

A solid orange vertical bar runs along the left edge of the page.

Assessing the Effectiveness of the California Health Care Foundation's Health Journalism Grant Portfolio Public Report

Prepared by the Aspen Planning and Evaluation Program
December 2019

Table of Contents

Executive Summary	iii
Introduction.....	1
Data Fellowship	4
Public Media	15
California Healthline	41
Portfolio-Wide Findings.....	50
Strategic Implications and Recommendations	60
Appendices	66

Executive Summary

For over 20 years, the California Health Care Foundation (CHCF) has funded nonprofit journalism to help strengthen the media's capacity to cover health policy in California. The goal of this investment: to ensure that CHCF's audiences have access to timely, relevant information about the most pressing issues related to the health care and policy landscape.

In 2019, the Foundation engaged the Aspen Planning and Evaluation Program (APEP) at the Aspen Institute to assess its health journalism grantmaking. The assessment aims to help CHCF more clearly articulate the strategic framework and criteria for its journalism body of work; assess the effectiveness of these grants; and inform CHCF's internal discussions about potential refinements to its journalism grantmaking strategy. The findings and recommendations summarized below draw on 81 interviews with journalists, editors, newsroom leadership, and members of grantees' target audiences; data on digital and broadcast audiences; and surveys and other documents provided by grantees and CHCF. These findings and recommendations, drawn from the internal report that Aspen prepared for CHCF, are intended to contribute to knowledge sharing and field building.

Health Journalism Grantees Included in this Assessment

- Center for Health Journalism's Data Fellowship
- Public Media Stations:
 - Capital Public Radio
 - KPBS
 - KPCC
 - KQED
 - Valley Public Radio
- California Healthline

Grantees' impact and value

► **CHCF's grants help support high quality health journalism.** Our findings indicate that the health reporting produced by the five public media outlets, California Healthline, and the Data Fellowship meets a high standard of quality. Diverse stakeholders – including health care providers, advocates, individuals in state and local government, and California Healthline's media partners – confirmed that the health reporting produced with support from CHCF is valued for its depth, balance, nuance, relevance, and attention to system-level factors. And we observed numerous examples of how journalists and their newsrooms strive to reach, report on, and engage with under-served groups, including low-income populations and communities of color.

► **The health reporting supported through CHCF grants has multiple levels of impact.** We observed evidence that grantees' health reporting has impacts at multiple levels of California's health care and health policy ecosystem. It informs individual community members, sometimes even spurring them to join efforts to address problems identified in the reporting. It contributes to community-level discussions, including on under-reported issues. It influences reporting by other media organizations, who pick up grantees' and Data Fellows' stories, invite the journalists to appear as guests on news programs, or do their own follow-up stories. It informs and helps advance the work of advocates and other stakeholders who seek to influence health policy and systems change. And – in more rare cases – we observed evidence where reporting contributed to specific policy decisions and actions taken by elected officials and state health agencies. Of course, stories rarely have a clear through-line to specific impacts. And in some cases, it's the combined coverage of multiple outlets that makes a difference. Systemic change entails complex, sometimes slow-moving processes involving actors at multiple levels of the health care and health policy ecosystem. Within that ecosystem and despite its complexity and constraints, these seven grantees are collectively making a significant contribution.

► **Grantees' health reporting contributes to CHCF's broader mission by covering its focal issue areas.**

Our review of a sample of the portfolio's health stories, which grantees tagged by topic, confirms that a majority of reporting (74%) supported through CHCF's grants is focused on topics of core interest to the Foundation. Moreover, it appears that this alignment between the reporting and the Foundation's core issue areas is not driven by any perceived influence or pressure exerted on the grantees by CHCF. Rather, the topics that grantees see as relevant for their audiences are largely aligned with CHCF's core issue areas. This underscores the relevance and value of CHCF's focal areas as it works to improve health care delivery in California, while also confirming that the health reporting supported through these grants contributes to CHCF's broader mission.

► **CHCF's grants contribute to the broader journalism infrastructure that helps bring high quality journalism to audiences throughout California.** Our findings suggest that CHCF's support for the seven grantees helps shore up critical infrastructure within a fragile health journalism ecosystem. Public media grantees underscored that CHCF's grants are crucial for ensuring that these stations have the internal resources they need to produce high quality health journalism. Absent this support, they may not be able to sustain the quality, depth, and focus on marginalized communities that they currently bring to their health reporting. Our findings suggest that California Healthline plays a complementary role in bolstering other outlets' capacity to provide high quality health coverage to their respective audiences across the state. Our interviews with California Healthline's media partners confirm that they value the opportunity to pick up California Healthline reporting because it enables them to provide important stories to their audiences that the partners lack the internal bandwidth to cover.

We also observed strong evidence that the Data Fellowship strengthens journalists' data skills – which in turn has a lasting impact on the focus and quality of their subsequent reporting. The fellowship also enables journalists to produce high-quality reporting projects that they might otherwise lack the resources, time, confidence, and editorial buy-in to pursue. These impacts have ripple effects on newsrooms' capacity to produce stories of this caliber, enabling fellows to more effectively collaborate with data editors, to share their skills with colleagues, and to take on similarly ambitious data-driven projects.

► **CHCF's other areas of work intersect with the journalism portfolio's goal, further bolstering the Foundation's impact on the quality of health journalism in California.** CHCF is able to play two roles in supporting high quality health journalism: as a grantmaker *and* as a source for journalists. Many of the journalists we interviewed were familiar with CHCF, and several said that they regard CHCF as a valuable source of expertise, research, and data for their reporting. The Foundation's respect for the editorial firewall is one reason why journalists whose work happens to be supported by CHCF are comfortable turning to the Foundation as a source for their reporting.

What is needed to ensure a robust health journalism ecosystem

► **Newsrooms need – but often lack – time and multiple forms of expertise to produce high quality health reporting.** We gathered diverse perspectives on what it means and what it takes to produce high quality health reporting. Hallmarks of high quality reporting include: accuracy; depth, comprehensiveness, nuance, and context; relevance to target audiences; success in helping audiences understand complex issues; use of a systemic lens to reveal underlying problems and the policy or systems levers available to address them; use of multiple sources of information, including data; and attention to the experiences and perspectives of diverse communities, including under-served or marginalized groups. Key capacities needed to

produce this caliber of reporting include: availability of journalists with core health reporting skills (e.g., topical knowledge, data skills); sufficient time to do high-quality reporting; tools that can enhance health reporting, such as Excel or Tableau; availability of journalists from diverse backgrounds who bring relevant cultural experience and expertise; and strategies and resources for engaging diverse communities. Newsrooms face formidable challenges in maintaining these capacities at a time when the beat system (in which reporters are assigned to cover specific issues, sectors, or institutions over time) is eroding and buy-outs, layoffs, budget cuts, and staff turnover are commonplace.

► **Community engagement can play an important role in deepening the quality of health reporting and enhancing its impact – but it requires internal capacity, resources, and buy-in.** Across the grantees, we heard many examples of engagement approaches: call-outs on-air and online to solicit input from audience members, in-person community events, targeted outreach via mailings, and collaboration with trusted local media sources. These kinds of activities can help an outlet elevate voices and stories that are often absent from news coverage and reach people outside the outlet's typical audience. While we heard much interest in community engagement among newsrooms, some outlets have mixed views about the relevance and value of community engagement. Moreover, there are varying levels of internal capacity to engage in these activities.

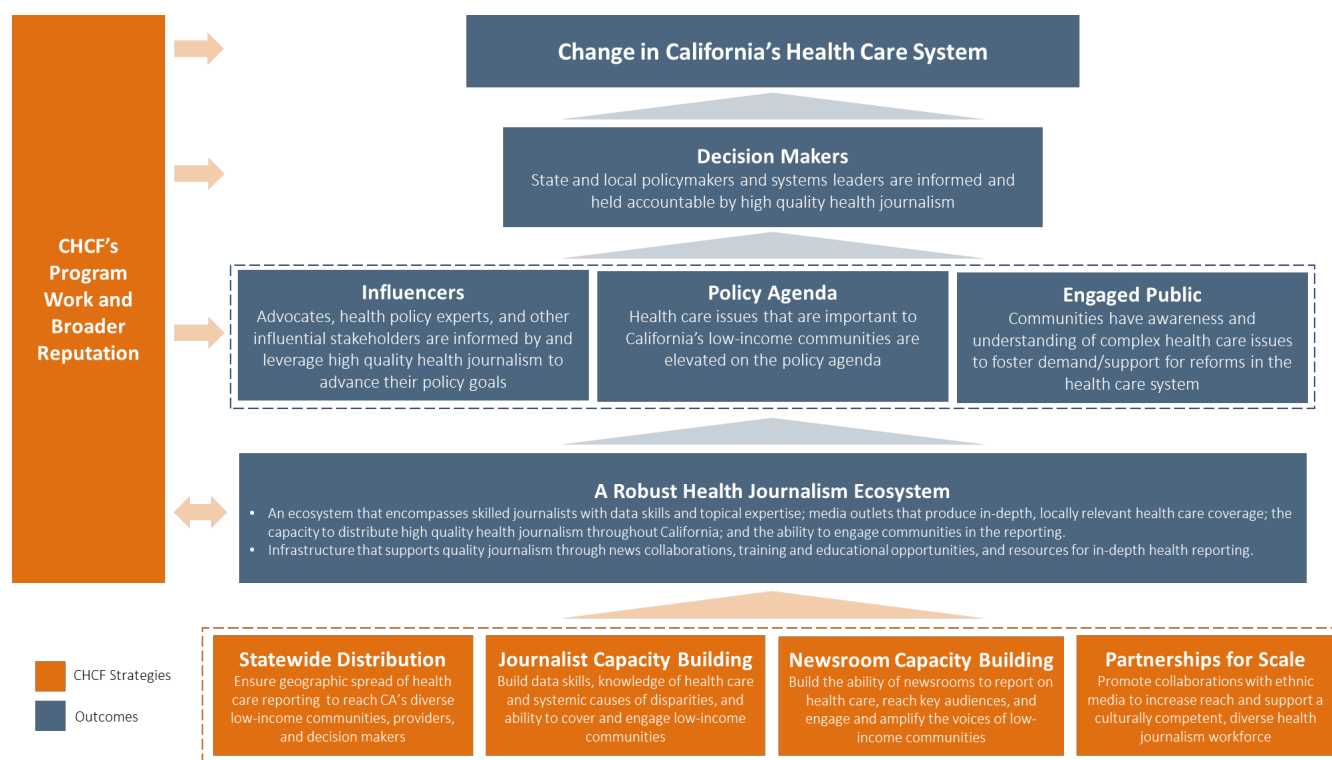
► **The USC Annenberg School of Journalism's Center for Health Journalism and other organizations that support newsroom capacity are important for bolstering the health journalism ecosystem in California.** Interviewees across diverse newsrooms named resources that help support their ability to produce high quality health journalism, including training or educational opportunities, news collaborations, grants, and organizations that support investigative reporting. The Center for Health Journalism stood out for its involvement in all of these supportive activities, even beyond the Data Fellowship assessed here. It is outside our scope to examine the Center's role within the broader media landscape, but our findings tentatively suggest that the Center is a key actor in efforts to support the health journalism ecosystem in California.

► **When it comes to philanthropy's role in supporting newsrooms' capacity to produce health journalism, the quality of the funder-grantee partnership matters.** The Knight Commission on Trust, Media, and Democracy [recently called](#) for philanthropy to increase its support for nonprofit journalism. But funders who seek to influence grantee newsrooms' editorial agendas, or narrowly define how grant money can be used, can jeopardize newsrooms' reputation for independence and prevent them from covering the topics most relevant to their communities. Our interviews with grantees suggest that CHCF's respect for the editorial firewall and relatively flexible core support grants help avoid such problematic outcomes.

► **There is some appetite for improved impact tracking – but systematic data collection requires internal capacity, resources, and buy-in.** Grantees vary in their level of interest in and capacity to collect impact data. Impact tracking requires internal resources, as well as buy-in from busy journalists and editors who would be asked to spend time entering data about impact. This can have implications for outlets' ability to demonstrate to their funders that their reporting makes a difference.

Implications for CHCF's Health Journalism Strategic Framework

Based on this assessment's findings, we consider implications for CHCF's health journalism strategic framework, and discuss a set of recommendations for its future grantmaking strategy. These implications and recommendations – described below – are reflected in the following visual, which shows updated criteria for CHCF's strategic framework. We developed this updated visual in collaboration with CHCF staff.



► **The assessment confirms key components of CHCF's strategic framework.** Our findings suggest that the key capacities articulated in CHCF's strategic framework – skilled journalists with data skills and topical expertise; media outlets that produce in-depth, locally relevant health care coverage; and the capacity to distribute high quality health journalism throughout California – are all indeed very important to achieving a robust health journalism ecosystem. The observed impacts of grantees' health reporting also suggest support for the Foundation's assumption that a robust health journalism ecosystem is an important part of an overall strategy for delivering meaningful change in California's health care system. We acknowledge that our findings speak most strongly to the direct and indirect effects of grantees' health reporting on *government* processes and actions. We surfaced relatively less evidence of how health reporting contributed to impacts on health industry leaders and their organizations' practices – an area that CHCF may wish to explore further.

► **Our findings suggest potential refinements in CHCF's strategic framework and criteria for its journalism portfolio.** As reflected in the updated strategic framework visual above, our findings indicate the important role that **community engagement** can play in strengthening the quality and relevance of health reporting, reaching audiences who may otherwise be under-served by media, and deepening the impacts of health reporting. We also observed the potential role of **partnerships or collaborations** among news organizations, which can bolster their capacity to produce a more comprehensive series of stories on a topic and enable a smaller outlet that has stronger connections to an under-served population to deepen the quality of reporting co-produced by a larger partner outlet. A related insight: the value of **ethnic media outlets and journalists of color**, who can bring experiences, expertise, credibility, and an ability to connect that are vital to reporting effectively on specific communities of color. These insights are reflected in the "Partnerships for Scale" strategy in the updated visual.

Recommendations

- ▶ **Clarify the role of the engaged public in the health journalism strategic framework.** CHCF has described decision makers and those who influence them as its priority audiences. The engaged public is understood to be a secondary audience that needs to be reached because of its role in helping to set the agenda of decision makers and holding these decision makers accountable. As reflected in the revised framework visual, we encouraged CHCF to clarify the extent to which it is a priority to reach a broader engaged public that reflects the *full diversity of the state*, potentially through outreach and partnerships with ethnic media outlets, and how that connects to both the portfolio's objective and the Foundation's broader mission.
- ▶ **Learn more about the ways in which health reporting influences health industry leaders.** We gathered relatively few insights into whether and how health reporting influences health industry leaders and private health systems. CHCF may wish to further explore whether the direct and indirect pathways through which media coverage informs or influences industry leaders are different from those for state and local policymakers – and whether different strategies may be needed to reach and influence them.
- ▶ **Maintain support for the Center for Health Journalism's Data Fellowship.** Our findings indicate that the Data Fellowship is an effective program. Much of the Data Fellowship's value and impact also appears to be driven by the specific focus on data, not only in terms of the skills that journalists honed, but also in terms of the ripple effects in their newsrooms and the broader impacts of their data reporting projects.
- ▶ **Maintain non-prescriptive core support grants to public media stations.** We suggest that CHCF continue its strategy of providing core support for health reporting, without imposing additional “prescriptive” parameters that dictate topics or issues that grantees must cover. Our findings suggest that a large majority of the health reporting produced through the seven grants falls within the Foundation's core issue areas – without any explicit direction from CHCF to cover these issues. A more prescriptive approach may negatively affect the Foundation's relationships with grantee newsrooms – which could, in turn, undermine CHCF's relationships with journalists and its reputation as a trusted and objective source.
- ▶ **Continue to support – and monitor – the distinct value-add of CHL's aggregation service and original reporting.** Subscribers value CHL's aggregated list of health care coverage – and at least in some cases, consider it more useful or relevant to their work than similar newsletters. But given that target audiences do have multiple potential sources of aggregated coverage (albeit some behind a paywall), we suggest that CHCF continue to monitor the relative value of this service to ensure it is filling a priority gap in the health journalism ecosystem. Our findings also indicate that audience members as well as media partners value CHL's original reporting for its depth, balance, and relevance. There is clear evidence that CHL's original reporting is playing an important role in bolstering the capacity of media partners to provide health care coverage – a gap in the ecosystem that otherwise would likely remain unfilled.
- ▶ **Examine whether and how to support community engagement efforts.** Our findings suggest that community engagement is a potentially powerful tool, not only for reaching and impacting new audiences but also for deepening journalists' ability to report on under-served communities and communities of color. Newsrooms need training or mentorship, as well as consultants or staff whose job is specifically focused on helping to plan and execute community engagement initiatives. CHCF should consider whether there are ways it could support newsrooms' use of community engagement – perhaps by building on the Center for Health Journalism's model for supporting community engagement, or by providing funds directly to grantees for community engagement training or staff/consultants. This kind of investment – now reflected in the updated

strategic framework – may help strengthen alignment between the health journalism grants and CHCF's emphasis on listening to under-served communities.

► **Explore ways to strengthen and elevate the contributions of ethnic media and journalists of color to health reporting in California.** Our findings suggest that California's health journalism ecosystem does not fully leverage the perspectives and contributions of journalists of color and ethnic media outlets. One potential way to begin addressing this gap is to support newsroom collaborations that draw on the unique strengths of ethnic media outlets – such as the collaborative efforts supported by the Center for Health Journalism and the two-way content partnerships that CHJ is exploring with ethnic media partners and freelancing journalists of color. Another way to strengthen the contributions of journalists of color to health reporting is through professional development opportunities like the Center for Health Journalism's Data Fellowship. Actively recruiting journalists of color to participate in this kind of program would help diversify the pool of reporters with health reporting expertise, thereby contributing to a culturally competent, diverse health journalism workforce. The Center's Michelle Levander also suggested the idea of providing a basic training course to journalists from small ethnic media outlets who may not have had the same journalistic training or professional trajectory as those working at larger mainstream outlets. This foundational training could help them participate more successfully in other professional development opportunities such as the Data Fellowship. We encourage the Foundation to vet these and other ideas in consultation with ethnic media outlets and other relevant stakeholders.

► **Consider how CHCF measures the success and impact of its health journalism grants.** Measuring the impact of health reporting is a challenge – from both a methodological and a capacity standpoint. Key questions to consider as CHCF looks ahead to its ongoing efforts to understand its impact include: What evaluative standards and metrics strike the right balance between meaningful and feasible? What kind of support (e.g., training, staffing, software) might CHCF provide to grantees who are interested in strengthening their impact assessment efforts?

We hope our findings and recommendations make a useful contribution to CHCF's understanding of the value and impact of its health journalism grants and help inform the Foundation's continued efforts to support a robust health journalism ecosystem and achieve its vision of quality health care for all Californians.

Introduction

For nearly its entire history, the California Health Care Foundation (CHCF) has funded nonprofit journalism to help strengthen the media's capacity to cover health policy in California. The goal of this portfolio: to ensure that CHCF's audiences have access to timely, relevant information about the most pressing issues related to the health care and health policy landscape. CHCF's health journalism investments include:

- A data journalism fellowship for California reporters offered by the Center for Health Journalism, University of Southern California;
- Core support to public media stations in five major markets: Fresno, Los Angeles, Sacramento, San Diego, and San Francisco;
- A partnership with Kaiser Health News to publish and distribute California Healthline, a free daily newsletter and website featuring news aggregation and original health care reporting; and
- Scholarships to enable California reporters to attend the Association of Health Care Journalists' annual conference.

In 2019, the Foundation engaged the Aspen Planning and Evaluation Program (APEP) at the Aspen Institute to undertake an assessment of its health journalism grantmaking, focusing on its support for the data journalism fellowship, public media stations, and California Healthline. The assessment aims to help CHCF more clearly articulate its strategic framework and criteria for the health journalism body of work; assess the effectiveness of these grants; and inform CHCF's internal discussions about potential refinements to its journalism grantmaking strategy. The findings and recommendations described below are drawn from the internal report that APEP prepared for CHCF.

Strategic Framework: Journalism Body of Work

The Foundation's strategies for its journalism grants focus on developing individual journalists' health reporting skills; supporting the capacity of media outlets in major regions of the state to produce in-depth, locally relevant health care coverage; and ensuring statewide production and distribution of quality health journalism. **These strategies are intended to contribute to a robust health journalism ecosystem in which target audiences have access to high quality health journalism** – defined as reporting that is accurate, explains complex topics in engaging and locally relevant ways, and ensures that the needs and experiences of low-income Californians are represented.

The Foundation views a robust health journalism ecosystem as part of a strong foundation for delivering meaningful change in California's health care system. Its grantmaking is intended to support parts of the ecosystem that would otherwise be vulnerable, given the erosion of journalism jobs, local media outlets, news beats, and reporters' topical expertise regarding health care, systems, and policy. This is part of a long-term strategy to ensure that conditions are in place to ensure informed decision making on issues regarding access to quality health care in California, particularly for low-income populations.

Because decision makers in California can directly change the state's health systems and policies, they represent CHCF's highest priority audience for high quality health journalism. But the Foundation recognizes that health reporting may impact decision makers indirectly as well. Influencer groups like advocates and health policy experts can leverage health reporting in their efforts to influence decision makers. The engaged public also serves as a lever for advancing improvements in California's health systems and policies: by

informing citizens about health care and health policy issues, quality journalism supports their ability – as voters and as consumers – to help set decision makers' agenda and hold these decision makers accountable.

Overview of the Assessment

APEP's assessment is guided by seven learning questions formulated by CHCF program and evaluation staff:

1. **Audience:** Who are we currently reaching through our journalism grants? Does that vary by region? How effective are the grantees at reaching California's health care decisionmakers? Is the coverage relevant to their work? Does our current portfolio omit any key audiences?
2. **Mission and Strategy:** To what extent is the health reporting supported through these grants focused on topics aligned with CHCF's mission of improving health care for low-income Californians?
3. **Quality:** To what extent are these grants generating high quality reporting – that is, reporting that is accurate, that explains complex topics in engaging and locally relevant ways, and that ensures the needs and experiences of low-income Californians are heard and represented?
4. **Capacity:** Do journalists and newsrooms have the skills and resources (including time) to produce high quality health reporting?
5. **Impact:** Is there evidence that these grants are having a positive impact on California's health care system and on the robustness of its health journalism ecosystem?
6. **Value:** What is the value of this portfolio to the Foundation's efforts to advance improvements to California's health care system?
7. **Opportunities to Evolve/Improve:** Are there suggested changes that would bring greater impact from a single grant or from the overall portfolio?

In the course of exploring these seven questions, APEP's assessment aims to probe the role that the journalism grants play in addressing important gaps in the health journalism ecosystem – and in advancing the Foundation's priorities and work more broadly. For example, to what extent do these grants allow CHCF to bolster reporting on (and from) local communities, including those that are in rural or under-served communities? And to what extent do these grants enable high quality health journalism to reach audiences that reflect the racial and ethnic diversity of California's population? To what extent does community engagement contribute to newsrooms' efforts to produce high quality health journalism with the potential to reflect the perspectives of under-served communities and generate greater impacts? These questions connect to CHCF's broader emphasis on listening to low-income or under-served Californians and promoting health equity. The Foundation also seeks to understand how intersections among the different journalism grants, and between these grants and CHCF's broader reputation and bodies of work, contribute to the overall strength of the health journalism ecosystem.

Health Journalism Grantees Included in this Assessment

- Center for Health Journalism's Data Fellowship
- Public Media Stations:
 - Capital Public Radio (Sacramento)
 - KPBS (San Diego)
 - KPCC (Los Angeles)
 - KQED (San Francisco)
 - Valley Public Radio (Fresno)
- California Healthline

To address CHCF's learning questions, our research design centered principally on a set of 81 interviews, complemented by insights from Data Fellowship surveys collected by the Center for Health Journalism and data on grantees' broadcast and digital audiences collected by Nielsen, Google Analytics, Twitter, and Facebook. We provide additional methodological details for each grantee in respective sections of the report, as well as a fuller description of methods, limitations, and interviewees in the appendices.

Newsroom interviews

- 7 **Leadership** at each of the grantee organizations.
- 19 **Journalists** who are data fellows and/or work for one of the grantee newsrooms.
- 17 **Editors** who work for one of California Healthline's media partners, a data fellow's newsroom, and/or a grantee newsroom.
- 2 **Mentors** who support journalists during the data fellowship.

Audience and stakeholder interviews

- 10 **California Healthline's target audience** (e.g., advocates, state elected officials and staff, government health officials).
- 26 **Stakeholders** relevant to five small case studies examining the role and impact of public media grantees' health reporting (e.g., government officials, advocates, health care providers).

Additional data sources

- Audience data** on the size, composition, and geographical scope of grantees' readership and listenership.
- Surveys of Data Fellows** conducted by the Center for Health Journalism.
- Grantees' health coverage**, coded in relation to CHCF's core topics.
- Grant reports and other documents** shared by grantees and CHCF, including a scan of the health journalism landscape commissioned by CHCF as a complement to this assessment, a survey of CHCF stakeholders, and a survey of CHL subscribers.

In the following sections of the report, we describe findings for the Data Fellowship, the public media grantees, and California Healthline in turn. We then apply a broader lens, summarizing key takeaways for the portfolio as a whole. In the final section, we assess the implications of our findings for CHCF's strategic framework and offer preliminary recommendations to inform its future grantmaking strategy.

Data Fellowship

Background

Directed by Michelle Levander, the Center for Health Journalism's Data Fellowship aims to strengthen the ability of California journalists to produce high-impact health reporting by leveraging key insights mined from data. Since the program's launch in 2015, CHCF has provided funding for three cohorts of California-based journalists to complete the Data Fellowship program. Both CHCF and The California Endowment have funded the program since its inception. In 2018, with support from the Doris Duke Charitable Foundation, the Center expanded the Data Fellowship to include an additional six National Fellows located across the country.

Data Fellows are selected on a competitive basis. The Center evaluates applicants based on the strength of their proposed reporting project, and an assessment of how much the journalist is likely to benefit from the fellowship. Applicants must also submit a letter of support from their editor. Journalists who are accepted into the Data Fellowship program (or one of the Center's other programs) are eligible to receive a supplemental community engagement grant and accompanying mentorship through the Center's Community Engagement Fund. The engagement grants are supported by The California Endowment, and the engagement mentoring is supported by the Blue Shield of California Foundation.

The Center aims to recruit a diverse array of fellows, coming from different regions of the state, different sized outlets, different types of outlets (print, broadcast, digital-only), and different backgrounds (see Appendix C). Of the 31 California-based Data Fellows in the first three cohorts, 26% are journalists of color.¹

At a Glance: Data Fellowship

Key program components

- **In-person training:** All-expenses-paid four-day workshop on the University of Southern California campus. Training includes data acquisition, cleaning, analysis, and visualization; how to navigate records requests; important health, census, and family well-being data sets; and examples of compelling health reporting from leading data journalists in the U.S.
- **Grant:** A \$2,000 grant to support an ambitious investigative or explanatory reporting project.
- **Mentorship:** Six months of guidance and support from one of the program's three mentors while fellows are working on their project.
- **Supplemental grant and mentorship for community engagement:** A \$1,000-2,000 grant, coupled with six months of mentoring from the Center's Community Engagement Editor, to build reporters' capacity and support innovative community engagement strategies.

Scope and duration of support from the California Health Care Foundation

- CHCF has funded 3 cohorts of California-based Data Fellows (31 fellows total).
- Total investment to date: \$434,956 since 2015.

¹ Specifically, 3 fellows identified as Latino, 3 as Asian, 1 as black, and 1 as "other/mixed." The remaining 23 data fellows identified as white.

In our discussion of the findings below, we attribute examples and comments where we received permission from fellows and editors to do so. Where we do not identify the speaker, the example or comment was provided on a not-for-attribution basis.

