



Getting to Know You: Forging Relationships Between Public Health and the Press

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When the going gets tough, the media gets cozier with public health. They notice us as never before; we need them more than ever. The challenge is to pay more attention to each other when we are not in the midst of a crisis. As we confront the real possibility of another terrorist event, the press is now teeming with interest about public health's preparations. We might consider harnessing this interest to construct a more fruitful relationship in general. This could produce more stories about ordinary public health subjects that are less sensational, but significant from a health promotion standpoint. It could also yield more accuracy in reporting as we take more time to make sure the press gets it right. Another outcome of this is building trust on both sides of this equation.

The historic lacuna between the public health and media communities is understandable. Excitement makes the media tick, whereas public health officials are relieved when illnesses do not become outbreaks. And when public health gets on the press' radar screen, we often greet the attention with trepidation. Although this is a fertile period during which public health can get to know the press better and vice-versa, the real threat of a terrorist event raises the stakes. With increasing awareness that public health is obviously tied to public safety, our relationship is more critical than ever.

Inaccuracy in reporting is one of the most irritating issues to public health scientists, who place supreme value on caution and precision. While every reporter holds accuracy as a vaunted reportorial duty, it seems that the news business places equal weight on speed and sensation. A health-and-science reporter recently wrote the following in the *New York Times*:

Members of the news media often have a poor understanding of research methods and statistics, lack an appreciation for the extent and limitations of new data and are often unable to convey the subtle but critically important nuances of research in the time and space allotted. Unfortunately, this has not stopped the media from proclaiming all sorts of medical findings as "facts" that may be far from certain.¹

While the media business has to do a better job with health reporting, health experts can also play a larger role. When they make themselves more available to the press and take the time to explain the data, the reporting has a greater chance of being more accurate.

The events of the past year and the possibility of future terror have made those in public health more vigilant about knowing our media colleagues better. In New York City, our bioterrorism communications plan includes regular, informal media exchanges; a series of background briefings on key topics; and a proactive approach

to story placement. Press officers will encourage conversations between reporters and the public health officials. We will pay more attention to letting reporters know when they get stories right and let them know when they fall short. Most reporters have healthy egos, but they also like to be told when we think they've done a good job. And they are more likely to accept criticism if it comes from a trusted source.

While we do not want, nor should we expect, to create a new partnership with the press (the term smacks of cooptation), a relationship-building enterprise may pay dividends the next time we ask the media to cover our fitness awareness campaigns.

REFERENCE

1. Brody J. *New York Times*, October 22, 2002.