



**Health Journalists —  
Who They Are and How They View Their Profession:  
2023 Survey Results**

Topline Report from the **Health Journalism Research Network**

by  
Amanda Hinnant, University of Missouri  
Rachel Young, University of Iowa  
María E. Len-Ríos, University of Minnesota

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## ***Introduction***

Health journalists are key translators of health information for the general public. Journalists at print, broadcast, and online news outlets amplify messages from public health officials, translate new scientific research for a general audience, and share information about vital health topics and practices. Despite declining attention to mainstream news, many people still encounter health information through the work of journalists. In March 2020, three-quarters of COVID-related links on public Facebook posts were to a news organization ([Stocking, Matsa, Khuzam, 2020](#)). The current information environment makes the work of professional health journalists more crucial—along with the need to critically interrogate their work.

This is a survey of 629 U.S. health journalists across different regions and platforms to update our understanding of their preparation and professional practices in an era of mistrust and misinformation. The last large-scale academic survey of health journalists was in 2007, before the spread of social media health misinformation and the closure of more than 1000 local newspapers. Since then, social media have become central to the routines of journalists and audiences, newsroom staffs have continued to decline, and partisan distrust has grown in public health measures, medical evidence, and journalists themselves. Health journalists are increasingly operating in a cluttered environment where health information spreads rapidly, but verified and credible health information is often crowded out or overlooked and misinformation is pushed for partisan interests or profit.

This topline report is based on the 2023 survey findings, using the following methodology.

## ***Methodology***

### *Sample*

The population of health journalists ( $n = 3,252$ ) used for this study was identified from the Association for Health Care Journalists membership list and from searches of public relations databases for journalists for whom “health” was an identified area of expertise. From this population list, a total of 713 respondents completed the screening questions (response rate: 22%). The survey yielded 629 valid responses.

### *Procedure*

The survey was conducted online between March and April of 2023 with U.S. health journalists working across media. Participants received an invitation email with the survey link, and up to three follow-up emails for those who had not yet responded. Incentives were offered for completion (a \$30 Amazon gift card, a \$30 donation to one of two journalism nonprofits, or respondents could enter a raffle to receive a free conference registration for an upcoming Association for Health Care Journalists annual conference). Respondents could also decline any incentives. The median time to complete the survey was 25.2 minutes.

Survey topics and questions were developed in consultation with an advisory board of health journalists, all of whom were members of the Association for Health Care Journalists. Advisory board members were compensated \$100.

### *Funding Source*

The survey was funded by a grant from the Donald W. Reynolds Journalism Institute.

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## Professional Practices and Experience

Health journalists in our survey answered questions about the outlets they worked for most frequently, job title and freelance or staff status, years of experience, and the health topics they covered most frequently.

**Outlet reach.** Health journalists in our sample were more likely to report that the outlets they worked for, or worked for most often if freelance, were international (21.5%) or national (53.3%) in scope, with only 14.1% reporting a regional reach and 10.8% a local reach.

Outlet Reach	% (N)
National	53.3% (335)
International	21.5% (135)
Regional	14.1% (89)
Local	10.8% (68)

**Job title.** The vast majority of health journalists identified as reporters and writers (82.4%), with 34.2% identifying as editors. Fewer journalists reported their job titles as working primarily in digital media or audio, with 7.9% as podcasters, audio or radio journalists; 5.7% as bloggers; and 5.6% as multimedia journalists.

Job Title	% (N)
Reporter, writer, or correspondent	82.4% (518)
Editor	34.2% (215)
Podcaster; audio or radio journalist	7.9% (50)
Assignment editor or manager	5.9% (37)
Blogger	5.7% (36)
Multimedia journalist	5.6% (35)
Producer	4.3% (27)
Host or anchor	3% (19)
Data journalist	3% (19)
Columnist	2.7% (17)
Photo or video journalist	1.6% (10)
News director/program director	1.6% (10)
Executive level: publisher, vice president, founder, director	0.8% (5)
Audience engagement editor	0.3% (2)

\*Survey participants could pick up to three options for job title; no participants selected the option “graphics or video editor”

**Staff, Freelance, and Full or Part Time.** Just over half the sample reported having full-time staff employment in journalism (55.2%).

<b>Staff or Freelance</b>	<b>% (N)</b>
Full-time staff	55.2% (347)
Full-time freelance	26.6% (168)
Part-time freelance	17.5% (110)
Part-time staff	3.3% (21)

\*Survey participants could pick more than one option.