Program Strengths

► **Fellows strongly emphasize the value of the in-person training.** The in-person training at USC's campus won widespread praise from participants. Fellows described the value of the workshops on Excel, data requests, and Tableau, and highlighted the exceptional quality of the speakers. Moreover, fellows emphasized that this in-person portion of the fellowship provided valuable opportunities for journalists and editors to share experiences and story ideas, brainstorm, and learn from one another. This includes exposure to prominent journalists who shared examples of their data reporting, which – in the words of one fellow – “gives you something to aspire to.” Coming from a newsroom where his exposure to “what’s possible” is more limited, this fellow said these examples made him more ambitious. Another fellow found it “invigorating” to go back to fundamental questions around how to write good stories, such as “You’ve got all these numbers, but how do you make readers care?” The fellow felt that some of these fundamentals have fallen by the wayside in newsrooms today, supplanted by a focus on Tweeting and maximizing clicks.

► **Mentors effectively tailor their support to the needs of different fellows.** The nature of the mentor-fellow relationship varied across fellows, depending on the particulars of each fellow's project and their level of experience with data reporting. Factors specific to each fellow's newsroom also affected the role that mentors played – for example, the level of editor involvement, the presence of an in-house data editor, and unexpected layoffs or staffing changes. Given fellows' varying needs and circumstances, there doesn't appear to be one “best” mentoring model. And in general, fellows across all three cohorts and different levels of experience confirmed that their mentors had indeed played a helpful role as they developed their reporting projects. In only a few cases, fellows felt that they could have used a little more support from their mentors.

Nearly all said that their mentor provided an appropriate amount of guidance and support during the process of obtaining and/or analyzing the data. For example, one fellow, who self-described as “more of an explanatory and investigative journalist than a data journalist,” praised his mentor Paul Overberg for offering “elegant and simple” ideas and for being “a top-notch sounding board.” Another fellow working as a freelancer expressed gratitude to her mentor Cheryl Phillips for guiding her through unfamiliar processes, strengthening her data skills and reporting, and double-checking her data analysis. One of the fellow's editors complimented Meghan Hoyer's skill in building a rapport with the journalists she was mentoring and emphasized the excellent working relationship she established both with the fellow in his newsroom and with him as an editor.

Methodological Notes

Our findings draw on data from **interviews** with Michelle Levander, 2 data fellowship mentors, 13 data fellows, and 5 editors from data fellows' newsrooms.

We also draw on data gathered by the Center for Health Journalism through a **pre/post survey** completed by the 2018 cohort of data fellows after the in-person workshop, as well as a selection of 12 **impact surveys** completed by fellows from across the three cohorts after they had published their fellowship project.

Where possible, Levander shared additional insights gathered through the Center's ongoing efforts to follow former fellows and the impacts of their reporting.

Fellows who received community engagement grants also benefited from mentorship by the Center for Health Journalism's engagement editor. Two fellows who received a community engagement grant highlighted the value of this mentorship, expressing gratitude for the support and knowledge they gained from working with the Center's engagement editor.

► **The grant money helps cover some (but not all) costs of the in-depth reporting projects.** The grant money that fellows received helped cover expenses such as travel costs, data acquisition, and transcription services. For freelancers, the grant money also helped compensate for their time – though as one fellow noted, the grant couldn't possibly cover the hundreds of hours spent on the fellowship project. A few fellows noted that parts of their project were quite expensive, requiring more funds than the fellowship provided.

► **The Center has a strong focus on evaluation and learning.** The Center uses multiple approaches to gather data on the quality and impact of its Data Fellowship. Fellows are asked to complete an "impact survey" to gather information about any impacts of their fellowship projects, the program's impact on journalists themselves, and feedback on their fellowship experience. Starting in 2018, the Center also instituted a pre/post survey to gather insights into journalists' skills before vs. after the fellowship. In addition, program staff follow up with fellows to gather updates on the impacts of their reporting and keep tabs on former fellows' work and career trajectories. Because of this investment in impact assessment, the Center was able to share a significant amount of relevant data with our assessment team.

Based on feedback from fellows and program staff observations, the Center has adjusted the program over time to help strengthen learning outcomes. For example, over the three cohorts, the Center has progressively lengthened the time that fellows spend on USC's campus for in-person training. And starting with the 2017 cohort, the Center implemented a two-track system, with one set of training sessions for journalists who are "data beginners," and another set for those with more data experience.

Program Impacts

► **The fellowship strengthens journalists' data reporting skills.** Fellows confirmed that the fellowship strengthened their data journalism skills. This included improvements in their technical skills like working in Excel and Tableau, and their knowledge of data resources and how to request or access data. And fellows reported an increased likelihood of tackling a data story independently using Excel, and greater confidence in obtaining data through FOIA or a public records act request. The fellowship also helped fellows understand how data can help deepen the impact of stories by moving from anecdotes to a more systemic level of analysis. As freelancer Liza Gross put it: "figuring out how to go from anecdote to systemic problems and trends that I can outline... So I want to marry the narrative with the actual serious data documents that show this is not just about this person; this person is an exemplar, but it goes beyond this person."

The varying skill level was evident in fellows' comments: some came with greater prior data experience, while others were quite new to data. But journalists across different skill levels confirmed that their data reporting capacity benefitted from the fellowship. For example, freelancer Joe Rubin acknowledged that data was a weaker area of his reporting and commented that the fellowship taught him how to "tell a data story." EdSource's David Washburn, who had previous experience as a data journalist, noted that the fellowship was "a great refresher course" that "opened my eyes" to useful resources: "We spend so much of our time... kind of on the same path. What a fellowship like this does: it's like, wow... There's so many more resources out there that we weren't aware of."

Valley Public Radio's Kerry Klein, who described herself as "a numbers person," felt the fellowship "unlocked" a new way of approaching her reporting:

"[The fellowship] helped give me a new mindset to be a lot more quantitative about my reporting and to always look for what kind of data is out there... This has really inspired me to file a lot more public records requests and to really try and hold more public agencies accountable for what they do... I've been brainstorming a lot more for most stories I produce. Is there a source of data, or public information, or public documents through a request that I could make, that would help bolster this reporting? I think it gave me the confidence, it gave me a new frame of mind to consider these things, and it gave me the confidence to actually think 'Oh yeah, I can do this. I can go get this.'"

Comments from Alice Daniel, Klein's editor, confirmed this same impact: "The fellowship definitely helped Kerry's capacity to put pressure on public agencies through asking better questions, holding them accountable, and being more capable at filing public records requests." This example illustrates how the fellowship's focus on data strengthened journalists' ability to hold government agencies accountable – a critical part of the media's role as a watchdog.

► **Fellows are able to produce high-quality reporting projects that they might not have otherwise.** The fellowship affords the opportunity to pursue reporting projects that are often more ambitious and in-depth than journalists are typically able to take on. For example, Jared Whitlock of the San Diego Business Journal noted that he had never "chased anything this large," and felt that the fellowship helped him move in the direction of more enterprise and investigative journalism. A freelancer commented that the fellowship allowed her to work on a bigger project than she normally can, given time and income constraints. This piece of "solid reporting" is something she can show to others she wants to write for.

Reactions from fellows' editors confirm the high caliber of the reporting projects. For example, Sammy Caiola reported that the Sacramento Bee put stories from her project on the front page of the newspaper. David Washburn's editor at EdSource, Rose Ciotta, noted that the caliber of the reporting attracted the attention of the Los Angeles Times, which shared it in its daily newsletter. As a result, Ciotta observed, the reporting gained visibility across the state and nationally. Francie Diep's editor at Pacific Standard, Ted Scheinman, confirmed that "the editorial management team was really, really happy with the results of the story and the skills that we seemed to pick up along the way."

In an [opinion piece](#), the Desert Sun's Executive Editor Julie Makinen wrote that she was "beyond proud" of Nicole Hayden's fellowship project. The op-ed described the reporting in detail and announced the upcoming "Stories of Homelessness" event supported in part through the community engagement grant that Hayden received from the Center. As further confirmation of the caliber of reporting that the fellowship supports, fellows' projects have also received awards.



Awards Received for Data Fellowship Projects

- **Susan Abram:** California News Publishers Association, Enterprise News Story or Series, Dailies: 15,001 - 50,000.
- **Liza Gross:** AHCI Award for Excellence in Health Care Journalism, Investigative Reporting, Small Market.
- **Lisa Pickoff-White and Julie Small, KQED:** Society of Professional Journalists NorCal Investigative Reporting Award; and a regional Edward R Murrow award from RTDNA in the news series category.
- **Jared Whitlock, San Diego Business Journal:** San Diego Press Club Excellence in Journalism Awards, Best Non-Daily Newspaper Entry.

Because the fellowship involved a formal agreement to meet certain deadlines and deliverables, it offered fellows important “leverage” in shoring up their newsroom’s commitment to giving them the time needed to complete their reporting project. For example, Sammy Caiola observed that the fellowship gave her agency and leverage for pitching and executing an ambitious reporting project:

“The leverage of having a fellowship, and having a contract with USC, having a deadline that I had to hit, to convince my editors at the Sacramento Bee that I needed time to work on this... It was good for me to be able to say, ‘Hey, my USC editors called, and they need a first draft by next week.’ Just having a reason to focus on the issue... At that time, I had been at the Bee for a year, and I just wasn’t someone who was tapped for long form work. So it gave me agency and bravery to ask to do that – which I wouldn’t as a young reporter have had the guts to do.”

Another fellow commented that, were it not for the fellowship, his newsroom would have been inclined to walk away from the story when he encountered significant challenges accessing data from the California Department of Public Health (CDPH): “the fact that we had accepted a fellowship for it kind of forced my editors to let me keep going on it.” The fellowship, this fellow continued, is a “way to get good journalism out of organizations that might not otherwise find the time” due to the constraints of shrinking newsrooms and the plentiful supply of (simpler) daily stories that “cry out” for attention. The fellowship sets up the expectation that the outlet’s journalist will receive valuable training, and in exchange, he or she will “actually do something with it.”

Yet another fellow described how the fellowship helped her push back against pressures to meet “corporate metric goals” and enabled her to make a strong case for the importance of her reporting topic: “I was really thankful that we had the grant because it kept putting pressure on the newsroom to really tackle this.” Noting that this was the biggest story she had done in her career, she observed that the experience not only increased her confidence that she could do it again, but also makes it easier to convince newsroom leadership that it is feasible for her to do so.

As these examples illustrate, without the fellowship, journalists might otherwise have lacked the resources, time, confidence, and editorial buy-in to pursue this kind of in-depth high quality health journalism.

► **Skills developed through the fellowship have lasting impacts on journalists’ subsequent reporting.** By design, the fellowship reporting project provided journalists with an opportunity to apply the skills they had learned in the in-person training. But beyond that immediate project, fellows also described various ways in which their subsequent reporting was informed by knowledge gained through their fellowship experience. For example, many fellows said they have applied their Excel and data acquisition skills to stories across various health and health care topics. A few also mentioned that they are now better able to communicate and collaborate effectively with their newsrooms’ data editors. And KPCC’s Jill Replogle observed that the fellowship provided the foundation for further strengthening her data reporting: “I got to go to NICAR [National Institute for Computer-Assisted Reporting]... I probably wouldn’t have gotten to go if I hadn’t had that basis that helped me take that knowledge a step further.”

Fellows also noted that they gained valuable knowledge about health care systems, policies, and contextual nuances in communities’ experiences with particular health care issues – knowledge that informed their future reporting. As one fellow commented: “It has given me a foundation to take on complex health and political stories and to be able to write with authority on health care financing and delivery systems, as well as reforms underway across the nation.” This fellow went from general assignment reporting to covering health for a national media organization.

As these examples illustrate, the skills that journalists gain through the fellowship continue to have longer-term impacts on the quality and focus of their reporting. And this can, in turn, contribute to their career trajectory. An example of this: Sammy Caiola credits the fellowship with helping her secure her current position at Capital Public Radio. She notes that she was able to list her data skills on her resume and demonstrate that she is “capable of pulling off a major enterprise reporting venture while balancing other newsroom duties.”

► **Impacts on fellows have broader effects on newsrooms' capacity to produce high quality journalism.**

Several interviewees described ways in which their newsrooms more broadly were affected by the fellowship. For example, Nicole Hayden's editor at the Desert Sun mentioned that they planned to organize a few brown bag lunches so Hayden could share techniques she learned with other reporters. Valley Public Radio's Kerry Klein mentioned that other reporters in the newsroom have asked for her advice on how to approach records requests, and that she is able to offer suggestions for relevant data sources, which colleagues have then used in their reporting. Jared Whitlock at the San Diego Business Journal noted that his editor asked him to help other reporters develop ideas for bigger projects: “I think it is trying to pass on this mindset of being more data focused, being more in the mindset of requesting numbers, requesting data, and trying to do that to inform bigger projects.”

Two of the editors we interviewed highlighted the value of the skills gained through the fellowship – and how that value transfers to the newsroom's future coverage. Pacific Standard's Ted Scheinman observed that Francie Diep's fellowship project was different from her prior reporting because of the “really valuable in-depth data component” enabled by the fellowship training and Meghan Hoyer's mentorship. He expects she will be able to do stories of comparable size more frequently and to a higher caliber, drawing on the data acquisition and data analysis skills she gained. Diep's beat was subsequently changed from a more general science focus to a health and equity focus, and the newsroom's future health coverage was primed to reflect the caliber of stories that Scheinman described, before the magazine was closed in August 2019.

Keith Kohn, an editor at the Desert Sun, described how Nicole Hayden applied the knowledge she learned creating her own dataset for her fellowship project to a similar data collection effort for another story. He observed: “We were able to take her wisdom, gleaned from the data project, the data health reporting, and move it over to this other health issue of sex abuse.” [The story](#), which involved surveying 300 women about sexual harassment at the Coachella Music Festival and Stagecoach Music Festival, directly built on Hayden's experience surveying 200 homeless people for her fellowship project. The Desert Sun, which assigned Hayden to the health and health care beat in early 2019, has also tapped her to represent the outlet in the Center for Health Journalism's News Collaborative, “Uncovered California.” This reflects the Desert Sun's investment in health journalism and in Hayden as their health reporter – which suggests that the outlet's health reporting over the longer term will continue to benefit from the skills she learned through the Data Fellowship.

These examples all illustrate how the fellowship's impacts do not end with the individual journalist – they ripple outwards, contributing to the quality of reporting in their respective newsrooms more broadly.

► **The Data Fellowship projects contributed to health care and health policy debates among policymakers and the stakeholders who seek to influence them.** Fellows appropriately cautioned that their ability to track the impacts of their reporting is relatively limited. Typically, they hear about their impact through feedback via email, social media, phone calls, and sometimes in-person meetings with sources. So we cannot know for sure the full extent to which their projects may have influenced communities, policies, or institutional practices. Nonetheless, we were able to gather an array of examples illustrating the varied impacts of fellowship projects.

There is evidence that **fellows' reporting fed into health care and health policy conversations among advocates and other key stakeholders** who aim to influence policymakers. For example, several fellows described how advocates had used or promoted the reporting in their own work. Liza Gross's story for KQED on patient assaults on staff at psychiatric hospitals was reprinted in the California Association of Psychiatric Technicians' magazine and promoted on the California Hospital Association's website. Pauline Bartolone's reporting on prescription drug prices for CalMatters was cited by an advocate during a hearing on a bill to increase drug price transparency in California. Another example, shared by Michelle Levander: First 5 LA's policy team leveraged Jocelyn Weiner's reporting on child developmental screening for the Sacramento Bee, using it "as a discussion point when talking to decision makers about the impact and importance of legislation, specifically AB11." First 5's communications manager observed: "What made the piece impactful was that it presented critical data in the context of a powerful personal narrative."

Many fellows noted that their **reporting was picked up by other media outlets or fueled additional media coverage**. For example, Susan Abram's analysis of emergency room visits after implementation of the Affordable Care Act was picked up by the New York Times California Newsletter, and also tweeted by multiple outlets including Kaiser Health News. Pauline Bartolone appeared on KQED and KPCC programs to talk about her reporting on prescription drug prices for CalMatters. Sammy Caiola indicated that her reporting on disproportionately high death rates among African American youth spurred two Sacramento Bee editorials, as well as a Capital Public Radio Insight feature with Sacramento County Supervisor Phil Serna. David Washburn's reporting on chronic absenteeism in rural areas of California was picked up by the Los Angeles Times Newsletter, along with eight other local outlets in California. This confirms the relevance, timeliness, and quality of the fellowship projects. It also illustrates the impact that fellows' reporting has on broader media coverage – and, by extension, their ability to reach audiences beyond that of the initial outlet.

Some fellows noted that **the volume of feedback they received was unusually high**. For example, Jared Whitlock, whose fellowship project examined the causes and consequences of shortages in psychiatric beds in San Diego, noted that he had never received so many direct emails from readers in response to his reporting. This was also the first time one of his stories had prompted another media outlet (KPBS) to contact him about appearing on its program. Claudia Boyd-Barrett observed that she rarely got a lot of feedback on the stories she wrote for the California Health Report, but her fellowship stories on children's access to mental health care in California prompted many responses from readers. More broadly, many fellows recounted how **readers and listeners told them that their reporting resonated or helped inform their thinking** – and in some cases, prompted them to ask how they could get more information or help address the problem. A particularly striking example of this: Renova Energy, a local solar energy business, followed Hayden's reporting on health care access among homeless people and wanted to contribute to solutions. The company served as a sponsor for the Desert Sun's "Stories of Homelessness" event, using the event as a launch for its [solar charger campaign](#). The company is dedicating part of its profits towards distributing free solar phone chargers for homeless people living in the desert, whose case workers need to be able to reach them in order to help them with the housing process.

A few fellows provided examples of how **their reporting projects helped inform local government officials**. For example, a city council member invited Hayden and her executive editor to speak about Hayden's project at a city council meeting, which was aired on the city's municipal television channel. The Desert Sun's "Stories of Homelessness" event attracted an audience of 240 people, including city council members from each city in the Coachella Valley, the Riverside County Executive for Homelessness and her staff, the director of the Coachella Valley Association of Governments, Riverside County Supervisor Manuel Perez, representatives from Assembly member Eduardo Garcia's office, and staff and directors from a dozen local homeless service agencies. In another example: Jared Whitlock spoke to a representative from the San Diego County Board of Supervisors, who praised the reporting and said it had helped them realize the extent of the problem.

Whitlock also noted that when he reached out to Greg Knoll, CEO of the Legal Aid Society of San Diego, for feedback on the reporting project's impact, Knoll responded:

"I believe your series on mental health services and hospitals was pivotal to starting up again those discussions that finally led to last week's result where the County agreed to pay half of the costs to construct the new mental health and crisis stabilization beds on the Tri City campus. That success has caused other conversations with other hospitals to begin in earnest along similar lines hopefully leading to additional partnership projects, which together will benefit our entire County."

This quote illustrates how the **reporting affected health care providers** as well. Another example of this: Pacific Standard's Francie Diep was contacted by Dr. Andrey Ostrovsky, chief medical officer and vice president of behavioral health at Solera Health and a member of the National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic, requesting that she share the list of addiction recovery facilities she had gathered through her reporting project. Dr. Ostrovsky planned to use the list to build a network of facilities that offer medical-assisted treatment (MAT). Findings from Hayden's survey of homeless people informed changes in caseworkers' priorities at the Desert AIDS Project, a Federally Qualified Health Center; the organization shifted its street outreach to the homeless to focus on needs identified in the survey.

In a few cases, fellows described ways in which their **reporting projects contributed to better government practices** with regard to data management and responding to media data requests. One fellow, who had experienced significant challenges accessing data from CDPH, heard from a source on "deep background" that his project came out at a time when the agency was internally discussing how to work with the media's information requests – and that his project and others contributed to "a shift in approachability at the CDPH." The fellow has since observed more timely and robust responses to his information requests, and greater ease in obtaining recorded on-the-record interviews with agency representatives. Pauline Bartolone described how, in the process of working on her fellowship project for CalMatters, she discovered that the state's online medical database on drug prices was inaccurate. It appeared that the government was unaware until she and CalMatters' data reporter made several inquiries about the database.

In rare cases, fellows were able to provide evidence that **their reporting directly contributed to actions taken by a government agency or the California legislature**. One example: Pacific Standard's Francie Diep received an email from the California Department of Health Care Services, indicating that the department was referring one of the unlicensed facilities named in Diep's reporting to its investigations section. Another example on a larger scale: Joe Rubin's investigative reporting on systemic failures in how workers in California are protected from lead poisoning prompted a push for legislation to improve the CDPH's accountability for reporting lead hazards for workers to Cal-OSHA. Prior to publication of his story in Capital & Main, Rubin shared the data with several lawmakers and the Environmental Working Group (EWG), a watchdog organization. EWG collaborated with Assembly member Ash Kalra to introduce a bill requiring the CDPH to notify Cal/OSHA when workers have high blood-lead levels. The bill passed the Assembly and Senate but was not signed by then-Governor Brown. Assemblyman Kalra re-introduced the bill, and it has since been signed into law by Governor Newsom. In a press release, EWG credited Rubin's reporting for revealing the CDPH's failure to refer cases of worker lead



"Thank you Erin Brockovich for highlighting the need for more oversight and action into contaminated work sites! I am proud to author AB 35 as an effort for going on 3 years to improve the oversight of lead contamination on work sites as evidenced by workers' blood lead levels. Thank you to investigative reporter Joe Rubin for your great work!"

- Assembly member Ash Kalra

poisoning to Cal/OSHA. Assembly member Kalra publicly praised Rubin's reporting in a tweet. Building on his fellowship project, Rubin did a follow-up story investigating unsafe lead levels at a children's gymnastics center located next to a gun range. Based on information that he shared with the Department of Toxic Substances Control (DTSC), the agency launched an investigation resulting in the closure of both the gun range and the gymnastics center.

This is an impressive example of how data-informed health journalism can directly impact government action. The clear evidence of a direct impact may be in part due to the investigatory nature of Rubin's work: his findings blew the whistle on blatant problems in government regulatory processes. But Rubin also played a relatively proactive role as a journalist. He shared his findings with EWG, among others; and upon seeing the scope of the problem laid out in Rubin's reporting, EWG decided to sponsor the Assembly bill. Rubin is careful to emphasize that he is not "going to meetings and discussing what the next step is"; he credits EWG for seeing an opportunity to address the problem through legislation, jumping on that opportunity, and ultimately convincing Governor Newsom to sign the bill. In the case of the gun range, Rubin tipped off the DTSC – an action that he acknowledged "was not your typical reporter move." But after the CDPH failed to take action and it seemed clear that children were likely in harm's way, he felt compelled to share the information himself – though he did not know whether the agency would take action. He worried that this "crossed a line," but concluded that it was the right thing to do "journalistically and in terms of protecting the public." The takeaway from this example is not that high-impact journalism *requires* reporters to take a more proactive role. But it does illustrate one of the ways in which a journalist's role may extend beyond the more "traditional" model of reporting a story and letting the chips fall where they may. Instances in which reporters or their newsrooms go beyond this traditional journalism model may have implications for the kinds of impacts that health journalism has on communities and their leaders. We return to this idea in our discussion of community engagement.

In sum, there is strong evidence that the Data Fellowship has a range of immediate and longer-term impacts on individual journalists, their newsrooms, and stakeholders involved in broader policymaking and regulatory processes. We do not have data with which to compare these impacts to those resulting from the Center for Health Journalism's other fellowship programs – which are generally broader in scope than the Data Fellowship. But for the most part, the impacts we observe from the Data Fellowship appear to be connected to its specific focus on data, confirming the value of bolstering this particular journalistic capacity.

Challenges and Potential Opportunities to Strengthen the Data Fellowship Program

► **Fellows face challenges around accessing data.** Fellows, editors, mentors, and Levander all described the challenge that journalists face in accessing the data they need – typically due to bureaucratic barriers or pushback that stymies journalists' requests for records, or problems with the quality of the data. This often creates long delays in the reporting process – and sometimes journalists ultimately are not able to access the data at all. From the perspective of fellows and their editors, this can make it very hard to meet the fellowship's deadlines for submitting their stories. The Center and mentors, for their part, try to be flexible in accommodating such delays. And the Center has added program sessions to brainstorm ways to obtain data from agencies that are reluctant to respond to records requests. All agree that the compressed timeline that reporters have to work under after facing long delays in data acquisition is not ideal.

A few suggestions surfaced for helping to address this challenge. For example, the timing of the program's components could be shifted to frontload some of the time spent on data acquisition. Mentor Cheryl Phillips pondered whether the fellowship could be broken into two parts, with a data collection phase, followed by a

reporting/writing phase that launches once everyone has data in hand. One fellow offered a complementary suggestion to help avoid “scrambling” at the end after a long process of records requests and data review: upon acceptance into the fellowship, journalists meet with their mentors to establish a milestone they need to meet prior to the in-person training at USC. This would allow fellows to put in enough “groundwork” to have honed their story ideas and identified roadblocks they needed help overcoming, enabling them to make better use of the in-person training workshops.

Program adjustments notwithstanding, fellows can also prepare for these challenges by having a Plan B. One editor observed that her outlet learned a lesson from their experience unsuccessfully seeking data from a government agency: “you just have to be ready with a plan B and execute it as early as you get an inkling that there's going to be a problem – because most likely plan B is something that is going to take a lot of work.” Michelle Levander noted that the Center encourages reporters to articulate a Plan B as part of early conversations with mentors. But this could be formalized by adding a question on the Data Fellowship application to help reporters and editors anticipate and manage delays in data acquisition.

► **Newsroom demands and pressures make it difficult for fellows to focus on their projects.**

Unsurprisingly, fellows are juggling multiple demands on their time. During their fellowship, they are typically shouldering a weekly or daily story load and responding to newsroom pressures to cover breaking news. The Data Fellowship projects are ambitious and time-intensive, sometimes requiring more time than fellows or their newsrooms had anticipated. Some fellows have faced the additional burden of dealing with layoffs or internal restructuring during the course of the fellowship. Levander and the program's mentors are very aware of these pressures on fellows. This is a major reason why the program prioritizes editor buy-in – requiring that applicants' editors submit a letter of support and encouraging editors to attend the in-person workshop, with the Center covering the cost of their travel and program participation. Most fellows felt that their editors were supportive; but some still felt intense newsroom pressure to deliver on other reporting duties, which made it difficult for them to complete their projects.

A few fellows suggested that it would be helpful to have more dedicated time set aside for working on their projects. This might be a function of setting up an expectation with editors that fellows will have blocked-off time to work on their projects on a weekly basis. As one fellow noted, data analysis requires concentrated blocs of time, rather than a few hours here and there; another suggested setting up a very specific expectation of reserving one day per week, rather than the more nebulous mandate to “make time for this.”

► **Interviewees see opportunities to further strengthen learning outcomes.** As noted earlier, fellows vary widely in their experience with data reporting. Lessons learned in the first cohort informed Levander's decision to create the two-track system enabling fellows to participate in workshops appropriate to their skill level – a feature that members of subsequent cohorts appreciated. One editor noted that there is only so much information that journalists can absorb during the in-person training workshop; and for those new to data reporting, it becomes a “crash course.” Some fellows commented that they found it difficult to retain some of the valuable information covered during the workshop – or had trouble keeping up during the workshop.

The six-month reporting project, with mentoring support, is intended to help fellows practice and retain skills covered at the in-person training. But to help further strengthen learning outcomes, interviewees suggested some ways to supplement the existing in-person training:

- One-on-one time during the in-person workshop for fellows who felt they needed additional help learning a skill;

- Follow-up and/or refresher trainings during the fellowship year to reinforce skill building or allow fellows to advance to the second skill-level track (beyond project-specific technical support provided by mentors);
- Additional follow-up resources – beyond the existing online course book providing tips and other program materials – shared after the in-person training to help fellows remember and practice key skillsets (e.g., a video summarizing how to use Tableau);
- Continuing education opportunities: offering workshops or trainings twice a year for former fellows to help them continue to build their data reporting skills.

Related to this theme of supporting learning outcomes among fellows with a range of skill levels and backgrounds: Levander noted the challenge of recruiting fellows from ethnic media outlets. She observed that many very small ethnic media outlets are more “mom and pop” organizations, lacking the time and capacity to tackle a fellowship that requires a major investment of time for an ambitious months-long project. In addition, reporters at small ethnic media outlets may not have had the same journalistic training trajectory as those working at larger mainstream outlets. This poses a barrier to entry to participating successfully in the Data Fellowship and completing an ambitious health journalism project. Levander pondered the possibility of a program to provide such basic skills training as a precursor for participation in the fellowship.

