about their experiences with peanut butter in 140 characters or

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whatever it is, I thought gees, this is really good stuff. As I remember covering recalls and how difficult it was and this was like 30 years ago to track anything down, I think it can be a great help to journalists. I think we have to recognize its' limitations, 140 characters, but just imagine where that peanut butter is being recalled right now and being able to call up that store and putting it into your story. So I can see a lot of use for it down the road.

JACKIE JUDD: Thank you. Is there a question on this side? Yes, just wait for the mic to come to you, up here Tiffany.

DIANA MASON: Diana Mason, editor of the American Journal of Nursing and I have a follow up question about the woman from Ketchum and the roundtable and when you said free food Laurie, my question, nobody commented on the extent to which you would look at who is paying for and what is the agenda behind the roundtable. Could you comment on that and whether that's a concern and is being discussed?

LAURIE MCGINLEY: You mean in accepting the free food [laughter]? Obviously that's the key thing and I think January made the key point here is first of all, you have to have all the information of who's doing what and what is the motive and what is the purpose for the meeting and whether it's something that you feel is legitimate and transparent and something that you think that you can get something out of.

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The best way to do that is to have some legitimate speakers who can give you either leads on stories or even provide a new story that day.

JACKIE JUDD: Trudy?

TRUDY LIEBERMAN: I just want to say one thing. One's first inclination when we hear the representative from Ketchum say this is oh my God, it's just the industry trying to promote their point of view or whatever they want to say. So let's not do it because they're paying for it and blah, blah, blah.

I'm not sure I agree with that and I think one of the best places a reporter can get educated is from the industry that they're covering. Debbie Chase-Harrison came up to me today and she was someone I knew from my days covering life insurance and I recall that the way I learned about life insurance and health insurance and everything else was at the companies in the days when I would go to Hartford and sit at a company for a whole day and talk to everybody in the company about whatever, insurance, I learned the business.

I always tell young reporters that you have to be careful. They're not necessarily pushing a point of view but sometimes the pricing actuary at an insurance company is the best way to understand how that product works, likewise the marketing person.

JACKIE JUDD: Good advice. Yes? I'm sorry, I'm having trouble seeing here. Thank you.

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LESTER FADER: My name is Lester Fader [misspelled?] and I'm a freelancer for a variety of outlets including also CJR covering health care and other issues. I want to ask a question from the perspective of the young journalist that you have talked about.

Two questions, one is as a freelancer, one of the great frustrations I found on pitching health care stories is often you're dealing with editors who don't understand health care policy very well. Obviously, there's a very high bar where you're doing policy stories to make it intelligible to the reader but there's also an even more difficult challenge sometime to explain to a busy editor why a particular aspect of policy that may be very complicated is important to the readership in general. So I'd be interested to hear your thoughts on that.

The other piece is to pick up on some of what Trudy was talking about training. I spent the last year in a new program at Columbia Journalism School designed to take mid-career journalists and give them advanced issue expertise. Over half my class is currently unemployed.

There's a real feeling that if you take the time to get expertise not only does it not get you anywhere, it may actually make it harder for you to get back into the workforce and listening to Jonathan's story about the merits of people who remember earlier reform efforts, you don't have people who

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are coming in now, where are we going to be in 10, 15 years who don't remember this kind of thing. so I'm wondering if you could speak to that difficulty of the disadvantage of having additional training?

JACKIE JUDD: Laurie, why don't you take the first question on, I'm so glad you raised it, this question of getting through the gatekeepers, persuading the editor of a story and then making sure that the editor is educated enough to appreciate the story pitch. What do you do?

LAURIE MCGINLEY: Well I'm not sure how you, as a freelancer, can control the expertise of the editor. I mean I guess part of it is you try to pick your editors. You can't pick your parents but maybe you can try to pick your editors but it's-

LESTER FADER: [Inaudible] as well as I do. [Laughter].

