Health policy journalism webinar notes:

Do lots of meet and greets, send lots of emails. Beat-building.

Often write 2 versions of stories – one for specialists (on Politico Pro), other general-audience.

This is common when there are paywalls

Build a daily “news feeding” routine:

Local sources. Social media, email newsletters, local blogs.

National perspective. Kaiser, Health Affairs, Stat, Morning Consult, NYT ‘The Upshot’, Modern Healthcare AM

Pick up phone. Catch up with old sources. Introduce self to new ones. Don’t fear cold calling.

Meet sources for coffee. Take notes sparingly. If they give you something good, you can come back and ask to go on the record.

Meet a lot of people thru your daily work going out there. Keep track! Make lists of people, categorize, and you’ll have ideas of how to talk to about what.

Choose what source to talk to based on what you need – subject expertise, good quote, pt experience…

Spreadsheet with topic areas is plenty.

Will be as indispensable as your laptop.

Open calls are another way to get sources.

Adding notes to end of your story asking for sources works surprisingly well.

Your stories build your reputation, and people who get in touch bc of them can be great sources.

Bring the stories home. Who’s your audience?

ID the stories that matter to your readers – chronic conditions, accessibility, physician shortage, hospital closure

CHNAs, health dept assessments, insurer spending all provide clues to how people in your community are using healthcare and why

Read your colleagues’ work, or local clerk of courts civil case database, to look for local stories

Localize your morning news feed

Not enough info about healthcare quality. How many procedures does a particular doctor perform? How are their outcomes? This info is not readily available, and pts care about this at least as much as price.

Go to conferences! Great for getting background info, and making connections that can be extremely helpful for explaining complex topics.

Ask people who they think you should talk to, then talk to those people!

Consultants are often v helpful to talk to about issues.

Don’t need to put everyone in a story; people like to shape your understanding, seeing their indirect contributions to the story. Don’t need to quote everyone you talk to, can use some for background info and explanations.

Ask coworkers what they’ve been covering, what they think is important.

Join Center for Health Journalism, Association for Health Journalists, talk to more experienced people for advice.

Prevention stories are often a hard sell. Can report on them better by talking about cases that *did* happen of the thing that are trying to avert.

Population health is hard to get people to click on, but hospitals love contributing to stories on it to try to contribute to *it!* Try to find exciting angles.

A lot of our healthcare system is reactive, not proactive. Can use that fact to draw readers into a story that tends to be complicated and not sexy.

It’s good to talk to researchers. Don’t be afraid to ask questions that sound dumb to you. Reach out to authors of papers you find interesting.

Health News Review is a great site for improving medical journalism. Points out problems in press releases and stat interpretation to watch out for.

Emails from patients – save and hold on to them, can be extremely valuable even if not ready to talk to them yet.

Many stories, finding the right pt to talk to is key.

Social media, and going through advocacy groups, are great for finding patients.

Notices of intent submitted to departments of health are v useful, and often have case numbers you can further search.