► **There may be ways to further leverage the value of peer-to-peer learning.** Fellows appreciated the opportunity to engage with other journalists and editors during the in-person workshop. Having a network of journalists to connect with and bounce ideas off may be particularly valuable for those working as freelancers or in small newsrooms. Mentors established Slack channels for their mentees to connect with one another during the Fellowship, and the Center creates a private Facebook group for each cohort. But are there ways to support alumni communication after the fellowship ends? A related question from Cheryl Phillips: are there ways to “revisit” the former fellows, helping them connect with current fellows who are working on similar topics? Perhaps, she suggested, it could be as simple as a Zoom call. This could help maintain connections with former fellows while also leveraging the knowledge they gained through their project for the benefit of current fellows with similar interests.

Public Media

Background

CHCF began supporting public media in 2004. Its current investments aim to fill gaps in the health journalism ecosystem, enabling stations to produce in-depth reporting on health care issues, including those that are central to the Foundation's goals. Currently, CHCF provides core support for health reporting at five public media stations in California: KPCC (Southern California Public Radio), Valley Public Radio, KPBS, Capital Public Radio, and KQED.

The signal areas of these stations collectively cover much of California, including regions of the state where under-served populations live, such as the Central Valley, Riverside, and the Inland Empire. In addition, KQED's statewide radio news program, *The California Report*, is picked up by more than 30 public radio stations broadcasting to 27 counties around the state. CHCF has previously considered funding smaller market stations but found that these stations generally lacked staff infrastructure to support a health care reporter.

At a Glance: Public Media Grantees

Scope and duration of support from the California Health Care Foundation

- **KPCC (Southern California Public Radio):**
 - Coverage area: Los Angeles and Orange counties.
 - Partial sponsorship of health care news desk consisting of two full-time health reporters.
 - Total investment to date: \$939,725 since 2013.
- **Valley Public Radio:**
 - Coverage area: Fresno, Kern, Kings, Madera, Mariposa, Merced, and Tulare counties.
 - Sponsorship of 12 *Valley Edition* health policy programs and spot feature reporting.
 - Total investment to date: \$993,000 since 2009.
- **KPBS:**
 - Coverage area: San Diego, Orange, Riverside, Imperial counties, and into Mexico.
 - Sponsorship of health care reporting on *Midday Edition*, an hour-long news magazine, and *Evening Edition* television program.
 - Total investment to date: \$611,996 since 2009.
- **Capital Public Radio:**
 - Coverage area: El Dorado, Nevada, Placer, Sacramento, and Yolo counties.
 - Sponsorship of full-time health reporter.
 - Total investment to date: \$1,226,544 since 2009.
- **KQED:**
 - Coverage area: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma counties; and statewide via *The California Report*.
 - Sponsorship of *The California Report* news magazine and *State of Health* blog.
 - Total investment to date: \$2,831,700 since 2005.

Size and Geographic Breadth of Grantees' Audience

Assuming no overlap in broadcast audiences, the grantees reach a total of over 2.5 million listeners each week (Figure 1). This number has held fairly steady over the past three years (2016-2018).

KPBS's weekly television audience likely further expands this broadcast audience, as some of the approximately 430,000 weekly KPBS viewers may be exposed to *Evening Edition's* health reporting supported by CHCF.

Figure 2 (next page) shows available Nielsen data on the geographic spread of each grantee's listenership, along with markers denoting where KQED's California Report is carried throughout the state. We caution that the map underestimates listenership in counties for which grantees do not have Nielsen data (e.g., KPBS lacks data for the parts of Orange, Riverside, Imperial counties that its signal reaches).

Methodological Notes

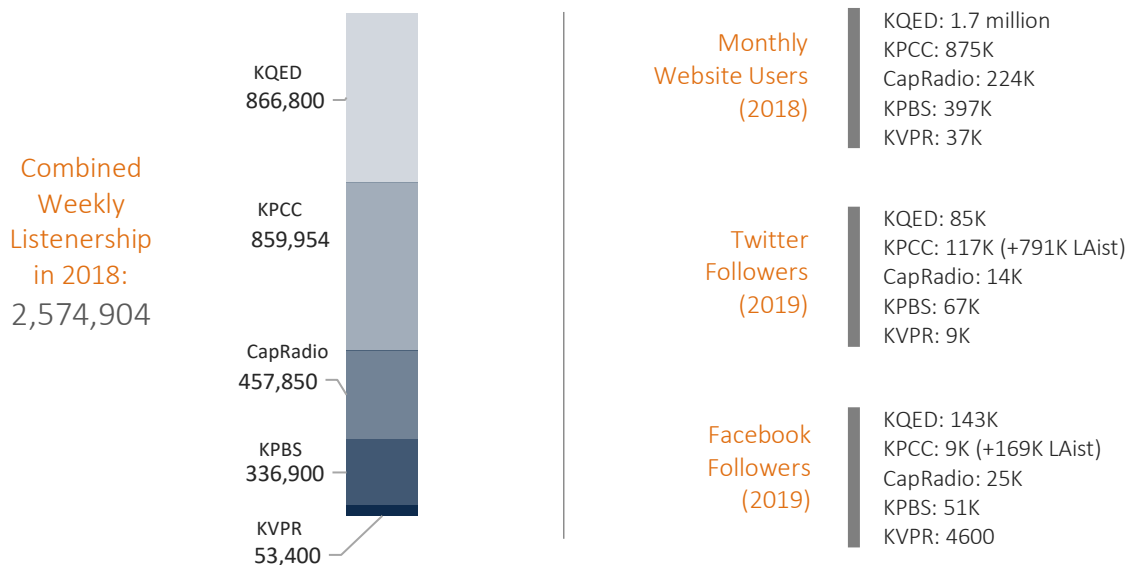
We requested a common set of **audience metrics** from the five grantees, including data on broadcast and digital reach collected by Nielsen, Google Analytics, Facebook, Twitter, and Triton Digital.

We conducted **interviews** with 15 members of newsroom leadership and staff at grantee stations.*

We conducted a set of **five small case studies** designed to explore the role and impact of the grantees' health journalism. These case studies drew on our interviews with the grantees, along with 26 interviews with relevant stakeholders, including individuals in government, health care and service provision, universities, advocacy organizations, and the media.

**Note: We honored KQED's request that we respect the editorial firewall by submitting written interview questions, rather than speaking to its journalists directly. KQED provided written responses to our case study interview questions. In addition, one person at Valley Public Radio submitted written responses to our interview questions.*

Figure 1. Public Media Grantees' Radio and Digital Audience



Source: Nielsen Audio, Scarborough Research, Radio Research Consortium, Google Analytics, Twitter, Facebook.

As Figure 2 shows, the five public media grantees collectively reach listeners spanning a wide swath of the state. Overall, the grantees' listenership broadly mirrors the distribution of the state's population, covering more densely populated areas of California. The map also underscores the role that KQED's California Report plays in helping to reach regions of the state that are more sparsely populated and fall outside of the five public media grantees' broadcast areas.

The five grantees also maintain sizable digital audiences via their websites and social media. KQED, for example, reported an average of over 1.7 million unique website users per month. KPCC posts content to both scpr.org and LAist.com and their respective social media handles, reaching nearly 875,000 website users per month and hundreds of thousands of Facebook and Twitter followers. KPCC also reported an average monthly livestream audience of over 280,000 people.

The grantees' digital platforms allow them to reach audiences beyond their broadcast signal. Based on Google Analytics data, in 2018 KPBS's website attracted over 340,000 users in Los Angeles, San Francisco, and Sacramento. Approximately 45,000 of Valley Public Radio's website users in 2018 were located in San Francisco, Sacramento, and Los Angeles. Nearly 300,000 of KPCC's website users were in San Diego and San Francisco, while Capital Public Radio reached over 150,000 users in Los Angeles. KQED's website attracted over 650,000 users in Los Angeles and San Diego. Grantees' social media platforms similarly attracted followers who live outside of their respective broadcast areas. Although we recommend caution due to the imprecision of Google Analytics' city-level data, the patterns provide at least preliminary evidence that digital platforms are an important way for public media stations to reach audiences who are outside their immediate area.



Racial and Ethnic Composition of Grantees' Audience

The Foundation wishes to understand the extent to which its public media grantees are reaching an audience that reflects the racial and ethnic diversity of California as a "majority-minority" state. Statewide, California's population is an estimated 39% Hispanic, 39% white non-Hispanic, 13% Asian American and Pacific Islander, and 5.8% Black non-Hispanic. Population projections indicate that the proportion of Hispanic residents will continue to grow, comprising nearly half of the state's population by 2060.²

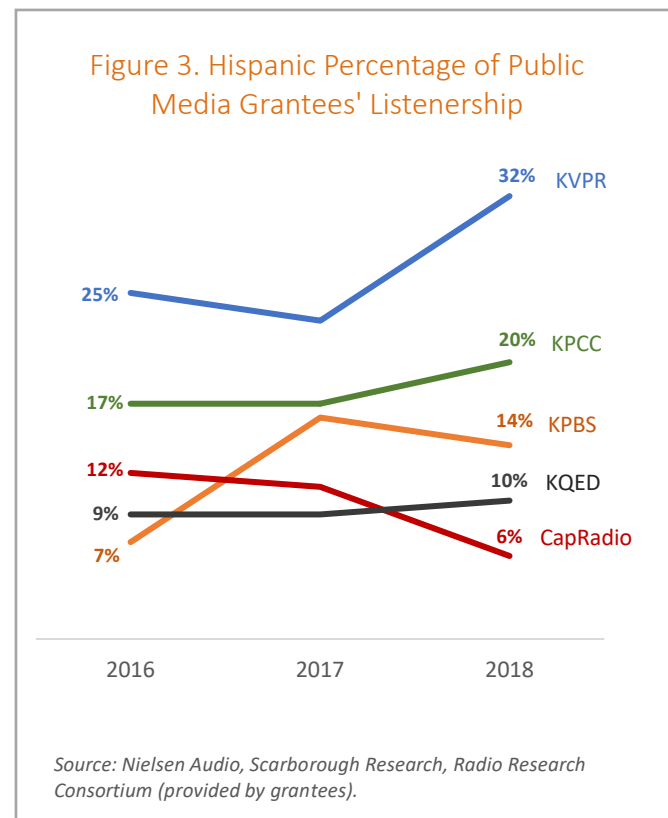
² California Senate Office of Research. 2017. [A Statistical Picture of Latinos in California 2017 Update](#).

Counties vary in the size of the Hispanic population – which we would expect to be reflected in grantees' respective audiences. For example, in Valley Public Radio's signal area, Kern, San Bernardino, Fresno, Madera, Merced, and Tulare counties are all over 50% Hispanic. KPCC's broadcast areas of Orange and Los Angeles counties are 34% and 48% Hispanic, respectively. San Diego county, where KPBS broadcasts, is approximately 33% Hispanic, while counties where most KQED listeners reside are between 15% Hispanic (San Francisco) and 27% Hispanic (Santa Clara).³ Most of the counties in Capital Public Radio's signal area have a relatively low proportion of Hispanics: 23% in Sacramento, 13% in Placer and El Dorado, and 9% in Nevada. The exception is Yolo county (31% Hispanic), which makes up about 10% of Capital Public Radio's listeners.⁴

As Figure 3 illustrates, these cross-county differences in the Hispanic share of the population are reflected in the composition of grantees' broadcast audiences. In 2018, Valley Public Radio reported the highest proportion of Hispanic listeners, followed by KPCC. Somewhat smaller Hispanic audience shares were reported by KPBS, KQED, and lastly Capital Public Radio. Looking across the past three years of data, the patterns suggest that the proportion of Hispanic listeners has particularly increased for Valley Public Radio and KPBS, while decreasing for Capital Public Radio. (Grantees were not consistently able to provide data on other racial or ethnic groups.⁵)

Due to limitations in the precision of Nielsen's data on listener race and ethnicity, we caution against drawing definitive conclusions from these findings. For example, Radio Research Consortium informed Valley Public Radio that it does not gather data on race/ethnicity outside of metro areas, therefore missing rural areas that have large Hispanic populations. Nor do we have data on listeners reached by KPBS's signal in Orange, Riverside, and Imperial counties. But broadly, a tentative takeaway is that there is room for the public media grantees to further expand their reach among Hispanic listeners – particularly as the proportion of Hispanics in the state's population continues to grow.

Later in our report, we discuss the ways in which public media grantees use community engagement to help reach people who are outside their typical audience demographic and/or are not comfortable consuming English-language news.



³ Napa County is an outlier at 34% Hispanic, but Nielsen data suggest that only about 2% of KQED listeners are in Napa.

⁴ Data on the Hispanic share of California's population is from the U.S. Census Bureau; we cite 2014 projections provided in a [county-level dataset](#) compiled by the Pew Research Center.

⁵ KPCC and KPBS were able to report the proportion of white, black, Asian, and other listeners. In 2018, KPCC's audience was 59% white, 7% black, 13% Asian, and 1% other. KPBS's audience was 69% white, 2% black, 10% Asian, and 5% other.

Case Studies: The Role and Impact of Grantees' Health Reporting

In the case studies described below, we examine specific examples of the public media grantees' health reporting. Drawing on interviews with grantees and relevant external stakeholders, each case explores the quality, role, and impact of the coverage within health policy debates and broader processes of systems change. We attribute comments where we received permission from interviewees. Where we do not identify the speaker, the comment was provided on a not-for-attribution basis.

KPCC: Black Infant Mortality in Los Angeles

The Context

The issue of higher infant mortality rates and maternal mortality and morbidity rates among African-Americans is not new. But over the past few years, this longstanding public health problem has garnered increased media attention. In late 2017, for example, ProPublica partnered with NPR to launch [“Lost Mothers,”](#) a series focused on maternal health and the nation's high pregnancy and childbirth related deaths. As part of the series they also published a comprehensive piece entitled [“Nothing Protects Black Women From Dying in Pregnancy and Childbirth.”](#) A few months later the New York Times Magazine published an in-depth story on [“Why America's Black Mothers and Babies are in a Life-or-Death Crisis.”](#)

In June 2018, KPCC began a year-long [series](#) on black infant mortality in Los Angeles by Priska Neely, KPCC's Senior Early Childhood reporter. The series received support from the Center for Health Journalism's California Fellowship and its Fund for Journalism on Child Well-being, as well as a Center Engagement Grant and six months of engagement mentoring. KPCC's early childhood education and development beat is supported by grants from the Atlas Family Foundation, the Carl & Roberta Deutsch Foundation, First 5 LA, the Tikun Olam Foundation, and the LA Partnership for Early Childhood Investment, comprised of a public-private collaboration of foundations, the Los Angeles Area Chamber of Commerce, First 5 LA, and government agencies.

Neely first learned about the disparity in black infant mortality at a [2017 Maternal Mental Health NOW Conference](#) and connected it to her own personal experience – a sister who lost two babies and another who had a baby born two months early. In a [personal essay launching the series](#), Neely wrote about how her family was part of the infant mortality statistic: “Since learning about these statistics and how my family fits into the broader story, I've been asking myself these questions on repeat: How has this been going on for so long? And, if the problem is societal, what are we, as a society, going to do about it?” She used the series to answer these questions.

Neely invited women to share their stories with her. Over the course of the year, Neely developed a dozen stories and held [two public forums](#). Her reporting focused on three themes:

1. The statistic and its root causes: Black babies in Los Angeles are three times more likely than white babies to die in the first year of life.
2. The county's plan: [Los Angeles County launched a five-year plan](#) to reduce black infant mortality by 30 percent.

CASE STUDY

3. The solutions: Neely covered the role of the city's community-based organizations in addressing the crisis and what women can proactively do to have a healthy pregnancy.

For this case study, we interviewed reporter Priska Neely and Chief Content Officer Kristen Muller at KPCC, along with four external stakeholders representing advocacy organizations and the Los Angeles County Department of Health Services.

The Role and Impact of KPCC's Reporting

► **KPCC's coverage focused on moving from fear to action.** Interviewees described KPCC's reporting as qualitatively different from the national and local reporting on infant mortality. Two interviewees commented that much of the reporting, particularly on the national level, is "frightening" with little discussion of solutions. The disparities are presented in a way that blame black women. "That has made moms, particularly moms who are pregnant or women who want to have babies, scared out of their mind," said Wenonah Valentine of iDREAM for Racial Health Equity. Valentine and others specifically cited national headlines and reporting as instilling fear: "'Why America's Black Mothers and Babies Are in a Life-or-Death Crisis.' When you hear that, what do you think?" said Valentine.

KPCC's reporting was not sensational and fear based; rather, it highlighted and honored the work of community organizations and leaders and provided women a way forward. Melissa Franklin of First 5 LA observed: "She's not just looking at it from a very scary sensational standpoint. It is a scary issue, but she brings human compassion as well as facts, research, information. She began her reporting with raising the issue and talking about the problem and doing it from the standpoint of her own experiences, as well as the experiences of others."

► **KPCC brought attention to structural root causes.** KPCC's reporting and public forums helped raise the awareness about the structural nature of black infant mortality, thereby shifting the blame away from the mother to the broader power structures that create inequitable conditions. KPCC's Kristen Muller noted that the station received many testimonials from people who read the stories and came to realize that "they too were part of the larger statistic." Neely's sister commented to her: "I don't think people realize that this is a problem that is bigger than our own bodies."

Neely describes good health journalism as being able to tell a memorable story of an individual but also "making it clear that it is affecting many more people than just that one person. To present you with the statistics and the data but also to put that into the context of history." Her reporting tackled the issue of racism head-on to help women understand the entrenched and long-standing nature of the issue while also providing them information on what they can do for themselves. As Neely put it: "Even though this is much bigger than you, and you shouldn't blame yourself, what can you do to be proactive?"

This framing resonated strongly with interviewees. Franklin commented: "I can't say enough positive things about her coverage because it does not present black women in a deficit frame. It speaks about the root causes and she grounds it in research around the root causes. She comes with a compassionate understanding. There is just something about a black woman telling a black woman's story that is so important. She captures that with her style and just an incredible ability to tell the story, and tell it effectively from various angles, which I really have enjoyed." Moreover, Franklin noted, KPCC helped highlight this issue for a broader audience: "It helped legitimize the issue. Folks

CASE STUDY

other than black women listen to KPCC. The fact that it was on a station, that is well regarded, it has an impact.”

As further confirmation of the quality of Neely's reporting, the Associated Press Television and Radio Association awarded her story “What's Behind the High Black Infant Mortality Rate? Racism, Not Race” [first place](#) in the public service category in 2018.

► **KPCC's public forums fostered awareness and connections.** The forums provided a way to engage and empower the black community in the discussion and connected women to community resources. Interviewees described the forums as a place for women to ask questions of community experts, share their stories, see themselves in the black panelists, hear their own experience as black women described rather than “projected on to them,” and learn that they are not alone. Franklin described the event as more than “a well-done story”: “It begins to spark movement and momentum and action which is really what you want to happen in that kind of reporting.”

The forums also fostered connections across the community and with public officials. Adjoa Jones from the LA County Department of Health Services said the forums enabled her to connect with the community and “brought more help to the table.” She was able to recruit community members to participate in local Community Action Teams working to address black infant and maternal mortality. Regarding the impact of the reporting and forums, Jones said: “I want to say it's influencing conversation, it's influencing collaboration, it's influencing networking, it's influencing some opportunities for us to do a few more things together... it just helps us to broaden the spectrum of what we should look at and who all has input. Even getting more actual members that are pregnant and parenting to the table.”

► **KPCC's reporting contributed to advocacy efforts and policy discussions.** While Neely did not think her reporting influenced the state legislation spearheaded by Senator Holly Mitchell, interviewees felt her reporting created a context for the policy advances. Kelly O'Connor Kay of Maternal Mental Health NOW observed: “I think that's an example of how philanthropic investment into reporting can really influence change from a policy perspective, considering the different bills that are being considered at the California state legislature this year, and from the county policy framework. I see a clear impact of Priska's reporting.” Franklin of First 5 LA, who focuses on raising awareness among various stakeholders about the root causes of black infant mortality, commented that Neely's reporting “became a really great tool for me in terms of introducing folks to the issue in a deeper way. I would just send them the link to the story so that they can listen to it. Versus hearing me rattle through numbers, and then them reprocessing it.” Unfortunately, we were unable to reach Senator Mitchell to get her perspective on the reporting.

Key Takeaways

► **Journalists of color bring unique strengths to health reporting.** Priska Neely's personal experience and perspective on the issue, as a black woman, brought deep insight, cultural understanding, and humanity to her reporting. By connecting maternal and infant mortality with structural racism, and by describing it through the lens of her personal experience as well as the experience of other black women, her reporting destigmatized the issue and shifted the blame away from black women in a way that deeply resonated with stakeholder interviewees. At the same time, the series highlighted the structural and systemic failings as the root cause of black infant mortality that still need to be addressed by decisionmakers.

CASE STUDY

The philanthropic support that KPCC receives for Neely's position demonstrates how funders can support in-depth culturally competent reporting that includes, rather than just reports on, impacted communities.

► **Community engagement strengthened the reporting and its impacts.** As noted above, interviewees confirmed the value of KPCC's public forums, both of which sold out. These forums were part of a larger strategy to incorporate community engagement into this series on black infant mortality in order to effectively reach, engage, and impact black women in LA as well as community-based organizations and health providers. KPCC's community engagement strategy included outreach to affected communities about the series and forums: flyers were distributed at frequently visited community locations; stories were placed in [local news outlets](#); and Neely spoke at medical schools and black student associations. KPCC also partnered with the postal service to send direct mail to households with women of childbearing years in certain zip codes where the mortality rate was high. KPCC's Muller noted that the overwhelming majority of forum attendees were African American women – vastly exceeding the proportion of KPCC's audience that is African American. KPCC also encouraged Neely to use Twitter as she reported on this series to give community members a chance to reach out and inform her through the process. In these ways, KPCC was able to deepen its reach and impacts, particularly among under-served communities of color that are under-represented among its listening audience.

► **Sticking with a story over time is a worthwhile investment.** KPCC's Muller noted that the station's managing editor places an emphasis on “staying on a story, building expertise off of it, doing less daily incremental updates, and focusing more on long-term impact” – a perspective that informed how KPCC decided to build on Neely's initial reporting on this issue. Indeed, Neely's ongoing reporting became an important voice in the community and positioned her as a trusted source of information. Interviewees noted that she “stuck with it” and praised her “robust understanding” of the issues. Her long-term focus also allowed her to track and hold accountable public agencies and officials: a year into the series, she updated the community on [LA County's progress](#). She also reported on [Sacramento County's initiative](#) to reduce infant mortality, drawing out lessons for LA. In these ways, this case illustrates the value of investing in a longer-term focus on a particular health issue.

Valley Public Radio: Doctor Shortages in San Joaquin Valley

The Context

Severe shortages in California's health workforce are a focal area of CHCF's work. As CHCF and others have shown, not all communities in California are affected by shortages in the same way or to the same degree. San Joaquin Valley is one of the areas where shortages are particularly acute, with approximately [half as many primary care and specialty care physicians](#) per 100,000 residents as the Greater Bay Area.

In 2017, Valley Public Radio produced a series called *Struggling for Care*, examining the problem of doctor shortages in San Joaquin Valley. As Valley Public Radio's president Joe Moore explained, evidence of the Valley's doctor shortages “wasn't breaking news”; that story had been told. But the station wanted to explore the larger question of *why*, looking for systemic problems to help explain the problem. The reporting covered multiple angles of the issue, examining the [factors contributing](#)

CASE STUDY

[to the problem](#), the impacts of federal [immigration policy](#) and [funding formulas](#) on the Valley's ability to build its health care workforce, and [potential ways to help address shortages](#). The series included four in-depth reports, an [interactive map](#) with audio clips of listeners' experiences, and a [Be Public Live panel discussion](#) with experts from UCSF Fresno, Clinica Sierra Vista, and the Heart, Artery and Vein Center of Fresno. The series was undertaken as part of a project with the Center for Health Journalism's California Fellowship, with additional support from a Center Engagement Grant and engagement mentoring.

Valley Public Radio's reporter Kerry Klein interviewed health policy experts including local medical societies, local hospitals, and local graduate medical education programs. She also undertook community engagement efforts to deepen the coverage. This included setting up a tip line, asking listeners and social media users to call in and describe their experiences with doctor shortages. Based on a higher-than-expected response, Klein followed up with selected callers and incorporated their stories into the interactive map. Klein also moderated the panel discussion, which attracted a diverse audience of advocates, health care providers, and high-level university representatives. Klein noted that the sold-out event was the best attended of Valley Public Radio's previous panel events on both health and non-health issues. With support from the Center for Health Journalism's engagement editor, Valley Public Radio sought to further engage key stakeholders by emailing the stories to State Assembly members, State Senators, advocates, and others in the health care field.

For this case study, we interviewed reporter Kerry Klein and President and General Manager Joe Moore at Valley Public Radio, along with five external stakeholders representing advocacy organizations, universities with medical education programs, and the State Assembly.

The Role and Impact of Valley Public Radio's Reporting

► **Media coverage of the issue generally received low marks, but Valley Public Radio stood out for its higher quality reporting.** In general, interviewees observed that media coverage of this issue has been insufficient in volume and quality. Dr. Joseph Castro, president of California State University Fresno and a member of the California Future Health Workforce Commission, described news coverage of shortages in San Joaquin Valley as "uneven," citing an insufficient amount and depth of coverage. Nicole Butler of Fresno Madera Medical Society's (FMMS) noted that she's primarily seen shortages covered as part of reporting on another topic.

But all the interviewees praised Valley Public Radio's coverage on this issue for its particularly high quality, describing the reporting as "in-depth," "well researched," "balanced," and "comprehensive." Indeed, five of the six interviewees explicitly noted that the station's coverage stood out from other outlets. Dr. Michael Peterson, dean of UCSF Fresno's medical education program, noted that local television stations do not offer the same level of coverage as Valley Public Radio did. Castro similarly appreciated the depth of Valley Public Radio's reporting, which he contrasted with the coverage from other print and radio outlets. Abbi Coursolle of the National Health Law Program said she remembered when Valley Public Radio's series came out in 2017 "because it's something that often isn't covered." What little reporting there has been, she observed, is typically tied to an external event, rather than coverage of the long-standing issue.

As further testament to the quality of Valley Public Radio's series: the Association for Health Care Journalists awarded Klein with [first place honors](#) in the category of health policy (small outlets) in 2017, praising her "provocative analysis of causes and potential solutions."

CASE STUDY

► **Detailed coverage like Valley Public Radio's series helps advocates and the public push for policy change.** Interviewees varied in how they described the role of media coverage in helping to advance efforts to address health workforce shortages. Castro and Coursolle both indicated that media coverage plays an important role as they advocate to government officials, providing "real-world examples" to show to lawmakers and helping to "expedite our advocacy and focus people's attention on a pressing issue." Castro was not able to recall how he drew on Valley Public Radio's 2017 series in particular but remembered that the station's reporting "was talked about in great depth in the community." Coursolle noted that she cited it when talking to the Department of Health Care Services about Medi-Cal. More broadly, she observed that one aspect of media coverage that is helpful to her advocacy is "personal stories about people who have experienced harm." This suggests that Klein's efforts to gather and incorporate listeners' experiences with doctor shortages can be valuable for advocates.

But two other advocates – Linda Nguy at Western Center on Law & Poverty and Butler at FMMS – said they tended to focus on statewide or national media coverage more than local coverage. Nguy noted that she might draw on local reporting if Western Center were trying to influence an individual vote, but she relies more on statewide outlets when attempting to get an issue on the governor's or legislators' radar.

Peterson similarly saw media coverage (including Valley Public Radio's series) as playing a limited role in his own efforts to advance solutions. But he strongly emphasized the role of media – and public radio in particular due to its in-depth reporting – in informing the general public. His view, echoed by FMMS's Butler and the Assembly member we interviewed, is that the public needs to better understand the causes and solutions for shortages because "they can put the pressure on the politicians that can actually drive some of these changes that need to happen." The Assembly member agreed: "It's important that policymakers help to drive the conversation. But at the end of the day, it's the public who needs to be insisting that policymakers make those choices. So the media has a key role in both informing the progress that we've made, but also how much more there is to accomplish."

