

"VERY GOOD PUNTER-SPEAK"

**HOW JOURNALISTS CONSTRUCT THE
NEWS ON PUBLIC HEALTH**

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INTRODUCTION

This monograph is the first of four that will be written as part of a research project commissioned by the Epidemiology Branch of the NSW Department of Health in 1994. The project arose in the context of high level political concern about air quality in NSW, and especially in the three major metropolitan regions of the State -- Sydney, Newcastle and Wollongong. This concern peaked in 1991 when the then Premier of NSW, Nick Greiner, hosted a high-profile two-day conference dubbed the "Smog Summit". It was attended by environmental scientists, public health authorities, environmental lobby groups like Greenpeace, community resident action groups and others representing those with concerns about air quality. This meeting was followed by a second Summit in 1992.

The news media have an impressive record in directly influencing political and policy outcomes. Alan Otten, for 44 years a reporter for the Washington Bureau of *The Wall Street Journal* wrote that 'Well done investigative reporting produces public outrage (or policy maker outrage) that forces new regulations and laws or tougher enforcement of existing ones. Ten-thousand-watt klieg lights turned on a situation focuses the minds of policy makers very fast.' (Otten, 1992)

This observation was directly relevant to the way that air quality and health became a major political and public health issue in NSW in the early 1990s. The political perception that air quality (and particularly the implications arising for the health of children) was a major issue of public concern had arisen following a campaign by the *Daily Telegraph-Mirror* newspaper in March 1991 to highlight the alleged health consequences created by air pollution. The principal sub-texts of the newspaper's reportage were that people in our cities were living under a worsening cloud of atmospheric pollutants; that these were causing an out-of-control epidemic of asthma in those being exposed, particularly children; that government authorities like the Health Department and the Environmental Protection Agency (EPA) were, ostrich-like, unable to see the problem that was obvious to the ordinary person; and that generally, government should "do something" about the problem.

As a result of the Summits, the public health and environmental sectors, through a cooperative venture between the NSW Department of Health and the EPA, undertook to conduct major epidemiological investigations into the relationship between air quality and respiratory health, with a particular focus on whether there was any evidence linking air quality to asthma in children. A series of large-scale epidemiological studies commenced in 1993 and will conclude in 1995.

During the planning of these studies, one of us (SC) was approached for comment on how a communication strategy might be developed to publicise the eventual findings of the

epidemiological studies. The concern was that, despite painstaking and lengthy epidemiological research, the risk existed that on its conclusion little or nothing would change in the way that the media would report and "frame" the results and therefore in the ways that the public would understand and respond to the issues involved.

Three broad outcomes seemed possible from the epidemiological research: that it would be found that there was a strong relationship between the incidence of asthma attacks and the prevalence of asthma and various measures of air quality; that a weak or no obvious relationship between high pollution readings and these asthma outcomes would be found; or that most likely -- in a way typical of much epidemiology -- an uncertain, equivocal picture would emerge that would require qualified, cautious language and calls for "further research being needed".

Each of these possibilities would create different problems for communication strategies. The nature of these problems would depend to a great extent on the way that those who would be in charge of releasing and explaining the epidemiological findings understood the predispositions of both the journalists who would translate these findings into news and the audiences who would see, listen and read these accounts in the media.

Accordingly, we proposed four areas of research. First, we believed that it was of critical importance to any communication strategy to understand the ways that the journalists who would report the outcomes of the research saw their work, those who were doing the research and the particular issues involved in the topic. We therefore decided to interview as wide a cross-section of journalists as possible who would be likely to cover this story in different media. The results of these interviews are found in this monograph.

Second, we would undertake a content and discourse analysis of recent reportage of the asthma/air quality issue in the New South Wales press from 1990-94. The Asthma Foundation maintains a full collection of press cuttings on all aspects of reportage on asthma which we were able to review. The second monograph in this series will contain the results of that study.

Third, we would conduct a survey in Sydney, Newcastle and the Wollongong areas to determine the nature of public opinion and beliefs about air quality and its relationship to health. The results of this research, conducted in June 1994, will be reported in the third monograph in this series.

Finally, we would interview in depth a cross-section of individuals in the community who might be expected to have high personal interest and concern about the relationship between air quality and asthma -- the parents of children with asthma. These interviews took place in four locations across Western Sydney in July-August 1994. The results of this research, describing these parents' beliefs and ways of talking about asthma and their views about its causes, will be the subject of the fourth monograph in this series.

Asthma and air quality are but two of many hundreds of health-related issues that a journalist working on a health or environmental round for a newspaper, radio or television station might conceivably cover. We considered it probable there would be nothing unique about asthma nor

air quality that set them apart from other epidemiological and environmental issues from the perspective of journalists. Accordingly, we sought to site our concern to know how journalists viewed these specific issues within the wider context of how they approached their newsgathering tasks.

As such, the findings of this monograph have relevance not only for those interested in the reporting of asthma and air quality, but more broadly for a number of issues around the construction of news stories on medicine and public health in the Australian media.

METHODS

Letters were sent to health and environment reporters at major broadsheet and tabloid newspapers in Sydney, Newcastle and Wollongong inviting them to participate in the interview. Letters were also sent to the news directors of the three top rating Sydney radio stations and ABC Radio News and to a freelance health writer. The few health reporters on television evening news programs were contacted individually.

Nine journalists, from Sydney and Wollongong, who reported health and environment issues in print, radio and television agreed to be interviewed. The interviews were taped and averaged 50 minutes in length. Each journalist was assured that they would not be identified in this report.

Each interview focused on five often inter-related issues:

1. News gathering routines and determinants of news selection including factors which motivate journalists to pursue a particular story
2. The components of a "good" news story
3. The characteristics of good and poor news sources in the health and medical fields
4. The relationship between health professionals and the media
5. The journalists' view about the newsworthiness of four newspaper articles concerning asthma and air pollution

The transcripts were separately edited by two of the research group (SC and SM). Interviews always contain much material that is poorly expressed, repetitive, tangential to the main research foci or generally lacking in interest. We worked from an initial plan to highlight any passages of discourse that expressed different themes or issues relating to the above issues. The test of a passage's initial inclusion was whether it clearly expressed something that contributed to an understanding of these five broad issues, and that it was not a reiteration of something the same journalist said earlier or later in the interview in a more illuminating way.

The culled passages were then compared, with passages selected by us both retained and those that only one had selected being discussed, and then retained or rejected. These passages were then grouped into themes or issues, following the five broad research questions listed above. Finally, all remaining passages were then again edited for instances of repetition or irrelevancy.

We have retained instances of similar points being made by different journalists working in different media in order to illustrate that particular perspectives are not confined to only one medium.

In the pages that follow, we have assembled our material according to the five headings above. We have *italicised* passages for emphasis.

1. ROUTINES OF NEWSGATHERING AND DETERMINANTS OF NEWS SELECTION

News reports are a form of discourse constructed according to somewhat predictable and strict procedures which govern how they open and close, their narrative structures, flow, information content and use of news sources (Davis, 1985: 51). Hence, as Philo (1983: 135) argues, 'News is not "found" or even "gathered" so much as made'. As a result of the rules and norms of news making, the media cover issues with often striking similarity, using the same topics, angles and news sources and allowing few divergent points of view to emerge (Davis, 1985: 52; Reese, Grant and Danelian, 1994: 84-85). This is the case because of a number of factors: the desire of news organisations to conform to accepted understandings of news, the common training of journalists and other news workers, the concentrated ownerships of newsmaking bodies, the efforts of public relations, the reliance on a narrow network of authoritative people to provide expert opinions and the domination of syndicated news services (Reese, Grant and Danelian, 1994: 85). As will be seen, these observations were all reaffirmed in the interviews reported in this study.

Journalists write stories based on a range of sources, including the verbal utterances of news sources collected from interviews, press conferences and telephone conversations, media releases, documents such as policy reports and academic journal articles, previous news stories and copy from the wire services and news agencies. The stories they write are usually reworked several times, and edited by one or more others before they reach their final forms. As a result, it is difficult to call the journalist the sole 'author' of a story (Bell, 1991: 41). However, the journalist remains the main channel by which a diverse range of information is compiled into a single account (Bell, 1991: 42).

Jensen (1986: 45) asserts that "news stories are to a large extent a matter of convenience"; given the constraints of their working day and looming deadlines, journalists will tend to use the same sources over and over again because they are known to perform well and provide comments and because they are accessible. News gathering routines are structured by concerns of efficiency and tend to be similar in different countries, suggesting that 'the news form is at least to some extent a function of that organisational structure which is needed for the large-scale communication of information to the public, in various cultural settings' (Jensen, 1986: 46). There are economic and bureaucratic pressures to fill a daily quota of stories that fulfil both market and legislative factors, and there are professional norms for journalistic work that stress objectivity in the interests of establishing and maintaining audience credibility and avoiding legal problems (Philo, 1983: 134; Jensen, 1986: 46-47). To this end, the genre of news language tends to stress factuality, or the verifiability of data, impartiality, by using opinions from both sides of a controversial issue, and comprehensiveness of coverage, providing explanations for the interpretation of events, in which authoritative news sources are important (Jensen, 1986: 61).

We commenced each interview by asking the journalists to describe a typical start to their working day. We asked whether they were required to deal with any directives, routine tasks or expectations about how they would go about gathering or processing news. With the exception of the freelance journalist, all those interviewed were able to identify a welter of material that confronted them upon arrival. Before they gave any consideration to any active process of

seeking new stories, they were faced with an abundance of press releases, faxes, notices of press conferences, telephone messages, reports and books that had been sent in to them or their editors by aspiring news makers.

Broadsheet health writer: Well, the first thing that I do is go to the pigeon holes system. And that would normally be choc-a-block with faxes, letters, and report things that would have been sent to me by various departments. And I go through those and normally three quarters of those end up instantly in the garbage bin.

Tabloid health writer: Included in the mail there might be press releases ... Press releases might come through the chief-of-staff or might come through to you directly -- might be faxed through. So you would look at those and sort of judge their newsworthiness. If they were good enough then you might pursue them. The other way would be to perhaps ring around, depending on whether it is a quiet or busy day.

Environmental writer (regional): The chief-of-staff, the subs, the chief sub, the news editor -- that's what they do all day: they check the wire and if they see an environmental one that they want me to get a local angle on, they might tell me about it.

Radio journalist (ABC): Well, when I come into work I've usually got certain things like press conferences that have been scheduled that I might decide to ignore, or I might decide to go to. And then there might be press releases that might have come through that morning ... and then there will be stories in the paper that I would want to follow up because I'm in radio ... obviously I can't cover everything.

Media feeding off themselves All journalists expressed the enormous importance of keeping abreast with reportage in one's direct competition (eg: between two newspapers) and in other news media. There appeared to be two main reasons for this. First, being unaware of what was genuine news and what was old news could lead to one innocently promoting a story as a hard, new story, when it was hours or even days old. This was seen as one of the cardinal sins of news reportage.

Radio journalist (rock music station): Pretty well it is a must that you watch the TV news, because often *you'll know what's old and what's not*, when you get in the next morning. So you are not doubling up on issues.

Second, in a very important sense, news for any given newspaper or station is defined partly by the collective decisions of other news media that a story is one that is going to be covered: the more news outlets that agree that a story is newsworthy, the more it is thus defined as news. The news media thus openly cannibalise other news media, with different media giving particular attention to other rival forms of media that may have broken stories in the last few hours.

Environment writer (regional): If there are events that are actually happening on that day, then it is a matter of having to cover them *because every other media outlet is going to cover them* and you can't just leave it to the next day. *The main criterion is whether the other media have got it* and are going to run with it that night or the next day. *In that case you've really got to do it* or else it will be too late to do it two days later.

Tabloid health writer: But if you don't do it, if you skip over it, you sort of run the risk of it being on the front page of another paper the next day and someone saying 'Why didn't you get the story?'

Only one journalist took an overtly different view of news that had already broken in other media. He saw his role as more of an investigative, behind-the-news reporter. His main agenda was to "keep ahead" of other reporters, rather than to slavishly work to others' agenda:

National TV reporter (ABC): So if the stuff is in the paper, we do not generally follow up on paper stories. I just do not like doing it. I mean if it has been reported, it has been reported. Why waste my time doing a television version of what has already been reported? *Unless it is such a big story that we must report on it. I am basically trying to keep ahead of everyone else -- keep ahead of the newspapers so that I am coming up with better stuff than they are.* Because it is a very competitive business, this coming up with news that people do not already know about.

Several journalists were extremely attuned to the rivalry between their own newspaper or station and other media outlets.

Broadsheet health writer: I've normally got 2BL [an ABC current affairs talk station] on all day. And we've got a bank of four televisions in front of the news desk and they watch all the news at the same time at 6 o'clock and that's all monitored to make sure that nothing is being missed. And they do that with *The 7.30 Report* and then 7 o'clock. But there are journalists in this place that wouldn't go near a news bulletin all day and there are people like me who sort of listen to it all day.