**Years of Journalism Experience.** More than half our sample (55.2%) reported having 16 or more years of experience in journalism, with 27.8% reporting 6 to 15 years, 16.4% reporting 1-5 years, and only 0.6% reporting less than a year.

<b>Years of Experience</b>	<b>% (N)</b>
16 or More Years	55.2% (347)
6-15 Years	27.8% (175)
1-5 Years	16.4% (103)
Less than 1 Year	0.6% (4)

**Years of Health Journalism Experience.** Respondents had fewer years of experience in health journalism specifically, but the majority still had a track record of specialization in health, with 31.6% reporting 16 or more years of experience, 35.6% reporting 6 to 15 years of experience, 29.6% reporting 1 to 5 years of experience, and 3.2% reporting less than a year of experience.

<b>Years of Experience</b>	<b>% (N)</b>
16 or More Years	31.6% (199)
6-15 Years	35.6% (224)
1-5 Years	29.6% (186)
Less than 1 Year	3.2% (20)

**Proportion of Work Related to Health.** Most respondents reported that a high percentage of their journalistic work was health-related, with half reporting that more than 90% of their work was related to health. The average percentage of work related to health was 76.9%, and the percentage given most frequently (the median) was 90.0%. Almost a third of the sample (31.8%) said that 100% of their journalistic work was health related.

**Health Topics.** Respondents were asked about the types of health stories they covered most frequently on a 5-point scale, with 1 indicating *never* and 5 indicating *always*. By analyzing common variance in how often different types of health stories were covered, we identified three main health beats.

- **Health business and policy** included health care policy; health business; and health workplaces and health professionals.
- **Public health** included public or global health; health disparities or inequalities; and climate change
- **Personal health** included personal health and wellness; and new medical research.

<b>Health Business and Policy</b>	<b>Mean (SD) Frequency of Coverage</b>
Health care policy, insurance, or infrastructure	3.12 (1.10)
Business of health, like medical device or pharmaceutical companies	2.68 (1.13)
Hospitals or health care workers	2.95 (1.11)
<b>Overall beat</b>	2.91 (1.11)

<b>Public Health</b>	<b>Mean (SD) Frequency of Coverage</b>
Public health or global health	3.28 (1.00)
Health disparities or inequalities	3.35 (0.96)
Climate change	2.12 (1.00)
<b>Overall beat</b>	2.91 (0.99)

<b>Personal Health</b>	<b>Mean (SD) Frequency of Coverage</b>
Personal health and wellness	2.91 (1.20)
New medical research	3.26 (1.02)
<b>Overall beat</b>	3.09 (1.11)

\*Answer options for all story topic questions: 1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Always.

## Professional Routines

Next, we asked health journalists about their reporting practices, to get a sense of their professional routines for issues like where they get story ideas and which elements of stories they might emphasize to promote audience understanding. We also asked about which social determinants of health journalists typically include, and whether they feel confident about access to diverse expert health sources. Finally, we consider how often health journalists must make open records requests for health information.

**Story Ideas.** Respondents were asked how often they got story ideas from different sources, with 1 indicating *never* and 5 indicating *always*. All received a mean rating between rarely and often ( $M = 2.69$  to  $3.52$ ). Respondents reported often getting stories ideas from an editor or colleague; from scientific conferences or academic journals, including news releases; from personal interest, either the journalist or someone they know; or from browsing social media or the internet. Respondents reported getting story ideas from local hospitals or doctor's offices and from other public relations pitches or news releases slightly less frequently.

	Always	Often	Sometimes	Rarely	Never	Missing
Scientific conferences or academic journals (including news releases)	8.7% (55)	39.1% (246)	34.5% (217)	9.7% (61)	2.1% (13)	5% (37)
From an editor or another colleague	7.5% (47)	44.2% (278)	33.5% (211)	8.6% (54)	0.6% (4)	5.6% (35)
Personal interest of yours or someone you know	6.2% (39)	36.7% (231)	38.3% (241)	10% (63)	3% (19)	5.7% (36)
Browsing social media or the internet	5.2% (33)	34% (214)	39.6% (249)	12.2% (77)	3% (19)	5.9% (37)
Readers/viewers/listeners	3.8% (24)	25.3% (159)	39.6% (249)	19.7% (124)	5.9% (37)	5.7% (36)
Other media outlets	2.2% (14)	25.1% (158)	48.6% (306)	14.9% (94)	3% (19)	6% (38)
Local hospitals and doctor's offices (including news releases)	2.1% (13)	18.3% (115)	33.2% (209)	29.7% (187)	10.8% (68)	5.9% (37)
Other public relations news releases or pitches	1.7% (11)	19.1% (120)	39.7% (250)	29.1% (183)	4.6% (29)	5.7% (36)

