Many journalists and media critics alike have a goal in mind for health journalism: to produce good stories that matter. But often this is where the consensus ends and the debate materializes over journalistic practices, differing expectations, story choices, deadline pressures, framing, context, omissions, and hype (see, for example, Bubela, Nisbet, Borchelt, Brunger, Critchley, Einsiedel, Geller, et al., 2009; Cassels, Hughes, Cole, Mintzes, Lexchin & McCormack, 2003; Dentzer, 2009; Hartz & Chappell, 1997; Logan, 2001; Moynihan, Bero, Ross-Degnan, Henry, Lee, Watkins, Mah & Soumerai, 2000; Nelkin, 1995; Russell, 2006; Schwartz & Woloshin, 2004; Schwitzer, 2003; Weigold, 2001). Importantly, these debates have produced no clear consensus on how to produce “good” health stories that matter, while they have nevertheless made clear the significance of this gap when viewed against the well-accepted notion that journalism produces a “framework of expectations” that gives meaning to otherwise isolated public-health issues (Nelkin, 1995). We are therefore continually left with an old and recalcitrant question: How do we best accomplish the goals of health journalism?

In this report, we draw on the deliberations of 43 people to showcase how we might deepen our answers to this question. How to best accomplish the goals of health journalism is seen as one question among many that could be put to citizens, scholars, journalists, and other stakeholders for their considered judgment in a deliberative setting. It is a foundational question that dusts off the stage and can crystallize the values underlying opinions on the subject, as well as build specific interest in the future and practice of health journalism. Such points provide a strong motivation for obtaining public and stakeholder input on the issue.

David Secko is an Assistant Professor in the Department of Journalism at Concordia University and leads the Concordia Science Journalism Project (CSJP; www.csjp.ca), Department of Journalism, Concordia University, 7141 Sherbrooke St. West, Montreal, Quebec H4B 1R6. Email: dsecko@alcor.concordia.ca.

Wendy Smith is an MA student in the Archival Studies Program at the University of Manitoba and a former research assistant with the CSJP. Email: wendy.a.smith@gmail.com.
This report describes outputs from an interdisciplinary workshop on health journalism. The event involved various invited experts and 65 self-selected members of the public (of whom 43 completed the full event). While participants noted that there are diverse expectations on how best to produce health journalism, they arrived at five themes of importance for moving forward, including finding ways to enable public discussion on the limitations of health journalism and building trustworthy relationships. We highlight these themes while illustrating how the workshop design was able to produce reasoned input that can be built on, lest we be left with the fading memory of so many workshops that have come before it.

**Concerns in need of fracturing**

Despite the complex nature of the question of how to best accomplish the goals of health journalism, over the past decade, a renewed urgency has emerged over the need to more fully and openly discuss the fields of health and science journalism (Bubela et al., 2009; Dentzer, 2009). This urgency has emerged with the recognition that patients and publics reside in an information-saturated world that is increasingly subjected to varied “news-like” health information. This saturation has combined with the quickened pace of medical research, which, from genomics to regenerative medicine to direct-to-consumer genetic testing, has also become more global, interdisciplinary, and privately funded. Such advances raise a range of legal, ethical, and political questions, from privacy and consent issues to how the public can meaningfully participate in the development of scientific policies.

Within this context, it is argued theoretically that citizens informed by medical and scientific journalism, along with other forms of communication, will be better able to keep apprised of scientific advancements, assess the appropriateness of research, and make judgments related to their health and well-being (Nelkin, 1995). But at a time when digestible health information is much in demand, the number of reporters who specialize in covering science and health is shrinking (Russell, 2006). Indeed, respected former *Toronto Star* science columnist Peter Calamai has lamented the reduction of at least 30 staff science/medical reporters at Canadian newspapers in 1971 to a mere six today (Calamai, 2008).

Some critics are questioning the impact of cuts at media outlets across North America—whether, for example, relying on general-assignment reporters who may lack a sufficient understanding of an expertise-laden field will dilute the quality of health/science journalism (Brumfiel, 2009). For several decades, scholars have equally suggested that our traditional models of scientific communication—such as objective reporting of medical research in support of general literacy (Logan, 2001)—may be insufficiently holistic to deal with the complexities of contemporary debates. Moreover, while some studies have shown health/science journalism to be accurate and scientists to be pleased with its quality (Bubela & Caulfield, 2004; Holtzman, Bernhardt, Mountcastle-Shah, Rodgers, Tambor, & Geller, 2005; Peters, Brossard, de Cheveigné, Dunwoody, Kallfass, Miller, & Tsuchida, 2008), others have heavily questioned the accuracy of medical reporting (Cassels et al., 2003; Moynihan et al., 2000; Schwartz & Woloshin, 2004; Schwitzer, 2003).
Adding to the renewed urgency to more fully and openly discuss how best to accomplish the goals of health journalism is a newly evolving context: the movement toward the Internet as the dominant means of communication. Fox (2005), for instance, has found that 95 million Americans (80% of adult American Internet users) searched for a major health topic on the Internet in 2004. Others have shown that this information affects health-related decision-making (e.g., Baker, Wagner, Singer & Bundorf, 2003). As such, this movement has sparked both excitement (such as suggestions that the Internet can help people better internalize health messages) and concerns (such as the potential for inaccurate health information going viral online) over the role and purpose of health journalism online (Secko, 2009).