Broadsheet health writer: The ABC and the *Herald* have a circular sort of relationship. Basically Andrew Olle [an ABC radio program host/journalist] is the *Sydney Morning Herald* for the visually impaired. Every morning, he just sort of reads whole slabs of the *Herald* and never tells you that's where he is getting it from. If he ever has anyone on who says anything vaguely ridiculous it gets all of them [*Herald* journalists] excited and they say 'Oh! We've got to find this person the next day!'

TV reporter (national commercial): So that was a difficult story to begin with, but it was a story we had to get out, and in the end we had to get it out in a hurry because Channel 7 got onto it.

In particular, the contents of *The Sydney Morning Herald* were seen by several journalists as being virtually definitive of what would need to be treated as news during the day by other media workers:

Radio journalist (ABC): I have a great deal of respect for *The Herald*, and their health reporter -- obviously I see her as a competitor and *I'd be trying to make sure that I am not always behind the eight ball of the stories behind her.*

Radio journalist (ABC): A lot of the time *your agenda might be set for you by other media outlets.* I mean if you've got *The Sydney Morning Herald* pursuing something vigorously, then I have to make a decision if I am also going to pursue that vigorously or whether I think there are other things that I should be pursuing.

TV reporter (national commercial): First of all I get called probably every morning by 8.10am by chief-of-staff who sees something in the paper and would ask me whether it bears any relevance to what I might have lined up for the day or what else is on the agenda. Perhaps not necessarily for me but for the older journalists *the bench mark for the stories is still what comes out in the morning paper, Sydney Morning Herald -- even the Telegraph, the Australian, whatever.* What I would then do as soon as I arrive at work, is check what maybe has come through on Media Net [a press release service].

Medical journals A recent interview study of seven Dutch newspaper journalists who wrote science and medical stories (van Trigt et al., 1994: 638) found that all reported the use of professional medical journals and press releases from pharmaceutical companies as sources of ideas. Other sources for stories they mentioned were other newspapers, press releases from universities and university hospitals and items from news agencies, as well as scientific conferences, press releases from governmental organisations and personal contacts with researchers. The journalists considered the medical journals to be the most important source of ideas because of the developments in peer-reviewed research they reported and their independence. They were followed by press releases from universities, which were considered useful but not an exhaustive source because they required follow-up contacts with the researchers involved to complete the story. The journalists were more wary and cynical about the information disseminated by pharmaceutical companies. As one journalist noted 'You bear in mind the fact that pharmaceutical companies have a commercial interest in getting stories about their products in the newspapers' (1994: 639). They read other newspapers, both national and foreign, to keep up-to-date with what other journalists were writing about and to ensure that they did not miss a big story (1994: 639).

In our study, medical journals were named by several journalists as important sources of stories. Several subscribed to or received various journals, in addition to receiving news releases about journal stories off wire services like Australian Associated Press.

TV reporter (national commercial): I start the week researching all the medical journals. There are three of these that I pay particular attention to and these are the *Medical Observer*, *The Australian Doctor Weekly*, and the *Medical Journal of Australia*.

Broadsheet health writer: I get the journals as well.

Interviewer: What do you get? *Lancet*, *BMJ*? [these could be seen on her shelf]

Broadsheet health writer: And the *New England* ... or whatever it's called

Interviewer: *The New England Journal of Medicine*?

Broadsheet health writer: And I get the *Medical Journal of Australia*, *Australian Doctor*, *Medical Observer*, *the Australian Journal of Public Health*, *Modern Medicine*, *Australian Pharmacist*, *Paediatric and Child Health* and the *Australian and New Zealand Journal of Psychiatry*, plus a large number of other bits and pieces that flow through. In the first instance, the journal stories have to be done off the wires ...

National TV reporter (ABC): There are also the major medical journals. Then I guess there are the medical conferences and science conferences ... surgeons' conferences and things like that.

Several journalists also spoke of the volume of information fed to them by public relations companies (see *People with Agendas* below) and by the PR sections of large city teaching hospitals:

Broadsheet health writer: And the other point for stories as well is the public relations people that are attached to hospitals. I'm totally inundated with stuff, all the majors like Prince of Wales, Childrens' at Camperdown, Royal North Shore. [X hospital] aren't that good at it -- but certainly the city-based hospitals have got it totally monopolised. Those guys ... *there wouldn't be a single week that goes by that I don't get an exclusive from one of them about some new research project they are doing or some great discovery they've made.*

TV reporter (national commercial): Obviously you have to maintain contact with your hospitals but not just the public relations unit. They are a constant stream of information.

Phoning around for stories Another main way stories are obtained is through inquiries initiated by journalists, often following a contact from the public. Generally, this seemed to be a practice relegated to slow news days when their days were not preoccupied by leads for stories that came to them:

Tabloid health writer: The other way would be to perhaps ring around, depending on whether it is a quiet or busy day.

By contrast, the journalists we interviewed from the regional newspaper seemed to be subject to far less pressure than their city counterparts. They spoke of regular fishing expeditions where they would 'phone around their contacts looking for ideas:

Environment writer (regional): I generate some of my own stories. A lot of people ring up with problems or with ideas and that sort of thing. So just the general public ringing up. My bosses also have ideas of what's happening ... they might have press releases about things happening, they'll give to me, so I get some stuff from the chief-of-staff, so it's a mixture of all three really.

Health writer (regional): Generally I just ring people and talk to people and ask them what is causing them concern -- councillors, prominent people that I just have contact with in other areas. And I just chat with them and often you'd find that something they say will give you an idea for a good story.

Calls from the public The public, whether in roles as victims or patients, or as lay 'reporters' relaying their thoughts and observations to journalists, also play some part in inspiring health stories in the media.

Broadsheet health writer: I get lots of calls from the public about either things that have happened to them. Or they want to whinge about something that you have written or not written.

Health writer (regional): Sometimes someone will come to you with a really good idea just out of the blue and you will just run the story as their idea. And then the next day as a follow up, to give people time to collect their thoughts and react to it, you will run reaction to yesterday's article and that can be very good.

No shortage of health stories All these sources provided journalists with a huge store of material from which to select stories, often without needing to scout around for stories that had not come to them, or to 'beat-up' stories.

Broadsheet health writer: I don't feel this need. I mean *there are just too many good stories* without having to resort to beat-ups or things that are wrong or stories for the sake of stories. I mean the day hasn't started -- that's today's folder [holds up thick folder] and the day hasn't begun. That's what I compiled last night of things that I have to do today. I mean, it's like that every single day.

Tabloid health writer: Quite often, just from what comes to you, you'll be pretty flat out. Medical is very much like that. *There is just never a shortage of stories* -- you are always sort of chasing you know ... trying to keep up.

The pressure to produce We asked the journalists if there were expectations or pressures on them to produce a certain volume of stories. Such expectations differed widely across different news organisations:

Tabloid health writer: I would easily be doing five stories a day, and that's quite a lot for a major metro paper because you would be lucky if one or two of them got in, depending on their news value. But you really have to produce. It's frustrating because (a) it might not get in and (b) your contacts might sort of think they are wasting their time by talking to you when it doesn't get a run.

Health writer (regional): I generally have to generate eight stories a week, two of which are pic stories -- picture stories. (see *The Importance of Pictures* below)

TV reporter (national commercial): The aim is to produce a story every day.

Two ABC journalists we interviewed seemed to be under less pressure to produce volume:

Radio journalist (ABC): There are no sort of guidelines on how many stories you do in a day.

National TV reporter (ABC): Most of the time I have planned a lot of my stories a long time ahead. Because in my area you can do that ... About two or three a week probably is the average. I mean I have had weeks where I have not produced anything. It's very up and down.

Each news outlet had different sorts of constraints and expectations. These included different sized editions being published on different days of the week:

Broadsheet health writer: It's almost impossible to get one or two health stories in a paper on a Thursday or sort of on a Tuesday [small edition days], so I have that filter in place. I will juggle my work according to that ...

the demands of brevity necessitated by the small amount of time allocated to news;

Radio journalist (rock music station): Being an FM radio news service we are very limited, we have got to get another Barnsey track on somewhere you know. So our news is five minutes in mornings. Five minutes! But we've got to include finance, sport, weather, community service. So we probably have two minutes of main news, followed by sport, followed by finance, followed by job file, followed by whatever else we have.

National TV reporter (ABC): Well, a long story for me is two minutes. Other people get away with two and a half minutes.

TV reporter (national commercial):When I was on [name of another program], I did a four part special trying to understand this issue. I had the luxury to be able to do this as it is very difficult to do that in a minute twenty and perhaps to do it in a two column story in the news paper.

The importance of pictures Another constraint is the need to have pictures to go with the story.

National TV reporter (ABC):Then obviously there are other difficulties involved in television reporting. Are there pictures? Can we dress it up in some way? Can we get there? We are doing a story next week west of Bourke. We are doing a four hour chopper ride to get there, do it, and get back here again.

There are conventions and routines in newspapers of which all journalists are mindful . For example, every edition of every newspaper requires that photographs appear on particular pages:

Freelance health writer: It's a pretty standard thing that you are going to have a photo of people. Page 1, 3, 5, 7, 9 is a photo of people.

The stories selected for coverage on television depend, far more than in any other medium, on the quality of pictures that might be available:

TV reporter (national commercial):There are specific requirements for television. *Some people won't do stories unless there is a picture of quality in it.* I still try and do a story however. Sometimes those stories are very difficult to illustrate.

National TV reporter (ABC):You cannot do a story on television about older women having babies without seeing an older woman who has had a baby.

Accordingly , the daily routines of television health journalists are always dominated by two main considerations: the content of their stories and the presentation or 'look' of their stories. According to one, medical and health stories often presented problems in terms of how they might be best filmed:

National TV reporter (ABC):Things that I think are new, newsy, interesting or maybe just really great pictures. *There are not a lot of great pictures in science and medicine, very few.*

Another TV journalist gave examples of how she thought about the role of pictures in structuring her approach to particular stories:

TV reporter (national commercial):If they can actually set up a story and say `right, we will provide you with a patient who can talk to you about her experiences, and why it's relevant that this vaccine prevented her getting this disease or why it may save her daughter from getting breast cancer'. If they can provide the patient they can provide the background within the hospital or the patient's home plus the talking head, the doctor, all within the one day and time frame, *it means that this story has got a 90% chance of getting up.*

In the following example, the combined ingredients of a new advance (a new pain management clinic), authoritative doctors, a patient, a moral tale (improved quality of life thanks to science), and gadgetry (here, seen as regrettably rather unspectacular) are described as contributing to making a non-story into one that would run.

TV reporter (national commercial):I had been to a place the other day. Nothing had been organised. It was over at [names hospital] and they are opening this pain clinic. I just know from a multitude of openings that all you get is a sea of faces, dignitaries -- nothing visual of what the clinic is all about. So my suggestion to them was that we go in on a Friday and have a bit of a look around, talk to a patient who is receiving one of the forms of pain management therapy and talk to a doctor. But, it was just like ... well they had the patient there, but they did not have any of the equipment. He was holding a little portable pump that he was going to use to inject himself with morphine on a regular basis. This was going to be administered on such a slow basis that he was conscious and alert, which is not how it used to be. So this meant that his quality of life is going to be dramatically improved. The doctor just did not have it together. I needed to have a look at other things. There appeared to be nothing around. I just saw this patient in another room with a physiotherapist and kind of .. `excuse me, what are you doing? Do you mind if we film you?'. You have to be a little bit assertive in this way sometimes otherwise you do not get your picture. They do not seem to realise that that's going to help that particular story. So, yes it is really important that....I would think that it's essential that anyone who deals with the media in the medical field does a bit of media training. REALLY!

Similarly, an ABC journalist gave an example of how "launches" could miss the mark with television and underlined the need for people conducting launches or special weeks to think beyond simply having a collection of experts in a room:

Interviewer:What about launches?

National TV reporter (ABC):It has to be pretty good. I mean most launches are very sort of lightweight. Not sort of national news. It has to be really big. *We do sometimes wear our public service hat* and say, if there was a launch of a national skin cancer campaign, at the beginning of summer, we would probably do that. I would certainly encourage us to do that. This issue can have a very big impact. But again it would depend to some extent on what that campaign was. If there was a good commercial ... like *if they made a really snappy TV*

commercial, that would make us much more likely to run it than if it was just a print campaign where there was nothing for us ... no footage. Or it is just a few people standing in a launch and the old beach shots and a couple of shots of people slopping on [sunscreen] stuff.

There are routines of newsgathering and writing which are covertly reproduced and unarticulated in the context of the journalist's working life, or those that Turow (1994: 36) calls 'silent routines', and those that are more conflictive and evidently reinforced. For example, Turow (1994: 35) found that the American newspaper journalists, editors and newsmaking executives he interviewed were highly aware of the censorship around reporting on events in their own organization or parent organization, or related to the news organization's relationship with its advertisers. While the prohibition of such stories was not often made explicit, 'As the journalists understood it, the reason was simple: The stories might result in embarrassing revelations that could disturb financial relationships and so cut off important sources of revenue' (Turow, 1994: 35).