**Story Elements for Promoting Audience Understanding.** Respondents considered how important they thought different story elements were for promoting audience understanding of health information, from 1 indicating *not at all important* to 5 indicating *extremely important*. All listed story elements received mean ratings between important and extremely important (3.60 to 4.65). The most important elements were added context, such as explaining a research study or risk factors; expert quotes or input; and data or statistics. Less important elements for understanding were action steps or how to apply the information and a personal anecdote from someone who has experienced the health problem.

Story Element	Mean (SD) Rating of Importance to Audience Understanding
Added context, such as explaining a research study or risk factors	4.35 (0.70)
Expert quotes or input	4.12 (0.84)
Data and statistics	4.03 (0.82)
Discussion of possible solutions	3.83 (0.96)
Social or environmental conditions that affect health	3.70 (0.92)
A personal story or anecdote from someone who's experienced the health problem	3.60 (1.10)
Action steps or how to apply the information	3.57 (1.08)

\*Answer options for all story element questions: 1 = not at all important; 2 = slightly important; 3 = important; 4 = very important; 5 = extremely important.

**Social Determinants of Health.** Respondents were also asked which social determinants of health they might typically include in a health story. Respondents indicated that they included a range of social determinants in their health stories, with racism in health care (73.4%), community environment (73.3%), and income (64.7%) included most frequently, and housing (40.7%), working conditions (39.4%), and climate change (28.0%) included less frequently.

Social Determinants of Health Typically Included in Health Stories	% (N)
Racism in health care	73.4% (462)
Community environment, such as safety, cost of living, etc.	73.3% (461)
Income	64.7% (407)
Environmental health, such as water quality, air pollution, etc.	59.0% (371)
Sexism in health care	48.5% (305)
Access to transportation	42.1% (265)
Housing	40.7% (256)
Working conditions	39.4% (248)
Climate change	28.0% (176)
Other	13.0% (82)

A total of 13% selected the *other* option and wrote in answers such as access to health care (which one respondent also identified as affected by other social determinants of health), access to healthy food, age and ageism, homophobia and transphobia, and geography and access to quality care. A few respondents also indicated that social determinants weren't relevant to the types of stories they write, and one respondent said that the framing of the questions didn't reflect that "I think intentionally emphasizing some of these concepts is seriously biased."



**Diverse Sourcing.** We also asked journalists about whether they had expert sources of diverse backgrounds (race, ethnicity, sexual orientation, gender) that they could get ahold of easily to contribute to stories. Most respondents agreed they could easily identify expert sources from diverse backgrounds, with 14.8% strongly agreeing.

<b>Level of Agreement with Having Expert Sources of Diverse Backgrounds</b>	<b>% (N)</b>
Strongly Agree	14.8% (93)
Agree	46.1% (290)
Neutral	24.6% (155)
Disagree	11.4% (72)
Strongly Disagree	1.3% (8)
<i>Missing</i>	<i>1.7% (11)</i>

**Open Records Requests.** Respondents were fairly evenly split on whether they'd filed an open records request to get health information or data from a government agency, with 48.3% saying no and 45.6% saying yes.

<b>Having filed an open records request to get health information</b>	<b>% (N)</b>
No	48.3% (304)
Yes	45.6% (287)
<i>Missing</i>	<i>6% (38)</i>

## Journalism Training and Preparation

We asked how many journalists had specialized training or guidance in health journalism generally and handling misinformation specifically; and how prepared they felt to cover issues related to health equity, an area of increasing significance in health reporting.

**Health Journalism Training.** More than half of health journalists (63.6%) reported having some specialized training in health journalism through professional development like conferences or workshops.

Specialized Training in Health Journalism	% (N)
Yes	63.6% (400)
No	36.4% (229)

**Covering Health Inequities.** More than half of health journalists agreed that they felt adequately prepared to cover racial inequalities in health, with 62.5% agreeing or strongly agreeing. However, 25.5% were neutral (neither agree nor disagree) and 12.0% disagreed or strongly disagreed.