LAURIE MCGINLEY: Right. So then no matter what range of, you know this probably better than I do being in the freelance world but whatever level of knowledge you're dealing with, I think there's some basics. I mean you have to do, I've been surprised, we're starting to get freelance pitches and I'm surprised by the number of freelancers who pitch very vague stories or I'm surprised by the ones who pitch stories that ask a lot of questions but don't answer any of them.

I'm surprised by the ones who don't do clip searches before they pitch the story. At the journal, we were absolutely

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maniacal about doing clip searches because if you proposed to a page one editor a story that had been in The New York Times or The Washington Post any time in the last five years, you'd not only got it thrown in your face but you got ridiculed harshly.

So I think it's worth the time to write a six-paragraph pitch letter and a lot of people don't do that. That would actually explain what the story is, why you should do it at this particular time, and how the story's going to be told but that's my old training at The Wall Street Journal and I'm not even sure they're doing that at The Wall Street Journal anymore.

JACKIE JUDD: Gary?

GARY SCHWITZER: Just very quickly but Laurie is one of the best and you may be talking about some of the great unwashed out there. I won't go through it but if you've not read the section of the report today about journalists, problems in dealing with editors, you should. It's really unfortunate that because of the economy, the American Society of Newspaper Editors cancelled its' annual convention this year. I would have loved to have carried this report, the report of the findings of our work on the healthnewsreview.org website to that group. Maybe we will next year.

Another group we haven't talked anything about, I know it's a pet theme of Trudy's and mine, Jackie it's the industry that you and I cut our career teeth in-

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JACKIE JUDD: I was thinking about that a few minutes ago.

GARY SCHWITZER: Television health news has become a vast waste-

JACKIE JUDD: Which is the source of most people's information.

GARY SCHWITZER: It is the vast wasteland that Newton Minno [misspelled?] warned us about years and years ago. So a very strong plea needs to be made to the Radio, Television News Directors Association about the harm and I mean that, the harm that I think is being done not the good in so much quick hit, incomplete television health news coverage.

JACKIE JUDD: There is a lot of coverage, I see, on TV about cutting edge technology, which I think is a little risky but I think that there's also occasionally, here I go, I'm being defensive, sorry, that there is reporting out there on the economics of health care policy and-

GARY SCHWITZER: When you see it, would you please send me it because I want to be fair [laughter].

JACKIE JUDD: Sure. Okay. Question here.

DEBRA EDELMAN: Hi, thank you. I'm Debra Edelman with Public Health Media. Actually I'm the founder and CEO of Public Health Media thanks to two decades as a journalist and then a doctorate in public health. so I second the comments made by the previous questioner and I just wanted to encourage my

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colleagues here to pay attention to the word care and the future of health care journalism that that in and of itself suggests a medical orientation and a particular perspective that is not all encompassing when looking at health and its' reporting.

With a doctorate in public health, I learned a lot of things that we don't see commonly reported because there's no profit in it. Public health gets about one-percent of the quote/unquote biomedical research dollars. The rest goes to biomedicine, to medicine, to things for which there is some profit and not necessarily the most effective way of preventing or treating health.

So on the other hand, public health is actually responsible for the major advances in health promotion and disease prevention in the last century. So just to point that out to be aware that we still, as much as we're focused on the future of health reporting, we're still very much limited by our medically driven orientation. Thank you.

JACKIE JUDD: Question up here, the lady in pink.

MEGAN JACOBS: Hi. My name is Megan Jacobs. I'm a former reporter for University of Michigan, Michigan Daily and the Jerusalem Post [laughter]. I'm currently a graduate student at George Washington School of Public Health and I'm curious specifically to Trudy, if you could speak to the role of academic journalism, specifically collegiate media, and how you

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can utilize people who are currently writing for free or for pennies and how we can train them to become better health journalists in the future without necessarily having to invest dollars in people who don't have those dollars to spend.

TRUDY LIEBERMAN: Well there are several program now, mine and Gary's, a few others where we are beginning to stake out some territory of training people who come to us to teach them about the things that Gary is concerned about, epidemiology and absolutely relative risk and some of the things that I care very much about, like health insurance. I think that these programs will begin to elevate the training of journalists before they get to Len and our conferences, that they will be able to understand some of these basics.