One journalist we interviewed commented without prompting that there were sometimes subtle constraints on covering issues where there may be some sensitivity at editorial or publisher level concerning the risk of offending advertisers:

Freelance health writer: commercial restraints come in. It's got to be something that the publisher of the thing you're writing for wouldn't care about. For example, if I write for a medical trade press, they're not going to be happy and they have edited stuff out if I write an article bagging the trade press. If I write something for most publications, bagging car manufacturers, they're not going to like it, because they're great supporters of the industry. They're the big advertisers. *The Bulletin* and the *Australian* survive because of Toyota and Ford. And I can tell, without anyone saying 'no, don't do it', I can tell they're not as interested in stories about car design and things like that, unless they're 'aren't cars wonderful'. So if you're doing things on road safety, which I've done a couple of things on [shows example of his report claiming that all cars will introduce air bags in three years time]. Now what I want to do is wait three years and then say, where are they? I've put it to a couple of people and they said 'oh, well, we could put it in a sealed section in the back'. They don't really want to know about it. *But that sort of commercial restraint is rare.* I haven't come across that too often.

Hard and soft news Most journalists were very aware that they were required to offer a mixture of hard and soft news to their news editors:

Interviewer: Do you try and balance that? Do you try and have a certain amount of hard and soft every week?

Broadsheet health writer: Oh yeah! They demand that. I mean the mix of the paper is such, that if I was to provide them with a cute sick kid picture story every day I'd only get one or two maximum published a week, I'd be wasting my time and I wouldn't be providing the paper with what it needs -- and they cry out for hard news. So on any given week I might have three or four picture stories which will

be very different. They won't be just sick kids. They might be something else.

Environment writer (regional): Sometimes a picture has a lot to do with it [whether a story is used] -- not on a hard news story, but on a happy, healthy story: kids getting immunised or something like that. If it's a really nice picture, an unusual picture, a cute picture -- then it might get more prominence in a paper, might go further up or it might even be used as a front page.

A common approach was to mix hard with soft in two associated reports:

Broadsheet health writer: Normally the *Medical Journal* is something I report as a hard news story, but [names story] was a story that presented itself with an opportunity to provide them with -- 'them' being the news desk -- with a story that had hard news plus also, you know, humanised a bit by talking about a couple of kids that gave them a great picture on a Monday.

Soft stories, while considered an integral part of bulletins, were thought to be a form of padding to news bulletins and could be bumped aside by the arrival of hard stories:

TV reporter (national commercial): I may have well lined up something for that morning, but they will say to me can it hold? Then I might have to do a juggling act. So it may have been a story that was perhaps about the risks for older women in pregnancy, something that is not particularly urgent or that the story does not have to go to air on this particular day.

2. NEWSWORTHINESS

We next turned to some general questions about how the journalists approached the task of deciding what was news: of how they went about selecting which stories they would pursue from the many possibilities that were available from the plethora of sources described above. We first asked them to talk about what they understood by the concept of newsworthiness. As has often been discussed by media researchers, many of the journalists found the task of describing the concept rather elusive, and resorted to vague explanations that invoked notions of their experience, of 'just knowing' and of an automatic sense of what was 'interesting':

Tabloid health writer: *It's subtle to a journalist. You tend to just automatically sift out what's news and what's not. It also has to be interesting. So that really depends on the journalist's value of what is interesting. And that's an acquired skill I guess ...*

Radio journalist (ABC): *Well, it has to be interesting. I think those sort of things are really automatic now because I have been a journalist for quite a while.*

Freelance health writer: *The main thing is that it's got to interest me ... cause it's boring as hell to write stories that don't interest you ... They're really the three*

main decisions of whether to chase a story or not: can I see a story there? Does it interest me? Can I sell it to an editor?

For all the vagueness of "interesting" and of journalists' inability to be more precise in unpacking the term, it seems that they often have an impressive ability to know interest when they see it, as evidenced by the following comment:

Interviewer: Is there a standard sort of way in your mind that you would always frame health and air quality issues?

Tabloid health writer: You just pick out the most ... *it's the same with any story -- it's not specifically related to health, air quality, anything*. Whatever is the most interesting part of story. Whatever goes in your first paragraph should be the most interesting part of your story. It's interesting because I went to a medical writers' conference a couple of years ago and they gave us a story and asked us all to write the first two paragraphs and just everybody wrote the same thing. So you know *most journalists would pick the same point to put in the lead*.

There was considerable reference to different styles of news and so of newsworthiness between different media, as illustrated by the following comment:

Tabloid health writer: you really not only have to think of what interests you, you have to think what interests the readers and that again depends on what paper you are working for. I mean what interests *Tele-Mirror* readers may not interest the *Sydney Morning Herald* readers. But often they overlap. You know, like often you'll hear journalists say that's a typical *Tele* story because it's the kind of story the *Tele Mirror* would like, whereas the *Sydney Morning Herald* wouldn't go near it and vice versa.

The middle section of each interview was spent exploring each journalist's notions of newsworthiness -- of what made a story variously compelling or "interesting". In the following pages we will describe this in detail. First, we will consider a range of miscellaneous "angles" that were put to us as being characteristic ways of framing an issue as newsworthy. We will then move into a detailed consideration of what emerged as quite easily the most 'obvious' way of casting a story as newsworthy -- to illustrate a story via a case study or profile of someone who was experiencing a problem or a benefit.

Interestingly, only one journalist spoke of any topic as being incontrovertibly compelling as news:

National TV reporter (ABC): If our news editor here says 'Oh, you've got a good story on AIDS', you can immediately write it down. They have an insatiable appetite for AIDS stories, even the most esoteric AIDS stories like the AZT debate: when to give it -- which is of relevance to very few people. Certain stories become sexy.... you could just go to someone like a day editor and say I have got an AIDS story. They would then say OK. You would not even have to argue with them. 'You got a news story on an AIDS treatment?' Well OK, write it down.

The local angle A standard way of treating stories that journalists had been alerted to via an international wire or satellite service or which had occurred in another state or city was to link these reports to a local angle. Sometimes the local link was actually necessary to the story because of the paucity of detail provided by the wire coverage, as the following account illustrates:

Broadsheet health writer: [taking stories from wire services]... is really frustrating because they often will write eight paragraphs on a research paper and not even tell you what the institution is. They will just say, 'US researchers have just discovered blah' and the information is always seriously lacking. For example this [shows medical journal] arrived yesterday and one of the things that they've got here is 'Transmission of Hep C from mother to infants'. Now that's an issue that I've been following a lot and the paper's very interested in it and I'd be writing that for tomorrow's paper. I will read the study and I will speak to local experts.

Interviewer: So if an international story comes in you seek to give it a bit of local flavour as well, if you can?

Broadsheet health writer: Yes. Unless it was an international sort of a story of such extraordinary significance that it just was ... I don't have a gratuitous sort of quote from Doctor X from RPA, but often, by interviewing local people I also get the input of explaining what it means, especially when I'm stuck because I don't actually have the journal till the next day and I've got to put up with whatever some Reuters' journalist has cobbled together. I did this story on the breast cancer gene which ran in Saturday's paper. And by speaking to a couple of local people I discovered [summarises her story here] ... Now there is no way in the world I would have a story of that depth or meaning to sort of women here if I hadn't spoken to the local people because all I had was six paragraphs saying 'this is what is reported'.

The same principle of localising stories originating from elsewhere in Australia was used by regional media:

Environment writer (regional): [on newsworthiness] Whether it is affecting people in the [area], because the [name of paper] is very regional based. For example there's an outbreak of measles, but it's in western Sydney not here, then we won't do anything on it ... Also how many people it affects.

Some topics -- here, pollution -- were seen as particularly newsworthy at a local level because of the particular features of the region:

Environment writer (regional): Being in [an industrial area], anything to do with industrial pollution would be newsworthy. If a study showed that X% more children are getting asthma because of industrial pollution, all those sort of

things would be newsworthy.

The `different' angle As explained above, a great deal of news is derived from material first noticed by the journalist in other news outlets. To allow themselves to cover these stories with equanimity, journalists search around for new and different angles or tangents on a story, for ways of extending the coverage in ways that look original and not repetitive or derivative.

Radio journalist (ABC): Normally if I am going to follow up something out of the paper *I would try and take a different angle, you know, how we describe it is ... sort of freshen up a story and take a new angle on it.*

Radio journalist (ABC): I might decide one day `OK I am going to drop that story for today because people are sick of it'. A lot of the time our subs will say to me `Oh no! Look, we've had enough of that issue.' And the next day you might see a story about that very issue with a new angle which is pretty sensational. Like that story where the doctor and the infected patients and so on. There were angles to that story which kept breaking and we were completely ... we completely followed that story virtually from beginning to end.

New or different angles were seen as the way to re-visit what we sometimes perceived as tiresome issues, such as those which had special "weeks" devoted to them:

TV reporter (national commercial): There are stories that are annuals. We have `weeks' now... we have asthma week, we have diabetic week ... so sometimes they are a burden. *You try and find a new angle to the story.* We had heart week two weeks ago, and fortunately there was something positive from my point of view. ... and that was that despite the fact that it is still our number one killer, they had commissioned some research and found that only 17% of the population felt that it needed urgent attention.

Common or unusual The journalists all recognised that the qualities of newsworthiness were many and varied. Perhaps at the most elementary level, much of the enterprise of structuring a news story was simply the attempt to attract viewers' and readers' attention.

TV reporter (national commercial): If you can get something into the story that will attract some people's attention, hopefully, they will listen to the full story ... you still find in the older producers or the older subs, individuals who want an angle -- something sensational to grab people's attention. The *Telegraph* for instance, they have to have something in their first paragraph that is going to grab someone's attention going home after a long day. The same can be said to some extent for the six o'clock news.

At two extremes of the newsworthiness concept were stories about common, everyday issues, and stories about unusual, bizarre phenomena or events.

Freelance health writer: It's got to be something that is either fairly common experience to people ... or something that is unusual.

Or unusual... news as entertainment One journalist was quite candid in stating that her station's selection of news items (even within the confines of a two minute bulletin) would sometimes turn on the entertainment value of the item, rather than on any sense of the issue being of major public health importance.

Radio journalist (rock music station): When people tune into the radio in the morning they want to be *informed and entertained*. That's what an FM news service is there for and to do it as quickly as possible. That's our brief ... Like we'll run a story on penis implants for instance because *it is more of an entertainment value story, where to health specialists, that's not an issue*. But if we get a story from London which has found that men can get penile implants or there's the breast implant story about women having problems with them, we will probably go with the penile story.

TV reporter (national commercial): We do have unfortunately, a few older males in the news room who are titillated by other stories. These stories are like say, mangos and pawpaw as contraceptives, some researchers in England have come up with this interesting story and they might suddenly throw this on my desk at 10.30am in the morning when I am in the midst of trying to juggle two other stories.

As we will elaborate further below, overly-technical issues or issues thick with too much information were seen as potential detractors from news-as-entertainment:

Radio journalist (rock music station): That's why we deal with a lot of kids' issues because there are a lot of single mothers out there listening to [station name] in Rooty Hill, Blacktown, St. Marys and they are important areas for us and *we are the entertainment force in their lives*: television, movies, videos and then radio. So while we can't get too technical which is what the health specialists would like us probably to do, *we still have to keep that entertainment value*. I'm not saying that we make fun of vaccinations or anything but you know, if something like ... sensational happens in the medical world. You know, it's funny -- the first thing that pops in my head, yesterday these doctors removed a calcified foetus from the womb of this woman in Iran she'd been carrying for 20 years. That came through Reuters and of course we all went 'ugh' you know, but it's funny.

Interviewer: Did you run it?

Radio journalist (rock music station): No, we didn't run it. No, I decided no, I'm not going to run that. I just thought, nuh, too tacky. Yet other stories may be just as tacky, you hear of medical breakthroughs, you know. *I've seen this other one which was just sensational ... like baby Faye, you know, the baboon baby*.

Stories with which readers can identify Several journalists stated that they were aware their editors were pleased to receive stories they had prepared on issues that affected or would be

likely to be seen as personally relevant to their audiences or readerships.

Tabloid health writer: Nutrition gets a big run. Nutrition will always get a good run particularly in the *Telegraph Mirror*. They like nutrition stories because it's to do with family. Children, you know. And it is a family newspaper, so they will always jump on that. They also like asthma stories. They love asthma stories, I don't know why, but asthma gets a really good run. *I suppose it has a lot to do with the fact that it does affect so many people.*

Broadsheet health writer: ... then the other thing that I use a lot I suppose is, what does it actually mean to people and therefore *I tend to pick on topics, subjects and issues that happen a lot.* Obviously things like breast cancer, HIV, hepatitis C, cancer and women's health issues generally and prostate cancer and heart disease.

Editors' senses of this audience appeal was sometimes said to be related to audience research data.