Interviewees noted that media outlets, including Valley Public Radio, can better support this "public advocacy" by providing more coverage that helps residents understand different aspects of the shortage, such as disparities in access to primary care and specialty physicians across different parts of California; network inadequacies, including the availability of specialists; the need for a health workforce that reflects the state's racial and ethnic diversity; and examples of solutions that can help or already are helping to address shortages. Interviewees emphasized that both local and statewide media outlets need to provide more detailed and nuanced coverage.

Key Takeaways

► **High quality health reporting is needed to help the public play its role in system change.** This case underscores one of the elements in CHCF's strategic framework for its health journalism portfolio: the role of the public in helping to push for system-level change. Interviewees emphasized the importance of an informed public who can help pressure policymakers to advance appropriate solutions. In-depth health journalism can play a key role here, deepening the public's understanding of doctor shortages, not just in affected communities like the San Joaquin Valley but also in other communities that may be less affected – but more politically influential. As Peterson observed, big media markets in areas with more political power, such as the Bay Area, need to help inform people

CASE STUDY

of shortages that other areas of the state face so they can help “get the attention of the legislators around that.”

► **Poor quality media coverage limits its role in advancing change.** This case provides an illustration of how shrinking newsrooms negatively impact health coverage – and limits the media’s ability to inform the public and contribute to stakeholders’ efforts to address systemic problems. Castro observed that one local newspaper’s staff has shrunk from a height of a thousand down to less than 80 people, resulting in more “ad hoc coverage.” Butler noted that this paper’s health care reporter had left: “Now you call over there, who’s covering health care? Well, we don’t really have anybody.” Similar constraints in the region’s media, Castro noted, means that “they don’t go deeper and explain to the public what causes shortages and how it affects all of us.” And as a source for reporters, he is asked for “quick soundbites,” making it hard for him to provide the depth of information that people need to understand this issue. Advocates do see reporting on doctor shortages as important to their efforts – but the value of media coverage depends on its quantity and quality.

► **Reaching state policymakers can be a challenge for smaller local media outlets.** Valley Public Radio’s coverage of doctor shortages reflects the kind of in-depth reporting that interviewees feel is broadly lacking among other media outlets. This is a notable achievement given the small size of the station’s newsroom: just three reporters and a news director. And it underscores the value of the Center for Health Journalism’s California Fellowship in supporting a smaller local outlet’s ability to produce an in-depth series. But it can be challenging for such small local outlets – even if they produce high caliber reporting – to make big waves at the state level. Valley Public Radio was disappointed that the effort to email stakeholders yielded few responses. The series did, however, attract the attention of Capital Public Radio, which picked up some of the reporting. This may be an important way to get high quality local reporting onto the radar of state policymakers and other stakeholders who are outside of a local outlet’s community. Nguy commented that local outlets’ audiences are relatively modest at the statewide level – even if the local reporting offers important coverage that statewide outlets are not. Further to Peterson’s point above, encouraging larger outlets to pick up high quality local reporting may be one way to help it reach policymakers and advocates working at the state level. News collaboratives, discussed later in our report, may also boost the visibility of local health journalism among state policymakers.

KPBS: Hepatitis A Outbreak among the Homeless in San Diego

The Context

Starting as early as November 2016 and peaking in the late Spring and Summer of 2017, the homeless population of downtown San Diego suffered an outbreak of Hepatitis A, which is transmitted easily when people are in contact with infected fecal matter. The city’s outbreak spread rapidly, leading to some 500 cases, over 300 hospitalizations, and at least 20 deaths, most of them among the homeless, before it was controlled in early 2018.

KPBS’s Midday Edition and other outlets called attention to the [growing number of cases](#) in June 2017. Later coverage by multiple media outlets, and especially the investigative reporting by Lisa Halverstadt of the nonprofit outlet Voice of San Diego, highlighted the [slow](#) and [disorganized](#) response from San Diego municipal and County health authorities. Halverstadt’s reporting revealed

CASE STUDY

that the response was complicated by confusion over who was responsible for declaring a health emergency and bureaucratic bungling over issuing permits.

The outbreak ultimately garnered widespread media attention. This included Halverstadt's ongoing reporting, extensive coverage by the [San Diego Union-Tribune](#), various [stories by KPBS](#) and local news station [KUSI](#), coverage by statewide publications such as the Los Angeles Times, and even stories in national outlets like the Washington Post, the New York Times, and CNN.

KPBS had multiple reporters contributing to the station's coverage of the outbreak. We interviewed Susan Murphy, who covered the homeless population in the city's East Village neighborhood as part of her regular beat, and had developed contacts among the homeless, activists, and service providers. (Murphy was KPBS's health reporter at the time of our case study interviews, though she was serving as a general assignment reporter when the outbreak occurred. Kenny Goldberg, KPBS's health reporter during the outbreak, is no longer at the station.) Murphy's reporting in 2016 and early 2017 documented [growing numbers](#) of homeless people and [worsening conditions](#) on the streets, including the [lack of available public bathrooms](#) – which contributed to the severity of the later outbreak. She also covered calls by advocates and elected officials for [improved services](#) and [policies](#). Murphy's reports on the outbreak itself were largely framed as brief news items [updating the count of those affected](#), [discussing the risks to first responders](#), and multiple reports on the City's efforts to [move the homeless population](#) off the streets and into [temporary tented "bridge shelters"](#) until [a safer and more permanent shelter](#) was available. The station's coverage also included interviews with [local officials](#) and [infectious disease experts](#), as well as guest appearances by journalists from the San Diego Union-Tribune and Voice of San Diego.

For this case study, we interviewed reporter Susan Murphy and Executive Producer of News Natalie Walsh at KPBS, along with five external stakeholders representing the San Diego City Council, advocacy and service provision organizations, and a local nonprofit news outlet.

The Role and Impact of KPBS's Reporting

► **Intense coverage generated by many outlets prompted government action.** Interviewees were unanimous in confirming that media coverage of the outbreak spurred an effective, albeit belated, government response. The response included handwashing stations, portable toilets, power-washing and disinfecting sidewalks and streets, and an effective vaccination campaign. In the longer term, the city government created tent camps and "bridge shelters" that offered better access to services including sanitation, health care, and addiction treatment. An audit conducted by the California State Auditor concluded that the outbreak could have been contained sooner if local government officials had acted more quickly. The audit prompted Assembly members Todd Gloria, Lorena Gonzalez, and Tasha Boerner Horvath to sponsor a bill clarifying public health officers' responsibilities during outbreaks, including their ability to issue directives to other governments to take action. Governor Newsom signed the bill into law in October 2019.

The sheer volume of coverage likely played a role in generating this response. As noted above, the outbreak attracted intense scrutiny from local, statewide, and national news outlets. But the media's impact in this case may also be in part due to the specific frame that dominated the coverage: the slow and inept government response. One interviewee, who represents a service provider focused on homelessness in San Diego, commented that the stories could have focused blame on the homeless population, potentially making people scared and angry about the homeless. Instead, she observed, reporters depicted homeless people as victims who were dying because the

CASE STUDY

government hadn't done enough to protect them, focusing attention on the poor coordination of the official response rather than blaming the victims of that ineptitude.

Halverstadt of the Voice of San Diego made a similar observation, noting that the dominant frame in the coverage focused on the government's "sluggish response" and "finger-pointing" among officials. This "really compelled them into action," she commented, both because it was embarrassing and because it attracted the attention of state-level officials like Assembly member Gloria, who demanded to know what was happening. Another interviewee, who represents a human services organization in San Diego, agreed that "there wasn't any movement until they [elected officials] were getting shamed publicly." He emphasized the valuable role of the media for helping to "tell our story," and praised reporting on the "lack of foresight and action from a political standpoint." Another interviewee who advocates on issues of homelessness noted that reporting by Halverstadt and by Guardian reporter Kelly Davis had "a great deal of impact" precisely because they highlighted the dysfunction in the government's handling of the outbreak. In his view, the media played a pivotal role in getting the government to act: "media actually were the ones who ended up saving lives by jumping on board and really digging in on these stories."

► **Multiple local outlets, including KPBS, received praise for the quality of their reporting.** The Voice of San Diego was consistently named by all four other external stakeholders for its reporting on the Hepatitis A outbreak and the homeless population. For example, one interviewee praised the depth of Halverstadt's reporting, and another noted that the outlet does a good job of holding people accountable. A third interviewee echoed these sentiments, likening the Voice of San Diego to a "little chihuahua nipping at your heels all the time, at the politicians."

KPBS also received credit for the quality of its reporting. For example, one interviewee noted that KPBS "did a good job of being balanced in bringing in the county officials to get their opinion," and praised the station for not sensationalizing the story. Another emphasized that KPBS, along with Sasha Foo at KUSI, stood out for providing the most comprehensive coverage and for doing longer, more in-depth stories than other outlets. He particularly valued that KPBS had "boots on the ground," describing how the station's reporters "get out of the studio" and rode with his organization's outreach teams "to see up close and personal what the issue is." A third interviewee recalled that Susan Murphy and KPBS investigative reporter Amita Sharma had done good reporting on homelessness more broadly. He praised Murphy for consistently following the issue and observed that both she and Sharma brought a "personal side" to how they reported on it.

The San Diego Union-Tribune was also mentioned for its role in the coverage. Halverstadt credited journalists at the Union-Tribune, including Paul Sisson (who is a former data fellow), for their contributions to the government accountability frame – and for the sheer volume of their coverage of the outbreak. The paper's coverage was also top of mind for Council member Ward and one of the service providers we interviewed.

► **KPBS didn't break the Hepatitis A story, but it may have helped to amplify and humanize it.** Interviewees at KPBS as well as external stakeholders we interviewed credited Halverstadt and the Voice of San Diego for obtaining and releasing documentation of the slow and confused response by city and county officials. KPBS may have helped to amplify this and other quality reporting produced by local journalists by inviting them to share their insights on-air. For example, KPBS's Midday Edition invited Halverstadt on the air to [describe her findings](#). Her article was also [reprinted in full on KPBS's website](#). This may have helped broaden the audience for Halverstadt's reporting; as she noted, the Voice of San Diego is an online-only publication that attracts politically engaged "insider

CASE STUDY

types,” as opposed to a large volume of traffic. KPBS also repeatedly invited Halverstadt and Union-Tribune journalists to discuss developments on the outbreak and the government’s response to it on Midday Edition as well as KPBS Roundtable, which airs on television and the radio.

KPBS was also able to build on the in-depth reporting that Murphy had previously done on the homeless population and the conditions that contributed to the outbreak. In our interview with Murphy, she described how she sought to build trust and relationships with the homeless community over time, sitting on the curb with them to learn about their backgrounds and stories: “I made a big effort to really engage and gain trust from the homeless community down there. They knew me by name. I knew that they all had kind of their street names. I knew who was under which encampment.” Because she had developed these one-on-one relationships, she was able to conduct interviews with homeless individuals during the Hepatitis A outbreak. Murphy observed that when reporters from some commercial stations showed up to do interviews during the outbreak, homeless people were “very standoffish” and yelled at them. In this way, Murphy helped ensure that media coverage included the perspectives of those living on the street, helping to humanize the people who were most affected by the government’s slow response.

Key Takeaways

► **It takes a (media) village.** The Mayor of San Diego presciently told a reporter for the Guardian Weekly in early 2017 that the homeless would be a core challenge of his tenure. The advocates we interviewed for this case study expressed their frustration that it seemingly required a drumbeat of media coverage and multiple deaths before authorities provided access to even the most basic sanitary facilities, and a concerted vaccination effort, to lessen the impact on those most affected by the disease. Continued coverage of the outbreak and its aftermath encouraged more comprehensive efforts to offer the bridge shelters and plans for more permanent shelters. That drumbeat was the result of multiple media approaches and resources, including: relentless investigative work by a reporter at Voice of San Diego granted time to pursue the story; an influential daily newspaper that focused reporting and editorial attention on the issue; and steady, balanced coverage by KPBS.

► **Being “on the ground” is essential for reporting on the experiences of under-served populations.** Murphy’s approach to covering the homeless population reflects a core part of how CHCF defines high quality health journalism: ensuring that the needs and experiences of low-income Californians are heard and represented. Her consistent effort to build relationships with homeless people, as well as with the advocates and service providers who work closely with them, enabled her to develop a strong group of sources through which to inform her reporting. Halverstadt similarly emphasized how important it was that she was “on the ground” developing connections with the homeless community. She notes how much her reporting relies on her sources, such as a homeless woman named Debbie who would call her with updates on what the government’s response to the outbreak looked like on the ground. Halverstadt observed that building these connections takes time, commitment, resources, and recognition that the result won’t necessarily be an immediate story.

► **Health reporting skills are important for journalists who aren’t health beat reporters.** Neither Halverstadt nor Murphy were health beat reporters at the time of the Hepatitis A outbreak. But as illustrated by this case, their in-depth reporting on the homeless population is intertwined with health issues. (This was also true of Data Fellow Nicole Hayden’s reporting on this issue, as discussed earlier.) This points to the importance of honing the health journalism skills of generally assignment

CASE STUDY

journalists and others who are *not* specifically covering the health beat – for example, through fellowships like those offered by the Center for Health Journalism. Indeed, Halverstadt noted that she is “not great” at data analysis and has observed other journalists “come up with amazing stories” because they are able to merge two datasets. She recalled a large dataset she had accessed for a story on homeless deaths; while she was “overwhelmed with it,” she mentioned that a doctor had taken an interest in the medical data and was able to analyze it in ways that gave her new ideas. This suggests the value of Levander’s strategy of recruiting non-health beat reporters to the Center’s programs, including the Data Fellowship. And by extension, it confirms that CHCF’s efforts to support high quality health journalism need to encompass journalists beyond those who specifically cover the health beat.

Capital Public Radio: Community Mental Health Impacts of the Stephon Clark Shooting

The Context

On March 18, 2018, a young black resident of Sacramento’s predominantly African American Meadowview neighborhood was shot repeatedly by police officers responding to a 911 call for service that ultimately led them on a foot chase into what turned out to be the backyard of his grandmother’s home. Stephon Clark’s death ignited underlying tensions and resentments in Meadowview and neighboring areas of South Sacramento. Stephon’s brother, Stevante Clark, spoke to protesters during a large march that temporarily closed the I-5 during rush hour on March 23rd. Stevante suffered what he later described as a “breakdown” and leapt onto the dais during a city council meeting on March 27th. Weeks later after confrontations with housemates and neighbors, Stevante was arrested on an unrelated incident and briefly jailed before being released and enrolled in the mental health court process.

In April 2018, Mayor Steinberg responded to community calls for mental health services by organizing volunteer mental health services and resources to help Meadowview residents address the grief and trauma they felt following Stephon’s death. Community organizations, including Sacramento Area Congregations Acting Together (SAC-ACT), responded to the Mayor’s plan by pointing out that the community required services that could address the deeper, underlying “urban trauma” that occurs in neighborhoods where residents endure chronic economic and even physical insecurity, deepened for African Americans by centuries of experience with systemic racism.

SAC-ACT promoted free services through a program called Safe Black Space (SBS) Community Healing Circles which were designed specifically for people of African ancestry and offer an opportunity to address racialized trauma with trained facilitators. In addition, Emotional Emancipation CirclesSM are provided with local leadership from Dr. Kristee Haggins, a member of the Association of Black Psychologists, faith leaders and other local Black community members and leaders in Sacramento.

In early March 2019, the Sacramento County District Attorney concluded that the police officers who shot Stephon had acted lawfully. This set off an angry protest during which 85 community members were arrested. Anger about the District Attorney’s finding, and about those arrests, lingered as Meadowview reached the one-year anniversary of Stephon Clark’s death.

CASE STUDY

Capital Public Radio's health care reporter, Sammy Caiola, [covered the community's trauma](#) and the response to it, including the [City's efforts](#) and the development of [Safe Black Space](#), in a series of articles appearing in April and June of 2018. She also [highlighted economic and health insurance disparities](#) and unequal access to employment opportunities in Meadowview. Capital Public Radio's *Insight with Beth Ruyak* also featured a lengthy [interview with Dr. Kristee Haggins](#), a leader in developing and delivering the Safe Black Space Community Healing Circles and Emotional Emancipation CirclesSM. In 2019, Caiola wrote a follow-up on the [status of the Safe Black Space](#) efforts and the continuing need for appropriate mental health services, and conducted an [interview with Stevante](#). In addition, Capital Public Radio is in the midst of a year-long multi-part community engaged [reporting project in Meadowview](#) as part of the station's *The View From Here* program. The team working on this project includes Capital Public Radio's Senior Community Engagement Strategist, jesikah maria ross, and Senior Reporter of Special Projects Pauline Bartolone.

As part of this case study, we drew on interviews with reporters Sammy Caiola and Pauline Bartolone and Chief Content Officer Joe Barr at Capital Public Radio, along with seven external stakeholders representing advocacy organizations, mental health experts, and the Sacramento Mayor's office. Our case study focuses primarily on responses to Sammy Caiola's reporting, contrasting it with the more typical coverage of this incident and others like it. Note that these interviews were conducted on a not-for-attribution basis to encourage candid responses on sensitive issues concerning racial trauma.

The Role and Impact of Capital Public Radio's Reporting

► **Capital Public Radio stood out from most other media outlets for its efforts to gather a fuller picture of the community's experience.** Five of the interviewees commented positively on Capital Public Radio's reporting, referring to either Caiola's reporting or on their interactions with *The View From Here* team. For example, one activist noted that "there was a sincere desire to understand the full picture," while another observed more "intentionality" in the station's approach to understanding "the root conversation that's not being heard, or not being had." Another interviewee recalled that Caiola's questions were "thought provoking," and suggested that her reporting helped audiences "think more critically" or think differently about the story. City officials and community activists who have participated in *The View from Here* community listening sessions were impressed by the team's commitment to careful listening and its willingness to explore the long history of structural racism that shapes the community's underlying trauma.

In contrast, multiple interviewees noted, most reporting on police-involved shootings of young black men fail to portray the whole person. Most coverage instead played the most violent or spectacular footage on a tight loop: police helicopter footage of the police confrontation with Stephon, Stevante's breakdown in City Hall, Stevante's mug shot. Such coverage, interviewees observed, re-traumatizes the community by further blaming the victim and reinforcing negative stereotypes before all the facts are investigated. As one commented, this kind of reporting is "distorted" and "doesn't acknowledge their humanity... we can be re-traumatized by witnessing the information that's being displayed over and over again." Another observed that "the more dysregulated they are, the more airtime they get" – which she contrasted with Capital Public Radio's efforts to learn about what was happening to help the community: "they sought out the healthy parts of the community. They sought us out. They wanted to know: 'We've heard about these circles. We've heard that something's happening... We want to know what's happening over there and how is it helpful.' So I think that was phenomenal."

CASE STUDY

Another interviewee similarly observed that, aside from Capital Public Radio and Sacramento News and Review, she did not recall coverage of Safe Black Spaces and mental health resources in mainstream media outlets. Sacramento News and Review, an “alternative” weekly, published [an op-ed](#) by SAC-ACT’s executive director describing its efforts to “create 10 healing circles, the training of more than 20 facilitators and a video for county mental health workers on culturally competent, trauma-informed care.” The Sacramento Observer, which serves the African American community, covered [community healing circles](#) and [community safe zones](#). The paper also named the Clark-Thompson family its [2018 Persons of the Year](#) in recognition of their courage.

► **Interviewees were able to provide few insights into the potential impacts of Capital Public Radio’s coverage.** One interviewee felt that Caiola’s reporting contributed to the conversation between the Mayor and the community around how to get more mental health resources into communities, and another suggested that it “contributed to the visibility of our Emotional Emancipation Circles.” But as a third interviewee appropriately noted, it is hard to “pin down” the specific contribution of the station’s reporting within the collective “integrated process that’s necessary for change to happen as a community.”

A key factor when considering the potential impacts of Capital Public Radio’s reporting: who is its primary audience? As one interviewee observed, the station’s target audience is “people who are often of higher incomes and better educated.” In South Meadowview, one in four people live in poverty and fewer than 10% have a bachelor’s degree, according to the station’s own [reporting](#). So although the station’s coverage was probably heard by some in the Meadowview community, the important role that the station plays – accordingly to this same interviewee – is that it “brings perspective to people who are not living those experiences.” For example, Pauline Bartolone mentioned that the station’s year-long project in Meadowview has attracted the attention of the Mayor’s office, whom she said expressed interest in learning about their findings.

Key Takeaways

► **Changing the dominant narrative is challenging.** A relative handful of stories that reflect a chronic societal condition rather than a dramatic crisis can have a difficult time breaking through to public consciousness when the dominant news frame is immediate and highly visual. This is consistent with patterns observed in media research, where episodic, individual-focused news frames tend to dominate thematic frames better suited to capturing underlying social conditions and structures.¹ Indeed, interviewees criticized the episodic reporting that risked re-traumatizing the community community by showing the same dramatic incidents: Stevante’s public breakdown, for example, or the grainy police footage of Stephon’s confrontation with police. More generally, interviewees emphasized that media coverage needs to move beyond the frame of “somebody did something wrong” to interrogate underlying contextual and institutional factors.

While initially tied to a specific tragic event, Capital Public Radio’s reporting intentionally went towards the deeper phenomena of urban trauma and system-level ways to address it. The station’s longer-term investment in *The View from Here* series on Meadowview similarly strives to go beyond an individual’s story to explore the community’s historical context. And Capital Public Radio earned credit, especially from those who have been interviewed or contacted by the station’s journalists, for its commitment to taking time to seek out different voices. Interviewees suggest that the station’s community engaged approach to *The View from Here* series on Meadowview has been well received, even though the station’s team comes from “outside” the community and is probing some

CASE STUDY

sensitive issues. CHCF might want to follow up with Capital Public Radio to learn how that series is received and how much it focuses on the chronic challenges to the community's mental health.

► **Reporting on under-served communities relies on relationships and trust building.** When describing her definition of high quality health reporting, Caiola noted that it includes talking to a person multiple times instead of just once, providing deep historical context, and becoming familiar with a neighborhood, including its movers and shakers and those who have lived there a long time. Interviewees confirmed that the station's approach to reporting on Meadowview has generally reflected these qualities. Indeed, this case study suggests that good health journalism relies on careful efforts to build connections and credibility over time. This enables reporters to elevate voices that otherwise may not be part of the story. As one interviewee queried: "If you're looking at the role of public media, then how does it also remind itself that there are a number of groups like ours that could be heard, should be heard, but again we don't have access? How do you find important voices that aren't on those of the larger playing field?"

Trust plays a role in reporters' ability to hear and connect with those voices. When speaking to a member of the Clark family, Caiola heard about a meeting between city officials and black community groups. Before showing up, she confirmed that it was a public meeting. But she recalled a tense moment when her presence at the meeting was questioned by some groups who did not realize that journalists would be present. Meeting participants took a vote and allowed Caiola to stay; but one of the participants said "If CapRadio's here, we want the Observer to be here." A reporter from the Sacramento Observer was then called to join the meeting. This illustrates how trust can factor into a journalist's ability to witness and report on the perspectives of under-served groups. Similarly, in the context of *The View From Here* project, Bartolone noted that the station's year-long commitment to community engaged journalism in Meadowview has helped build trust among community members who were not public radio listeners.

► **Fellowships can have lasting effects.** Caiola's reporting touched on mental health issues that are sometimes stigmatized and highly personal. Her success in reporting on the community's response – including her interactions with the Clark family and her 2019 interview with Stevante – were possible in part because she could draw on contacts she made during the course of reporting on black child death for her Center for Health Journalism Data Fellowship project in 2015: "I'm a white person and I'm not a parent, but I was able to write pretty deeply about black child death because I used a lot of community voices and parents who had lost kids and the leaders who helped them. So I felt I was already kind of established there and I knew who to call." Her work on the fellowship project also informed her interest in focusing on minority health issues, environmental stress, and disparities – as illustrated by the angle she took in her reporting on Stephon Clark's shooting.

KQED: Maternal Mental Health Disorders

The Context

In early 2018, KQED's health reporter April Dembosky reported on Jessica Porten, a [Sacramento woman](#) who went to her health clinic reporting symptoms of postpartum depression, only to have the nurse call the police to escort her to the emergency room. In March, Dembosky [reported](#) on pending legislation (AB 2193) and the debate around postpartum depression screening. She

CASE STUDY

continued to investigate the ways in which the health care system was failing to adequately care for new mothers with mental health disorders, ultimately producing a half-hour radio documentary, [The Perfect Mom](#). Dembosky worked with an editor at NPR to produce a 7-minute version of the documentary, which aired on [Weekend Edition Saturday](#). More recently, Dembosky produced a piece on [treatment rates](#) among women with postpartum depression, based on research commissioned by CHCF.

From KQED's perspective, one of the most distinctive aspects of *The Perfect Mom* was the data that Dembosky was able to obtain from a new but unpublished study on California's maternal suicide rate. These data suggested that postpartum psychosis cases are under-counted and showed that 98 out of 99 suicides in the state were deemed preventable. KQED also noted that psychiatric wards are typically hard to access; but for her story, Dembosky was able to gain the trust of the medical team at the University of North Carolina, who allowed her access to the perinatal psychiatric unit.

Dembosky had earlier produced a five-part series on access to mental health care in California in 2016, called [State of Mind](#). In response to that, she was invited to moderate a panel on maternal mental health at a community event. There she met many mothers who shared the challenges they encountered accessing appropriate care, including Lisa Abramson – a mother whose experience with postpartum psychosis was featured in *The Perfect Mom*. These contacts helped catalyze her reporting on maternal mental health. Dembosky also met with a group of health care providers focused on caring for new mothers; she shared her findings and gathered perspectives on her reporting from psychiatrists, therapists, midwives, and doulas who were present at the meeting.

For this case study, we drew on an interview Executive Editor of News Ethan Toven-Lindsey and written responses from reporter April Dembosky at KQED, along with interviews with five external stakeholders representing advocacy organizations, health care providers, and the State Assembly.

The Role and Impact of KQED's Reporting

► **KQED's reporting helped audiences give a name to their experiences with maternal mental health disorders.** Interviewees commented that the stories served an important awareness-raising function, helping people identify symptoms they had experienced or observed in family members. As Dr. Eynav Accortt of Cedars Sinai Hospital commented: "A mom may read this and say, yeah, I also feel like I don't want to get out of bed... And I feel like I'm failing because maybe breastfeeding isn't going so well. So they're reading all these symptoms and saying, well, that sounds familiar. And oh, that's not normal. Meaning I could get help and feel better. I don't have to silently suffer with this." Dr. Nirmaljit Dhami, Medical Director of El Camino Health's Maternal Outreach Mood Services (MOMS) Program, observed that she received a lot of calls after the documentary aired, from people saying they now recognized the symptoms that a family member was experiencing. She believes that the reporting like this plays a "tremendous role" in educating people and encouraging them to get treatment.

This is consistent with feedback that KQED received from listeners. The station noted that it received numerous emails from women who said that "this story finally gave them a name for what they went through when their kids were born." In one case, a listener shared the story of her grandmother, who committed suicide in 1923, six months after giving birth to her daughter. This listener said that *The Perfect Mom* helped her identify postpartum psychosis as the likely cause for her grandmother's suicide: "I am 63 years old, and I have always grappled with trying to understand

CASE STUDY

why a 28-year-old woman with 3 children -- who was always a stable and good mother -- would kill herself so soon after my mother's birth, and now I believe I can put the "Why?" to rest."

► **Prior media coverage often sensationalized tragedies and blamed mothers, instead of pointing out system failures.** Interviewees praised The Perfect Mom for its comprehensiveness, describing it as "well done," "well researched," and "non-alarmist." They contrasted KQED's reporting with earlier media coverage, which they said often focused on tragedies and framed the mother as a "monster." Such coverage was more centered on "blaming women, instead of the system for not diagnosing them," said Joy Burkard of 2020 Mom. In contrast, Burkard's organization highlighted Dembosky's documentary on its website, noting that her reporting "calls out that America is lacking adequate inpatient treatment facilities for mothers and their babies." Dr. Dhami made a similar point about the shortcomings of America's maternal mental health care system, noting how important it is for the media to "shine the light on this unmet need and change the course of mental health for our moms." As further confirmation of the quality of Dembosky's reporting, The Perfect Mom won an [Excellence in Journalism award](#) for longform audio storytelling from the Society of Professional Journalists, Northern California Chapter in November 2019.