Level of Agreement with Feeling Prepared to Cover Racial Inequalities	% (N)
Strongly Agree	14.8% (91)
Agree	47.7% (294)
Neutral	25.5% (157)
Disagree	11.7% (72)
Strongly Disagree	0.3% (3)
Missing	2.1% (13)

**Misinformation Training or Guidelines.** Less than a third of health journalists had attended any training on identifying or dealing with misinformation, with only 28.6% responding *yes* and 64.9% responding *no*.

Specialized Training in Misinformation	% (N)
No	64.9% (408)
Yes	28.6% (180)
Not sure	4.8% (30)
Missing	1.7% (11)

Many health journalists were also uncertain about whether their outlets had guidelines on how to deal with false information they came across, with 42.4% responding “not sure.”

<b>Guidelines for Dealing with False Information</b>	<b>% (N)</b>
Not sure	42.4% (267)
Yes	29.1% (183)
No	26.7% (168)
<i>Missing</i>	<i>1.7% (11)</i>

## Misinformation Response

To dig deeper into the crucial current topic of health misinformation, we asked journalists about the scope of the issue and their potential responses when encountering misinformation online or when a public figure shares health misinformation on a topic they're covering.

**Health Misinformation, Scope of the Issue.** Most respondents consider health misinformation to be a serious problem in the U.S. today, with 73.0% responding it is a very big problem and 22.3% responding that it's a moderately big problem.

How big of a problem is health misinformation?	% (N)
A very big problem	73.0% (459)
A moderately big problem	22.3% (140)
A small problem	2.5% (16)
Not a big problem at all	0.5% (3)
<i>Missing</i>	1.7% (11)

**Actions in Response to Misinformation Online.** When encountering online misinformation, health journalists were most likely to ignore it ( $M = 3.53$ ;  $SD = 1.30$ , on a 5-point scale) or like someone else's comment correcting the misinformation ( $M = 3.30$ ;  $SD = 1.37$ ) rather than to engage in active correction by correcting the misinformation with a link to accurate information ( $M = 3.12$ ;  $SD = 1.33$ ) or by posting their own comments ( $M = 2.83$ ;  $SD = 1.30$ ). Health journalists were also somewhat likely to correct the misinformation within their work by pitching a story that would attempt to address the misinformation ( $M = 3.52$ ;  $SD = 1.11$ ).

	% (N)					
	Extremely likely (5)	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Extremely unlikely (1)	<i>Missing</i>
<b>Ignore the misinformation</b>	28.6% (180)	27.0% (170)	19.4% (122)	13.4% (84)	9.4% (59)	2.2% (14)
<b>Like someone else's comment stating that the misinformation is wrong</b>	19.7% (124)	34.2% (215)	16.7% (105)	10.0% (63)	17.2% (108)	2.2% (14)
<b>Consider pitching a story about the misinformation</b>	15.4% (97)	45.0% (283)	20.0% (126)	9.9% (62)	7.5% (47)	2.2% (14)
<b>Correct the misinformation with a link to accurate information</b>	14.0% (88)	33.9% (213)	16.5% (104)	16.2% (102)	17.2% (108)	2.2% (14)
<b>Comment that the misinformation is wrong</b>	8.3% (52)	29.6% (186)	18.6% (117)	20.2% (127)	21.1% (133)	2.2% (14)

**Public Figures Sharing Misinformation.** The pandemic saw many public figures who may serve as health news sources sharing health misinformation, but many news outlets lack clear guidelines that explain how health journalists should handle these declarations from prominent sources. Opinions differ on whether sharing the misinformation would spread it unnecessarily and whether or how, if shared, the public statement of misinformation should be corrected. To figure out how respondents were likely to respond in this situation, we asked which of the following options was most likely if a public figure has made a public statement with misinformation that is about a topic you are covering. The most common response was to run the statement but to point out the information was incorrect and correct it with another source, with 48.3% choosing this option. Fewer health journalists would choose not to run the statement but to explain that the public figure shared incorrect information (19.2%) or to instead just offer accurate information from another source (15.4%).