Broadsheet health writer: The market research they have done is that health is just hugely important. It's just common sense, that people care about and health is such a broad thing ... people are just fascinated.

Radio journalist (rock music station): Basically if there was health story came up in regard say 'passive smoking' as you said, we would run that, as opposed to prostate cancer, ok? Because it's an older demographic. Something like 'passive smoking' is something that every young person can relate to in an office, in a pub, in a club anywhere. Like, for instance, we wouldn't very often run stories on the terminally ill aged area, because it is not something that is relative to our audience. We'll run stuff on health insurance, definitely, we're big on health insurance. All money issues too are usually related to health in a way. For instance, today, the midday, OK ... what do we run? Unemployment -- the unemployment statistics came out. Well, with our demographic there is a lot of people, so that instantly gets number one. Second story was Home Fund: that's mortgage. Again, it's a hip pocket issue.

Some we interviewed used their own reactions to potential stories as litmus tests of how the ordinary person would react to a story:

Environmental writer (regional): When you get these bins with ... the bins are full of little worms that eat your garbage. That's a good story. If you as a journalist can think 'I didn't know you could put worms in a bin and let them eat your garbage' *then probably your reader would think the same thing ...* These are everyday things and I think that's important, particularly if it's on some scale. The novelty value I think -- like the worms in the garbage bin -- so *I think a good measure is if you are surprised when you read about it, I think others might be as well.*

Radio journalist (ABC): Without ever reading any surveys or anything, *I just think from my own personal experience that health is something that affects everybody and everybody wants to know what's going on with it.* So for example Medicare rise and all that sort of thing.

Conflict Conflict, whether between individuals or simply between different ideas, was seen as a news staple. Many stories were seen simplistically as inherently having 'two sides' and some journalists felt obliged to approach their construction of any story by 'balancing' the viewpoints of these two sides:

Health writer (regional): I always try and contact somebody from both sides for the one story. But the official response might be one sentence -- that's all they give you. So basically the story is ultimately a one-sided story. But I always, almost without exception, I would contact the other side.

Radio journalist (ABC): In most stories you would hear both sides of the story, that's not unusual ... If I don't actually get an interview with someone I try and use the information that I've got from them, that you know, balances up.

Freelance health writer: You've got to be able to present some sort of conflict of ideas or ... other people present conflict of personalities or whatever. But *my thing is a conflict of ideas. It's not necessarily arguments, but just showing how people think differently about a particular point.*

TV reporter (national commercial):[at conferences] That sometimes happens, you hear someone say 'well I don't actually agree with that last speaker'. *In any story there is always two sides.* So what this journalist has done has obtained the two sides.

Radio journalist (rock music station): Often when the issue is hot we've just got to get someone. And if that someone is a professor who we've been told is credible and he knows his stuff, and then this other professor rings us up the next day and says 'look I heard Professor Smith talking about that and I don't agree with him.' If the issue is still hot we will run it, but we won't run it for the sake of an on-air brawling in the medical fraternity.

News as drama Several spoke of newsworthiness in terms of the potential to cast a *dramatis personae* of characters around age-old dramas of wrong-doing, back-stabbing, danger in the familiar and so on:

Radio journalist (ABC): *Where there is someone to be blamed and innocent victims and moral issues* of someone who is practising that probably shouldn't be if they'd been ... if they may be subjected to an enquiry or something like that about their behaviour or whatever -- that kind of thing you pursue.

Broadsheet health writer: If I am doing an HIV/AIDS story and *it's not just a*

straight medical thing but it's intriguing ... back-stabbing, goodness know what else on what sort of level ... I have a bank of six or seven people who are really, really involved in sort of that whole sort of lobby part of the universe and I know ... I've mapped out for myself where they all fit in within the structure of who's on who's side, which is absolutely vital to know because otherwise you've got to know how it all fits in.

TV reporter (national commercial): People were shocked to think that there were probably 12,000 people in Sydney with Hep C and they did not know about it. A lot of other journalists ... see it as *a bit of a scandal that you can go into a hospital and come out with Hep C*. There is still a lot of misunderstanding about Hep C so that there will still be quite a bit of reporting that is based on limited knowledge. Therefore *there will be that kind of scandalous type of news story.*

When the journalists gave their accounts of instances of newsworthy stories, these were frequently described in terms of them representing episodic dramas. The journalists saw themselves feeding viewer anticipation for 'what will happen next?', new ethical twists in unfolding stories and so on.

TV reporter (national commercial): Like the first patient-to-patient AIDS transfer thing. I mean, that first of all it had the implication that it was *the world's first* from a medical point of view, and *the unanswered questions* of how could it happen because it was said that it could never happen. So I mean that those kind of questions went on for a while. There was the controversy over whether the doctor should be named, the ethics of that.

Bad news stories The popularist grievance that the news is all doom and gloom was largely acknowledged as being very much the case by some journalists, especially the 'tabloid' radio journalist.

Freelance health writer: Definitely. It's always more attractive to run a story about 'something is dangerous, something is risky'.

Radio journalist (rock music station): I think because people like hearing about the less fortunate side of life, you know? It's a horrible thing to say. Like looking at death and destruction things. I don't know, it's like stopping to look at a car crash. Why do we do it? It's curious. Curiosity. *And there is nothing more curious I think than medical stories, or health stories, because it affects everyone, everyone has a heart, everyone travels and might be susceptible to a disease.* Or it's something that is just relative to everyone. So I think when there is some talk of like, maybe a scare, maybe contamination, say within food for instance, like chocolate bars having some sort of glass in them ... everyone's eaten a Mars bar, if it happens to be Mars. I think it's the scare or curiosity factor of 'it could happen to me' I think.

Radio journalist (rock music station): [commenting on a news clip being shown to her]

Oh! totally, yeah, totally. Where it says here 'for nose, eye irritations, inflamed bronchitis' -- because *it gets uglier then, which is good*. Because that's the ugly side of it, that's the negative side again.

Radio journalist (rock music station): It's always the warnings, health warnings, 'new research has shown', 'new statistics out today have shown X amount have this. So basically we tend to do the health warnings and statistics stories. (laughing) Oh! yes, warnings, we like warnings! ... and I know it sounds crazy, but *the more surprising or the more shocking the statistic, the higher up you'll get in a bulletin*.

In contrast, one journalist believed that his usual subject matter was actually seen as a positive balancing element in a sea of gloom:

National TV reporter (ABC): I mean there is a perception in television news that it's all bad news, that people want to watch the news because it is awful. It's all murder and it's politics and strikes and wars in Europe. Starving in Ethiopia is another.

Interviewer: So are you meant to counter-balance that?

National TV reporter (ABC): *So I am the happy news*.

Interviewer: Are you?

National TV reporter (ABC): Yes, a lot of the time. Yes, basically there is the good story at the end of the bulletin. 'After all we have just given you, there is slight hope ...'. But I am not sure that anyone has sat down and said we need something to cheer up people. 'Ok, let's have it on medical and science'. *If you look at the bulletins, the way they are structured, most of my stories are down the bottom, just before sport*.

Similar 'positive balancing' sentiments were expressed by the rock music station news journalist.

Radio journalist (rock music station): We try and always keep a positive element, I think is what I am trying to say here -- a positive element to the health issues, rather to dwell on the death, depravity and the negativity of it all.

Here today, gone tomorrow News was either regarded as ephemeral -- something to be used and rapidly discarded, or as the possible start of a story that could build into a major on-going story.

Radio journalist (rock music station): If the statistics on young peoples' attitudes to health came out from Canberra today, we run it today and it's gone tomorrow. We don't have the time to focus. We don't have time to dwell on it. We can't really look into it, that's the frustrating part.

Accordingly "currency" and "timeliness" were also cited as keys to the concept of interest or newsworthiness:

Radio journalist (ABC): It's hard to sort of exactly define how you work out what is newsworthy but *currency* is definitely very important.

Tabloid health writer: But I suppose if you had to really break it down it would definitely be the *timeliness* of it.

Some stories, like road safety prior to holiday weekends, beach stingers in summer or new year's quit smoking resolutions were directly linked to seasons or particular times of the year:

Environment writer (regional): I suppose, *whether the issue is topical at the time*. For example, coming into winter, 'flu is topical, whereas cholesterol is an all year round thing. So that would be one thing: whether it's sunburn in summer, and all those sort of things. So whether it's something that's affecting people at the time.

PERSONALISATION: Giving news a human face As we mentioned at the beginning of our discussion on newsworthiness, all journalists we interviewed stressed the great attraction that identifiable, nameable patients, victims or ordinary people held for them. Without question, this emphasis stood out well beyond any other conception of newsworthiness discussed by the journalists:

National TV reporter (ABC): *Health care stories work well when you have got really good case studies. So it is people*. I did that story the other day on older women having babies which was in the paper yesterday. I found a really good case study in a woman who had her first baby at 42 years and her second child at almost 45 years old. She was really good value. She talked about her experience and her kids were cute. On television you can do no wrong with either children, babies, or furry animals. They all come up really well.

Environment writer (regional): *It's necessary to put a human face on it. If you can see people in there that you can relate to ...* and I think that most people can relate to a couple whether it's their grandparents, themselves, their parents or whatever -- then you might be more inclined to read on and say, 'Oh! I live in this suburb and they live near me and that could happen to me.

Health writer (regional): *So you'd first think well, let me go for a personal angle*. Personal is really important. What about I find an asthmatic who could testify to the fact that they have lived here for 10 years, and it's just got worse, and worse, and worse. And I think that's a very good angle -- you will see it all the time.

The use of personalisation was described almost as a cardinal rule of health reporting:

Radio journalist (ABC): *I guess everyone sort of knows that people are susceptible and more interested in a personal angle on a story, you know they can relate to it. They'll go 'Oh! no isn't that terrible' and they'll think well, gee that's really bad that they had to leave their house because of that.*

TV reporter (national commercial): *Well there are a couple of golden rules here, if you are going to have a story ... you do have to provide a patient, or someone who can tell you why it's really relevant, what their experience is. The story is not going to have any impact on the news unless you can put in the patient or the personal developments. So I always have to tell two stories, what the medical story is, and this is J. Phillips, she has had breast cancer for 10 years ... you know blah blah... you have to tell the little story as well.*

Personal stories and photographs were seen as hooks with the power to draw the interest of the indifferent reader into a story:

Health writer (regional): *I think that's really important, is the personal angle because people are really lazy and they won't read a straight article by itself, a lot of them. So if you can go at the straight article with the facts in it, but you can have a picture -- that will draw them in: a child with asthma gasping for breath and a caption. And in the caption you can get the fact that this child can't breathe, has asthma and can testify to the fact that the report that has just been released as in fact is the case in [the area]. I think it helps...*

People were seen as vehicles by which esoteric or technical issues and statistics could be rendered meaningful to the ordinary viewer or reader:

National TV reporter (ABC): *It's the human interest, isn't it? You can have as many stories as you like about photochemical smog exceeding the Australian Health Standard by 12 pphn ... that is not very interesting. What is more interesting is that [quotes person's name] aged 53 has had to move from the area because her asthma is so bad. I mean that is much more interesting than that isn't it? But, you cannot have one without the other, and there is a picture of a family suffering. I mean, this is all about people suffering.*

Health writer (regional): *Sub stories are very necessary ... This can be very dry for people. People need a little prompt along -- they need a good headline to a picture. You can't have it on everything but it's very dry, and you read through that and it will be very dry. They are talking about '18.3 ppm'. Well you are going to lose people on that. But I think if you tie it in and you go 'Oh! this poor lady she has had asthma for six years, she lived in Ingleburn'. 'My aunty lives in Ingleburn and that's right she's had asthma'. It gives people something to hang on to, to relate to. Or 'I remember when I stayed in a motel in Ingleburn and I was gasping for breath all weekend'. People like to be able to make a little connection like they're included in it.*

As we will discuss below, telling a health story through the device of experts was sometimes seen as potentially alienating for viewers. Patients were more likely to be seen as people with whom viewers could identify. They also could speak with passion and thereby lend authenticity to a story:

TV reporter (national commercial): Because it doesn't have any relevance if you are sitting in the lounge room at night and on comes a doctor who may not be able to speak all that clearly. Also the doctor may not be able to get the message out. If that is all you got, and a little bit of library vision, that story is going to go straight out the window. No impact. But if you see a patient there, it could be my sister, my aunt, my next door neighbour, and *who is going to speak with passion because it happened to her*, she will say 'it is really important, this research happens. I really wish that we had this project happening in our community' or 'it's not fair that this is not happening in the west it's only happening on the north shore'. That sort of story has so much more impact.

Freelance health writer: There is probably a feeling that *experts are fine but they are not actually a living thing*.

Case studies were seen as a way of extending a story. In the example below, two different case studies were used by the journalist as a means of extending the core story of inept bureaucracy or officialdom. The first case allows a vivid illustration of the failure of a civic authority to deliver its charter to the ordinary people it is supposed to serve, and the second shows how its fall-back solutions are insensitive. The sub-text that therefore emerges is one of "they [bureaucrats] just can't get it right!"