However, while health journalism has been subject to much debate, no clear consensus has emerged regarding how to ameliorate the craft. This is in part due to a lack of clarity regarding the standards against which we are, or should be, judging health journalism. It appears to be the time to dust off the stage and return to foundational questions in a way that will both point to common ground and respect divergence.

**Deliberative workshops as a lens**

With a history of unresolved debate and the evolving context of new media in mind, we helped convene an interdisciplinary workshop on health journalism at Concordia University in November 2008. The event drew inspiration from the field of deliberative democracy (which draws on an extensive literature on how to enable and support deliberation; see Gastil & Levine, 2005) and sought to create a space where participating journalists, scientists, health professionals, students, and other members of the public could provide thoughtful input on the issue at hand. Deliberative democrats often subscribe to the development of processes and a form of procedural legitimacy in which decisions and inputs arise from a state of fairness, equality, and inclusion (Bohman, 1998). Such deliberative ideals are sought and worked toward (see, for example, Burgess, O’Doherty, & Secko, 2008), but in reality, they are seldom reached in their entirety. Yet deliberation provides a useful benchmark from which long-standing debates can be fractured and common ground can be hunted. In part, our goal for the workshop was to draw on deliberative ideals to help the participants elucidate what constitutes “good” health reporting, with the desire to have this inform future strategies for producing high-quality journalism. We did not seek consensus during the event but encouraged participants to explain to each other why they disagreed, if they did.

This is a slow process. We are well aware that it takes more than one sitting to provide deep, considered input into the complex debates surrounding health journalism. We did not foresee easy answers but felt the discussion was important because of the need for citizens and stakeholders to listen to and respect each other, provide good reasons for their positions, and be willing to change their initial positions as we work to inform media debates and policy. While in other research on deliberative engagements we have utilized random, demographically stratified samples (Burgess et al., 2008), in this case a self-selected sample of people from the Montréal area (Québec, Canada) was recruited with posters and online advertising. Such participants present biases in terms of self-interest and non-random demographics, but this was necessi-
tated by limited funding for the event. The goal of recruitment was to invite members of the public who have an interest in health journalism but not a professional stake in its production.

Participants were not expected to have extensive knowledge of the debates surrounding health journalism, which necessitated providing adequate and accessible information as part of the event. However, this project rejects notions of the widely critiqued “deficit model” of public understanding of science (Wynne, 1993), which suggests insufficient information as the cause of public resistance and takes informing the public as the goal of public engagement. In contrast, we see that providing information is seen as a step that helps to create a suitable environment for deliberation. Information in this case was provided by four expert presentations during the morning session (Table 1). The presenters included experts in health journalism (André Picard, The Globe and Mail); public relations (Sylvain-Jacques Desjardins, University of Montréal); media criticism and health policy (Alan Cassels, University of Victoria); and science education (Joe Schwarcz, McGill University). These presenters were asked to address their role in, and views of, the dissemination of health messages through the media and the current challenges associated with this.

Table 1 Workshop agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-9:30 a.m.</td>
<td>Registration/Coffee</td>
</tr>
<tr>
<td>9:30-10 a.m.</td>
<td>Panel Introductions</td>
</tr>
<tr>
<td>10-noon</td>
<td>Panelist Presentations</td>
</tr>
<tr>
<td></td>
<td>Alan Cassels (University of Victoria)</td>
</tr>
<tr>
<td></td>
<td>André Picard (The Globe and Mail)</td>
</tr>
<tr>
<td></td>
<td>Joe Schwarcz (The Gazette, McGill)</td>
</tr>
<tr>
<td></td>
<td>Sylvain-Jacques Desjardins (University of Montréal)</td>
</tr>
<tr>
<td>Noon-1:30 p.m.</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:30-4 p.m.</td>
<td>World Café on Health Journalism</td>
</tr>
<tr>
<td>4-4:15 p.m.</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>4:15-5 p.m.</td>
<td>Report Back and Concluding Remarks</td>
</tr>
</tbody>
</table>