We hope that this training and these programs will give them a leg up in the job market. It will give them a specialty, something that they can sell to an editor and maybe they're going to start doing consumer stuff and maybe that's okay but I think that these programs will really become beneficial in the long run in terms of making or creating a workforce, if you will, in terms of covering these issue.

JACKIE JUDD: Are any of your courses online Trudy?

TRUDY LIEBERMAN: No, not yet.

JACKIE JUDD: January and then Jonathan.

JANUARY PAYNE: For young journalists, in particular, if you are still a college student or a graduate student even,

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don't forget that you can still do internships as well. There aren't many health journalism internship programs but Kaiser Family Foundation does have one and that's how I got into health journalism in the first place. I had no training in health journalism before that. So, as a student, remember that internships are still an option for you as well.

JACKIE JUDD: Jonathan?

JONATHAN COHN: Yes, I just want to talk about universities for one second because I actually think they have a very important role and colleges to plan this. My analysis of what's going on in journalism is actually a lot like what's been happening in health care where we're losing a cross subsidy that existed for a very long time where the profitable side of the news business, in effect, subsidized the non-profit but very important public service of journalism. I think that's what's vanishing right now.

Now when that happens, something needs to fill that role. Now one thing, the best thing I think, is creating these new institutional homes like the Kaiser News Service and you see those more and more but I think, at the end of the day, they're not going to be enough. I thought for a while, I'm waiting for universities to kind of step into this role in some way not just to train people because we're all talking about training people but why can't more universities have writers and residents? People who interact with the universities with

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the faculty, with the students and they can do some training. They can have that role. They can also be tapping into the knowledge of the university and, at the same time, actually generating content and putting it out there.

The catch is always, if you hitch journalism to any institution, you worry about the institutional bias but in the same way, Kaiser has created firewalls, I think universities, in general because of their traditions of intellectual independence, are reasonably well equipped to create those kind of firewalls.

So I would hope that going forward, there would be some enlightened colleges and universities out there that don't just train new journalists but maybe even get into the business of keeping writers as employees, as part of the university life who also do create journalism and are part of a sort of institutional body there.

JACKIE JUDD: Gary?

GARY SCHWITZER: Those people had just better have the usual burden of scholarly publication and committee assignments and all of that taken off of that. At the University of Minnesota, our graduate program does have a couple of online courses, somewhat to my embarrassment, it's on the public health side of the street. Our program's built on a very strong collaboration with the School of Public. So we encourage the journalism students who don't have that background, they must

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take epidemiology and biostatistics and those are offered online. The feedback from students is that it can be delivered very effectively online.

JACKIE JUDD: Okay. Thank you. Thank you all. I'm afraid we're running out of time. I want to give Jonathan the final word here though with this question, that is the next iteration, five years ago we couldn't have imagined the blogosphere, Twitter, and all of the other new models that we currently have or are seeing blooming. What about the next five?

JONATHAN COHN: Thanks for that easy question. I appreciate that [laughter]. Well I mean if I could see around the corner, I knew what would be there in five years, I'd take some money to Wall Street, where everything is very cheap right now. So I don't feel like I have the next new thing. I think we're just seeing acceleration of the trends we see. I mean I think things will be faster, more diffuse, more diverse.

I mean I guess this is the dystopian future but this, a million voices out there and the question is whether we find a way to navigate them. I think we're in the process of tearing something down right now, something's falling apart and that process is well under way. I would like to think it's almost done. It may not be. So the question is do we build something up new-

JACKIE JUDD: And better.

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JONATHAN COHN: -And better to take its' place. I think that is just beginning. So it's a question of it's a new medium. It's a new set of mediums. It's new imperatives on what to do and can we, like I said before, can we capture what was good about journalism, what it did right, and sort of get somehow build that into this new model. I don't know but that's the best answer I have.

JACKIE JUDD: Excellent. Thank you so much. Exciting, potentially treacherous times but exciting times. Thank you all for sharing them with us.

[END RECORDING]

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