Health writer (regional): Fred at [local suburb] has a really bad water problem and you'll have a photo of Fred with a bath full of foul-coloured water. And I mean the whole issue obviously is coming from Fred's side, but then you will have a comment from the Water Board. Fred will be saying, 'well even if they can't fix the water I want them to give me a rebate'. Which I thought was a very valid point. So you will then ring them and say 'Will you give Fred a rebate?' And they'll go 'No, I'm sorry we can't, it's not economically possible and we do apologise and he should put sodium dithionate in his water and it will stop his clothes from going brown'. And so we will run that. And then this lady reacted and went 'well, I've got a new baby and I'm not going to put sodium dithionate on her nappies'. So that's the angle I am going on today. I am not attacking the Water Board for not fixing the problem. I am saying all right, the Water Board has told us that it can't fix the problem, that there is a problem with the dam, which is the water source. OK, there is no point hammering away at that because I am going to get the same response. But here's a woman that doesn't want chemicals on her little tiny baby's bottom when she puts her nappy on. Now what do they do about that? And that's a really good new angle I think, yeah, it's a new angle -- it's a different one. If Fred's next door neighbour had rung up and said 'well, my water is the same colour as Fred's can I have the same story?' I probably would not have run it.

Finding victims Victims and individuals who could give stories this valued authenticity were thus seen as critical to the newsworthiness of many news stories. However, locating such people was often problematic, with the news desk insisting on a victim being found quickly:

Broadsheet health writer: The news desk would have said 'let's try and find people who have decided it's so bad that they have had to move from where they lived'.

Tabloid health writer: They come up to you and say 'Oh! could you just find us a family' and you are supposed to like have this store of families that you can just call upon -- who you happen to relate to the story that you are doing. So that can be a bit trying.

We asked the journalists how they then went about locating victims or case studies. Asking doctors or experts for help was a standard method:

Broadsheet health writer: First stop would be for you to ring around people like Professor X and find out do you know anybody who has actually moved house or something because their asthma's so bad. Or the Western Sydney ... whatever they're called [Area Health Service]

Freelance health writer: Probably through the local doctors, I guess through when all this was going on people were ringing the Public Health Unit or their local respiratory physicians or whoever was saying the smog is terrible and is causing asthma. So what I would do is ring them up 'do you have any of your patients who have been so badly affected that they had to go to hospital' or you know ... that sort of thing. You ring around someone comes back and says 'Oh! we've got someone who has had to leave town because of it.' Great. A Minister, you can't disbelieve a Minister.

One writer told of trying to find victims or case studies by asking friends and work colleagues to assist:

Tabloid health writer: A lot of the time you really have to really have to rely upon people at work [whom] you know. 'Do you know anyone who has had this experience?' Or whatever. Or a lot of people tend to sort of ring up friends and what not. But I tend not to do that because if something goes wrong with it ie. if it doesn't get in the paper or the photographer doesn't turn up when they are supposed to (which can often happen) ... it's a bit too close to home. I just don't like to involve ... I mean it's bad enough when it's someone that you don't know when it happens, but it's even worse when you have to deal with these people all the time.

Victims also often contacted the media themselves:

Radio journalist (ABC): I had a phone call from a woman today who had heard one

of my stories on the radio about the new trend of the number of people who are coming forward who were sexually abused when they were children, survivors of child sexual abuse. And this woman rang me and said she'd heard the story and she was interested in talking to me more about her own personal experience. I mean those kinds of calls are fantastic because you can actually get people to sort of give you more information that is obviously going to help you do more stories on something.

3. WHAT MAKES A GOOD NEWS SOURCE?

In their study of four major American television news and current affairs programs, Reese, Grant and Danielian (1994) found that there was a cohesive network of elite news sources that was routinely drawn on by the programs. As they note 'Journalists find it easier and more predictable to consult a narrow range of experts than to call on new ones each time' (1994: 92). Commentary on issues was dominated by government officials and political insiders, while academics, 'think-tankers' and other journalists were also often used. Such commentators rarely expressed radical opinions, confining debate to a narrow, consensualist view of the issues. Journalists themselves are wary of strongly criticising the organisations of their valued news sources, in case they jeopardise their relationship with their sources (Philo, 1983: 134).

An earlier study of American journalists' reporting of the controversy over the legal status of marijuana (Shepherd, 1981) found that they tended to rely primarily on a limited number of 'science celebrities' for their scientific information rather than consulting researchers conducting relevant studies in the area. The majority of those consulted for their expert opinions had never done any research on marijuana, but were used as sources because of their positions as administrative officials of governmental organisations or their role as prominent scientists who have become celebrities in tangential fields (see also, Bell, 1991: 191).

Schudson (1989: 271) argues that governmental officials are central to the construction of news for they are reliable and steady sources of news events. Both parties benefit by this relationship: the journalist has access to news events and opinions, while the bureaucrat may shape the reporting of issues through the strategic provision of information. Davis (1985: 47) has identified three 'rules' for the relation between news sources and media representation: the higher the status of the speaker, the greater the relative amount of media attention, the more direct the presentation and the greater the tendency for news makers to endorse the speaker's assumption. Members of elite groups tend to be sought time and again by journalists as news sources, because of their powerful roles in society based on official authority, social status or commercial success, supporting journalists' belief that they have a greater right to speak (Philo, 1983: 137; Fowler, 1991: 22). Such sources are usually in organisations with a bureaucratic structure which embodies spokesperson and a regular scheduling of statements and they have the resources to pay for publicity and public relations (Fowler, 1991: 22). This is not to argue that newsmaking is a 'conspiracy' of the powerful to maintain their position, merely to point out that the conventions of newsmaking tend to favour the opinions of elite groups because of their status.

We asked the journalists to describe the characteristics of people whom they regarded as good

news sources. All journalists maintain contact files where they store the names and details of people, generally indexed by subject, who they know to be good sources.

Radio journalist (rock music station): If you are looking at like a hot health issue, we don't have any problems finding it [someone to speak about the issue]. We have a contact file. I have a contact file on pharmaceutical experts that we can ring about certain drugs ... we have in a big thick contact file. If a story comes up on Legionnaires we try and ring a doctor who is an expert in that field to give our listeners a better grasp about what it is about. *We rely on our favourites, -- we've got a few tried and trusted sort of favourite contacts.*

Trust, confidentiality and speaking off-the-record People who had developed a trusting, confidential relationship with journalists were highly valued as sources. Journalists are very needful of people with expertise or authority who can assist them by providing perspective and background to issues. If such people are prepared to deal with journalists knowing that the journalist is going both respect their confidentiality (should this be required) but also place their information and opinions in perspective against those of other contacts, then these people are much appreciated:

Broadsheet health writer: And what makes them good sources is that I can ring them up and just talk to them and they will just chat back to me and push their line and tell me why they think what's going on and slip me bits of information here and there when they feel it suits them to do so. And it's very important for journalists to be able to have access to those sorts of people, *people who know that you are not going to quote them but that you are really trying to get on top of what is actually going on.* And they know that you are talking to them, but you are also going to talk to six other people and at the end of the day you are going to be able to construct a story that is as close to the semblance of truth as you can get.

Health writer (regional): A lot of stuff we do off the record is very valuable. And people trust you, which is good and I think that is the most valuable tool -- to get stuff off the record. And I just say to people 'look, I want this off the record and if I don't keep it off the record then I've lost you as a contact, so I don't gain. So you just have to trust me that I want this as background'. And then they'll talk freely and then you can, once you get that ... it gives you a better picture, because the official comments can be a little bit...

Freelance health writer: It's people who are honest and who are fairly approachable and will talk to me and who aren't scared of talking.

Radio journalist (ABC): Sometimes press secretaries can be very good contacts because they can give you off-the-record information which you can use, not necessarily use in the story, but use in the interviews or whatever.

Radio journalist (ABC): A good new source I suppose, is perhaps, you know, a doctor or someone who I built up, maybe individuals within an organisation who

don't want to be named or something, but let you know when something's "sus".

As we discuss below (see *People with Agendas*), journalists are wary of people or organisations who insensitively attempt to use them to push products, "barrows" or to promote them for egotistical gain. However, most journalists peppered their remarks with open recognition that most of their sources had vested interests of one sort or another and that while this invoked a cautiousness, the leanings or self-interests of sources were entirely understandable:

Freelance health writer: [a good news source is] *Someone I can trust, or someone whose motives I can see through clearly*. So I don't mind people I don't trust as long as I know why they are doing what they are doing and I know to look behind what they are telling me.

Health writer (regional): A reliable contact perhaps, is somebody inside an organisation that will talk to you confidentially. But definitely somebody inside who will talk to you against their own system, just if they want to reveal things. *But you have to remember that they have an agenda as well, perhaps they missed out on a promotion and they've got an axe to grind*.

Whistle blowers One step beyond talking off the record is the source who is prepared to leak classified or sensitive information. One journalist mentioned leakers or whistle-blowers, particularly in the public service, as important contacts:

Broadsheet health writer: even though the public service is allegedly apolitical, the reality is that the public service is full of people who are either for or against or whatever. And there is a particular breed of public servant that is into self preservation ... if they smell that there is going to be a change of government, they will get on-side with the new political masters-to-be by leaking damaging stuff. You literally have to have a long term view in terms of government sources, because that is how it actually operates.

Broadsheet health writer: if there is a feeling that the government is about to be kicked out, there will be the most extraordinary level of leaking against the government in power, both to people like myself and to the opposition.

Independence and expertise People who presented as dispassionately independent and 'factual' were viewed as impeccable sources where any questioning of their veracity did not arise:

Health writer (regional): I have found [good news sources] to be independent, to be correct. They don't get too emotional. I mean, they are just laying down the facts for you -- telling you a few things.

TV reporter (national commercial):if the Asthma Foundation says one in four children in the western suburbs have asthma, I mean that is a fact. You would presume that they would know.

Environment writer (regional): You have to have an expert opinion to make something legitimate ... you want a local angle to it, so it's good to have a local person. But you have to get an expert in to say that this could have happened or this is the cause or whatever else, you really need that.

Interesting people Predictably, a good source tended also to be someone who the journalist personally found interesting:

Freelance health writer: Then, whatever you're writing about has to have some basic interest as well. It's no use doing a story on some guy whose going to win the Nobel prize, if he is the most boring, straight-forward, deadpan, deadshit in the world.

People attuned to news Besides having *something* to say that was worth listening to, journalists are also appreciative of people who go out of their way to actively supply them with stories, as distinct from those who are useful when they have been approached:

Broadsheet health writer: People that actually remember to ring up and tell you things. The world is full of people who do all these interesting things and never ring you ...X hospital is a good example of that.

Environment writer (regional): I think it just wouldn't cross their minds to tell even their own public relations people, and so then it doesn't get passed on to us, unless you just hear an odd thing, that oh so an so had an operation and they used a new technique or so and so's baby is in this new ... or whatever.

If such people have a poor sense of newsworthiness though, they can also be perceived of as tiresome:

Tabloid health writer: Also a good news source is *someone who thinks of you when something comes up*. I mean you get quite a few people ringing up saying 'Oh! you know here's this great story' and there's really nothing in it. You have to go 'Oh! well look I don't really think it will get into the paper'. I haven't quite mastered that art yet. I hate telling people no, so I tend to waste a lot of my time by saying 'Oh! I'll see what I can do.'

Similarly, a source who is finely enough tuned into news to understand what sort of stories different media, programs or newspapers are interested in:

Tabloid health writer: Also someone who knows what a *Tele* story is and what a *Herald* story is and what an *Oz* story is. And they will ring you and say look 'This is for you' 'cause we know that you'll want this. You'll give it a better run than they will'.

The common touch -- "punter speak" It is not only the willingness to provide information, but the ability to effectively communicate it that characterises a good source to a journalist. Health

and medical experts are commonly seen as poor public communicators (see *Poor News Sources* below) so individuals who have both expertise and the ability to express themselves simply and colloquially, who can translate complex information into media-digestible bites, are highly valued by journalists:

Broadsheet health writer: What's important is not so much the quotes, but the ability to be able to communicate. The number of times that you're talking to someone and you're trying to get them to explain what they're doing and they give you two word answers! Most journalists would give up. The only reasons that I'm persevering is that I know that what that person is doing is really interesting and it's important and it should be publicised.

Radio journalist (rock music station): The reason that they are special, I guess is that because *they talk in very good 'punter speak' as we say*. They talk on a level that our listeners understand. We don't want doctors on the air or medical researchers on the air that are talking about chromosome this or whatever. It doesn't relate to our listeners. But we'll call Gavin Frost from the Health Department. He's great. He's available any time of the day, we've got his home number.