► **KQED's reporting was widely picked up by other media.** Dembosky's reporting has been picked up by numerous other outlets. In addition to the shorter version of her documentary aired on Weekend Edition Saturday, the print version of the story was republished at its full length on npr.org and Kaiser Health News (KHN). Through KHN, the story was also republished in 18 other outlets around the country, 8 of which ran KHN's Spanish translation of the story. In addition, [Forbes](#) and Women's Health contacted the main character in the story, Lisa Abramson, to do their own follow-up stories. Abramson also did a [Ted talk](#) that has received over 75,000 views and linked to the seven-minute version of Dembosky's documentary. Dembosky's earlier piece on AB2193 was also picked up by various outlets, including Kaiser Health News and NPR's Morning Edition. In this way, KQED was able to elevate the profile of its reporting on maternal mental health disorders and prompt other media outlets to pay more attention to the issue.

► **KQED's reporting helped inform policy debates on maternal mental health.** KQED's earlier reporting in January 2018 on the Sacramento mother provided the context for advocates' [legislative package](#) aimed at improving care for women with maternal mental health disorders. Advocates held a rally on the capitol steps to unveil the bill package and reached out to Dembosky to report on the legislation. "The news hook was really about the bill," said Burkard. The resulting news article, [To Screen or Not To Screen](#), was retweeted by Assembly member Maienschein, who authored [AB2193](#).

Shanna Ezzell, Maienschein's Chief of Staff, noted that "media coverage reinforces and supports what we're trying to do. When we get down to the governor's office, we're going to be able to send in some of those news articles... Having as much as possible to reinforce your bill really increases the chances that it's going to get signed especially with so many different issues on his plate. The governor is going to have probably seven or 800 bills on his desk this year, it really makes that one kind of stand out when you see the media coverage on it."

Kelly O'Connor Kay of Maternal Mental Health NOW described the media coverage as a "motivator" for legislators because it "raises their profile" as leaders on maternal mental health issues. Ezzell confirmed that their office saw increased constituent feedback as a result of the coverage.

CASE STUDY

Key Takeaways

► **Advocates help inform – and distribute – health reporting.** Advocacy organizations play an important intermediary role as a media informant and as a distributor of news coverage. They flag and forward media stories to decisionmakers to inform and encourage their policymaking. They also work to develop reporters' understanding of maternal mental health; both Maternal Mental Health NOW and 2020 Mom seek to educate journalists on the nuances of this issue. "We want to play that role. We want to help journalists and others understand, and not be afraid to come back [to us] over and over again. We don't need to be cited in articles. It's about understanding, telling the story right, and having all of the facts before you write something that may otherwise be limited," said Burkhard of 2020 Mom.

In a similar vein, Kay of Maternal Mental Health NOW commented on the importance of a dedicated health beat in more accurately covering maternal mental health and its medical and clinical complexities and nuances: "[Health reporters] are able to better understand, go deep and continue covering the issue." Kay further noted her organization has not had much luck working with general assignment reporters, as they tended to produce one-off stories: "they're more reactive to what's happening in society and they don't have a specific issue area that they need to dive big on." These comments echo a recurring theme we observe more broadly in our interviews for this assessment: how important it is for health journalists to have in-depth knowledge of the complex problems and systems they report on.

But even as advocates play this "backgrounder" role to help inform health journalism, they don't always agree with the resulting stories. Burkhard, for example, wrote a [blog post critiquing](#) Dembosky's story on AB2193; in our interview with her, she noted that this piece was "not helpful for passing our legislation" because, in her view, it was slanted towards doctors' perspective and failed to provide important context about screening.

► **Women of color are under-represented in media coverage of maternal mental health.** Lisa Abramson, the main character in *The Perfect Mom*, is white. The Sacramento mother, Jessica Porten, whose story KQED reported on earlier in 2018, is also white. Many listeners and readers could undoubtedly relate to these women's stories, regardless of their racial or ethnic background. But as Dr. Accortt observed, women of color are generally under-represented in media coverage of maternal mental health. She encouraged journalists to explore the biopsychosocial reasons behind health disparities: "I think that in general there's just under representation... You're not seeing a lot of stories about black women, or about Latina or Hispanic women. I think that they may need it even more than the rest of us as far as reducing stigma. So that would be my recommendation and encouragement: really dig deep and try to understand the biopsychosocial perspective, and why women of color would be at higher risk. There's not just one answer. There never is." Dr. Accortt applauded reporting by KPCC's Priska Neely for shining a light on the role of racism, stereotypes, and bias in her reporting on black maternal and infant mortality. Her comments echo findings from our case study of Neely's reporting, highlighting the unique strengths that journalists of color bring to health journalism.

The Public Media Mini-Portfolio: Overarching Observations

Stepping back to consider the set of five public media outlets as a “mini-portfolio,” we offer some overarching observations about grantees’ efforts to produce high quality, high-impact health journalism, including challenges and opportunities to further strengthen their capacity.

► **Public media stations care deeply about their impacts on communities, and view community engagement as a way to strengthen health reporting and its impact.** Journalists and news directors at all five grantee stations described the role that their health journalism plays in informing and impacting communities. This is unsurprising given the “public good” mission of public media.

At KQED, for example, Executive Editor of News Ethan Toven-Lindsey observed that media outlets get “trapped” in defining impact solely in terms of changing laws: “I think that one of the things we try to do is to have impact at a much more individual, personal level.” He emphasizes that public media should be reaching out to and connecting with communities as part of its journalism process:

“I believe that public media is well suited to step in to the lost community spaces of VFW halls, and churches, and all these places that people used to connect with each other... And because [public media] really needs to reflect a broader audience, because of our business model, I think it is well suited to be that place. We can allow people to come together... We want people to be coming toward us, we want to be reaching out to the community. And so, the more ways we can feed our reporting that way, we're really trying to build those into our journalism process.”

The station’s “Forum on the Road” and “Walls and Bridges” series represent two ways in which the station aims to bring its programming into communities and foster conversations. In addition, KQED’s Community Advisory Panel (CAP) is intended to help the station play a positive role in the community, while also keeping journalists separate from any actions that communities may want to take in response to a piece of reporting. As described on KQED’s website, the CAP is comprised of “community members who are responsible for advising the KQED Board of Directors on the needs of the diverse communities we serve.” One CAP subcommittee, called “Q-Cares,” was created to respond to the public’s desire to get involved after learning about an issue covered by KQED. Toven-Lindsey described the example of “Homeless U,” a series on homeless Bay Area college students that inspired a strong response from people who wanted to know how they could help. The newsroom forwarded inquiries from listeners and readers to the Q-Cares subcommittee, which helped to channel people’s desire to help. For example, Q-Cares connected one of the homeless students profiled in the reporting to benefactors who gave her a home to live in until she graduates. KQED followed up with this student to report on the impact of greater housing stability on her life. In Toven-Lindsey’s view: “the impact on her personally, this one student, is to me as rewarding as anything else we do.”

KPCC puts a similarly strong emphasis on community engagement as a key mechanism through which the station’s reporting has impact. Chief Content Officer Kristen Muller described an increasing focus on asking: “who is this story for, who would be most interested in it, and who could the information really make a difference to?” If the answer is people who are outside the station’s audience demographic, Muller said, “we have to sit back and think, how would we get this information to them?” This approach goes beyond the model of a reporter and editor simply airing a story, she noted. It may involve organizing community forums, contacting neighborhood groups who serve a community, or reaching out via a trusted community media outlet. As described in the KPCC case study, this is what Priska Neely did to help build awareness of her reporting among African American women who are outside the station’s typical audience. Similarly, for her 2018 Data Fellowship project, KPCC’s (now former) health care reporter Michelle Faust pursued multiple

approaches to engaging those outside of the station's typical audience, including: speaking on KIRN - Radio Iran (with the hosts translating into Farsi); designing a postcard-sized version of her stories in English and Spanish to send to zip codes with high proportions of Latino and elderly residents, and to distribute at tabling events like Alzheimer's Los Angeles's Caregivers Wellness Day and the Mexican Consulate's July health fair; and partnering with AltaMed's PACE program to give presentations at its El Monte center and at AltaMed's series [Rock 'n' Talk](#).⁶

Beyond this objective of "getting information out" to diverse audiences, community engagement efforts are also a key part of how KPCC approaches the reporting process. KPCC's director of audience engagement, along with two engagement producers, work to build a "circle of communication between our reporting and the community that it affects." For example, KPCC hosts Feed the Conversation events on issues it is interested in reporting on, inviting 15-30 people working at the community level to have lunch and help KPCC understand what is on people's minds, what is resonating and why, and what they are not seeing but want to see. Another example is KPCC's SoCal Solutions events, which focus on questions that listeners have voted as their top priority – such as a recent panel on universal health care, moderated by Faust.

Muller observed that thoughtful community engagement is particularly important in reporting on health care, where trust is critical to gathering sensitive information from community members.

"Especially in health reporting, where so much of the disparities that you see play out in the communities of color, that's where, especially for a mainstream organization like NPR... there's no built-in trust. ...Health reporting can be really personal and people don't like to share that on a good day."

She recalled that it was a "big ask" to get people to share their medical bills for a story exploring disparities in the cost of a c-section among different communities.

In describing Capital Public Radio's approach to community engagement, Joe Barr similarly emphasized the importance of building trust:

"The idea is that we're not just parachuting into communities and taking a story and leaving, which is quite often how journalism is conducted. When we can, and we've done this with some of our healthcare reporting, we do an engagement initiative and we go into a community and we build trust. We build connections. We show them that we're there to listen and not to just take."

Barr frames the value of community engagement as twofold: it informs and strengthens Capital Public Radio's reporting, and it also has significant impacts on communities, enabling them to have their own meaningful conversations on challenging, systemic issues. Capital Public Radio's community engagement efforts – led by community engagement strategist Jesika Maria Ross – are focused primarily on its community engaged reporting series, *The View From Here*, which has focused multiple times on issues of community health and health care. The station has also experimented with incorporating community engagement into somewhat smaller – though still ambitious – reporting projects, such as Sammy Caiola's series on rural suicide in Amador County, supported in part by the Center for Health Journalism's California Fellowship, Community Engagement Fund, and engagement mentoring.

Barr characterized the rural suicide project as exemplifying "what we really aspire to do in public radio." The project used multiple outreach activities to help Caiola build community connections and understand local

⁶ Since our interview with Michelle Faust, she left KPCC to join Solutions Journalism Network.

experiences: an initial community convening; a partnership with local health care provider Amador County Behavioral Health; op-eds published in the local paper, the *Ledger Dispatch*, introducing the project and asking people to share their stories; setting up tables at local community events to meet and interact with residents; a partnership with a local radio station to air Caiola's stories; and a final gathering to discuss the reporting and facilitate a community discussion. The station also put together a Suicide Prevention Conversation Kit to help community members facilitate sensitive conversations about suicide. An external evaluation of this project, conducted by Impact Architects, found that the series increased understanding of suicide and prevention among those who attended the final convening. The station's community partner, Amador County Behavioral Health, reported that the rural suicide project helped them raise awareness in a way they lacked the capacity and power to do on their own; and as a result, the organization's contact list grew by 50%.

Echoing the points made above by KPCC's Kristen Muller, the rural suicide example also points to the utility of community engagement for reaching communities who may be outside public media's typical audience demographic – and more broadly, people whose experiences are not typically represented in media coverage. Noting that Amador County residents tend to be more conservative, Barr commented:

"They don't trust us, they don't like us, they don't know us. We had to build those relationships. So we created a whole process in a town called Jackson, of convening people to talk about this really difficult subject. And it worked out just amazingly. They just needed to talk about this because they've had a number of suicides in the area, but nobody was talking about it... And that was I think one of the most meaningful things that we've done so far, because that was a topic that has gotten very little coverage and that community was struggling."

KPBS has also pursued ways to incorporate community engagement into its reporting practices. For example, the station recently launched a general outreach tool called [Curious San Diego](#). Powered by Hearken, the tool asks community members to submit questions they have about the San Diego and Imperial County region, and journalists can select questions to investigate and report back on. The tool is not specific to the health beat, but KPBS's Executive Producer of News, Natalie Walsh, expects that the station's health reporter will be able to use it. Walsh also recounted an earlier example following the passage of the Affordable Care Act (ACA), when KPBS did an extended series asking people in a San Diego community what questions they had about the ACA. Focused on a neighborhood with a high population of immigrants, many of whom did not speak English as their first language, the series sought to provide answers to the community's questions.

As the smallest of the five public media outlets supported by CHCF, Valley Public Radio has relatively limited bandwidth to conduct community engagement activities – particularly more intensive efforts like those supported by engagement staff at Capital Public Radio and KPCC. Nonetheless, Moore describes himself as “a big backer” of community engagement and says he would like to do more, budget constraints notwithstanding. As illustrated in the Valley Public Radio case study, the station has organized occasional “Be Public Live” panel discussions featuring community leaders. These are public forums moderated by Valley Public Radio news staff, livestreamed and recorded for posting on the station's website. The case study also illustrates how the station incorporated a call-out in order to gather and incorporate individuals' stories into health reporting. Valley Public Radio reporter Kerry Klein used a similar call-out approach for her Data Fellowship project on opioid use and access to treatment in San Joaquin Valley, though with more limited success in eliciting responses. Her Data Fellowship stories prompted an invitation from the Fresno chapter of the community service organization Rotary International to come speak about opioids, giving her an opportunity to engage directly with community members about her health reporting.

More broadly, Valley Public Radio's president, Joe Moore, observed that more informal forms of community engagement are part of good journalism practice:

"In a way, community engagement is a new name for something that is actually really traditional and it's about getting out there. I always like to tell our reporters: 'I want to see you out in the community.' The best stories do not come from the newsroom. You may get a great connection with somebody on the phone and build a relationship that way, but it's when you go out into a small town or into a neighborhood that may be underserved or underrepresented in the media and build trust."

This definition of community engagement is somewhat different from some of the more structured or formalized forms of engagement described above. But it has a similar goal of strengthening journalism's quality and impact by building trusting relationships in communities and reporting on their concerns and experiences.

In sum, we observe a strong emphasis among CHCF's public media grantees on the importance of making a difference in community members' lives – and meaningfully engaging with communities during and after the reporting process. Particularly for more formal or structured activities, community engagement requires time, money, and staff capacity. Based on what we heard, it appears that grantees try to incorporate community engagement into reporting across different news beats – as opportunities arise and resources allow. This implies that the health beat benefits from deeper community engagement efforts – but perhaps not on a frequent basis.

► **Grantees view health reporting as a top priority for their newsrooms but recognize challenges in training and retaining journalists with the necessary expertise.** Leadership at all five grantee stations emphasized their newsroom's commitment to covering health care. KPBS, Capital Public Radio, KQED, and KPCC all have dedicated health reporters; and Valley Public Radio's Kerry Klein has been covering health for the station for four years. Noting the importance of the health beat to KPBS's audience and mission, Natalie Walsh emphasized that this beat is "invaluable" because "everyone cares about health care." Valley Public Radio's Joe Moore observed that high quality health care coverage is particularly important for his station to offer, given how commercial pressures on for-profit news outlets has forced them to shed their health reporters, reducing the quantity and quality of their healthcare reporting. Noting that KQED's health team includes two of its best reporters and one of its best editors, Ethan Toven-Lindsey commented that a big beat like health and health care in the region requires three or four people as "the bare minimum to actually both cover the news as it happens and then also make impactful public service journalism that can go to the legislature and can really make change."

Grantees observed that the health beat is a challenging one, requiring considerable knowledge of complex health care systems as well as the ability to translate technical issues for a broader audience. With the erosion of the beat system, there are fewer journalists with that skill set – and developing it in younger or less experienced journalists takes time. Moore noted that small outlets, such as Valley Public Radio, are "not necessarily an end-of-career destination." As a result, job applicants are typically early in their career and face a "steep learning curve" when tackling the challenges of the health care beat. Larger stations are not immune to these challenges: KPCC's Kristen Muller mentioned that one individual they hired for an open health reporter position is a relatively less experienced reporter who needs time to build up a body of work around specific health issues. Turnover compounds this challenge. During the course of this assessment, Susan Murphy, who had recently been tapped as KPBS's health reporter, relocated to Minnesota. Tarryn Mento, who was covering refugee resettlement, immigration, and economic development for KPBS, is the station's new health reporter. Priska Neely, whose reporting is explored in our KPCC case study, left the station to join [Solutions Journalism Network](#). We return to these capacity challenges in our discussion of portfolio-wide findings.

► **Grantees value data skills as an important component of high quality health journalism.** Data skills are on the list of abilities that grantees flag as important for health journalists. Eight journalists who currently work at one of the five public media grantees have participated in the Center for Health Journalism's Data Fellowship. Kristen Muller at KPCC observed that the station increasingly needs reporters who can evaluate large data sets – including data from government agencies that requires considerable restructuring and cleaning. In addition to one reporter who has participated in the Data Fellowship (Jill Replogle), the station also has a data editor. Similarly, Alice Daniel at Valley Public Radio described data journalism as “definitely a priority” in the station's health reporting and observed that Klein regularly incorporates data into her reporting on varying health issues. Toven-Lindsey indicated that KQED is investing a lot of resources in data journalists. The station currently has a senior data journalist as well as a couple of reporters and editors who have significant training in data journalism. Toven-Lindsey observed that it would be valuable to have someone “who can really work with the data especially in a health context,” but at present the station's senior data journalist is “getting pulled in a million different directions.”

As noted earlier in our discussion of the Data Fellowship, Sammy Caiola credits this fellowship for helping her land her current position at Capital Public Radio. Capital Public Radio's Pauline Bartolone also confirmed that she continues to use the skills she learned in her current reporting.

► **Grantees aspire to high-impact health journalism but have limited capacity to track their own impacts.** A recurring theme in our interviews with journalists is that they often have limited information on the impacts of their work. Their primary source of feedback is typically emails or phone calls from audience members, or engagement with their stories on social media. And they typically have little time to follow up with sources to hear their reactions or how it may have informed their thinking. As KPBS's Susan Murphy explained: “After I do a story, I'm already on to the next one so fast.”

Capital Public Radio has sought to collect more systematic data by using an impact tracker tool. Building on the impact tracker developed by the Center for investigative Journalism, Capital Public Radio aims to use this tool particularly for purposes of documenting qualitative impacts. As Joe Barr recognizes, however, instituting this kind of tracking system is challenging, requiring a lot of work and “a bit of a culture change.” The goal, Barr says, is for the Impact Tracker to become “part of the routine for everybody”; but at present the station is “not using it to the best of our ability.” Acknowledging the challenge of evaluating the impact of healthcare reporting with only sporadic feedback, he views community engagement efforts as a good opportunity to track the impact of the station's journalism: “The great thing about the community engagement component is that it allows us to see the impact, track it, and define impact of our journalism.”

These intriguing insights into the challenges and opportunities associated with impact tracking surfaced organically during our interviews with some grantees. Because this was not a planned line of inquiry in the assessment, we do not have comprehensive information about each grantee's current tracking efforts. This may be an area to explore in future conversations between the Foundation and its grantees.

California Healthline

Background

In 1997, CHCF contracted with the Advisory Board, a health care consulting firm, to establish California Healthline (CHL). Initially conceived as an email newsletter aggregating health care news for health care industry stakeholders in California, over the years CHL's scope was expanded to include original reporting. Beginning in 2015, the Kaiser Family Foundation's Kaiser Health News (KHN) took over publication and dissemination of CHL. CHCF remains CHL's sole funder. As publisher of CHL, KHN maintains editorial independence from the California Health Care Foundation.

The objective of CHCF's current grant is to "continue the day-to-day creation and dissemination of California Healthline to meet the information needs of its readers (policymakers, industry, engaged public and others)." KHN's publisher, David Rousseau, likens CHL's target audience to an onion. At the core: health policy and health industry leaders in California. News organizations serve as an intermediary layer that distributes CHL content to the general public in California. And finally, there's a national audience interested in what's happening in California. CHL's multi-platform approach is designed to reach these diverse audiences. The newsletter targets the "insider network" of decision makers, business leaders, and their staff. KHN's network of 74 media partners in California brings CHL's original reporting to the general public. CHL aims to further broaden its reach through social media, and through pick-up of its content by KHN's network of media partners across the country.

In our interviews with Rousseau and his staff, we heard a strong emphasis on CHL's role in filling gaps in an ecosystem where newsrooms have increasingly constrained capacity for in-depth health reporting. According to Rousseau, CHL aims to ensure that its journalists report from "places and communities and on topics where we think there really is not a lot of coverage in the commercial media and the public media space." By making CHL's content available for free, and by engaging in tailored outreach to media partners, CHL seeks to reach communities who most need to be informed by its reporting – and who might not receive this information otherwise. To encourage pick-up, CHL translates a selection of its articles into Spanish and (to a lesser extent) other languages, and sometimes offers exclusivity or early publication to media partners.

At a Glance: California Healthline

Key components of CHL's work (per its current agreement with CHCF)

- KHN is responsible for continuing CHL's aggregation service, as well as producing original reporting, podcasts, multimedia pieces, and a consumer-oriented column addressing questions about health coverage in California (formerly "Ask Emily," recently renamed "Asking Never Hurts").
- CHL is distributed via a daily and weekly newsletter sent out to a list of subscribers, and via CHL and KHN's websites and social media accounts.
- CHL works with KHN's network of media partners in California and nationwide to encourage pick up of its original reporting. CHL allows other media outlets to pick up its reporting for free (with attribution).

Scope and duration of support from the California Health Care Foundation

- Total investment to date: \$17,258,263 since 1997.

Methodological Notes

Our analysis incorporates CHL's data on its **audience**, including reach metrics from Google Analytics, Facebook, and Twitter, and a 2019 survey of subscribers. We also drew on CHL's internal tracking data on **pick-up by other media outlets**, and a 2019 **stakeholder survey conducted by CHCF**. We conducted interviews with KHN publisher David Rousseau and six journalists and editors at CHL and KHN.

We conducted **interviews with ten members of CHL's audience**, primarily focusing on those working at the state level: three advocacy organizations working on health care issues, three provider associations, a policy research organization, a state health agency, and two individuals working with relevant State Assembly committees. We did not disclose that we were conducting an evaluation of CHL for CHCF, allowing interviewees to mention CHL without prompting – as one indicator of how “top of mind” it is as a source of health care and health policy news and analysis.

We also conducted **interviews with seven of CHL's media partners**, including publications of varying sizes, from very small local outlets to a national partner with a strong focus on California. Six are ethnic media outlets (African American, Asian American, Latino); the seventh is one of California's larger mainstream English-language outlets. We conducted interviews with audience members and partners on a not-for-attribution basis to encourage candor.

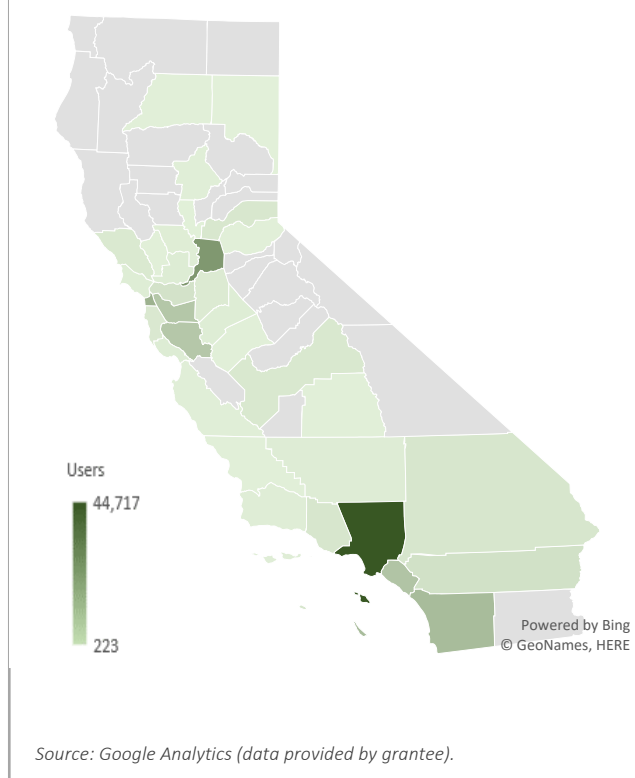
Size and Geographic Breadth of CHL's Audience

As noted above, CHL aims to reach its target audiences through multiple platforms. Its newsletter has nearly 58,000 subscribers, and its website attracts an average of about 44,000 unique users per month. Although we do not have information on the geographical distribution of CHL's newsletter subscribers, we can glean tentative insights into the breadth of its audience across California via its website (Figure 4). Google Analytics data suggest that CHL's website reaches users in major urban hubs like Los Angeles, Sacramento, San Francisco, and San Diego, as well as in other areas of the state, such as the Inland Empire, San Joaquin Valley, and northern counties. While we caution that Google Analytics data lack precision at the city level, the geographic spread of the data provides at least tentative confirmation that users in diverse parts of the state are accessing CHL's website.

CHL's social media following currently encompasses about 9,000 Facebook followers and over 9,500 Twitter followers. In its January 2018 report to CHCF, CHL recognized “the need for a stronger social media presence for the CHL brand.” At that time, it had 8,900 Facebook followers and 8,880 Twitter followers. It has since sought to broaden its reach on social media despite “purges” of accounts by Facebook and Twitter.

Data from CHL's 2019 subscriber survey suggest that there is room to further expand the social media

Figure 4. Geographic Scope of CHL's Website Users in California



there is room to further expand the social media audience: only a small proportion of respondents indicated that they follow CHL's social media channels to get their health care news (10% for Twitter, 9% for Facebook).

CHL is also picked up regularly by a diverse array of other media outlets. These outlets include: smaller local outlets in California like the North Coast Journal in Humboldt county and the Modesto Bee in Stanislaus county; larger mainstream outlets such as the Los Angeles Times and the Sacramento Bee; ethnic media outlets targeting Latino, Asian, and African American audiences; and myriad outlets outside of California. Pick-up by these outlets helps to expand CHL's reach (and potential impact) beyond its subscribers, website users, and social media following. As described in the following sections on the value and impact of CHL's work, we consider evidence of media pick-up to be more than a simple measure of "reach." CHL's efforts to partner with media outlets and to help fill gaps in other newsrooms' health coverage speak to its broader potential role and impact in the health journalism ecosystem.

CHL's Strengths, Value, and Impact

► **CHL stands out as a key source of health care news.** Overall, the evidence suggests that CHL is valued by its audience and by its media partners. All ten of our audience interviewees named (unprompted) CHL as among the sources they turn to for news and analysis on health care or health policy issues. And all seven media partners we interviewed confirmed that they highly value CHL's coverage. CHCF's stakeholder survey shows that 55% of CHCF's "key stakeholder audience" named CHL's Daily News Digest as one of the sources they rely upon most for news about California's health care system. In CHL's subscriber survey, over three-quarters (77%) of respondents strongly agreed that CHL's Daily Edition is a credible and valuable resource, with another 17% somewhat agreeing. A majority (59%) of respondents named CHL as the newsletter that "plays the most important role in helping you understand health policy news for California." Those who elaborated on reasons *why* CHL is most important tended to say that they value the focus on California, the quality of the newsletter, and the breadth and variety of the coverage. An analysis of CHL's original reporting, conducted by CHCF staff, confirmed that most of the stories (82%) had a specific focus on California.

► **Audience members value and use CHL's aggregation service.** Overall, evidence from our audience interviews and the subscriber survey suggests that audiences find CHL's summaries of coverage to be helpful. Six of the ten audience interviewees specifically mentioned that they receive CHL's round-up of health care stories. They described how this helps them get a quick rundown of what's happening. As explained by one California legislative staffer familiar with health care issues:

"[CHL] brings everything together in one place. When we're really busy, I don't go through reading multiple papers. Members read the newspaper, so we kind of have to know if they're seeing something and we're going to get a call or a question about it. Because if the staff and the legislators have read a story, that will trigger calls to us. So it's good for us to just kind of know."