The expert presentations were followed by an afternoon session (Table 1) in which participants were given deliberative tasks. The first task was to deliberate on the following statement: “What question(s), if explored deeply, could make the most difference to the future of health journalism?” The second task encompassed several parts that asked participants to work to identify the issues and debates underlying responses to the first task, followed by deliberating on potential solutions and persistent disagreements to these questions. These tasks were based on the issues raised in the morning session, and they were structured as a “world café” (see Figure 1 and below). World cafés are participatory processes that aim to enable diverse conversa-
tions while sitting at “café-style” tables (Brown & Isaacs, 2005). They are in line with more specifically designed and informed deliberative processes (cf. Gastil & Levine, 2005), focusing strongly on a group’s ability to collaboratively work through problems.

In total, 65 people participated in the event at the outset and 43 remained until the end. There were eight café tables in the afternoon (five Anglophone and three Francophone), at which between five and eight individuals took part in four rounds of discussion (Figure 1). Each round lasted 30 minutes, after which participants were asked to join a new table, while a table host (which included the four expert presenters and four additional experts) and a note-taker remained at each table to lead and connect subsequent discussions. A key principle of the design is that “actionable knowledge” (Brown & Isaacs, 2005) is built by encouraging participants to listen to what is developing, and if a group hits on a key understanding, the table asks a partic-

Figure 1 Overview of the world café on health journalism

Participants spend 30 minutes at a table, before traveling on during four rounds of discussion.

Any actionable knowledge is therefore created in an explicit fashion that allows relationships between topics to be built in a way that is not only practical, but also gauged against the viewpoints of the next table. In the final round, participants rejoined their original table to reflect on the rounds, before the entire group discussed and compiled the key themes from the day.

Deliberative outcomes as actionable knowledge

Deliberative events can be thought of as having two types of outcome: i) analytical outputs that are based on the conveners’ analysis of the event with reference to their interests, and ii) deliberative outputs that are a representation of the collective views of the participants (O’Doherty & Burgess, 2009). In this context, the deliberative output involved a report generated from the eight café tables on their deliberations (available upon request). The event was not tape-recorded, so the report was generated
from notes taken during the day by the participants, table hosts, and note-takers, as well as notes taken by the conveners during the presentation of the deliberations of each café table to the large group at the end of the event. The draft report was distributed to the participants following the event for their ratification, at which time feedback from the participants was used to finalize the report.

As indicated, the report arose from the consideration of two assigned tasks: 1) discussion of what question(s), if explored deeply, could make the most difference to the future of health journalism, and 2) discussion to identify the issues and debates underlying responses to the first task, followed by deliberation on potential solutions and persistent disagreements to these questions.

The first task drew out numerous topics seen as significant to producing good stories that matter, and it focused on health reporting. This focus seemed to be based primarily on what the four expert speakers discussed in the morning session (see Table 1). Briefly, this included the need to develop arms-length sources of interpretable scientific information for health journalists (Alan Cassels); the responsibility of health journalists to select good-quality research, to provide entertainment, and to be educational, all within a climate of journalists wanting stories that can be “summarized in 21 words” (André Picard); the suggestion that effort should be doubled to help people think critically about science in the context and form of health journalism (Joe Schwartz); and the suggestion that specificity is needed within these other three goals to recognize the differing expectations of publics, scientists, journalists, and public-relations officers as to what constitutes high-quality health reporting (Sylvain-Jacques Desjardins).

Noting these points, the participants agreed that there is good-quality health journalism being produced in Canada, but that it is muddied by the massive amount of “news-like” information and opaque health reporting that leaves them unsure about health issues. Many participants diverged from this point to raise a variety of topics that they felt would make the most difference to the future of health journalism. These included continuing the progress that has been made in reporting conflicts of interest for journalists and their sources; questioning why “activists” were often better than scientists at communicating complex ideas, thus leaving scientific messages vulnerable to manipulation; the importance of funding bodies supporting collaborations between scientists and journalists; and the need for clarity in debates over whether journalists should seek scientific training or rely on “method” experts in their work.

Deliberation on the second task, regarding what underlies the responses to the first task, proved richer in terms of identifying foundational issues and showcasing the potential of the event structure to produce actionable knowledge, that is, a collective view that can be acted on to improve the quality of health journalism and not just initial reactions to a workshop topic. What follows is a summary of the main themes discussed by participants.