Radio journalist (rock music station): I often say to my interview subjects *'we are not after anything deep and meaningful, just tell me what the gist is'*. So I just say, well, like to this doctor 'Well, we've got two Melbourne men with the second strain of AIDS, what's the chances of getting it?' you know or 'what's the chance of getting it from Africa?', 'Like if you go to Africa, what is their threat now of getting this?' You know? If he could just come back and say, 'look if you're homosexual and you don't practice safe sex, yes there is a chance you will get this'. Now it all comes down to the common sense side of things, you know, and putting it into punter speak, *so Jack Blacktown out there in his Monaro can understand*. So that even if he can't relate to those homosexuals in Melbourne he still can relate to putting a condom on when he's having a big Saturday night somewhere, you know what I mean?

Those with a gift for sound bites or quotes are also valued:

Broadsheet health writer: I am also very conscious that I am dealing with people who are extraordinarily busy. At the end of the day you only need three quotes from a person saying 'I am really angry about such and such'.

Broadsheet health writer: [names Sydney professor] ... *his quotes and things are like just absolutely amazing*. He's lucky that, well the hospital possibly is lucky that the *Daily Telegraph* haven't discovered him. Because he's his own worst enemy in terms of some of things that he says. He can be pretty over the top.

One source was described as valuable, not so much because of the content of what he had to say, but because of the extent to which he was seen as being opinionated:

Radio journalist (rock music station): It's funny, because he [an environmental activist doctor] in a way has made himself into a media contact with his opinions. News is about opinions -- that's what makes news.

4. POOR NEWS SOURCES

We also asked each journalist to talk about the sort of person or organisation which represented a poor or problematic news source.

Mind-boggling scientists A common complaint was the inability of scientists and doctors to be 'crisp and clear' about their issue in ways that would make what they had to say comprehensive or interesting to listeners and readers. The media's requirement for simplicity mitigates against complex information:

Tabloid health writer: For example if there was some kind of study, a medical study, *I'd look for the simplest way of explaining a lot of technical terms.* And I probably wouldn't include a lot of the technical details ... you have to make it as simple as possible. And also on a tabloid, space has a lot to do with it as well. So not only do you have to make it simple you haven't got much room to explain it anyway, so you really have more restrictions on you. On a broadsheet ... there's a lot more leeway there -- you can tend to waffle on a bit because you've got the opportunity.

Radio journalist (ABC): In terms of radio, the stories have to be pretty short and they have to get the essential information in. You can't sort of waffle on for news. For current affairs it's different but you can't ... waffling is not a very good term to describe it, but you don't have much space for extra details. You really have to get the who, what, where, when and why sort of things in, over and above some of the other.

Radio journalist (rock music station): OK, to me when I think of the health specialist I think of him or her bogged down in scientific evidence, scientific research, hoo-hah or just stats and just pages and pages. When I think of health specialists and experts I think of pages and pages of facts and hard work and research ... we [radio journalists] find that mind-boggling and *we always just want to get the crux of the matter, in as short a time as we can. Get the message crisp and as clear,* or if it's an issue that is more um, yeah, sensational, that's something which the media will always draw on. *It's just something that's in the 90s, which the health specialists will go 'ugh' about.*

Scientists and researchers are often reluctant to move beyond the cautious 'more research is needed' language of research journal discourse. To them, the media's appetite for black and white, unequivocal statements is anathema to the ways in which they usually speak about their evolving understanding of their scientific work. The result is often that when being interviewed, researchers will attempt to use careful, equivocal and inconclusive language. Such language is not appreciated by the news media, but in the excerpt that follows, a journalist suggests how

both parties might be satisfied:

Interviewer: You mentioned before that it is not good to say 'I am unsure'. Isn't all science and medicine full of unknowns?

TV reporter (national commercial): It is, you are right. It is the way the issue is presented. You don't have to say the words 'I am not sure'. It is better to 'say the door is still open, and these are the links that we have at the moment'. Sure things are going to change and sure the medical profession does not want to hang their particular hat on one wall. That is understandable as well. *However, there is a story today, and the story is going to be done by hook or by crook.*

Somebody has got to say something. That is the bottom line as far as the media is concerned. So it is better that they come out and say something reasonably concrete like 'it is obvious that there is something happening out there today, but it could also be due to this ... and these are the things that we are researching'.

'People with agendas' During the discussions about people who made good or bad news sources, all journalists referred to "people with agendas". As discussed below in the case of public relations agencies, their cynicism and wariness of such people was often tempered by their realisation that other people's agendas -- motives aside -- often were newsworthy and so useful to the journalists. Their comments about such people and organisations ranged from unequivocal mistrust:

Radio journalist (ABC): Oh well for health, drug companies I wouldn't trust. Politicians -- *you have to be very suspicious of their agenda* all the time.

Radio journalist (ABC): [on who were reliable sources] People I suppose who've got a real interest in an area, *without necessarily a financial interest.*

to recognition of bureaucratic, governmental and medical specialist concerns to push particular "barrows":

Health writer (regional): I wouldn't ring the Water Board, because they'll tell me there isn't a problem in [town]. So you're definitely not going to ring the officials. So you're going to ring your contacts. The councillors are very good. *They've all got a barrow to push* as well but because they are councillors you would expect that they have fairly good contact with a cross section of the community. So I just ring them and [details some questions here]

Radio journalist (ABC): [on Health Departments] Oh! no, I'm always sceptical. They have to be pushed a lot of the times to reveal the real truth about something, particularly about health issues, I mean they don't want to be seen to be failing people, because a lot of people get very upset about it.

Freelance health writer: There's sort of a pluralist approach to get points of view from lots of different places and a feeling that you shouldn't discount what the parents say, just because some expert has said something else. Which is probably quite reasonable because *experts have vested interest in themselves.* For

example, the Health Department might pay someone to do a study. *They are not going to select someone who they are sure will provide a point a view that they don't want.*

National TV reporter (ABC): Most specialists I speak to are credible people. It is obvious that they have a certain barrow to push. *They are coming from a medical culture so that they are pushing certain things.* They are pushing their own areas. Every specialist thinks that his or her speciality is the most important and when ever they give figures, or when ever you ask them for figures or how many people have this disease or disorder or ailment, I mean,...they make it sound like 10% of the population have the most shocking problems. Just about everyone has something or a disease -- which probably true to some extent. So it is a matter of finding the right balance.

Journalists were also suspicious of commercial motivations tainting the information being provided:

TV reporter (national commercial):Some of the PR companies are handling products like Interferon, and they are handling those products because there is a political need to get funding for those drugs to be put onto public listing.

and were wary about those seeking to place a story were seen to be simply ego-tripping:

Broadsheet health writer: And then you have *people who are just self-publicists*, who just ring you up and say I've done such and such and won a medal and I think you should do a story on me.

Environment writer (regional): Well [politicians] they'll always give quotes and tell you things and all that sort of stuff, but generally *they are just trying to get their name in the paper.*

Health writer (regional): But if it's nothing more than a company or an organisation or a government body, sort of *boosting its own ego or its own public profile*, that's what you're wary of. You're wary of a totally one-sided story that really doesn't really have a ... yeah, it's the motives of the people that put it in. Some people give you stuff 'cause they just want you to boost their own ... so they can go back to their people and `say look I've got this coverage or this exposure'. You have to be careful of that.

to concern at not being used in patent attempts at special pleading for funding:

Radio journalist (rock music station): You're always going to have the AIDS Council jumping up and down saying more money for AIDS, you know. And then you're going to have the breast cancer people jumping up and down saying more money for cancer ... it is political, you know.

Radio journalist (ABC): The budget's coming up and I've been warned that I am

going to be at the receiving end of a lot of lobbying about people who want to get air time about the issues that they want money for and so on.

The animated account following is particularly revealing of how inept attempts at news management (here by a government department) can not only infuriate journalists, but can consolidate a view of a source as manipulative and deserving of suspicion:

Radio journalist (ABC): So then we get this press release which absolutely says nothing about what [a report's] findings are. All it says is 'We welcome the report. We think we are going very well' Da da da. To put it bluntly, the shit hit the fan, I mean this is Friday afternoon everyone wants to go home and people were furious they weren't told about it and this report contained some extraordinary things that were ... I mean, they would cause and they did cause some very negative reaction from within the government, from the Ministers who have a very conservative agenda. I mean it's a Liberal Government so clearly they have their own agenda. The journalists were furious. News journalists had to do a story within an hour. Most of them did get the story to air. I think at least two channels I know got the story to air, but the others didn't have time. We had to cobble something together very quickly to get the story to air immediately. We didn't even have a copy of the report, they had put out a press release and the press secretary had come down and said 'Oh! there's nothing in it' to a couple of journalists ... But that is such a clear example of why you can't trust them. Because if we'd paid any attention to what they said we would have missed the story.

Public relations companies Most journalists were openly cynical about the efforts of public relations companies to try and influence them to cover one of their client's issues. The journalists mostly felt that such efforts were mostly thinly-veiled attempts to get them to push a product, rather than report news or matters of public importance. Expertise attached to such efforts was seen to be somehow tainted:

National TV reporter (ABC): Occasionally I get invited to something like [breakfast cereal company] nutritional brunch. I said no. They did not ask me why. But I mean it is a waste of time because there will be no story out of that for me. They just brought a number of speakers from overseas to talk about nutrition. I am just not interested in *that sort of view* from them about nutrition. Some people are more credible than others. I obviously have my favourites.

Broadsheet health writer: A lot of them are public relation blurbs that will be telling you about some new treatment for head lice. Or it will have a commercial basis and I tend to stay clear of those because *I am not here to push a product*. The travelling author with accompanying health book is another thing that clogs my mail and that always ends up in the garbage bin as well. I mean I get things that are great and sensible like *A women's guide to her own health* or something and then I get things like you know, *Cellulite to sexy in 24 workout hours*. I keep all those and make great joke presents at Christmas time.

However most were also well aware that material supplied by PR companies could be useful to them:

Radio journalist (rock music station): There is a company around, I think it's Hill & Knowlton, who are a publicity company and they have a very strong medical research background. They have a lot of clients in that medical, research, pharmaceutical area. They are sending us out press releases on things like warnings about immunisation, warnings for pregnant women, breakthroughs in the medical world on different treatments, like the yuppie 'flu. They're stories that if we don't get to today, they get bumped out, because John Fahey's dissolved the government or something. We can always hold those over, that's the good thing sometimes about medical issues like that. If it's something to do with like statistics or a major breakthrough, like a cure for cancer or an AIDS drug coming through, if we run it that day, we wouldn't run it the next day. That becomes like a news rather than an information based story, there's a difference.

Health writer (regional): We are not a public relations agency and a lot of people think a newspaper is ... so they will ring us up and say 'we've got this fabulous whizbang thing and we think you should tell everybody how good it is'. Now that's important to a point ... we have to ... a lot of our paper is doom and gloom and death and politics and stuff that is fairly dreary or upsetting for people. We do have a lot of good news stuff.

The decision to use such material was one that was determined by a subjective "gut feeling" often mediated by their judgements about how much to weight potential public interest in the issue against the perceived self-interest of the source:

Radio journalist (ABC): *So it's like a gut feeling.* You decide whether something is worthwhile or not. And you have to weigh things up like, is this going to be of interest to the general public? Is this purely someone ringing me up or sending me a press release because they want some publicity?

People who don't know how the media works A repeated theme in describing poor sources was the individual who did not understand how the media 'worked' -- who did not appreciate the objectives of reporting and the constraints under which it was conducted. Several journalists related anecdotes about people they had interviewed. The typical complaint was that those interviewed could not see the story from the same perspective as the journalist:

Interviewer: Do you think health professionals have a good understanding of how the media operates?

Broadsheet health writer: I was about to offer you my unrequested advice on this, No! There are some that are excellent and they have developed those skills because they are survivors. They care about the area they're in. They know that they've got to get in corporate dollars, sponsorship or whatever, so they are very good at using the media to get publicity to attract funding and things like that.

Radio journalist (rock music station): I interviewed this doctor and *he just didn't understand what I was looking for ...* I wanted him to tell me about the couple that had been diagnosed with this [HIV], and how on earth did one of them get them if they were monogamous? He was talking about this and that research in Africa and I was going, 'No, no, like what's the chance of this guy getting this strain here and what's the chance of it being passed on?' Sometimes I don't think they think like the media enough ... a lot of these health experts don't listen to [name of her station]. They listen to 2BL and they again have the room and the scope to spend 20 minutes.

Radio journalist (ABC): I think there are a lot of people out there that don't understand how the media works and that is to their disadvantage in that *they can't frame something in a way that's going to be attractive to the media or they don't even know how to even approach the media.* So you might be approached by someone who thinks they've got a good story and you look at it and think well, it might be an interesting story to you, but in terms of the general audience it's not really very new or interesting.