<b>Responding to Misinformation</b>	<b>% (N)</b>
Run the statement “as is” in your story, point out that the information is incorrect, and offer accurate information from another source	48.3% (304)
Not run the statement but explain that the public figure shared incorrect information	19.2% (121)
Not run the statement and instead offer accurate information from another source	15.4% (97)
Run the statement “as is” in your story and offer accurate information from another source	9.1% (57)
Not run the statement	4.9% (31)
<i>Missing</i>	2.7% (17)
Run the statement “as is” in your story	0.3% (2)

**Misinformation Fatalism.** Most respondents also felt that health journalists had some agency in addressing misinformation, with 90.0% disagreeing or strongly disagreeing with the statement that, “There is little to nothing health journalists can do to fight misinformation.”

<b>Journalists have no agency in fighting misinformation</b>	<b>% (N)</b>
Strongly Disagree	49.3% (310)
Disagree	40.7% (256)
Neutral	4.5% (28)
Strongly Agree	1.6% (10)
Agree	1.3% (8)
<i>Missing</i>	2.7% (17)

## The Digital Turn

One major shift in health journalism since the previous large-scale U.S. survey is the advent of social media and the increasing importance of multimedia elements and cross-platform journalism. We asked journalists about story elements they are now responsible for along with their professional use of social media for promotion and story ideas.

**Responsibility for Story Elements.** Health journalists report responsibility for a range of story elements beyond writing the text. Almost a third (29.4%) report that they create social media posts about their work. A third also report being responsible for photos (33.7%) with 18.3% typically responsible for audio, 10.3% for video, 18.1% for data visualizations, and 7.3% for illustrations.

Story Elements Responsible For	% (N)
Text	97.3% (612)
Headlines	78.3% (493)
Captions	40.2% (253)
Photos	33.7% (212)
Social media posts	29.4% (185)
Audio	18.3% (115)
Data visualization	18.1% (114)
Video	10.3% (65)
Illustrations	7.3% (46)

**Personal Social Media Use.** Nearly all respondents had a personal social media account that was publicly accessible, with 94.1% of those responding ( $n = 554$ ) answering *yes*. The most common professional use of health journalists' personal accounts was to share journalistic work, their own (76.5%) for self-promotion or that of others (69.2%) for networking or to promote the work of colleagues. In an indicator of how social media can be used to blend personal and professional identities, more than half of health journalists also reported using personal social media that was publicly visible to share professional affiliations in their bio, like the outlets worked for (52.5%), but also their personal experiences and opinions (62.3%). Many fewer journalists reported sharing details of their identity on their personal accounts, with only 15.9% responding *yes*.

Use of personal social media account	% (N)
To share journalistic work with others	76.5% (481)
To share others' journalistic work	69.2% (435)
To share your personal experiences or opinions	62.3% (392)
To share your professional affiliations (e.g. where you work) in your bio	52.5% (330)
To share details of your identity (e.g., gender, race or ethnicity, sexual orientation, etc.)	15.9% (100)

**Use of Social Media in Promotion and Reporting.** Respondents reported using X (formerly Twitter) most frequently for nearly all reporting activities, including gathering information, finding story ideas, promoting work, and finding expert or official sources. Facebook was used slightly more frequently for finding lay people as sources and was also used for gathering background information. LinkedIn was an important platform for gathering background information and finding official sources. Instagram was used both to find ideas and lay people as sources, to gather background information, and to promote work, but not as much to find expert sources. TikTok and Reddit were used less frequently, and primarily as a platform for finding ideas and gathering background information.

Of interest, a substantial minority of respondents also said they don't use social media in these professional capacities, to find story ideas (21.6%) or to find expert or official (23.4%) or lay people (26.2%) sources. Interestingly, fewer respondents said they did not use social media to gather background information (13.4%) or to promote their work (11.4%).

	% (N)						
	Twitter/X	Instagram	Facebook	TikTok	LinkedIn	Reddit	Don't use social media for this purpose
To promote your journalistic work	70.1% (441)	22.9% (144)	38.2% (240)	2.1% (13)	37.8% (238)	1.3% (8)	11.4% (72)
Gather background information and gain understanding	70.0% (440)	32.3% (203)	47.4% (298)	16.7% (105)	54.7% (344)	25.4% (160)	13.4% (84)
Find story ideas	63.4% (399)	24.0% (151)	32.9% (207)	15.4% (97)	22.6% (142)	20.3% (128)	21.6% (136)
To find expert or official sources	54.5% (343)	8.7% (55)	11.9% (75)	4.1% (26)	48.3% (304)	1.3% (8)	23.4% (147)
To find lay people to interview as sources	46.3% (291)	21.5% (135)	51.5% (324)	7.9% (50)	18.4% (116)	14.1% (89)	26.2% (165)

**Use of Audience Analytics.** There was a lot of variance in how journalists reported using audience analytics to track engagement or make decisions about professional practices. The average for all practices was between *rarely* and *sometimes*, with the most common use of analytics being “to track how a story is doing” ( $M = 2.89$ ;  $SD = 1.31$ , on a 1-5 scale) and the least common being “to decide how to write a headline” ( $M = 2.23$ ;  $SD = 1.21$ ). However, the means represent a range of responses with both *never* and *sometimes* or *always* being common responses across the analytics options.