Representatives of advocacy organizations and associations similarly described how they use CHL's round-up to better understand what's getting covered, public perceptions of issues, and key concerns or "pressure points" in a policy debate. Some also noted that they draw on CHL's list of stories when selecting articles to share with their members or the broader community. Interviewees generally expressed approval of the relevance and quality of the stories included in the newsletter. One commented that she values the mix of larger and smaller outlets included: "I do really appreciate that they pull from a pretty wide range of sources; they pull from the bigger national ones, local public media, and then smaller sources around the state like the Orange County Register."

Respondents in the subscriber survey mirrored these findings: 83% said that the main reason they subscribe to Daily Edition is “to get a quick overview of recent health care news.” And the vast majority rated the quality of CHL’s summaries of coverage as either good (39%) or excellent (56%).

The findings were somewhat more ambiguous with regard to CHL’s summaries of national stories. Nearly three-quarters of survey respondents said that they wanted the number of national news stories to stay the same. But the interviewees surfaced examples of other outlets that provide a similar aggregation service, such as Politico, Morning Consult, and KHN. As one advocate commented:

The national stuff on California Healthline, I'll be honest, most of the time it's in Politico. So I've already read it or I've read it on Twitter... But, I really like [CHL] for the California specific pieces.

This comment speaks to broader questions about the unique strengths or value-add of CHL – which we explore further below.

► **CHL’s original reporting receives praise for its quality.** CHL’s subscriber survey indicates that the vast majority of respondents view the quality of CHL’s original stories as either good (32%) or excellent (63%). CHL’s original reporting received similarly positive marks from some of the audience members we interviewed, who described it as factual, unbiased, and comprehensive. One noted that CHL’s reporters appropriately push advocates when interviewing them in order to achieve balance in their stories: “I appreciate that they try to get multiple sides of an issue even when it’s not necessarily on my side. They try to be balanced in their perspective. When I’ve talked to some of their reporters, they kind of push... They ask me, well what about this, what about this?” This interviewee further praised CHL’s reporting for covering the perspectives of local and statewide organizations who are doing “good work” on the ground.

Another interviewee made the broader point that CHL provides coverage of Sacramento that other outlets no longer have the capacity to produce:

I think [CHL’s original reporting] is useful. There's been such a wiping out of the newspaper corps in California. There's very little Sacramento TV coverage anymore and all of the major newspapers are a shell of what they once were. And most of them don't have a capital bureau anymore. So in the absence of this, I don't know who would be writing things on the Hill.

Media partners strongly praised the quality of CHL’s reporting, describing it as factual, accurate, well sourced, and balanced. Partners called attention to the value of CHL’s longer-form and in-depth stories, the relevance of its reporting to their audiences, and its ability to incorporate good graphics and compelling stories of individuals gathered from the field. One interviewee at a Latino outlet contrasted CHL with mainstream media outlets that “parachute” into communities and say “Hey, I’m with a daily, and I need a quote.” He observed that “there is definitely that mistrust in our community of larger media,” but in his view, this does not extend to CHL because its reporters are “not just scratching the surface. They’re really trying to tell you a story and trying to provide information.” He said people pick up on the intentionality behind that kind of reporting and “how much you care.”

As another measure of whether target audiences value the quality of CHL’s original reporting, we conducted a search of tweets mentioning CHL’s Twitter handle during the first six months of 2019. The results confirmed that a range of stakeholders tweeted about CHL’s stories, including elected officials, advocates and associations, researchers, other media outlets, and funders. The tweets were typically highlighting the importance or relevance of a piece of CHL’s reporting and included a link to the story.

► CHL helps fill gaps in other media outlets' health reporting capacity – and in doing so, significantly expands its potential reach. Our interviews with media partners strongly confirm that CHL plays an important role bolstering outlets' health care coverage. Due to limited staff capacity, partners are not able to cover all the stories they think are important and relevant to their audiences. CHL helps them fill this gap, enabling them to provide coverage that is more in-depth or focuses on topics they do not have the internal bandwidth to cover. Media partners also highlighted the value of the images and multimedia components that CHL provides with its stories. Most confirmed that they pick up CHL content on a regular basis, typically every week or every other week.

Six of the seven media partner interviewees indicated that they republish KHN content as well. But beyond KHN, there seem to be relatively few comparable sources whose content partners regularly pick up. An interviewee at a mainstream print outlet mentioned that she occasionally picks up health reporting from the wires or the Los Angeles Times, and an interviewee at a small Latino outlet said he picks up some content from Spanish-language media outlets. Ethnic Media Services, founded by New America Media's former Executive Director Sandy Close, was mentioned as another relevant source of content – though less so for health stories.

CHL's internal tracking data on media pick-up is an incomplete "convenience sample," preventing us from drawing firm conclusions about the full extent to which CHL is picked up by other outlets. However, based on the available data, we can reasonably conclude that CHL content is picked up by a wide variety of partners and non-partner outlets in California and across the U.S. This includes pick-up by large mainstream outlets such as the Los Angeles Times, the New York Times, the Washington Post, NBC News, ABC News, and CNN. As CHL's news editor Emily Bazar observed, lawmakers are more likely to pay attention when a story gets picked up by national media. As an example, she cited Ana Ibarra's reporting on a pesticide, which got picked up by NBC and ABC News: "And wouldn't you know it, they announced that they're going to ban it after months and years of talking about it... Is that a coincidence?"

Comments from advocates suggest that Bazar is likely correct. For example, one interviewee noted that they focus on the larger news sources when they are thinking about how to move an issue forward on the statewide level:

"If it's [Governor] Newsom, we might look at the Sacramento Bee, the San Francisco Chronicle, or the LA Times – some of the bigger news sources. Because I do think those are coming up in front of policymakers. I think they're more likely to be looking at some of those larger news sources and probably national ones too."

Advocate Linda Nguy at the Western Center, interviewed for the Valley Public Radio case study, volunteered that "the good thing about California Healthline is that sometimes it's picked up by bigger news outlets like the LA Times, the Sac Bee. Those are bigger and so they may pop up more on my newsfeed." Because it is picked up by these outlets, CHL is more likely to make it onto her radar as she develops her state-level advocacy strategy.

Although pick-up by larger media outlets is certainly helpful in raising the profile of CHL's work among lawmakers and others based in Sacramento, CHL also values pick-up by smaller outlets embedded in communities across the state. As Nguyen observed, many of CHL's ethnic media partners are relatively small and serve a particular community. As trusted sources of information in their respective communities, these outlets help CHL reach and inform readers they might not otherwise: "We value them because they are community institutions. That's why we work with them. Because they're trusted sources of information and they inform their readers." This aligns with CHCF's emphasis on reaching audiences that reflect California's diverse communities.

► Members of CHL's target audience draw on a mix of sources; unsurprisingly, the relative value of different sources depends on the focus of audience members' work. Individuals in CHL's (and CHCF's) target audience rely on multiple sources of information on health care and health policy. For example, 63% of key stakeholders in CHCF's survey indicated that they turn to colleagues in their field. The Foundation itself was named by 53% of key stakeholders in that survey, and 46% named Health Affairs – a publication that the Foundation supports. Our interviews surfaced these same sources. Multiple interviewees also mentioned: Politico, CalMatters, and mainstream outlets such as the Los Angeles Times, the Sacramento Bee, the San Francisco Chronicle, and the New York Times. Two interviewees mentioned Capital Public Radio as well.

Given the wide range of sources named, we were not able to explore all of their relative strengths – nor is our sample of interviewees large enough to draw firm conclusions. But we did observe some tentative patterns among interviewee comments, suggesting that CHL's content is relevant to those focused on specific health care issues, while elected officials as a broader group may be more likely to read outlets covering multiple issues and their intersections. For example, one advocate noted that CalMatters reports on “the intersections of health,” which she contrasted with CHL as “very traditional health-focused.” This interviewee further speculated that a policymaker like Senator Holly Mitchell would tend to get information from outlets that cover multiple issues, such as Rough&Tumble or CalMatters, because she is interested in the intersections between health and other issues. This interviewee also suggested that those who are more focused on particular healthcare issues – such as the director of the Department of Health Care Services, the secretary of the Health and Human Services Agency, or consumer health advocates – would rely more on CHL. Another interviewee similarly speculated that health officials in the executive branch, along with health committee staff and consultants, likely read CHL.

An interviewee who works for a state health agency confirmed that she does, in fact, read CHL, among other sources. And a California legislative staffer familiar with health care issues described how he reviewed CHL and KHN articles as part of his analysis for an upcoming hearing on Medi-Cal delegated medical groups. He commented that he often talks to CHL reporters who “write the more wonky, popular press stuff” on California. Unsurprisingly, this same interviewee also emphasized the value of information provided by non-news sources, such as the “insider-y” information he receives on Washington news from the Wynne Health Group, an organization which he indicated is also supported by CHCF. He further noted that other legislative staff as well as some executive branch staff receive the Wynne newsletter as well.

One advantage that CHL may have over some of its competitors is its freely accessible content. As one advocate observed, many of Politico's health stories are behind a paywall. From the perspective of a consumer advocate who is interested in understanding how media coverage influences the narrative in the public and among policymakers, he commented, “something behind a paywall is not going to get as many eyeballs on it as something that is generally in the public view and seen.”

► Though data are limited, we observe some evidence of CHL's impact on the broader engaged public. Most of our interview and survey data for CHL focuses on an “insider” audience – such as individuals working in state government, advocates, and others in the health care industry. We have relatively limited information on how members of the engaged public respond to CHL's reporting.

CHL reporter Ana Ibarra, who is bilingual, described how Radio Bilingue sometimes invites her on its programming to share stories that affect the Latino community. Ibarra appreciates the opportunity this affords to hear directly from listeners – and to see how her reporting helps inform their understanding of health issues. Recalling a story she did on Latinos and Alzheimer's, Ibarra observed that many people called in to share their misunderstandings of the disease and their struggles with it in their families: “I think that's a really

big impact when you're able to educate some of the community. That's what I think of when I think of impact; impact you can have on families in a community, for them to start those conversations.”

Emily Bazar, who originated CHL's “Ask Emily” column addressing consumer questions about health care, commented that this column “was the most rewarding journalism I ever produced in my 20-some years of experience because I could tell it was having an impact.” She heard directly from readers who were confused or frustrated, and very grateful for the information in her column; their emails made it clear to her that “people were getting something out of it.” Comments from one of CHL's Latino media partners confirm this same point: CHL stories that help explain the health care system are particularly valuable to the outlet's readers. This kind of “service journalism,” the interviewee explained, helps readers who face particular challenges and barriers in navigating the system:

“Our main objective is to help them navigate a system that they don't know about, mostly because they don't speak the language, they don't understand the specifics, they come from another country sometimes, or their education is not that advanced. So we're really trying to translate the country for them.”

These examples, though limited, provide a preliminary sense of the ways in which CHL's reporting helps to inform and impact the broader engaged public.

Challenges and Potential Opportunities to Strengthen CHL

► **Media partners value their relationship with CHL, but turnover in partner newsrooms means CHL staff often have to rebuild those relationships.** Media partners we interviewed said they receive regular emails listing CHL stories that they review for potential pick-up. In addition, ethnic media partners noted that CHL's ethnic media editor, Ngoc Nguyen, reaches out to them to highlight certain stories or to gather information on the stories their newsrooms find relevant. These partners commented positively on their relationship with Nguyen and noted that they appreciate her accessibility.

Due to ongoing turnover in newsrooms, however, Nguyen noted that maintaining these relationships can be a challenge. Nguyen's colleagues Paula Andalo, who oversees placement in ethnic media publications other than those in California, and Mary Agnes Carey, who manages KHN's national media partners, similarly commented that they have to reconnect with newsrooms frequently because their point of contact leaves or is shifted to a different role. Up to this point, various members of the CHL team have pitched stories to mainstream English-language media partners in California, leveraging their own contacts to flag relevant CHL stories to editors in other newsrooms. The approach for ethnic media partners seems to be more centralized: Nguyen is the designated point of contact for California ethnic media outlets. In a promising development, Carey indicated that they plan to expand Nguyen's role beyond ethnic media partners to include coordination of *all* pitches to California outlets. Based on the positive feedback we heard from media partners regarding their communication with Nguyen, we expect that this will help to further strengthen CHL's ability to maintain strong relationships with California's mainstream English-language outlets.

► **There is potential for CHL to deepen its reporting on diverse local communities across the state – perhaps in collaboration with media partners.** Our interviews with CHL's audience members, media partners, and staff suggest that there is room to deepen CHL's reporting on the experiences and perspectives of residents across diverse backgrounds and regions of the state.

A California legislative staffer familiar with health care issues, for example, commented that he and colleagues are “living in a bubble” where they mainly interact with lobbyists, government agency staff, and legislators. He observed that he hears from Medi-Cal beneficiary representatives, but rarely from beneficiaries themselves – and when he does, they tend to raise different concerns than the ones he typically hears. He said it would be helpful for CHL to provide more of a “local focus on issues” that gives him more direct insights into the “lived experience” of Californians. In a related vein, an advocate commented that she would appreciate a greater focus on communities of color and how health issues are affecting them. Media partners echoed this view, suggesting that CHL incorporate more reporting on the experiences and perspectives of communities of color.

Recent CHL stories that partners flagged as valuable and relevant reflect this interest in diverse populations: from CHL's reporting on health conditions and access to care at the southern border, to a story on clinics for migrant farmworkers in the Central Valley, to a story on access to quality dental care for people with disabilities. Media partners also noted that it would be helpful to have more stories about things happening across the state – whether that is about problems with health care delivery or barriers to accessing health care, or stories about solutions that are working well in communities.

Although CHL has a relatively large staff of reporters, complemented by a pool of freelancers, it is challenging to cover communities across a state as large and diverse as California. One way to potentially help address this challenge is to cultivate more of a “two-way” content partnership with local media partners. Nguyen sees an opportunity for CHL and ethnic media partners to work together on stories of common interest, each bringing something to the table in order to produce a story that is better than what they could produce separately. For example, CHL could collaborate with a seasoned freelance reporter who already works with an ethnic media outlet. Or CHL and an ethnic media outlet could each contribute to a story package, with one reporter taking on the main bar, and the other contributing a side bar or person-on-the-street interviews. Nguyen indicated that CHL is exploring varying approaches where opportunities arise to facilitate content partnerships with ethnic media newsrooms and freelancers.

Partners' ability to engage in this kind of content partnership depends on their own internal capacity. Some of the media partners we interviewed were enthusiastic about this possibility. Indeed, one interviewee noted that his outlet participated in one of the Center for Health Journalism's news collaboratives, and found it to be very helpful. He welcomed collaboration with CHL, and further suggested that CHL should increase its collaboration with local newspapers in order to incorporate more local perspectives into its reporting. Two of the media partners, however, flagged that although they would like to cooperate more with CHL on content, they lack the bandwidth to do so. This is consistent with Nguyen's observations about different media partners' capacity and suggests that CHL's experimentation with different potential approaches is appropriate.

► **Greater capacity to report in multiple languages could bolster CHL's ability to report on and inform diverse communities.** Latino media partners we interviewed emphasized the value of CHL's Spanish-language articles. Those who have limited resources to translate articles in-house highlighted that it would be helpful for CHL to translate more of its English language stories into Spanish, enabling them to pick up more of CHL's content. Moreover, Mary Agnes Carey observed that whenever Paula Andalo has reported a story in Spanish (as opposed to reporting in English and translating to Spanish), most Spanish-language outlets pick it up.

CHL currently offers a sub-set of its articles translated into other languages, relying on a combination of staff who translate stories and external translators. And there is some internal staff capacity within CHL and KHN to conduct reporting in Spanish. For example, CHL reporter Ana Ibarra can interview subjects in Spanish, enabling her to conduct more meaningful interviews with Spanish speakers, and CHL's Heidi de Marco also has expertise in Spanish-language reporting. Andalo wears multiple hats: in addition to managing KHN's partnerships with ethnic media outlets outside of California, she does original reporting in Spanish, translates

CHL and KHN stories into Spanish, and manages KHN's Spanish-language social media channels. Carey noted that CHL hopes to work towards having more freelancers in California who can report in Spanish.

But there are limits to CHL's current capacity to produce or translate stories in languages other than English. For example, it may strain current staff capacity to expand the number of stories that CHL translates into Spanish. And CHL does not have reporters who speak Asian languages; Ibarra, for example, relied on translators provided by clinics to conduct interviews for a recent story in Oakland's Chinatown. Questions around whether or how CHL might bolster its capacity to report in multiple languages are directly connected to CHCF's broader emphasis on listening to low-income or under-served Californians and supporting health journalism that reaches racially and ethnically diverse audiences.

► **CHL focuses on the reporting process as a way to engage communities.** When asked how he thinks about community engagement, KHN publisher David Rousseau emphasized the reporting process as the most important community engagement tool, describing it in terms of how CHL journalists engage with community members directly or via social media during and after a story is reported. This perspective on community engagement is also reflected in Nguyen's work exploring ways to partner more deeply with ethnic media and freelancers embedded in communities. Indeed, based on his interactions with CHL reporters and editors, and in particular with Nguyen, one Latino media partner described CHL staff as "coming from a community perspective" and understanding the importance of establishing trust. He emphasized that journalists' efforts to build trust and connections are particularly critical when reporting on communities where there is stigma attached to accessing or even talking about health.

CHL has not typically focused on more formal or structured forms of community engagement, such as examples we heard from some of the public media stations and the Data Fellowship. But CHL's news editor Emily Bazar is a strong supporter of community engagement, and endorses the idea of doing more of it at CHL. Her perspective is grounded in her passion for consumer-driven coverage, which she sees as having direct impacts on individuals' ability to understand and overcome challenges they face in California's health care landscape. In her prior position at the Center for Health Reporting, she organized town halls allowing her to connect directly with people and help answer their questions about the Affordable Care Act. However, she observes the challenge of resource constraints at CHL: at present, there just isn't any staff bandwidth to manage more resource-intensive forms of engagement like community events.

► **Tracking CHL's media pickup and broader potential impacts is a challenge.** CHL's internal tracking efforts focus on reach metrics such as newsletter open and click rates, website visits, and social media engagement. When it comes to CHL's potential impacts on broader policymaking processes, Rousseau tends to rely on feedback he hears from people in Sacramento and other health leaders in the state. Beyond that, CHL gathers some data on pick-up of CHL content by other media outlets, but Rousseau notes that these data are a convenience sample that may or may not be representative of CHL's overall pick-up. He observed that news search services such as Google News or Nexis do not cover some smaller outlets, nor do they track every individual outlet that runs a given story. As a result, their databases may underestimate pick-up. Pickup by certain types of outlets, such as Spanish-language broadcast outlets, is also challenging to track. Rousseau appropriately prioritizes ease of access for other outlets to pick up CHL content, and therefore is reluctant to require them to notify CHL when they pick up a story or to include a tracking pixel. But this means that CHL is unable to gather more systematic and comprehensive data on its pickup – which in turn makes it more challenging to document its role in bolstering health coverage in newsrooms throughout California. We return to this question of impact assessment in the following section on portfolio-wide findings.

Portfolio-Wide Findings

Grantees' Collective Impact and Value

► **CHCF's grants help support high quality health journalism.** Our assessment surfaced many insights into what it means to produce "high quality health journalism." As we discuss further below, hallmarks of this caliber of reporting include: in-depth stories that are accurate, provide context and nuance, and help audiences understand complex issues; stories that apply a systemic lens, revealing underlying problems and the policy or systems levers available to address them; stories that incorporate multiple sources of information, including data; and stories that value and raise up the experiences and perspectives of diverse communities, including under-served or marginalized groups.

Our findings indicate that the five public media stations, CHL, and Data Fellows produce health reporting that meets a high standard of quality. Audience members, media partners, and other external stakeholders strongly confirmed that reporting produced with support from CHCF is valued for its depth, balance, nuance, relevance, and attention to system-level factors. And we observed numerous examples of how journalists and their newsrooms strive to reach, report on, and engage with under-served groups, including low-income populations and communities of color. There is room to further deepen reporting – for example, by strengthening capacity to reach and report on diverse communities – but on balance, there is good evidence for the high caliber of health reporting generated by this portfolio of grantees.

► **The health reporting supported through CHCF grants has multiple levels of impact.** Looking across the seven grantees, we observed evidence that their health reporting has impacts at multiple levels of California's health care and health policy ecosystem. It informs and influences individual community members, community-level discussions, reporting by other media organizations, the work of advocates and others who seek to influence health policy and systems change, and – in more rare cases – policy decisions and actions taken by elected officials and state health agencies. If systemic change is understood to be complex, sometimes slow-moving processes involving actors at all of these levels of the ecosystem, then collectively these seven grantees are making a significant contribution.

In weighing how these grants contribute to broader systems change processes, we note that not every health story will have an observable impact. Particularly among the public media grantees, a substantial amount of coverage is comprised of shorter "daily" stories, which serve the important purpose of covering breaking news or other developments of interest to audiences but may not go deep enough to trace a through-line to specific impacts. For the most part, it is easier to draw that through-line for examples of in-depth reporting – as we saw with various examples in this report. Community engagement activities also provide an opportunity to document impacts because journalists can more directly observe how their reporting makes a difference. But it is harder to quantify the impact of the "daily churn" of stories that outlets produce. Moreover, some observable media impacts are not attributable to just a single outlet's coverage, but rather result from the collective volume and breadth of stories produced by many outlets – as we saw in the KPBS case study.

These nuances around tracing media impacts have implications for news outlets' ability to demonstrate to funders that their journalism makes a difference – and it is something that funders can, in turn, acknowledge when evaluating their grantees. Even in the context of this external assessment, we must acknowledge the limits of what we can confidently conclude about the scope and depth of media impacts; put simply: we don't

know what we don't know. As we discuss in the final section of the report, one area where we have relatively fewer insights is the impact of health reporting on health industry leaders.

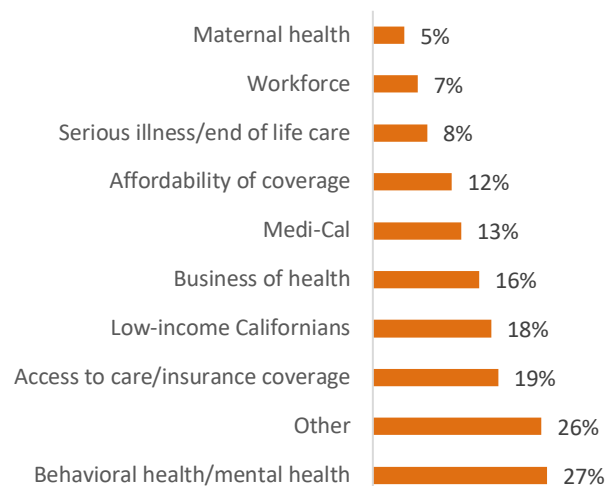
► **Grantees' health reporting contributes to CHCF's broader mission by covering its focal issue areas.** In conversations with our assessment team, CHCF staff have strongly emphasized the importance of the firewall between the Foundation and editorial decisions made by grantee newsrooms. At the same time, CHCF wishes to understand the extent to which its grants are contributing to coverage of topics that are a focal concern for the Foundation. Indeed, in its recent grants to the public media outlets, CHCF provided a preferred benchmark for the proportion of health stories focused on its core issue areas: 40%.

For this assessment, CHCF asked the five public media stations, CHL, and the Center for Health Journalism's Data Fellowship to apply one or more topical tags to each of the health stories supported through the Foundation's grants over a one-year period. This information provides a broad sense of the proportion of stories focused on each of CHCF's core issue areas – though the findings should be interpreted with caution, given likely variation across grantees in how they applied the topical tags.

As Figure 5 illustrates, overall the vast majority of health coverage produced with support from CHCF is focused on one or more of the Foundation's core issue areas. Pooling all grantees together, only 26% of stories were tagged as falling outside of these core areas.⁷ The most frequently covered topic was behavioral health and mental health. KPBS, KPCC, Capital Public Radio, and the Center for Health Journalism were particularly likely to apply this topical tag to their health stories.

There seemed to be consensus that maternal health was rarely covered. For each of the seven grantees, maternal health was tagged in only a small percentage of health stories (8% or less). In addition, relatively few stories were tagged as focusing on workforce and serious illness/end of life care. Valley Public Radio was an exception, indicating that 22% of its health stories focused on workforce issues and 33% focused on serious illness/end of life care.

Figure 5. Percentage of Grantees' Health Stories Focused on CHCF's Core Topics



Source: CHCF provided grantees with a list of nine topics and asked them to tag a sample of their health stories by topic (one or more topics could be applied to a single story).

Given CHCF's emphasis on serving low-income Californians, grantees were asked to identify stories in which "low-income Californians are the population primarily affected by the topic discussed in the article." Across the seven grantees, 18% of stories were tagged as such – with Valley Public Radio, CHL, and the Center for Health Journalism most frequently applying the tag. We observed that some grantees did not apply this tag to stories that focused on Medi-Cal. If we include Medi-Cal stories in the count, the percentage of stories whose

⁷ Some grantees applied one or more topical tags, as well as the "other" tag to a single story. In our analysis, we only count stories as falling into the "other" category if they were *not* tagged with any of the specific topics. KQED was somewhat of an outlier, coding 54% of its health stories as "other" – i.e., not focusing on any of the topics. The stories that grantees tagged as "other" varied widely, including public health updates (flu, measles, e. coli, vaccines), stories on maintaining good health or preventing disease or illness, and news about opioid abuse, treatment, lawsuits, and regulations.

topic primarily affects low-income Californians climbs to 27%, encompassing more stories from Capital Public Radio and KPCC in particular.

These patterns broadly confirm that health reporting supported through CHCF's grants is largely focused on topics of core interest to the Foundation. Moreover, it appears that this alignment between the health reporting and the Foundation's core issue areas is not driven by any perceived influence or pressure exerted on the grantees by CHCF. Our interviews with grantee leadership and staff indicate that they feel CHCF respects the editorial firewall. Indeed, it is reasonable to expect that the focus of grantees' health reporting will primarily reflect their interest in addressing the concerns of their respective audiences. For example, Valley Public Radio noted that 20 of the 76 stories produced over a year-long period were focused on air and water quality, a major concern for local communities that the station serves. Similarly, when asked to describe how KPBS defined high quality health journalism, Executive Producer of News Natalie Walsh emphasized that the station focuses on "what's happening within the area that we serve." For KPBS's health coverage, this includes a particular interest in developments in biotech and medical research, as well as a focus on the state's southern border. Indeed, these two topics were highlighted in examples of KPBS's health reporting in grant reports to CHCF, as well as in our interviews with Walsh and with reporter Susan Murphy.

For a majority of grantees' health coverage, it seems the topics that grantees see as relevant and important for their audiences are aligned with CHCF's core issue areas. This underscores the relevance and value of CHCF's focal areas as it works to improve health care delivery in California, while also confirming that the health reporting supported through these grants contributes to CHCF's broader mission.

► **CHCF's grants contribute to the broader journalism infrastructure that helps bring high quality journalism to audiences throughout California.** For example, the Center for Health Journalism's Data Fellowship helps to cultivate reporters who can produce in-depth data-driven health journalism, while also sowing the seeds for future quality reporting. This affects not only the focus and quality of the reporters' own reporting, but also the capacity and willingness of their respective newsrooms to produce more stories of this caliber. CHJ is helping to fill gaps in other newsrooms' capacity to produce timely and relevant reporting about health care issues across the state.

CHCF's journalism grants also intersect in ways that amplify their respective impacts. For example, Data Fellowship participants include reporters and editors who work for the public media grantees, freelancers whose fellowship stories were broadcast by grantee stations, and journalists whose fellowship stories were picked up by CHJ. In addition, four of the public media grantees are CHJ's partners; as such, they pick up CHJ's stories and invite CHJ reporters to appear on their programs. CHJ, in turn, sometimes picks up these grantees' stories for its newsletter and website. In these ways, the grants connect with and reinforce one another, helping more high quality health care stories reach a wider audience.