Several complained about medical sources treating them unprofessionally -- meaning that they displayed a lack of trust that the journalists would be able to faithfully report them in the ways that they believed they had been interviewed. Most had had many experiences of sources attempting to restructure stories they had written:

Tabloid health writer: Quite often you will deal with people, particularly in the medical profession *who have absolutely no idea of how the media works,* which is understandable. You can't expect them to. They will say a few things like, 'right, well you have to call me this, and you've got to use this title' which goes like for two pages and they will be really rigid and they will say 'well, I won't give you this story unless you read it back to me before it goes to print'. And of course we don't do that. We regard it as a bit of an insult to our professionalism. I wouldn't read them the whole story because *it's not really their business to sort of be telling me how I should structure the story* because I'm the journalist. But I'd read what they said back and that way if they feel that they are misquoted then maybe they might have something to say about it. But if you read things back, people want to change it. No matter what, they always want to change it. It's really difficult for a journalist. That's why we don't like ringing people back because they often try and squirm out of things that they actually have said ... you know, just to sort of put themselves in a better light and it's very difficult.

One journalist related a detailed account of how a doctor had given her a semi-accusatory but quite inaccurate account of a story written by another journalist in the context of being reluctant to assist her with information about a current story. From the journalist's perspective, this doctor had developed an attitude that all journalists were to be equally mistrusted for their ability to misquote:

Broadsheet health writer: There's another guy at [hospital] ... I can't remember his name. He was really aggressive ... 'No I'm not speaking to the media and you'll only beat it up and get it wrong'. I was just like 'Excuse me, I can't answer for everyone else'. He took issue with an article that had been printed in the *Herald* the previous year that had quoted him and he said 'I nearly got the sack over that. There was this headline that said 'doctor ignores Department and blah, blah, blah'. While he talked to me on the phone I was searching the library system to call up the story. The headline said absolutely nothing about a doctor, it said 'The new virus that threatens Australia'. It was about Hep C. It quoted him for three paragraphs at the very end of the story. The journalist who did the story was a court reporter, so it wasn't me. She is someone I know very well and has trained as a lawyer and is absolutely meticulous -- has perfect shorthand. So there is no way on the world that she would have misquoted him. But in his head, he turned this article into something that was all about him, that had almost got him the sack and had 'Doctor does blah blah blah' in the headline. At the end of the interview I read all this back to him and he said 'Well, it's not fair because you've got the article in front of you'. And I said 'Well is it fair that you're running around, sort of running down the *Herald*, one of my colleagues and refusing to speak to me on the basis of something that is not true?' That's something that happens as well, people's perceptions of what they ... they don't read it closely. So what ends up happening on a round like this, that you end up relying on the same reliables. And you know? That's not a good thing either.

Interviewer: Do you think that health professionals have a good understanding of what sort of issues are newsworthy?

Environment writer (regional): No, no, I don't think they have any idea. Or they have a perception that we are going to blow everything out of proportion and I mean at times I suppose we do -- all media does. Or at times the headlines won't really reflect what's in the story or whatever else. But no, I don't think they understand at all.

Unreliability and lack of courtesy were also seen as very annoying:

Tabloid health writer: Unreliable. Someone who is unreliable. Someone who says 'sure, sure you know I'll have this to you in ten minutes because I know your deadline is in twenty minutes'. And then two hours later they send you the fax that they promised you. And that's an absolute nightmare because you've got someone yelling at you 'Where's that story! Where's that story!' And you have to keep ringing this person saying 'Where is it, where is it?' So a bad new

source won't really know the pressures that are placed on you or will know but won't care. That happens a lot.

Environment writer (regional): I think the health field is very different to other fields. In health most of the professionals are quite wary of the media ... you've got to really talk them into being a part of it and let them be anonymous or whatever else. It's very rarely that they ring us. Generally the health professionals aren't that willing to talk.

People who only want to give good news Sources who were fair weather friends to the media - who only wanted to be helpful when it was in their interests, but who overtly ran for over or were unhelpful in other circumstances -- were seen as irritating:

Radio journalist (rock music station): They [the Health Department] are always happy to promote the positive measures. But when you ring up and say 'we've heard this doctor has infected the first patient-to-patient infection of AIDS, can you help us out?' They say 'Um I'll have to check on that', they are not so quick to jump in. It's two way street you know, the media is always going to jump on negative issues, because it's more newsworthy, so that always puts them on the back foot.

Interviewer: Do you find the PR departments of hospitals are the best for giving you this sort of information?

TV reporter (national commercial): No. They are the best at letting me know that there is going to be a launch. Quite often, to get a story within a hospital, I may have read the article about the research in a medical journal. I now go to the doctors direct, which some of the PR people don't like. But then I come back and do the protocol and say right, this doctor has to do a story so I ring PR and say, can you organise a day and the location. Some PR people are very good, I would say 50% are and 50% still have a lot to learn.

Disputes about angles taken Disagreements between health experts and journalists about the treatment of stories by journalists were regarded as perennial. One journalist suggested that the nature of news demanded that journalists were bound to the task of dressing up any story in an angled frame of reference, but that it was quite possible for other frames, perhaps more to the liking of health workers, to be also placed around the same story. Thus, one way around the perennial dispute was for people working in health to more reflective on how they might present their stories to the media. This would allow them to play a more active role in structuring the way that a story was presented to audiences and readers and lessen the much-resented traditional passive subjection to frames chosen entirely by journalists:

TV reporter (national commercial): It is an ongoing issue that I will always report on and most journalists will and I guess *what we are doing is providing new angles* to put it on the public agenda. While a lot of the medical profession may debate how some of the facts come about, *I think what they also have to realise is that by keeping it up there, focused, in the media, it is at least making sure that the*

government or the people providing the funding are aware. That is the dilemma that health professionals have, and that's why if they don't like the angle, they should perhaps revise some better angles. There is nothing wrong with the angles of the story though. I mean they are quite alarming to some extent.

The same journalist argued that it was not her role to investigate in depth every story she did in order to better ensure that the approach she took to a story was the one that people featured in the story would ideally want:

TV reporter (national commercial): It is not up to me [to exhaustively research everything]. It may have been a long time ago when I only worked on one story a week. But it is not up to me nor do I have the time to sit down and spend all day on the phone trying to find out what that clinic is all about. This is the job for the PR people and to some extent, some of the doctors should be aware, they must know what they are doing.

One journalist reflected that a bad source was the sort of doctor or health administrator who sought to totally control what the public was told and believed that journalists should act as mere pawns to such ambition:

Freelance health writer: Someone who just doesn't like journalists and doesn't like the media ... doesn't see that the media has a role or someone who wants to control it and can't see that their view is not the only view that should exist. Do you know [name of Sydney doctor]? His view of things is that 'I know what's going on, I'm a doctor' and if you print anything that I don't agree with, then it's wrong and you shouldn't do it because people are misinformed. He can't see that there is a role for diverse opinion or just that he might not be right. The other view is say [Health Department doctor] who just doesn't think journalists should exist and doesn't see that the public have any right to know anything apart from what [doctor's name] has determined should be said.

Qualifications of journalists If they had not raised the subject during the interview, at the very end we asked all journalists if they had particular qualifications that they felt assisted them in their reporting of health and medical issues. One had a medical degree and still practised as a locum doctor to back up his journalism. Another had been a nurse prior to entering journalism and a third had a science degree. The other seven journalists had only worked as journalists. We asked the medically qualified writer whether his qualifications seemed to influence the way that those he interviewed behaved towards him:

Freelance health writer: without realising it, probably they start to see me less of a scum and more of just a minor scum and talk to me a bit more naturally.

Freelance health writer: My job is take what they do and translate it into English. So it helps if they are speaking at a fairly basic level. If I want to probe a bit further, then more technical language can come out, but only when I need it.

A journalist with no additional qualifications noted with sarcasm:

Broadsheet health writer: Then you get those great people who you ring up to interview and they start by saying 'before we go any further have you got a medical degree or a science degree, so I know what angle to come at?' and I'm like (furious facial expression).

She also said of the medically qualified writer:

Broadsheet health writer: The fact that he's a doctor gives him an 'in' that's extraordinary. And so you get that kind of thing. And my standard line is 'well I'd like to say I'm doing a my PhD in ... but ...'. I just tell them that I have neither, but I am a journalist of 10 years' standing and my skills are in communicating what they're doing. So if they care to talk to me on that level then I'd be more than happy to do a story. But it just sets up the most extraordinary antagonism, cause you can just tell...

Broadsheet health writer: I think this would cover most of the health professionals that I deal with -- they don't like the media. Don't want to have anything to do with you. Have no respect for you whatsoever and never actually take the time to sit down with you and listen to you and what you're asking and realise that you might actually have a few brain cells to rub together. And that is very frustrating.

TV reporter (national commercial): I had a call the other day from a guy from Sydney Hospital, although I won't be able to do the story because I am going on leave, but it's a story about the trial that they are running here on the herpes vaccine. They have had a little bit of newspaper press, but they just made a really basic error where they described it as a treatment. Now - vaccine in this case is a preventative measure and it's a whole world of difference. I guess that having a little bit of medical experience, way back when does help me analyse that difference. It is really important to the medical profession that the right message is given.

On journalism causing change Only three journalists we interviewed gave any extended indication that they saw their roles as journalists as attempting to promote public health. All the others gave little overt impression that they saw themselves as change agents or as the allies of those they interviewed in the health and medical fields:

Health writer (regional): Occasionally you will be able to force a change or bring something to their [officials'] attention ... *but that's not your role.*

National TV reporter (ABC): *obviously you want stories that are going to have some sort of impact.* Like the story *The Age* ran about one month ago on nuclear medicine in the 50's and 60's which the *Herald* ran very briefly on page 5 or something. It was an odd sort of story, but anyway that led to inquiries and reports being done. So I mean *that is a journalist's dream. Some major action as a result of your work.*

Radio journalist (ABC): For example last week we had a story which was followed up by most other media outlets I think ... about a doctor who came out and said that women in the western suburbs were actually having their breasts removed because of the lack of resources for treatment out there ... one woman had actually decided to have her breast removed because she was in her 70s and she could not afford or didn't have the energy or the transport to get to the distance she had to have treatment, like chemotherapy and stuff....So you know the fact that she spoke to a doctor and then people rang her and she interviewed them and put them to air, collaborating (sic) what the doctor had said and it just added to the strength of the story and it resulted in the Health Minister acting on those complaints. *That's the sort of wonderful thing that you can actually achieve sometimes* to reveal really horrific examples of neglect, I mean that is just total neglect and it's scandalous.

TV reporter (national commercial): You have to find something -- as in every story, whether paper, radio or television -- that is going to affect a lot of people. *It might help change their lives.* If it is a controversy, like the Hep C thing or maybe a political controversy or it's a story to do with the Health Department or with the government, you have to say that this is a story that the public need to know about.

However, some were wary that to be seen to be overly 'campaigning' on a health issue risked the approbation of their producers who would hint that they had strayed too far from their role as reporters:

TV reporter (national commercial): I mean I still have some producers who say, you have got to be careful that you don't sound school marmish. Not me personally, but the stories.

5. THE NEWSWORTHINESS OF ASTHMA AND AIR QUALITY

In the final section of each interview, we turned the discussion of newsworthiness to the issue of the asthma/air quality nexus. To facilitate this, we showed the journalists four newspaper clips (see Figures 1-4 in Appendix) and asked them to comment on their views on the likely thinking that had caused the stories to be written and presented in the ways they were. This allowed the journalists to speak about various assumptions they held about the newsworthiness of the relationship between asthma and air quality.

Two were adamant that there was an assumed inevitability that in any journalist's approach to this issue that air pollution would be linked to health consequences like asthma:

Interviewer: Is there an assumption that one causes the other ... that air quality does affect your health? Is that always an assumption that you work from when you go to write a story?

Environment writer (regional): Oh definitely. Yeah, yes it's always the assumption that it has some effect on health

Radio journalist (rock music station): *If you think of smog, you think of breathing and you think of health. So whenever you get a smog level, a smog story or air quality story, you obviously put a health angle to it. It's the first thing you do. You don't think of planes going through the air getting dirty or how it affects your houses -- you think of how it affects people.*

Radio journalist (rock music station): *It affects people, you know? I think in asthma you always think of someone wheezing and stuff and you think of smog and bad air. I think asthma and smog, health and smog are just two issues which will always be linked together anyway.*

Radio journalist (rock music station): *For a while there we dropped it [daily pollution readings], because we felt as news people 'What's the point in saying the air is OK to breathe today', everyone knows that. We really should as journalists look for the angle, as you say, and it's horribly smoggy out there. You know and that's what happens. It goes in a circle. The media gets uptight about air pollution and there are a few really bad days and the next thing you know you got a summit somewhere and then the next thing you know the recommendations come out and the air clears and you have a good strong westerly and everything's gone and we are all happy, you know? The angle again is either excess or incredibly good air. You know what I mean?*

Two journalists were aware that previous epidemiological investigations had not pointed to an obvious link between living in polluted areas and a higher incidence of asthma:

Freelance health writer: *As far as I know Stephen Leeder's investigation found evidence that pollution was not causing the problems and that was reported. But still, I think, in the public mind, Villawood [a Sydney industrial suburb] is a bad place for asthma for kids because the parents say so.*

As will be seen shortly, one journalist was rather unique in suggesting that his reporting of the asthma/air quality nexus would rely largely on the assessment provided by an expert such as Professor Ann Woolcock [from the University of Sydney]. He was conscious that changes in asthma rates could reflect a multitude of factors and was not inclined to make the quick leap to blame air pollution:

National TV reporter (ABC): *What I am getting at is that when Ann Woolcock says something, I do consider that she is a credible witness, whereas when you have got parents saying things, it is pretty hard. I mean she can back up what she says by studies that have been done, and you might say that 'well this might well be a questionable scientific paradigm that she is relying on'. But, nonetheless you have to accept that a lot of the evidence that she is parroting is fairly solid sort of stuff although it's mainly overseas studies. Whereas just quoting parents as saying that the air is just so bad -- it is not really strong enough to me. To say*

the death rates from respiratory system disease are 80% above the average, that is probably there for all sorts of reasons ... a wide range of socioeconomic and maybe medical factors, very unlikely that it would have anything to do with the smog to me in my opinion.