	% (N)					
	Always (5)	Often	Sometimes	Rarely	Never (1)	Missing
To monitor how a story is doing	10.8% (58)	22.3% (140)	25.9% (163)	14.1% (89)	20.0% (126)	6.8% (43)
To determine where traffic is coming from	6.2% (39)	18.6% (117)	24.5% (154)	17.2% (108)	26.7% (168)	6.8% (43)
To decide how to write a headline	4.0% (25)	12.1% (76)	21.3% (134)	19.4% (122)	36.2% (228)	7.0% (44)
To decide which stories to cover	2.4% (15)	11.0% (69)	26.9% (169)	23.7% (149)	29.3% (184)	6.8% (43)



## Professional Satisfaction

**Job Satisfaction.** Health journalists also report being mostly satisfied with their current health journalism work ( $M = 4.02$ ;  $SD = 0.78$ ) on a 1 to 5 scale, with 5 indicating *very satisfied* and 1 indicating *very dissatisfied* ( $Mdn = 4$ , satisfied).

Overall satisfaction with current health journalism work	% (N)
Very satisfied (5)	25.8% (162)
Satisfied	53.6% (337)
Neutral	15.1% (95)
Dissatisfied	3.5% (22)
Very dissatisfied (1)	0.6% (4)
<i>Missing</i>	6.8% (43)

**Autonomy.** Health journalists also reported having a high degree of autonomy in their work, agreeing with the statements that they have the freedom to select stories they think are important ( $M = 3.95$ ;  $SD = 0.95$ ) and the freedom to determine which aspects of a story should be emphasized ( $M = 4.03$ ;  $SD = 0.85$ ).

	% (N)					
	Strongly Agree (5)	Agree	Neutral	Disagree	Strongly Disagree (1)	<i>Missing</i>
<b>I have the freedom to select the stories I think are important.</b>	29.9% (188)	44.8% (282)	15.3% (96)	7.5% (47)	1.6% (10)	1% (6)
<b>I have the freedom to determine which aspects of a story should be emphasized.</b>	28.1% (177)	52.1% (328)	13.7% (86)	3.3% (21)	1.7% (11)	1% (6)

**Compensation.** Health journalists reported less satisfaction with compensation in relation to three items (1 to 5 scale): “I’m asked to do more work with less money” ( $M = 3.26$ ;  $SD = 1.12$ ), “My pay reflects the value of my work” ( $M = 2.87$ ;  $SD = 1.13$ ), and “I’m paid fairly compared with others in my field” ( $M = 3.40$ ;  $SD = 1.0$ ). Journalists agreed they were asked to do more work for less money but also slightly agreed that their pay reflected the value of their work and agreed that they were paid fairly compared to others in their field.

	% (N)					
	Strongly Agree (5)	Agree	Neutral	Disagree	Strongly Disagree (1)	Missing
<b>I’m now asked to do more work for less money</b>	14.0% (88)	31.0% (195)	26.6% (167)	21.9% (138)	5.6% (35)	1% (6)
<b>My pay reflects the value of my work</b>	5.4% (34)	29.9% (188)	22.3% (140)	29.6% (186)	11.9% (75)	1% (6)
<b>I’m paid fairly compared with others in my field</b>	9.9% (62)	42.9% (270)	27.0% (170)	15.3% (96)	4.0% (25)	1% (6)

Most health journalists reported that over the past 12 months their pay had increased (43.7%) or stayed the same (44.0%), with 11.3% saying pay had decreased.