Narrowing cultural divides
Participants saw a cultural divide at the base of some of the miscommunication between scientists and journalists, one they felt health journalists were losing the bat-
tle to narrow. Indeed, participants felt that there was “a lack of available tools” to support journalists in effectively covering the culture of science. Some tools that participants felt were needed included media training for scientists, with a focus on building awareness related to the social contract scientists have to publicly discuss their results; more accessible science training for journalists to expand their horizons on what makes a good health-journalism story (although it was noted that scientists and journalists cannot be knowledgeable about everything); and the need to develop methods to allow greater involvement of the public in the production of health journalism.

Internalizing diverse expectations
Participants in the workshop made the point that we have yet to come to an understanding of the wide variations in the expectations of how best to produce health journalism. The suggestion was that journalists, scientists, publicists, and various publics have failed to recognize and internalize the goals of various actors in the production of health journalism. This notion was repeated in the example that reporters have a mandate to tell a story from multiple perspectives and can capitalize on several sources, while publicists are hired to advocate for a particular cause or point of view. Nevertheless, these actors criticize each other from within their own expectations only. In this context, some participants argued that this lack of internalization of other viewpoints meant people are “talking past” each other as opposed to looking for common ground in their expectations for improving health journalism.

Independent, co-developed sources of scientific information
Participants suggested that there was a need for better, independent sources of scientific information for health journalists. One café table in particular felt there was a need for free online access to high-quality sources of scientific information, perhaps modelled on The Cochrane Library of systematic reviews. This recommendation had two underlying factors: i) the recognition that journalists are increasingly strapped for time, and ii) the explosion in scientific research, which has increased the amount of information available without necessarily increasing its quality or relevance. Participants recognized that co-operation in building these independent sources may improve relationships between scientists and journalists.

Discernment and public discussion of limits
Participants in the workshop proposed that one foundation for future improvement is to show all parties how to discern good health journalism from bad. It was voiced that this discernment must be enabled through public discussion of the limitations of health journalism. Many participants noted they were not aware of any public discussion of the proper use of journalism as it relates to making important, perhaps life-changing health decisions. As such, participants felt health communication should be seen as a responsibility, even an obligation, and that scientists and journalists should take on more of the responsibility to help the public become more discerning. This was extended to point out that scientists should be choosing to be interviewed by the journalists who are the most responsible. Scientists need not talk to everyone and can exercise judgment by working with journalists they know and trust. The same logic could be applied to journalists choosing scientists to interview.
**Trustworthy relationships**

Lastly, participants settled on the issue of trust. Taking the common meaning of the word—a firm belief in the reliability, truth, or strength or someone or something—this point reflected the importance of relationships between journalists, scientists, and the public. The participants suggested that until we understand what is needed to build and maintain such relationships, progress on ensuring accuracy and context in health journalism will be minimal. Participants pointed out that forums in which each party could unpack how trust can be built are one starting point, alluding to the need to also sustain and connect such events.

**Conclusion**

Inviting a diverse group of individuals to deliberate on how best to accomplish the goals of health journalism introduces a range of views and experiences, thereby increasing the legitimacy of such discussion. The 43 people who spent eight hours sharing, challenging, and learning wanted the reported themes to be taken seriously in future discussions and research, so that we can begin to make progress in amplifying the health stories that matter. The gravity of this task is underscored by participant suggestions that high-quality health communication should be seen as a responsibility, even an obligation.

The five themes in this report thereby represent a deliberative output that is an expression of a core objective to involve members of the public in debates that result in recommendations on how to improve health journalism. Such uses of deliberative practice and theory are not without challenges (cf. Abelson, Forest, Eyles, Smith, Martin, & Gauvin, 2003), but they nevertheless provide a useful input to more traditional media studies. Deliberative outputs also provide a research base that can be built on in a sustained fashion, lest we be left with the fading memory of so many workshops that have come before this one. In this case, recommendations that could be built on include

- creating independent sources of scientific information for health journalists—for example, through supporting initiatives such as the Science Media Centre of Canada ([http://www.sciencemediacentre.ca/smc/index.php](http://www.sciencemediacentre.ca/smc/index.php));
- developing methods to allow greater involvement of the public in the production of health journalism—for example, by creating public study circles on health journalism (Gastil & Levine, 2005);
- focusing on what builds trust while respecting diverse expectations—for example, exploring what deliberative ideals can give to the mission of journalism.

In conclusion, it is a stubborn question to ask what is needed to build trustworthy relationships between journalists, scientists, health professionals, and the public, but at a minimum, the lens of deliberation showcases the direction through which trust may develop.

**Acknowledgments**

Special thanks to Brian Gabrial and Simon Bacon who were essential organizers of the
event. This project was funded by a workshop grant from Concordia University, the Réseau en Santé Respiratoire du FRSQ, and the Departments of Exercise Science and Journalism at Concordia University.

References