However others explained their role as one of simply reporting a range of views and opinions on issues, rather than attempting to editorialise and filter the merits or demerits of what an 'expert' or 'victim' source may have said, provided these sources satisfied some criteria of being "objective":

TV reporter (national commercial): It is not up to us to say that what they feel is wrong [ie:. They are saying to us that they have made this decision, every journalist has to make a decision to ensure that it has been an objective one ... well as far as one can be objective ... and *not erratic zealots*. Also that the decision has been arrived at on a measured analysis of her problem. I mean that they [the couple profiled in one of the news stories, who were moving house because of their belief that air pollution was causing asthma] are fairly intelligent people, and she has obviously been unwell for a long long time, and they have decided that the area is the source of their problems and they are going to move. Thus it ties in with the story on that day.

One of the stories shown showed a 'toe-to-toe' photograph of Professor Ann Woolcock from the University of Sydney and Dr David Hughes, a general practitioner and environmental activist from the western suburbs of Sydney. Both were attending the Smog Summit, a consultative event for experts, activists and authorities which had been called by the Premier of NSW, Nick Greiner, in an attempt to deal with apparent increasing concern about smog in Sydney. We asked the journalists why they thought the article had been written in the way it was, and what would have inspired the choreography and the editorial selection of the photograph. Most saw the photograph as underlining a key ingredient in the newsworthiness of the Smog Summit -- the struggle between different interest groups:

Tabloid health writer: I suppose that it's [the photograph] kind of signifying the fact that they are poles apart, they are kind of like on absolute ends of the photograph.

Health writer (regional): Looking at that you would know that the man on the left was the more environmental type of person and she is very much a business type of woman and he is more of your ... the beard and that ... it definitely is a stereotype, isn't it? The photographer didn't have any input into what they looked like on the day, but I bet you he chose people who looked contrasting so he got the real green extreme 'green'. And this lady was more the rationalist, the economic rationalist. Although I haven't read through but I see here that she is saying 'there is too much emotion, hate, dead bodies, it's all nonsense.'

Tabloid health writer: The Smog Summit is an ideal story. Everyone would love that story. It's not specific to any particular publication, simply because smog is something that is affecting everybody. No one is immune from it and it has

potentially negative affect on our health. So in that sense it's of great interest to a lot of people. It's also, as this breakout talks about ... *it highlights the varying interest groups and that again interests more people because you will find, the interest groups are reflective of divisions in the community as a whole.*

The capacity of the news media to consciously and deliberately set about reproducing culturally dominant notions of taken-for-granted realities was vividly illustrated in the case of the asthma and air quality issue. During each interview, we asked the journalists to consider the newsworthiness of a hypothetical epidemiological report which reported that there was no evidence of any concerning relationship between air quality and asthma. We asked them if such a report would be considered newsworthy, and how they themselves would be likely to treat such a report.

Several journalists responded to this hypothetical scenario by describing it as oxygen to the flame of a controversy they or other journalists could orchestrate:

Interviewer: What if there was a story released from the Health Department or a Smog Summit that said they've found that there is no link between air quality and asthma. Would that be a story?

Radio journalist (rock music station): Oh! totally because, Oh! definitely. Because if the Summit came out and said there was no link, *we would go on and follow that up with a series of health experts, for or against it. Even if they say there is no link, that's not going to convince people just because a Summit says it. So of course that would become a hot issue or a hot story as we would say, because again it's the opinions.*

Radio journalist (ABC): It would depend on who had done the research and how, you know, that I trusted the source of that information. But I would certainly do something on it. I might do something saying that this research had found dah dah dah *and then I might go and find somebody who says that's absolute rubbish, how can they say that, they've done very little research here and they talked to these people selectively dah dah dah.*

Tabloid health writer: I would definitely write a story on that if this story basically said 'Smog doesn't do anything to you and this is a whole lot of garbage'. It would depend on who said it. Like you'd have to look at who did the study. I mean it might be some kind factory or some huge industry or whatever and then you'd think of you'd have to take that with a grain of salt. But you would still probably report it and then you'd go to credible medical sources and say 'What do you think?'. Sure if they agree, you know. I'd write something like 'Smog does not ... smog is not bad for our health' or something like that. 'According to new research ... blah blah blah' and then just go into it. *They might do something like, have this study and then go and find someone who has been badly affected by smog saying, 'oh! rubbish of course it does! Look, I've got chronic lung disease and this is why'.* They might do it that way.

Broadsheet health writer: The [name of tabloid newspaper] might do something like

gather up all the people who say it's terrible to denounce it, before they had even actually covered the study.

One described how, despite such research, some journalists would probably go to lengths to find exceptions that would allow the notion of the asthma/air quality relationship to be perpetuated:

Freelance health writer: I think the next time there's heavy pollution days they will ring around the hospitals and say 'Do you have a lot of asthmatics in' and if someone says yes, then it's front page news. *You can have five people say no, but if someone says yes, they have a story.*

However, other journalists saw such a research finding as highly intriguing because it would be turning a myth on its head:

Interviewer: Do you think that if there was a finding to say that there wasn't any impact, would it still be just as newsworthy to report that? I mean is it more exciting for a journalist to report something that is detrimental? Generally speaking?

Environment writer (regional): In some cases it is, yeah, it depends ... the fact that that's so new *and goes against what everyone believes*, it makes it a good story ... I think it's more the newness of it, than whether it's detrimental or not ...
... So anything that goes against expectations I s'pose.

Health writer (regional): The release of the other one would be a newsworthy story, definitely, because people just assume that the smog does hurt you. So of course it would be a big story and because it's so out of the blue, you just wouldn't expect it. It would probably be bigger than endless stories about people suffering because of pollution, quite frankly.

Broadsheet health writer: Oh! certainly. If tomorrow you guys handed me a study that said air pollution doesn't cause ... does absolutely nothing to you -- that would be on the front page or page 3, prominently, no questions asked. I think what you would get if you had a study released that said air pollution doesn't do anything to you whatsoever and it's actually quite healthy -- that would be so much at odds with what the general perception is, that it would make huge news and it would be. Now I would probably devote most of my story to the study itself in explaining as much as I could, what it had found.

A TV reporter saw it as her duty to both report the emerging research picture, but to deliberately counter-weight this with views from community members who remained convinced that air quality was related to asthma. "Arguing academics" were seen as part of the evolving story and certainly not any reason to suspend the community view.

TV reporter (national commercial): It is really difficult because if you get information as a journalist, and you realise that the medical profession is slowly learning this way [that asthma may have weak links with air pollution] and it is against

what other long held beliefs are, you obviously have to keep running this theory a couple of times as a news story. You do this to get the public on the same level of understanding. The people in this area in particular in the west do believe smog causes asthma. Personally, I would always go to those people as well because, they are out there and they are present when there is days of high smog recording and their children are on nebulisers. So you can't dispute that there are problems. *While the academics argue, you add that to the story, because there is still no answer.*

IMPLICATIONS FOR PUBLIC HEALTH ADVOCATES

As we have shown in this report, the newsgathering routines of journalists are central to the construction and framing of news stories on medicine and public health. It is clear that journalists and public health advocates have different agendas around news construction: the imperative for journalists is to get their story on an important page (the front page if possible) or selected for broadcast in a news bulletin hopefully as a lead story, and to meet deadlines in doing so. Public health advocates' agenda is to publicise their issue in a way that avoids trivialisation and over-simplification and provides accurate information and a framing of the issue in ways that make it consistent with public health objectives. Notions of 'a good news story' therefore often differ between journalists and advocates. A study by Salomone et al. (1990) used panels to compare journalists and news sources' (industry representatives, government officials, environment advocates and academic scientists) judgements of news coverage of four stories of environmental risk. They found that the scientists and advocates were concerned with accuracy and the level of risk information given in stories, while industry representatives and government officials were concerned with accuracy and the reassuring nature of stories. Journalists were less concerned with accuracy, rating alarming stories higher in quality than reassuring stories, and valuing risk information: 'the best story, in their minds, gets the facts right, communicates an appropriate tone, and uses images (particularly in television news) to highlight a serious health problem' (Salomone 1990: 129).

However, the differing professional interests of journalists and public health advocates meet at a number of important points. Journalists are always looking for novel angles and issues to construct news stories, and are aware that the public is highly interested in health and medical issues, particularly if they are personally relevant. Journalists value, and indeed depend upon, good news sources who are able to provide an expert opinion on a health or medical issue. Public health advocates require the sympathetic publicising of their issue and as such, need to be highly media literate when working with journalists so as to engage in a relationship with newsmakers which fulfils the interests of both sides. Some important aspects around dealing with journalists were raised in this report. They include the following:

- Remember that the media "feed" off each other for ideas for news stories. If your story is featured in one medium, particularly a prestigious newspaper such as the *Sydney Morning Herald*, be prepared to have it picked up by other media on the day of publication and even some days later by such publications as news magazines.
- Keep in mind the importance of visual images for television and the print media. Your story is unlikely to be run on these media unless there is the potential for arresting or unusual images that can be used with it. The corollary of this is that even a quite trivial story will be run if it is accompanied by good visual possibilities. Medical or public health 'experts' are important to provide the voice of authority, but most journalists will want to include the personalised 'victim' angle as well to 'humanise' the story and make it relevant to the audience or readership. Therefore, if you are able to arrange for a 'archetypal' patient or other individual relevant to the story who is willing to be a 'talking head' or to have their photo taken to personalise the story, you will have a

much better chance of attracting coverage.

- Most news media are quite parochial in their selection of 'interesting' stories. Try to ensure that your story has enough local content to interest the news organisations you are approaching.
- Try to find the most unusual, attention-attracting angle to your story without trivialising the issue you are attempting to render newsworthy. The issue itself may be banal and everyday, but if you consider the interest factor for the average person (the 'it could happen to me' angle) and shape the story along those lines, it will have a far better chance of motivating a journalist to write the story. Such aspects as timeliness, currency and the opportunity of fitting the story into a topical or seasonal theme (such as the dangers of consuming too much alcohol during the Christmas/New Year period or the effects of sunburn during summer) are also important 'draw-cards' for potential news stories.
- Consider the demographics of major audiences or readerships of the different news organisations that you will be attempting to interest in your story: in particular, such factors as age, gender, social class and area of residence. The ABC evening news audience, for example, has different concerns from those of the Channel 10 audience; readers of the *Financial Review* have a different socio-demographic profile from readers of the *Daily Telegraph Mirror*. The ways in which news stories are selected and constructed differ accordingly. Tailor your story's angle so that it has personal relevance for the types of groups you know will be dominating the audience or readership.
- Remember that the convention of constructing news stories is to give both 'sides' the opportunity to respond to a contentious issue. If you, as a health advocate, raise an issue that criticises the actions or policy of another individual, group or organisation, it is more than likely that they will be contacted by the journalist to provide their point of view. By the same token, you may be contacted to provide a response to a news story initiated by another.
- Journalists will tend to use the same "tried and tested" news sources to provide opinions and expert interpretation of events. If you have been used successfully as an expert news source on one occasion, be prepared as an advocate to be asked to 'perform' again, but be careful of giving out opinions on issues on which you do not have a high level of expertise. Remember that as an expert source, your statements will be treated as 'fact'.
- As a news source, keep in mind the principle of simplicity. Try to couch your opinions in ways that will get the message across without the use of obfuscatory or technical language. If you cannot simplify your message and if you have a tendency to 'waffle on', journalists will simply not use you as a news source.
- Remember the time pressures that journalists are under. Most journalists have to meet a daily deadline, and there is little time to check details and to wait for news sources to

provide information. However, bear in mind that despite the pressures of time under which journalists labour, you as news source should not be forced into providing information or injudicious opinions that do not further your cause or credibility. Be prepared to miss a news opportunity if you are not well-enough prepared.

These and many other aspects of public health advocacy are reviewed in far greater detail in our forthcoming book

The Fight for Public Health: Principles and Practice of Media Advocacy. Simon Chapman & Deborah Lupton (London:British Medical Journal Books, October 1994)

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