<b>In the past 12 months would you say your salary (or rate) has:</b>	% (N)
Stayed the same	44.0% (277)
Increased	43.7% (275)
Decreased	11.3% (71)
Missing	1.0% (6)

**Professional Capital During COVID.** Based on conversations with the survey’s advisory board, we also asked journalists whether they agreed that their work was perceived as more valuable by their journalistic colleagues during the COVID pandemic than prior to the pandemic. Few journalists disagreed, with most agreeing or strongly agreeing (46.4%) and 42.6% feeling neutral.

<b>During the pandemic, my health journalism work was more valued by other journalists than before.</b>	% (N)
Strongly Agree	15.6% (98)
Agree	30.8% (194)
Neutral	42.6% (268)
Disagree	3.3% (21)
Strongly Disagree	0.5% (3)
Missing	1.0% (6)

Journalists who indicated *agree* or *strongly agree* were prompted to check all the reasons why they knew their work was perceived as more valuable by other journalists. Respondents could check all options that applied, and the most commonly selected items were an increase in prominence of work (63.3%) and more requests for expertise (56.5%) along with more assignments (43.5%). Of the 15.8% who listed other reasons, many mentioned more social media engagement, feedback and compliments from colleagues, awards, and requests for public speaking. One journalist said that “I think journalists generally understand that health journalism is especially important now” and another said, “All of a sudden reporters and editors started paying attention during news meetings when I presented what I was working on.” One received “two unsolicited job offers that resulted in career moves and doubling of salary.”

<b>Professional Capital</b>	<b>% (N)</b>
Increase in prominence of work	63.3% (185)
More requests for your expertise	56.5% (165)
More assignments	43.5% (127)
More requests to collaborate	39.0% (114)
Increase in pay	22.6% (66)
Received a grant or fellowship	15.8% (46)
Other	15.8% (46)
Higher job title	13.0% (38)

\*The 292 health journalists who answered agree or strongly agree were the total sample for these questions.

**Leaving the Field.** As follows from job satisfaction, relative satisfaction with compensation, and degree of autonomy, few health journalists in our sample said they were planning to leave the field of journalism within two years, with 13.2% saying leaving was *likely* or *highly likely*, 17.8% saying they were *neutral*, and 68.1% saying that leaving was *unlikely* or *very unlikely* in the next two years.

<b>What is the likelihood you'll leave health journalism within two years?</b>	<b>% (N)</b>
Very unlikely	29.6% (186)
Unlikely	38.5% (242)
Neutral	17.8% (112)
Likely	9.2% (58)
Highly likely	4.0% (25)
<i>Missing</i>	1.0% (6)

Journalists who said leaving was *likely* or *highly likely* were invited to give a reason for leaving. Being at retirement age was a common reason given, reflecting the extensive years of experience for many in our sample. Several journalists mentioned leaving for better pay and work-life balance in other fields; one respondent mentioned that pay never seemed to increase, with an outlet paying the same price for word as 20 years ago. Several also mentioned harassment, hate, hostility, and death threats from the public as reasons for leaving, along with burnout from reporting on health in states that stop people from accessing care or refuse to increase access to care. Several shared the challenge or impossibility of making a living at current rates, with one journalist sharing “I write about health, but my own health suffers because of an utterly unsustainable career. Add to that the vicarious trauma of covering abuse, losing abortion rights, and mental illness and it's tough. ... Until we as a society

decide to value journalists, you will continually see the churn of us getting burned out in a handful of years and leaving the industry somehow more critical and cynical than before.”

Other respondents shared how pressures were even more acute for women and journalists of color or from other marginalized groups, particularly for freelancers with precarious employment: “as a freelancer who is also a disabled woman, I often deal with harassment and threats, but I don't have the editorial or legal supports a staff writer at a prestige press would have.” Another journalist said: “It’s extremely difficult to be in this industry as a woman and a person of color. You’re consistently at odds with what the industry wants from you and wanting better for your own communities. It’s exhausting to have to do your job and also fight internally for better coverage, fair pay, equal treatment while also being harassed by extremists online. Some newsrooms will say that your identity makes you a better reporter, but the second your identity interferes with their perceptions of ‘objectivity,’ you’re seen as biased and an advocate.”

**Serving Diverse Audiences.** There was some indication that journalists had mixed views on the perceived value or quality of their work for a range of audiences. Most health journalists either agreed or were neutral when asked whether, in their view, readers from diverse backgrounds would say their outlet does a good job covering health news that is important to them. A total of 45.0% *agreed* or *strongly agreed*, 41.2% were *neutral*, and 11.8% *disagreed* or *strongly disagreed*.

