

The vast majority of health stories on local television are medical reports about diseases, lifestyles, experimental tests and treatments. Many of them aren't even local. Hundreds of newsrooms depend on feed services like Ivanhoe Broadcast News and Medstar Television to provide their daily health reports which are then "fronted" by the station's reporter or anchor.

COVERING HEALTH CARE COSTS, THE UNINSURED AND OTHER HEALTH POLICY STORIES FOR BROADCAST

By Deborah Potter

Deborah Potter spent 16 years as a network correspondent for CBS and CNN. She is executive director of Newslab (www.newslab.org), an organization in Washington, D.C. that helps local television newsrooms find better ways of telling stories that are difficult to convey on television.

Let's face it: health policy stories such as insurance coverage, prescription drug costs and access to health care may be important, but they aren't easy to cover. The following tips can help you tackle these stories, making them interesting and understandable to your audience. While these tips are written with television reporters in mind, many of them also apply just as well to radio reporters.

PEOPLE

■ **Find a central character.**

The best television stories are about people; they don't just use people as an opening and/or closing anecdote. These stories have what one news manager calls the "RH factor" - real humans. "The art of getting public policy on TV," says PBS's Susan Dentzer, "is to go out and find the person whose plight encapsulates at least some of the issues." However, finding people who are willing to go on camera is often difficult. Some reporters have had success in finding participants by working through special interest groups.

■ **Choose an expert who can speak simply.**

Find an expert who can explain complex issues simply. One PBS producer uses this simple litmus test for finding experts who are willing to forego technical language: ask if they are comfortable being called by their first name. If so, they may be able to discuss issues in terms everyone can understand.

■ **Use simple language.**

Experts often speak in their own jargon, which is virtually unintelligible to the general public. Use simple language in your questions, so people will respond similarly. For example, don't ask about morbidity rates; ask how many people are sick. Susan Dentzer tells sources they should treat her like a very intelligent 12-year-old. "Because I'm intelligent, they won't talk down to me," she says, "but if I'm 12, they know they need to explain things."

■ **Experts may not be required.**

Not every story needs to include a sound bite from a traditional expert. While you will probably always consult experts, for background, you may not have to use them on camera. Instead, you can summarize their views in simple language and in less time. Remember that people are experts about their own lives, so let them speak about what they know. In stories about children's health, let the viewer hear from children. But be careful to verify all information. Dentzer has found that people are often confused about their specific medical condition, so she asks for permission to confirm information with their doctors and to see supporting documents.

VISUALS

■ Shoot active interviews.

Before setting up an interview, explain your need for video but be clear that you are not asking for anything to be arranged for your convenience. Sometimes experts are too willing to stage activities that they think will be "good TV." If possible, talk to people while they are doing something connected to the story, and shoot b-roll at the same time as the interview. If you're asking about prescription drug costs, talk while the person sorts through their medications; if you're discussing insurance coverage, talk while looking at their hospital bill.

And remember, good communication between reporter and photographer is essential to making sure you have the sound bites you need. The extra effort required will pay off in time saved both during the shoot and in the editing room.

■ Avoid "wallpaper" video.

Video should help viewers understand the story. Generic or file tape does little to achieve that goal. In fact, research suggests that when viewers see familiar file tape, they conclude that there is nothing new about the story they are watching and are likely to tune it out. Shoot or obtain fresh and specific video for each story, if at all possible, and write copy that helps viewers understand what they're looking at and why.

■ Ask for home video and still photos.

Home video and stills can help to put a human face on a story and offer context for stories in which someone has undergone dramatic change. For example, a story about hospital errors could use home video to show how a patient appeared before his or her hospitalization.

■ Look for other video sources.

JAMA, The Journal of the American Medical Association, offers a weekly satellite feed related to its top story. If you can't downlink the feed, they can send out b-roll. Many big medical groups, like the American Heart Association, also have sizeable tape libraries. Researchers also shoot video that can be used to illustrate results. Finally, consider using historic footage, which can show how things used to be.

GRAPHICS

■ Consider using animated graphics.

Animation can help clarify how a complex process works. Research shows that viewers pay attention to animations and are more likely to understand a difficult story that uses animation than one using static, full-screen graphics. Consultant Tom Dolan concludes from watching focus groups that "they will not zap your channel" when animations are in use.

■ Construct graphics that show rather than tell.

Graphics that show how things relate to each other work better than plain words and numbers. If one hospital charges twice as much as another for the same procedure, you might use a bar graph to clearly show the relationship between the two. If a senior citizen spends close to half her income on prescription drugs, you could use a pill-shaped pie chart to illustrate the ratio.

■ Bring document-heavy stories to life.