More broadly, the public media grantees emphasize the importance of CHCF's support for their internal capacity to produce quality health journalism. For example, one noted that, in the absence of CHCF funding, the station would likely retain its health care reporter due to its commitment to the beat but would likely lose the ability to hire a good editor who works with that reporter. Another emphasized that CHCF's funding has enabled the station to do original health care reporting that provides depth and context; without this support, the station would be "just chasing... whatever press release was sent out in an email." A third observed that local newsrooms struggling for survival have little incentive to "reach out to low income and marginalized communities because it's not a money maker"; CHCF's support makes it possible for the station to focus on this. In short, the grants are critical for ensuring that these public media stations have the internal resources they need to produce high quality health journalism.

In these ways, CHCF's support for these seven grantees helps shore up critical infrastructure within a fragile health journalism ecosystem.

► **CHCF's other areas of work intersect with the goal of the journalism body of work, further bolstering the Foundation's impact on the quality of health journalism in California.** Many of the journalists we interviewed were familiar with CHCF. They were typically aware of the Foundation's focus on improving access to quality health care in California and highlighted the Foundation's rigorous research and in-house expertise. Interviewees used words like "evidence driven," "nonpartisan," "neutral," and "objective" to describe the quality of CHCF's work, and observed how "omnipresent," "well-connected," and "prolific" the Foundation is. Moreover, several mentioned that they regard CHCF as a valuable source for their reporting, describing how they draw on the Foundation's research reports, data, and the expertise of its staff.

As noted above, none of the journalists, editors, or newsroom leadership we interviewed indicated that CHCF violates the editorial firewall. This is an important reason why journalists whose work happens to be supported by CHCF are comfortable turning to the Foundation as a source for their reporting. Grantee leadership generally agreed that their journalists should treat the Foundation like any other source – neither privileging it nor avoiding it – and they heavily emphasized the importance of the firewall. As one interviewee put it: "CHCF is not telling us what to cover – which if they were, we would discontinue the grant." Grantees varied somewhat in terms of how they uphold the firewall, with some relying on the development department to shield the newsroom, and others relying more on a mutual understanding with CHCF that it will not seek to influence its editorial agenda or reporters.

In sum, CHCF's respect for the firewall appears to complement its reputation for valuable health care expertise and evidence. In this way, the Foundation is able to play two roles in supporting high quality health journalism: as a grantmaker and as a source for journalists.

What Is Needed to Ensure a Robust Health Journalism Ecosystem

Stepping back to examine the portfolio within the broader context of the health journalism landscape in California, we explored broader questions of strategic interest to the Foundation. These questions center primarily around understanding what is needed to help ensure a robust health journalism ecosystem – and what factors are undermining the ecosystem.

► **Newsrooms need time and multiple forms of expertise to produce high quality health reporting.** Across the diverse set of interviewees included in this assessment, we heard a set of common themes regarding the hallmarks of high quality health reporting and the capacities needed to produce it. One prominent theme: depth of coverage. Health care stories need to provide context and nuance; they need to be comprehensive, grounded in a deep understanding of the issue; and they need to be well sourced, drawing on data and research, experts, and the perspectives of those affected by an issue. This represents a tall order for journalists, who not only require the time to do in-depth reporting, but also need to have a strong understanding of the subject and the various actors and systems involved. Journalists also need to be able to identify, access, and analyze relevant data – either individually or in collaboration with newsroom colleagues.

Interviewees also emphasized that health journalists need to be able to accurately translate complicated and sometimes technical topics – including policies, health care systems, and scientific or medical issues – in ways that audiences can understand. This requires the ability to craft stories that explain: What does this actually

mean, why does it matter, and who is affected and why? The capacity to use multimedia – such as video, photography, and data visualizations – also helps translate these topics into something more readily understandable. A related hallmark of high quality health reporting is the relevance of coverage to target audiences – whether they be community members, advocates, decision makers, health care providers, or other stakeholders. An outlet's reporting should reflect the concerns and experiences of its audiences, and also help those audiences understand the relevance of health care issues to their own lives and to their communities.

Another hallmark of quality health journalism: covering larger issues or trends in the health care system, including hidden or overlooked systemic problems. As one advocate observed, journalists need to convey the underlying systemic problems and the policy levers that are available to address them. That requires going beyond the individual person's story:

"It's actually a systemic issue that we're trying to highlight, and there's a policy lever that can be pushed that would help everyone. This desire to have this person who's there to tell their story, it only fuels that individualistic model that it's just that person's problem and it doesn't impact me. That's where the media gets it wrong... [Or] they focus on one ethnic group, like it is this person's problem or this community's solution. Well, actually it could also have effects on other people."

Another advocate agreed, noting that in the context of reporting on maternal mental health, journalists need to offer "a true portrayal of the failures of our healthcare system" and help people understand the relevant policy and systems change levers. This connects back to the need for health journalists to have a strong understanding of the complex health care issues they are covering. Without this knowledge, this interviewee emphasized, journalists' coverage of the issue is "so limited; there's so much more to the story that they're missing." These comments underscore the need to bring a systemic lens to health care reporting – a lens that we saw applied in the case studies. And as a complement to this kind of systemic lens, high quality reporting can involve sticking with a story over the long term – which helps keep an issue visible and allows journalists to track progress on systems change.

Using a systemic lens does not mean that personal stories should be absent from the reporting. On the contrary, in the words of Paul Glickman at KPCC, journalists need to be able to "[use] the personal stories, stories of actual people, as ways to illustrate larger problems, issues, and trends in the health care system." Rose Ciotta, associate editor at EdSource, similarly signaled the importance of "humanizing the story" and giving people an opportunity to tell their story. In the context of her work revealing systemic problems contributing to black infant and maternal mortality, KPCC's Priska Neely described how important it is to explain to audiences that this is not just one individual's story – this is many people's story:

"...we want to introduce you to one person, but it really needs to be clear that this is so many people's story. I think that that is what good health journalism can do, is make that really clear. Introduce you to someone that you can really remember but make it clear that this is affecting many more people than just that one person. To present you with the statistics and the data, but also to put that into the context of history."

This example also connects back to an earlier point about what it takes to produce high quality health reporting: particularly in the health care context, which can involve personal and sensitive information, reporters need to be able to build connections with individuals who trust them enough to share their stories. This is perhaps especially imperative when reporting on under-served or marginalized populations; relationship building takes time and cultural competency, as community members may be less inclined to

share personal stories with someone they don't know or trust. As an African American woman, Neely brought credibility to her efforts to gather these stories.

► **Many newsrooms struggle to maintain the capacities needed to produce high quality health journalism.** Newsrooms are hard-pressed to spare the time and resources needed to produce stories that meet the caliber of health journalism described above. In the context of a news landscape where buy-outs, layoffs, and budget cuts are commonplace, journalists are often asked to cover multiple issue areas – and beat positions focused on health care or health policy are cut. The result is **atrophy of critical health journalism capacities** like expertise in health care systems and a network of sources. Even in newsrooms where there is still a dedicated health reporter, that person is spread thin trying to cover an expansive beat and meet weekly story quotas. As an interviewee at one of California's larger mainstream papers noted, health is a "huge beat" – and their health reporter doesn't have time to work on some of the longer, more in-depth stories that the paper is able to get from CHL.

Moreover, good health journalism relies not just on good health reporters, but on **good editors**. One health care reporter observed how helpful it is to have thoughtful editors who will push reporters with questions like "How do you know that?" or "Is that really the word you want to use?" Noting that smaller media outlets may have particularly constrained editorial resources, this reporter floated the idea that CHCF might consider funding a California-based editor who would serve as a resource to journalists across the state working on health policy.

A related problem: **staff turnover**. As noted in our discussion of the public media grantees, Priska Neely and Michelle Faust left KPCC and Susan Murphy left KPBS since our interviews with them. We also learned that Data Fellow David Washburn left EdSource (to join KPBS), Data Fellow Francie Diep moved to the Chronicle of Higher Education and her editor moved to CNN upon the closure of Pacific Standard, and the editor working with Data Fellow Jared Whitlock left the San Diego Business Journal. Just prior to the assessment, Pauline Bartolone left CHL to rejoin Capital Public Radio. To some extent, movement among newsrooms may not be an inherently bad thing; as long as journalists continue to produce high quality reporting on health care issues in California, the state's broader health journalism workforce and ecosystem does not lose out in the net. However, the newsrooms that journalists leave may suffer from the loss – and struggle to recover from it due to an overall shortage of experienced health journalists. And as noted earlier, smaller outlets that are not an "end-of-career destination" for experienced journalists may feel this challenge most acutely, especially if they have invested in a relatively inexperienced journalist who then leaves after a few years for a larger outlet. In addition, health journalists may move into positions that no longer have health as the principal focus of their work. For example, this is true of Pauline Bartolone, whose work at Capital Public Radio now encompasses multiple issue areas.

Journalists may also **lack access to key tools**, such as Excel or data visualization software. Levander noted that one major California news chain did not provide access to basic Excel software for most newsroom employees. She recalled how two Data Fellowship applicants had to submit a request to the publisher asking for Excel. Journalists who have no access to – and no experience with – basic tools like Excel face barriers to entry for training opportunities like the Data Fellowship, compounding capacity limitations that constrain their ability to produce in-depth health journalism.

Many mainstream English-language **newsrooms also lack diversity** – a problem confirmed by the health journalism landscape scan commissioned by CHCF. This has implications for which stories and communities are reported on – and how they are reported on. As one interviewee at a Latino media outlet observed, diversity in the newsroom is an important part of what it takes to produce high quality health journalism because it influences what topics are prioritized for coverage. Our case study of KPCC's coverage of black infant mortality

surfaced a related insight: Priska Neely's experience as an African American woman with direct experience with this issue informed how she approached her reporting. The racial, ethnic, or cultural background of a journalist may also bear on his/her ability to connect with key sources within a community. In these ways, newsroom diversity is directly connected to CHCF's goal of listening to under-served communities.

Across the various hallmarks of quality health reporting, a recurring theme is: **all of this takes time**. Over and over, we heard journalists confirm that the resource they need more of is time.

Hallmarks of high quality health reporting

In-depth and comprehensive; accurate; provides nuance and context.

Relevant to target audiences.

Helps audiences understand complex issues.

Applies a systemic lens, revealing underlying problems and the policy or systems levers available to address them.

Incorporates multiple sources of information, including research and data.

Values and raises up the experiences and perspectives of diverse communities, including under-served or marginalized groups.

What is needed to produce high quality health reporting

Core health journalism skills – e.g., knowledge of health care, health systems, health policy; data skills; ability to build connections and sources.

Time (to do in-depth reporting, access and analyze data, build trust and relationships, follow a story over time).

Journalists from diverse backgrounds who bring relevant cultural experience and expertise.

Access to tools, such as Excel or Tableau.

Strategies and resources for engaging diverse communities – e.g., outreach activities, translated content, local partnerships, translators/bilingual reporters.

► **Community engagement can play an important role in deepening the quality of health reporting and enhancing its impacts.** As discussed earlier in this report, CHCF's public media grantees describe how they have increasingly focused on community engagement as a way to strengthen the quality of their health reporting and bolster its reach and impact. Community engagement can be a particularly important tool for elevating voices and experiences that are often absent from news coverage, and for impacting people who have not typically been in public media's audience demographic.

The Center for Health Journalism has a similar orientation. As described earlier, the Center offers journalists accepted into its programs – including the Data Fellowship – the opportunity to apply for a supplemental community engagement grant and six months of engagement mentoring to further enrich the quality of journalists' work. Levander noted that community engagement involves finding new ways to involve community members in defining the core issues in the reporting using participatory techniques. It can also mean finding ways to share key takeaways with community members who may not be subscribers or listeners, and helps newsrooms ensure that the people who are the subject of reporting have a chance to participate and learn about the central takeaways of the published stories. She observed that this is particularly important for under-served communities: "they may not be readers or listeners or viewers of that mainstream news

outlet. And they may not want to read a five-part series in English. But they may value information that reaches them through their own communications networks.”

Across the grantees, we heard many examples of different kinds of engagement approaches. Some newsrooms use call-outs via tools like Hearken, the Public Insight Network (PIN), and social media to solicit community experiences or perspectives, or to generate story ideas. Newsrooms also use in-person approaches, including: facilitating small group discussions; setting up tables at local events; and organizing public events featuring panel discussions, presentations, or Q&A sessions. We also heard examples of targeted outreach via mailings (translated, when needed) and collaboration with trusted local media sources to help reach under-served communities. Engagement activities also sometimes target influencers or decision makers. Valley Public Radio's effort to email its stories to lawmakers is one example of this; others include [webinars](#) that EdSource periodically organizes to help inform policymakers and other key stakeholders, and events such as the Desert Sun's "Stories on Homelessness" that brought together elected officials, health officials, service providers, and members of the affected community.

Community engagement efforts can be quite intensive, multi-part efforts – as we observed with some of the public media grantees and Data Fellowship projects. But not all community engagement needs to be on this grand a scale. As noted in our earlier discussion, the line between some types of community engagement activities and traditional definitions of “good” reporting is somewhat blurry. Many reporters and editors emphasized that high quality health reporting requires getting out into the community to talk to people, soliciting their stories, and circling back to them after a story is published.

► **But there are challenges – and some reservations – around community engagement.** Based on our interviews with news outlets, we hear a substantial amount of interest in community engagement. But there are varying levels of capacity to engage in these activities. Dedicated staff are needed to do the kind of community engagement work that goes beyond “good reporting.” Interviewees at Capital Public Radio, KPCC, and the Center for Health Journalism all emphasized the importance of having dedicated staff for community engagement. Reporters and their editors do not have the bandwidth to take this on, nor do they always have the necessary skills. Levander commented that, because the Center has a staff person dedicated to community engagement, the mentoring that reporters receive with their engagement grants is quite intensive. The Center is able to provide guidance and logistical support grounded in expertise in community engagement as well as knowledge of and connections within California's health care ecosystem.

Moreover, community engagement – done well – is a long-term commitment. As one editor noted: “If you're talking about forums and that kind of thing, you can do the outreach, which is really cool and a lot of fun to talk to people in the community. But you have to really be prepared to follow up and follow through on those commitments.” This point resonates with other comments we heard about the importance of building trust and relationships in order to report effectively on communities – and share that reporting back to those same communities.

There are outlets that view community engagement with some skepticism. For example, newsrooms that tend toward a more traditional “by the book” model of journalism that is suspicious of advocacy -- and any perceived association with it – may have an internal culture that is not conducive to community engagement. In this way, community engagement can become entangled in [broader debates](#) about journalism's identity and role in revealing injustices in society – and where the line is between journalism and activism. Skepticism towards community engagement may also reflect a particular conception of what community engagement looks like – and what it helps achieve. In Impact Architects' evaluation of Capital Public Radio's rural suicide project, station employees noted an initial wariness about community engagement, partially due to a lack of understanding of what it was or how it might strengthen reporting. This is consistent with Michelle Levander's

comment that “it still requires a real cultural shift,” even for reporters who proactively apply for the Center’s community engagement grants. Levander further observed that as newsrooms face “dramatic retrenchment,” they sometimes see community engagement as an “extra thing” that they don’t have time for. She finds that it is valuable to have her engagement editor there to help not only with conceptualization but also execution of community engagement activities; this level of support encourages newsrooms to be more willing to try something that may otherwise feel beyond their bandwidth.

► **The Center for Health Journalism and other organizations that support newsroom capacity are important for bolstering the health journalism ecosystem in California.** Interviewees across diverse newsrooms offered examples of resources that help support their ability to produce high quality health journalism. These include training or educational opportunities (e.g., Center for Health Journalism, NICAR, AHCJ), grants, opportunities for newsrooms to collaborate on reporting projects, and organizations that support investigative reporting projects (e.g., Type Investigations, Food and Environment Reporting Network).

The Center for Health Journalism stood out for its involvement in all of these supportive activities. It provides training, grant money, mentorship, community engagement support, and opportunities to pursue enterprise and investigatory reporting projects that newsrooms would otherwise lack the capacity to do. And by including journalists who are not on the health beat – whether they focus on science, business, early childhood development, or are general assignment reporters – the Center seeks to deepen the “bench” of journalists equipped with health reporting skills. The Center also encourages collaborations, including those that involve ethnic media and their respective communities. Its [Uncovered California](#) collaborative, supported by CHCF, brings together mainstream and Latino media outlets who jointly produce stories that appear in both English and Spanish. Through its Impact Fund, the Center supported a [collaborative effort](#) between bilingual community radio station KBBF-FM and Northern California Public Media to report on the health needs and concerns of the predominantly Latino area of Roseland, California. An earlier example from 2012: the Center connected an editor for the Hoopa tribal newspaper, Two Rivers Tribune, with a New America Media editor and videographer, who together produced [two articles](#) and a [documentary](#) about substance abuse on the Hoopa Valley Indian Reservation, located in a very remote part of Northern California.

Moreover, we observed the Center’s presence intersecting with various parts of CHCF’s journalism portfolio. For example, 29 reporters and editors who participated in one or more of the Center’s fellowships are currently working at CHL or one of CHCF’s public media grantees. Fellows are also working at some of the media outlets that partner with CHL. The Center’s news collaboratives have included some of the public media grantees, some of CHL’s media partners, and some of the Data Fellows’ news organizations.

The Center is also a source of health journalism itself. Its website serves as an online news and commentary site, providing original explanatory and investigative news and commentary by staff reporters, former fellows, and others. The Center also collaborated with *Hoy* and, for a decade, published a quarterly bilingual print newspaper produced by Latino youth and an online news site, BoyleHeightsBeat.com, written by contributors from a Latino immigrant community in Los Angeles. We do not have sufficient data to evaluate the full value – and, perhaps, any challenges or shortcomings – of the Center’s role within the media landscape more broadly. That is beyond the scope of our assessment. But the insights we surfaced do suggest that the Center is a key actor in efforts to support the health journalism ecosystem in California.

► **When it comes to philanthropy’s role in supporting newsrooms’ capacity to produce health journalism, the quality of the funder-grantee partnership matters.** Philanthropic support for public media and other nonprofit journalism organizations is playing an important role in bolstering the news media industry and journalism profession at a time when the commercial business model is becoming less and less viable. The Knight Commission on Trust, Media, and Democracy recently called for philanthropy to increase its

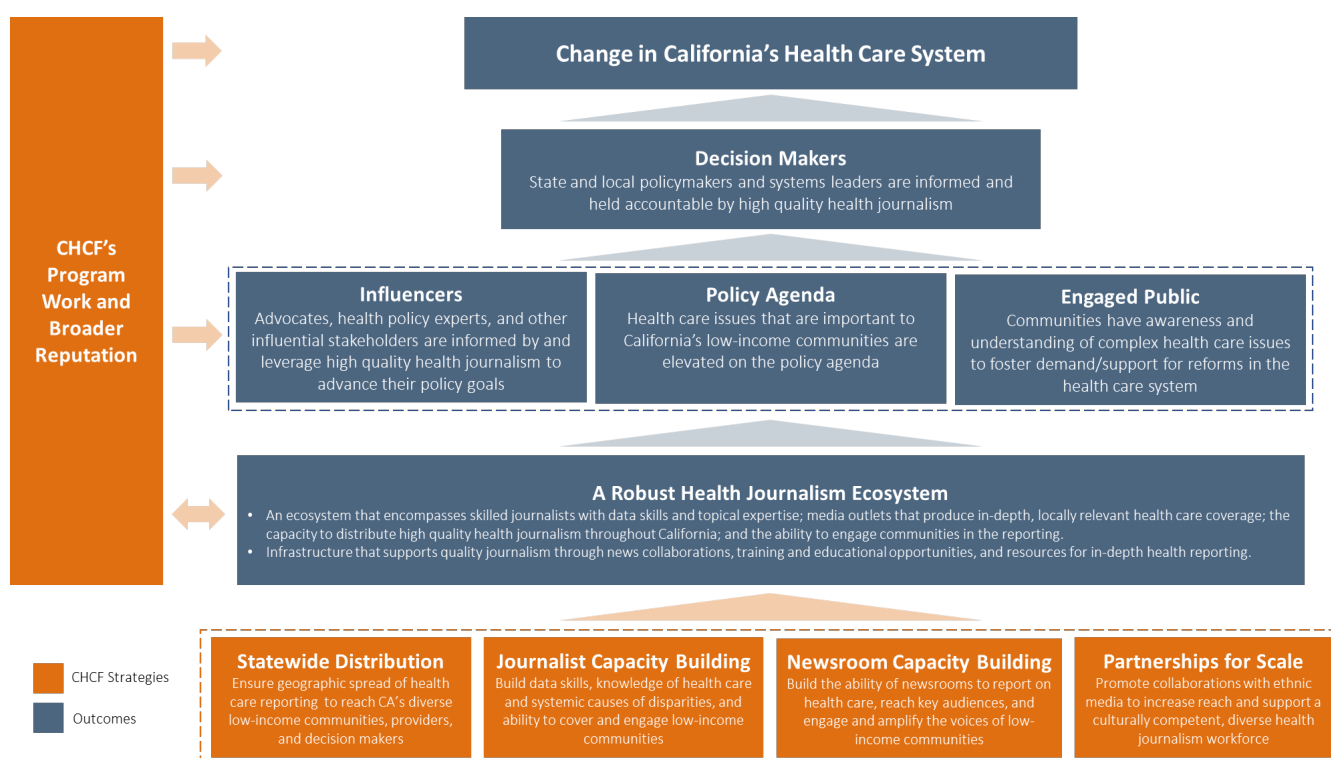
support for nonprofit journalism. CHCF's long-time commitment to supporting journalism is well-aligned with this recommendation.

But we caution that the quality of the funder-grantee partnership matters – that is, the extent to which funders seek to influence newsrooms' editorial agendas, and the flexibility that grantees have for allocating grant dollars (core support vs. project/topic-specific funding). As we discussed earlier, narrowly defined grants can hamstring news organizations, preventing them from focusing on stories that may be more relevant or urgent than specific topics that a funder may want to see covered. And funders can undermine editorial independence by demanding (or “suggesting”) that their grantees cover certain stories or events – potentially jeopardizing a news outlet's reputation as unbiased. As noted earlier, CHCF earned praise from its grantees for respecting the editorial firewall. The public media grantees commented on their positive relationship with CHCF, and the productive ways in which the Foundation engages with them. These grants are relatively flexible, allowing the stations to use the funds broadly to support their health care journalism or a health care reporter position – as opposed to narrowly focusing on specific topics.

► **There is some appetite for improved impact tracking – but systematic data collection requires internal capacity, resources, and buy-in.** The seven grantees vary in their interest in and capacity to systematically collect data on their impact. This variation seems to reflect the broader news media landscape, in which some outlets do little to track their impact and others invest in more systematic approaches, such as Impact Trackers developed by the [Center for Investigative Reporting](#) and [others](#). The extent to which an outlet focuses on impact tracking may partly depend on how it is funded – and whether it needs systematic data to report back to funders or attract other revenue sources. But it also depends on the degree to which an outlet wishes to use data to measure its success in inspiring [real-world change](#). Some outlets also view impact tracking as important for increasing the [public's trust in media](#) – to be able to show how news reporting has made a direct difference in people's lives. But this kind of systematic effort requires not only internal resources, but also sometimes a cultural shift; busy journalists and editors need to buy into the idea that it is worthwhile to spend time entering data about impact. For outlets that are willing and able to undertake more systematic efforts to track their impact, funders can play a supportive role, perhaps by providing capacity support or resources to bolster an outlet's ability to successfully introduce and sustain a new tracking system.

Strategic Implications and Recommendations

In this concluding section, we consider the implications of our findings for CHCF's health journalism strategic framework and discuss a set of recommendations for its future grantmaking strategy. These implications and recommendations are reflected in the following visual, which shows an updated summary of CHCF's strategic framework. We developed this updated visual in collaboration with CHCF staff.



CHCF's Health Journalism Strategic Framework

Let's first return to the objective of CHCF's journalism body of work: **to ensure that CHCF's audiences have access to and are informed by high quality health journalism**. In order to achieve that objective, CHCF's strategic framework posits that California needs a robust health journalism ecosystem that encompasses: skilled journalists with data skills and topical expertise; media outlets that produce in-depth, locally relevant health care coverage; and the capacity to produce and distribute high quality health journalism throughout California. When these capacities are in place, target audiences will have access to timely, relevant information about health care and health policy issues. And by reaching decision makers, influencers, and the broader engaged public with high quality health reporting, CHCF will contribute to improving California's health care systems.

Our findings confirm key components of CHCF's strategic framework for its health journalism body of work. **The key capacities articulated are indeed very important to achieving a robust health journalism ecosystem – and the grants make a significant contribution to bolstering these capacities.** Through the Data Fellowship, CHCF supports immediate and longer-term impacts on the quality of journalists' health reporting and the capacity of their newsrooms to produce in-depth health journalism more broadly. Through its support for CHL, the Foundation is helping to ensure that relevant, in-depth stories on health care in California reach and inform a wide array of audiences throughout the state, including advocates and government officials who subscribe to CHL's newsletter, state lawmakers who take notice when CHL's content is picked up by national media, and the diverse communities who are served by CHL's many media partners in California. And through its core support grants to public media, CHCF enables stations to produce health reporting that is relevant to their respective communities – and that external stakeholders confirm is distinctive for its depth, nuance, and comprehensiveness relative to other media outlets. Indeed, it is a testament to the quality of their reporting that many case study stakeholders could recall stories that appeared over a year ago or more.

We also found support for the Foundation's assumption that a robust health journalism ecosystem is an important part of an overall strategy for delivering meaningful change in California's health care system. Across the entire portfolio of grants, the evidence suggests that the health journalism supported by CHCF's grants contributes in numerous ways to broader processes of change. CHCF's priority audience of decision makers is sometimes directly informed or influenced by health reporting; and in other cases, health reporting informs or influences secondary audiences like advocates or community members – who then in turn play an important role in influencing decision makers.

We note that our findings speak most strongly to the direct and indirect effects on government decision makers and government policies, practices, and regulations. We surfaced relatively less evidence of how health reporting contributed to impacts on health industry leaders or their organizations' practices. In the KQED case study, we learned that media coverage of postpartum depression and psychosis helped shine a light on a gap in health systems, contributing to advocates' and health care providers' efforts to advance better screening and treatment systems. And we heard a few examples from the Data Fellowship, illustrating how health care providers used or were influenced by the reporting. But we were unsuccessful in securing interviews with health plan executives to hear whether and how CHL's reporting may inform their work. As we note below, CHCF may wish to explore this area further.

Our findings also surfaced insights that may contribute to refinements in CHCF's strategic framework. As reflected in the updated strategic framework visual above, our findings indicate **the important roles that community engagement can play.** It can help outlets strengthen the quality and relevance of their health reporting; reach audiences who may otherwise be under-served by media (including via channels beyond grantees' main broadcast or digital platforms); and create opportunities to deepen the impacts of health reporting.

We also observed **the potential role of partnerships or collaborations among news organizations.** Collaboration can bolster newsrooms' capacity to produce a more comprehensive series of stories on a topic, and it can enable a smaller outlet that has stronger connections to an under-served population to deepen the quality of reporting produced by a larger partner outlet. Both forms of collaboration can potentially enable partner outlets to reach a larger audience than they otherwise would individually. Joe Moore of Valley Public Radio described how the Center's "Just One Breath" news collaborative enabled participating outlets to create a large body of work on Valley Fever, which [contributed](#) to passage of legislation to improve public health reporting and research on the disease. And as we saw in our discussion of CHL, there is some interest in exploring ways for ethnic media partners to collaborate with CHL on content. The examples of Center-

supported collaborations involving ethnic media, described earlier, further illustrate how combining the strengths of different outlets can contribute to more effective reporting on communities of color.

A related insight is **the value of ethnic media outlets and journalists of color**. Outlets and journalists who reflect California's status as a "minority-majority" state play an important role in producing health reporting on under-served populations, many of which are communities of color. They are in a unique position to understand, connect with, and listen to these communities – and to convey their stories and experiences to a broader audience. This is not to say that white journalists cannot effectively cover communities of color. Capital Public Radio's Sammy Caiola, a white journalist, was able to report effectively on black infant mortality (Data Fellowship project) and racial trauma in Meadowview (case study) because she worked hard to develop connections and points of entry, and because her reporting valued the insights and expertise provided by communities of color. Nor would we suggest that, for example, an African American journalist should only be assigned to cover the African American community. But as we saw in the KPCC case study, and as we heard from multiple persons of color interviewed for this assessment, journalists of color can bring experiences, expertise, credibility, and an ability to connect that are vital to reporting effectively on specific under-served communities. This speaks directly to CHCF's emphasis on listening to under-served Californians, which in turn is reflected in CHCF's definition of high quality health journalism. Yet mainstream newsrooms generally lack diversity. And aside from large Latino outlets such as Univision and Telemundo, many ethnic media are very small and resource-strapped. These findings on the roles of journalists of color, ethnic media, and news collaborations within the health journalism ecosystem are reflected in the Partnerships for Scale strategy in CHCF's updated strategic framework visual.

Recommendations

► **Clarify the role of the engaged public in the health journalism strategic framework.** CHCF has described decision makers as its priority audience. The engaged public is understood to be a secondary audience that needs to be reached because of its potential influence on decision makers. Evidence from this assessment indicates that all seven grantees enable high quality health journalism to reach members of the engaged public – and in that sense, the grants are "working" in alignment with the strategic framework. But as reflected in the revised framework visual, we have encouraged the Foundation to clarify whether and why it is important to reach a broader audience that reflects the full diversity of the state. *Why* does it matter that public media grantees' audiences generally do not reflect the racial and ethnic composition of their respective geographical areas? *Why* does it matter that CHL's ethnic media partners enable it to reach diverse audiences who otherwise would not be exposed to its reporting? These questions are intended to help CHCF clarify the extent to which reaching a diverse audience is a priority – and how that connects to both the portfolio's objective and the Foundation's broader mission.

At the same time, we encourage the Foundation to use an ecosystem-level lens when evaluating how its grantees – versus other outlets in California – reach diverse audiences. For example, while public media stations should seek to reach and engage the diverse communities they serve, it seems ill-advised (and unfeasible) for them to compete with ethnic media outlets. One grantee observed that "an entry into the Spanish language space would be challenging given the existing presence of [Spanish language] commercial broadcasters as well as non-commercial outlets." This grantee noted that a potentially more promising approach is to leverage its core strength of English-language programming, targeting college educated Latinx listeners. Another grantee noted that members of its newsroom have formed a Latinx engagement project task force to identify and work with a Spanish-speaking audience; but this grantee also cautioned that attempts to reach non-English-speaking audiences need to be intentional, and that outlets need to follow

through if they start promising non-English language materials. These comments dovetail with our own observations about the distinctive roles and strengths that different outlets have within the ecosystem.

► **Learn more about the ways in which health reporting influences health industry leaders.** As noted above, we found that communities and advocates are important pathways through which health reporting can prompt action among local and state public officials. But we gathered relatively fewer insights into whether and how health reporting influences health industry leaders and their organizations' practices. CHCF may wish to further explore whether the direct and indirect pathways through which media coverage informs or influences industry leaders are different from those for state and local policymakers – and whether different strategies may be needed to reach and influence them.

► **Maintain support for the Center for Health Journalism's Data Fellowship.** Our findings indicate that the Data Fellowship is an effective program. Part of its effectiveness stems from the general model that the Center uses across its different fellowship programs – combining in-person training, mentorship, and an in-depth explanatory or investigative reporting project. But much of the Data Fellowship's value and impact also appears to be driven by the specific focus on data, not only in terms of the skills that journalists honed, but also in terms of the ripple effects in their newsrooms and the broader impacts of their reporting projects.

► **Maintain non-prescriptive core support grants to public media stations.** We suggest that CHCF continue its strategy of providing core support for health reporting, without imposing additional “prescriptive” parameters that dictate topics or issues that grantees must cover. Our findings suggest that a large majority of the health reporting produced through the seven grants falls within the Foundation's core issue areas – without any explicit direction from CHCF to cover these issues. Moreover, a more prescriptive approach may negatively affect the Foundation's relationships with grantee newsrooms – which could, in turn, more broadly undermine CHCF's relationships with journalists and its reputation as a trusted source.

► **Continue to support – and monitor – the distinct value-add of CHL's aggregation service and original reporting.** Our findings suggest that subscribers value CHL's aggregated list of health care coverage – and at least in some cases, view it as the most useful or relevant to their work compared to other similar newsletters. But given that target audiences do have access to multiple sources of aggregated coverage with potentially overlapping content (albeit some behind a paywall), we suggest that CHCF continue to monitor the relative value of this service to ensure it is filling a high-priority gap in the health journalism ecosystem.

Our findings also indicate that audience members and media partners value CHL's original reporting for its depth, balance, and relevance. And we observe clear evidence that CHL's original reporting is playing an important role in bolstering the capacity of media partners to provide health care coverage – a gap in the ecosystem that otherwise would likely remain unfilled. Its interest in exploring potential “two-way” content partnerships with ethnic media suggests it may in the future also help address another gap: under-reporting on the perspectives and experiences of communities of color.

► **Examine whether and how to support community engagement efforts.** Our findings suggest that community engagement is a potentially powerful tool, not only for reaching and impacting new audiences but also for deepening journalists' ability to report on under-served communities and communities of color. But community engagement is not a simple “add-on” that newsrooms can be expected to incorporate. To do it well, community engagement requires skill, time, planning, and money. Many reporters and editors lack the time – and in some cases, the expertise – to implement community engagement activities. Newsrooms need training or mentorship, as well as consultants or staff whose job is specifically focused on helping to plan and execute community engagement initiatives. CHCF should consider whether there are ways in which it could support newsrooms' use of community engagement – perhaps by building on the Center for Health

Journalism's model for supporting community engagement, or by providing funds directly to grantees for community engagement training or staff/consultants. This kind of investment – now reflected in the updated strategic framework – may help strengthen alignment between the health journalism grants and CHCF's emphasis on listening to under-served communities. As it weighs potential ways to support community engagement, CHCF should consider which forms of engagement might be most relevant to different grantees, and their respective internal newsroom culture with regard to engagement.

► **Explore ways to strengthen and elevate the contributions of journalists of color to health reporting in California.** Our findings suggest that California's health journalism ecosystem does not fully leverage the perspectives and contributions of journalists of color and ethnic media outlets. One potential way to begin addressing this gap is to support newsroom collaborations that draw on the unique strengths of ethnic media outlets – such as the collaborative efforts supported by the Center for Health Journalism and the two-way content partnerships that CHJ is exploring with ethnic media partners and freelancing journalists of color. Such partnerships could provide opportunities for reporting produced by journalists of color to be distributed to wider audiences. Another way to strengthen the contributions of journalists of color to health reporting is through professional development opportunities like the Center for Health Journalism's Data Fellowship. Actively recruiting journalists of color to participate in this kind of program would help diversify the pool of reporters with health reporting expertise, thereby contributing to a culturally competent, diverse health journalism workforce. The Center for Health Journalism's Michelle Levander also suggested the idea of providing a basic training course to journalists from small ethnic media outlets who may not have had the same journalistic training or professional trajectory as those working at larger mainstream outlets. This foundational training could help them participate more successfully in other professional development opportunities such as the Data Fellowship. We encourage the Foundation to vet these options and solicit additional ideas (and potential challenges) in consultation with ethnic media outlets and perhaps other relevant stakeholders such as [Ethnic Media Services](#), a California-based organization working to enhance ethnic news outlets' capacity.

► **Consider how CHCF measures success and impact of its health journalism grants.** Measuring the impact of health reporting is a challenge – both from a methodological standpoint and from a capacity standpoint. What weight does CHCF place on systematic impact assessment for its health journalism grants? What evaluative standards and metrics strike the right balance between meaningful and feasible? What kind of support (e.g., training, staffing, software) might CHCF provide to grantees who are interested in strengthening their impact assessment efforts?

We offer these recommendations as a touch point for CHCF's ongoing internal discussions of its grantmaking strategy. We hope this assessment makes a useful contribution to CHCF's understanding of the value and impact of its health journalism grants and helps inform the Foundation's continued efforts to support a robust health journalism ecosystem and achieve its vision of quality health care for all Californians.

Appendices

Appendix A: Assessment Methods and Limitations

The research design for this assessment drew on both primary and secondary data. The principal source of data: a set of 81 interviews conducted by the Aspen team between March and September 2019. In total, our interviews encompassed 36 target audience members and external stakeholders; 26 journalists, editors, and leadership associated with the grantee organizations; and 19 journalists and editors working for other news outlets (Data Fellows and California Healthline's media partners). To complement these interviews, we drew on multiple forms of data provided by the grantees, including: data on digital reach collected via Google Analytics, Twitter, Facebook; broadcast audience data collected by Nielsen; fellowship survey data collected by the Center for Health Journalism; and a list of health coverage produced with CHCF support, coded by grantees to identify the topical focus of each story. Our report is also informed by information shared in grantee reports to the Foundation; by our consultations with Foundation staff; and by a draft report on California's health journalism landscape commissioned by the Foundation as a complement to this assessment.

Below we describe additional details on data sources and methodological approaches for each of the grantees.

► Center for Health Journalism Data Fellowship

Interview with Michelle Levander, Founding Director of the Center: The purpose was to solicit Levander's insights into how the Data Fellowship impacts journalists and contributes to the health journalism ecosystem, as well as her broader observations on the capacities needed for a robust ecosystem.

Interviews with Data Fellows: We interviewed a selection of 13 fellows from across the three cohorts to gather insights into: any observed impacts of their fellowship projects; examples of how the fellowship affected subsequent reporting; examples of how their strengthened capacities may have affected their newsroom more broadly (e.g., editors' reactions, collaborations with colleagues); and perceptions of the fellowship's strengths, challenges, and opportunities to improve.

Interviews with editors in newsrooms where fellows work: We interviewed 5 editors (one via written questions/responses) to gather their perspectives on the value-add of fellows' skills and projects, both in terms of the capacity of the newsroom and in terms of the potential impact of the news coverage. We also solicited editors' perspectives on key capacities needed to produce high quality health journalism.

Interviews with fellowship mentors: To complement insights gathered from Levander and the fellowship participants, we interviewed two mentors to hear their perspectives on the value-add of the capacities built, as well as insights into challenges or gaps that are relevant to strengthening the program.

Secondary analysis of data collected by the Center: To help assess patterns in fellowship impacts, we analyzed available data that the Center provided for the three cohorts of fellows (2015, 2017, 2018). This included anonymized pre/post survey data for the 2018 cohort, which the Center gathered before and immediately after the in-person workshop. We also drew on a selection of the impact surveys that the Center conducts after the fellowship project is completed. The impact surveys vary in their timing, with some conducted very soon after the project stories were published, and others conducted several months or a year later. The

Center asked the selection of fellows whom we sought to interview for their permission to share their impact survey responses with us; these survey responses informed our subsequent interviews with these fellows. We separately confirmed with these fellows which of the survey responses they preferred to be for-attribution vs. not-for-attribution in our report to the Foundation. Via email, Levander also shared numerous updates on fellows and the impacts of their reporting – information that is gathered through the Center's ongoing efforts to stay in touch with fellows and track their work.

► Public Media Grantees

Interviews with newsroom leadership at grantee organizations: The purpose of these interviews was to gather perspectives on newsroom capacity and (confidentially) their perceptions of CHCF's broader reputation and the role that CHCF's support plays relative to support from other funders. We also consulted these interviewees to help define five small case studies.

Interviews with grantees' health journalists: We interviewed six journalists at four of the five stations to: (1) gather examples of the impacts that their reporting has had on systems or policy changes at the local, regional, or state level – including interim steps towards systemic change, such as informing community-level debates or key decision makers; (2) understand what factors enable or undermine their capacity to be effective health reporters; (3) explore their perceptions of CHCF's broader reputation and its role as a resource for journalists (this last part of the interview was conducted on a not-for-attribution basis to encourage candor). The fifth station, KQED, requested that we not directly interview their reporters in order to protect the editorial firewall between CHCF and the newsroom; instead, we submitted interview questions that KQED agreed to share with its journalists. We received written responses to our case study questions, but did not receive insights into KQED's health reporters' perspectives more broadly; our findings should be interpreted with this caveat in mind.

Five small case studies: For each grantee, we identified an example of in-depth reporting that the grantee felt made an important contribution to health policy discourse. For each case, we discussed the example with the primary journalist involved of the reporting (see KQED exception noted above); reviewed the coverage and the perspectives it encompassed; and interviewed 4-8 external stakeholders whom we (and the journalist) expected had a stake in this issue and were likely following media coverage. The interviews explored what role (if any) these stakeholders thought media coverage played and assessed whether/how the grantee's reporting comes up. Interviewees included state and local elected officials, county health officials, advocates, health care and service providers, and university leadership. While we recognize that there may be some positive bias in case selection, the purpose of these case studies was not to showcase success stories. Rather, the objective was to deepen CHCF's understanding of the different and potentially nuanced ways in which health reporting can contribute to complex and dynamic processes of systems and policy change.

► California Healthline

Interview with David Rousseau, Publisher of Kaiser Health News. The purpose of this interview was to solicit Rousseau's observations about the capacities needed for a robust health journalism ecosystem, and how CHL contributes to that ecosystem.

Interviews with members of CHL/KHN staff: We interviewed two CHL journalists and one CHL editor to explore questions about CHL's impact, capacity, and (confidentially) CHCF's reputation. We also interviewed three staff members who manage CHL and KHN media partnerships to gain insights into the nature and purpose of these partnerships.

Interviews with media partners: To explore how CHL's media partnerships help fill gaps in the health journalism ecosystem, we interviewed seven media partners, focusing in particular on ethnic media outlets to assess whether/how CHL contributes to their capacity to cover health care issues relevant to their communities. These interviews were conducted on a not-for-attribution basis to encourage candor.

Interviews with CHL decision maker and influencer audience members: We interviewed 10 individuals representing the target audience whom CHL hopes to inform. The purpose: to examine how target audience members perceive the quality and impact of CHL's content – both for purposes of informing their own work and for contributing to broader health policy debates. We employed a modified Bellwether approach for these interviews: the interviewer did not mention CHL (or CHCF as the institution commissioning the research), instead asking more general questions about sources of reliable news and analysis of health policy and waiting to see if the interviewee spontaneously mentioned CHL. This provided insights into how “top of mind” CHL was, and its value relative to other sources. These interviews were conducted on a not-for-attribution basis.

Secondary analysis of CHL's 2019 subscriber survey: As a complement to the interviews with audience members, we conducted a secondary analysis of CHL's 2019 subscriber survey data to surface any additional insights into audience views of CHL's quality and value.

Pick-up of CHL content: We sought to incorporate insights from CHL's data on pick-up by its media partners and other outlets. We had hoped to use these data to help understand how CHL enables health reporting to reach different parts of the state. However, the data were more limited than we originally anticipated (essentially a convenience sample); as a result, we were unable to use it as the basis for drawing rigorous conclusions about the extent to which CHL is or is not picked up in different parts of the state.

► Portfolio-wide data sources

Grantee data on audience scope and composition: CHL and the public media grantees provided data on the size and demographic composition of their audience, where available. This included Nielsen data on broadcast audience size, racial/ethnic composition, and geographical distribution; Facebook and Twitter data on number of followers; and Google Analytics data on unique users and geographical distribution of users. In a few cases, grantees were also able to provide information on supplementary metrics, such as in-person event attendance and livestream audience.

To generate the map of public media grantees' listenership (Figure 2 in the full report), we drew on 2018 zip code-level Nielsen data provided by four of the five grantees and 2018 county-level data provided by the fifth grantee (KQED). We coded each zip code by county to create a comparable unit of measurement across the five grantees and to help produce an accessible visualization of the breadth of grantees' broadcast audiences. A limitation of this approach: by collapsing zip code-level data into the higher-level metric of county, the map obscures within-county variations.

To generate the map of CHL's website users (Figure 4 in the full report), we drew on Google Analytics data provided by CHL – specifically the number of users accessing CHL's website in 2018, by city. Similar to the public media grantees' map, we coded each city by county in order to generate an accessible visualization of the breadth of CHL's website audience. Recognizing that Google Analytics estimates become less reliable the smaller the number of users, we included all cities for which Google Analytics reported 200 or more users. That yielded a total of 166 cities (and more than 182,000 users) included in the analysis.

Grantee health coverage, tagged by topic: CHCF asked each of its grantees to provide a list of health stories produced through its grant. Public media grantees provided all health stories for the period of April 1, 2018-

March 31, 2019; CHL provided a sample of 65 stories produced during that same time period; and the Center provided a list of all stories produced by Data Fellows in the 2017 and 2018 cohorts (current as of June 25, 2019).

Grantees were asked to apply one or more tags to these stories, indicating each story's main topical focus. CHCF provided 9 topical tags corresponding to the Foundation's core topics of interest:

- Low-income Californians are the population primarily affected by the topic discussed in the article
- Medi-Cal (the state's insurance program for low-income Californians)
- Access to care (including telehealth) and/or insurance coverage (how people receive care, including whether there are barriers to receiving it)
- Behavioral health/Mental health
- Affordability of coverage
- Maternal health (issues related to prenatal, childbirth or postpartum period, focusing on the mother, including maternal mental health)
- Serious illness/End of life care
- Workforce (supply and training of health care professionals - doctors, nurses, etc.)
- Business of health (how care is delivered; cost of care; how care is paid for)

Any stories falling outside of these topics were coded as "other." We used these data to examine which topics were more or less frequently covered through these grants – and how these patterns connect with other findings from the assessment.

Grant reports and other internal documents: Our analysis drew on a number of other documents shared by CHCF and the grantees, including:

- Grant reports from the past few years;
- A survey of key stakeholders conducted by CHCF in 2019;
- Impact Architects' external evaluation report on Capital Public Radio's rural suicide reporting project;
- A draft of the landscape scan commissioned by CHCF to examine the health journalism ecosystem in California (written by David Tuller);
- Background information on the journalism portfolio, provided by CHCF;
- An analysis of CHL's original reporting, conducted by CHCF staff;
- Additional details about the grantees' work and impact, shared in follow-up email communications with grantee staff.

► Limitations

Limitations of data on audience and reach: There are several limitations of the data on the audience reached by health reporting supported through CHCF grants. For example, public media grantees varied in the quality and scope of data they were able to provide for their broadcast audience. This is largely due to limitations in how Nielsen collects broadcast audience data, coupled with variations in the kind of data that each grantee can access. We lacked complete data on the racial and ethnic composition of public media listeners, as well as zip code-level data for some of the areas where grantees' signal reaches. In terms of digital platforms, we noted in the body of our report that Google Analytics' city-level data lack precision, making it more difficult to ascertain with certainty where website users are located in the state.

In the course of this assessment, we also learned that CHL's tracking data on pick-up of its content is essentially a convenience sample. As a result, we were unable to use these data to conduct a systematic

analysis of the geographical breadth of CHL's pick-up by other media outlets. This was a disappointment, as it prevented us from more fully exploring the role of CHL pick-up in bolstering the health journalism ecosystem in California.

Limitations of survey data: Self-selection in survey responses introduces potential bias. This applies the 2019 CHL subscriber survey and CHCF's 2019 stakeholder survey. We don't know the extent to which respondents are representative of the broader population of CHL subscribers or CHCF stakeholders.

Limitations of health coverage coded by topic: As noted in the body of our report, caution is needed when drawing conclusions about which topics received more or less coverage. Grantees were given a brief set of instructions on how to apply the topical codes to health stories, but we cannot be sure that they applied the same decision criteria when assigning tags. Accordingly, in our report we focus on relatively high-level findings from these data, rather than conducting a more detailed side-by-side comparison of different grantees.

The challenge of assessing media: Assessing media impact is inherently challenging. News media are part of a dynamic system of actors and contextual factors that contribute to complex processes of change, whether it be individual-level or system-level change. As a result, it is difficult – and sometimes impossible – to identify the contribution of any given news story or news outlet to a specific outcome.

We recognize that there are likely impacts that we did not capture in our assessment, as well as other factors whose influence on outcomes we happened to miss in the course of our data collection and analysis. For reasons of feasibility, there was a finite number of audience members we could interview and examples of in-depth reporting that we could examine. For their part, reporters often do not know whether their reporting has had an impact – beyond any feedback they receive by email, phone, or in person – and newsrooms often lack the staff capacity to track impacts systematically. And some audience members, such as policymakers, may be disinclined to admit that a piece of reporting informed their thinking or actions.

We sought to mitigate these challenges by intentionally drawing on rich array of data sources. We sought to include the perspectives of diverse stakeholders – including those who produce the news and those who may be directly or indirectly influenced by it – in order to compile a fuller picture of the various pathways through which health reporting contributes to health policy or systems change. Our assessment also triangulated interview data with insights into the geographic reach of grantees' work to explore broader landscape-level questions about whether and how CHCF's grants contribute to a robust health journalism ecosystem in California. As a result, we were able to capture a fairly detailed view of the quality, roles, and impacts of grantees' health reporting.

Appendix B: List of Interviewees

For this public version of our report, the Aspen team asked interviewees for their permission to be included in a list of interviewees appearing in the report's appendix and (where relevant) to attribute their comments to them. The list below reflects the interviewee names and/or organizations that we received permission to include. We note in parentheses the cases where we are aware the individual left the organization since our interview with him/her.

► Interviewees at grantee organizations

1. California Healthline, Emily Bazar, California News Editor
2. California Healthline, Ana Ibarra, Reporter
3. California Healthline, Ngoc Nguyen, Ethnic Media Editor
4. Capital Public Radio, Joe Barr, Chief Content Officer
5. Capital Public Radio, Pauline Bartolone, Senior Reporter of Special Projects
6. Capital Public Radio, Sammy Caiola, Healthcare Reporter
7. Center for Health Journalism, Michelle Levander, Director
8. Kaiser Health News, Paula Andalo, Ethnic Media Editor
9. Kaiser Health News, Mary Agnes Carey, Partnerships Editor and Senior Correspondent
10. Kaiser Health News, David Rousseau, Vice President of Health Policy Media and Technology, Publisher of Kaiser Health News
11. KPBS, Susan Murphy, Reporter (departed KPBS)
12. KPBS, Natalie Walsh, Executive Producer of News
13. KPCC, Paul Glickman, Senior Editor, KPCC
14. KPCC, Kristen Muller, Chief Content Officer
15. KPCC, Priska Neely, Senior Early Childhood Reporter (now at Reveal)
16. KPCC, Michelle Faust Raghavan, Health Care Reporter (now at Solutions Journalism Network)
17. KPCC, Jill Repogle, Orange County Reporter
18. KQED, April Dembosky, Health Reporter (written responses)
19. KQED, Ethan Toven-Lindsey, Executive Editor of News
20. Valley Public Radio, Alice Daniel, News Director (written responses)
21. Valley Public Radio, Kerry Klein, Reporter
22. Valley Public Radio, Joe Moore, President and General Manager

Note: Two interviewees are omitted because we did not receive their permission to include them in this list.

► Other interviewees

1. 2020 Mom, Joy Burkhard, Founder and Director
2. Asian Journal
3. Black Voice News
4. California State Assembly, Shanna Ezzell, Chief of Staff for Brian Maienschein
5. California State Assembly, Member
6. California State University Fresno, Dr. Joseph Castro, President
7. Cedars-Sinai Medical Center, Eynav Accortt, Assistant Professor, Department of Obstetrics and Gynecology
8. The Desert Sun, Nicole Hayden, Health and Homelessness Reporter
9. The Desert Sun, Keith Kohn, Watchdog/Breaking News Editor

10. EdSource, Rose Ciotta, Associate Editor
11. EdSource, David Washburn, Reporter (now at KPBS)
12. El Camino Health, Nirmaljit Dhami, Medical Director of Maternal Outreach Mood Services (MOMS) Program
13. First 5 LA, Melissa Franklin, Pritzker Fellow
14. Freelancer journalist, Susan Abram
15. Freelancer journalist, Claudia Boyd-Barrett
16. Freelancer journalist, Liza Gross
17. Fresno Madera Medical Society, Nicole Butler, Executive Director
18. Hispanic LA
19. iDREAM for Racial Health Equity, Wenonah Valentine, Founding Director
20. Los Angeles County Department of Health Services, Adjoa Jones, Analyst
21. Maternal Mental Health NOW, Kelly O'Connor Kay, Executive Director
22. National Health Law Program, Abbi Coursolle, Senior Attorney
23. Pacific Standard, Francie Diep, Staff Writer (now at the Chronicle for Higher Education)
24. Pacific Standard, Ted Scheinman, Senior Editor (now at CNN)
25. Psychologist, Diversity and Mental Health Trainer, Dr. Kristee Haggins
26. Sacramento Mayor's Office, Kelly Fong Rivas, Chief of Staff
27. San Diego Business Journal, Jared Whitlock, Health Care, Biotech, and Projects Reporter
28. San Diego City Council, Chris Ward, Councilmember
29. San Diego Union-Tribune, Paul Sisson, Health Care Reporter
30. Stanford University, Cheryl Phillips, Data Fellowship Mentor, Lorry I. Lokey Visiting Professor in Professional Journalism
31. El Tecolote
32. Type Investigations, Joe Rubin, Reporting fellow
33. UCSF Fresno Medical Education Program, Dr. Michael Peterson, Dean
34. Univision
35. Voice of San Diego, Lisa Halverstadt, Reporter
36. Western Center on Law & Poverty, Linda Nguy, Policy Advocate

Note: In a few cases, we have listed organizational name only to help preserve confidentiality. For the ten CHL audience interviewees, we do not list names and organizations because these interviews were conducted using a modified bellwether approach in which individuals were not informed who commissioned the report (see additional details in Appendix A). These interviewees included three advocacy organizations working on health care issues, three provider associations, a policy research organization, a state health agency, and two individuals working with relevant State Assembly committees. Eleven additional interviewees do not appear in the above list because they did not give permission to be included.

Appendix C: Data Fellows' Outlets

Cohort	Name	Current position and outlet*
2015	Jacob Anderson-Minshall	Deputy Editor, The Advocate and Plus Magazine
2015	Stephanie Baer	Reporter, Los Angeles Daily News
2015	Pauline Bartolone	Special Projects Reporter, Capital Public Radio
2015	Sammy Caiola	Health Care Reporter, Capital Public Radio
2015	Liza Gross	Freelancer
2015	Nick Miller	Senior Editor, News & Features, Capital Public Radio
2015	Lisa Pickoff-White	Data Reporter, KQED
2015	Rebecca Plevin	Immigration Reporter, The Desert Sun
2015	Tena Isabel Rubio	Freelancer
2015	Paul Sisson	Health Care Reporter, San Diego Union-Tribune
2015	Julie Small	Criminal Justice and Immigration Reporter, KQED
2017	Susan Abram	Freelancer
2017	Claudia Boyd-Barrett	Freelancer
2017	Jerome Campbell	Police and Crime Reporter, Boston Globe Media
2017	Angela Hart	Health Care Reporter, Politico (California Pro)
2017	Sandy Mazza	Reporter, USA Today (Nashville, TN)
2017	Christopher McGuinness	Staff Writer, New Times San Luis Obispo
2017	Mark Noack	News reporter, Mountain News Voice
2017	Jill Replogle	Orange County Reporter, KPCC
2017	Joe Rubin	Reporting fellow, Type Investigations
2017	Jocelyn Wiener	Freelancer
2018	Francie Diep	Staff Reporter, The Chronicle of Higher Education
2018	Paloma Esquivel	Inland Empire Reporter, Los Angeles Times
2018	Michelle Faust	West Coast Region Manager, Solutions Journalism Network
2018	Joe Goldeen	Reporter, The Record
2018	Nicole Hayden	Reporter, The Desert Sun
2018	Nikie Johnson	Data Reporter, Southern California News Group
2018	Kerry Klein	Reporter, Valley Public Radio
2018	Vikaas Shanker	Reporter, Merced Sun-Star
2018	David Washburn	News and Investigations Editor, KPBS
2018	Jared Whitlock	Health Care/Biotech Reporter, San Diego Business Journal

*Current as of this report's writing.