Use specific techniques to enliven the actual documents themselves, instead of creating a stand-alone graphic. Former television investigative reporter Valeri Williams says that while it's easier for graphic artists to recreate the information in a document, she insists on showing the actual document for two reasons. "It adds legitimacy in the eyes of the viewer, and it's one more layer of protection if I end up in court." Use a highlighter or selective lighting to make the important words jump off the page. When shuffling papers, capture the natural sound and use it. Have someone directly involved in the story read the document - for example, a denial of benefits letter.

STORYTELLING

■ Use analogy or metaphor.

Look for a way to explain the issue by comparing it to something people might already have experienced. Ask the people who know the issue best to help you find an analogy or metaphor. What else is this problem like? Could you compare an insurance company's decision to drop coverage for certain people to a game of "knock-out" basketball? Finding an analogy can lead you to pictures that will

illustrate the story.

- **Use "show and tell" stand-ups.**

A visual analogy performed by a reporter can help explain complicated issues. Consider using props that can turn a concept into something concrete. A managed care system that rejects patients based on pre-existing conditions could be illustrated using a coin-sorting machine.

- **Vary your format.**

Not all health stories need to be packages. Consider on-set explainers or natural sound stories to share an experience or situation with the viewer.

PLANNING

- **Work ahead.**

It takes time and effort to arrange a shoot in a hospital, doctor's office, or other locations where patient privacy is an issue. Jaine Andrews, anchor and health reporter at KELO-TV in Sioux Falls, SD, says she began planning a series on heart attacks three months in advance of the target airdate. This gave her time to meet with the hospital's marketing department, cardiac physicians, and ER staff, setting ground rules for the shoot.

- **Share your plan.**

Involve photojournalists and producers early on in discussions about what the story will show and why it matters. Let the people you will be featuring know what you're doing as well. Jaine Andrews posted notices throughout the hospital explaining why cameras were present and stating that anyone could request that they not be included in the video.

SELLING THE STORY INTERNALLY

- **Explain the significance.**

Managers who are used to thinking of health stories as reports on medical breakthroughs need to know why a policy issue deserves airtime. Make a good pitch to get these stories on. Point out that stories about health care costs and coverage are of almost universal interest, unlike "disease-of-the-day" reports. They also affect people's pocketbooks. And because you will be presenting the story in an interesting way, it won't fit anyone's preconceived notion of a dull policy story.

- **Find the local angle.**

Health policy stories affect people in your community. If you look, you can find local groups that are actively involved in just about every aspect of health policy. You can create additional interest within the story by using people on different sides of an issue.

- **Highlight viewer interest.**

Collect and use survey results that make clear how much viewers care about health care costs and coverage. A NewsLab survey of self-described light TV viewers asked what kinds of stories might make them watch more often. Health reports ranked just behind education as the topic of greatest interest, but respondents defined the health beat more broadly than many stations do. They wanted to know about good and bad doctors, health insurance and nursing homes, not just about the latest diet tip or experimental treatment.

- **Point to ratings successes.**

Valeri Williams, the former investigative reporter who has probed many medical issues, says these stories can pay tremendous dividends in ratings. "I would challenge any news director in second or third place [in the ratings] to let a reporter work on a health investigation for a few weeks and see what difference those nights, properly promoted, make in the book." Williams has investigated government oversight of vaccines and the performance record of HMOs, topics that drew thousands of e-mails and phone calls from viewers.

STORY EXAMPLES

- **Health care costs**

Critical Condition, an hour-long special reported by Hagit Limor of WCPO in Cincinnati, examines why doctors are leaving the city in record numbers. A strong local focus makes this program matter to local viewers.

<http://www.cincinow.com/wcpo/localshows/iteam/criticalcondition/>

■ Health insurance costs

The CBS Evening News feature, "Eye on America" by Wyatt Andrews uses animated graphics to make statistics come alive. Experts speak simply and are easily understood.

<http://www.cbsnews.com/stories/2002/08/14/eveningnews/main518749.shtml>

■ Prescription drug discounts

Reported by Susan Dentzer for PBS, this story features strong central characters and expert analysis of their specific situations.

http://www.pbs.org/newshour/bb/health/jan-june02/rxdiscounts_6-3.html

NEWS VIDEOS FROM THE ROBERT WOOD JOHNSON FOUNDATION

The Robert Wood Johnson Foundation (RWJF) Television Health Series develops video news stories and makes them available to local television stations for their newscasts. The stories focus on the pressing health and health care issues facing America and highlight innovative solutions — from community leaders and individuals, health care providers, and partnerships in business, government, education and social services — all aimed at improving health. A dedicated Web site (<http://www.rwjf.org/news/videos.jsp>) offers additional information, links and resources for local viewers.

To sign up to receive RWJF Television Health Series story packages, please contact Marina Carter at 1-877-544-8400.