<b>Readers from Diverse Backgrounds Would Say Our Outlet Does a Good Job Covering Health News That’s Important to Them</b>	<b>% (N)</b>
Strongly Agree	7.2% (45)
Agree	37.8% (238)
Neutral	41.2% (259)
Disagree	11.3% (71)
Strongly Disagree	0.5% (3)
<i>Missing</i>	2.1% (13)

## Professional Context

The context for health information and therefore health journalism has changed drastically over the last few decades. We also asked questions related to access to health information from institutional actors and public relations sources; health journalists' perceptions of partisan mistrust and bias; and their reported responses to an increasingly partisan environment for health news.

**Public Relations Sources and Access to Information.** Overall, health journalists found public relations sources *somewhat helpful* or *helpful* ( $M = 2.79$ ;  $SD = .89$ , on a 5-point scale) when working on stories.

Overall, in working with PR sources on stories, how helpful are they?	% (N)
Extremely helpful	2.9% (18)
Very helpful	17.5% (110)
Helpful	33.7% (212)
Somewhat helpful	36.4% (229)
Not at all helpful	3.3% (21)
<i>Missing</i>	2.1% (13)

However, some respondents had also experienced some intrusion from public relations sources into their reporting. The mean score was between *rarely* and *sometimes* for being asked by PR professionals to review a story before it is published ( $M = 1.29$ ;  $SD = .96$ ), PR professionals asking to sit in when the journalist interviews a source ( $M = 1.87$ ;  $SD = .89$ ), and being blocked by PR professionals from accessing information for a story ( $M = 1.35$   $SD = .94$ ) (all on a 5-point scale). The most common behavior was sitting in on an interview, with one-fifth of the sample (21.8%) saying this happened *often* and 41.0% saying this happened *sometimes*.

	% (N)					
	Always (5)	Often	Sometimes	Rarely	Never (1)	<i>Missing</i>
<b>How often do PR professionals ask to review your story before it is published?</b>	0.6% (4)	10.3% (65)	26.7% (168)	34.7% (218)	21.6% (136)	6.2% (39)
<b>How often do public relations professionals sit in when you are interviewing a source?</b>	1.1% (7)	21.8% (137)	41.0% (258)	23.4% (147)	6.5% (41)	6.2% (39)
<b>How often do public relations professionals block you from accessing information for a story?</b>	0.3% (2)	11.0% (69)	28.5% (179)	35.3% (222)	18.6% (117)	6.4% (40)

**Political Polarization.** On average, there was very strong agreement that political polarization had led to a distrust of health journalism ( $M = 4.25$ ;  $SD = .71$ ) and that political polarization had made being a health journalist harder than it used to be ( $M = 4.10$ ;  $SD = .84$ ).

	% (N)					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Missing
<b>Political polarization had made being a health journalist harder than it used to be</b>	34.0% (214)	39.1% (246)	17.3% (109)	2.9% (18)	0.5% (3)	6.0% (38)
<b>Political polarization had led to a distrust of health journalism</b>	34.0% (214)	39.1% (246)	17.3% (109)	2.9% (18)	0.2% (1)	6.2% (39)

In response to political polarization and increased potential for online harassment, health journalists may be increasingly aware of health as a politicized and divisive topic. Health journalists are, for the most part, conscious of appearing one-sided ( $M = 4.04$ ;  $SD = .86$ , on a 5-point scale), which could also be related to journalistic objectivity norms and “both sides” reporting.

<b>I am conscious when covering health stories to avoid appearing politically one-sided</b>	% (N)
Strongly Agree	29.7% (187)
Agree	43.9% (276)
Neutral	15.4% (97)
Disagree	4.1% (26)
Strongly Disagree	0.8% (5)
Missing	6.0% (38)

## References

Stocking, G., Matsa, K. E., & Khuzam, M. (2020). *As COVID-19 emerged in the U.S., facebook posts about it appeared in a wide range of public pages, groups*. Pew Research Center. [https://www.pewresearch.org/journalism/2020/06/24/as-covid-19-emerged-in-u-s-facebook-posts-about-it-appeared-in-a-wide-range-of-public-pages-groups/#:~:text=Roughly%20three%2Dquarters%20\(74%25\),health%20care%20or%20science%20websites.](https://www.pewresearch.org/journalism/2020/06/24/as-covid-19-emerged-in-u-s-facebook-posts-about-it-appeared-in-a-wide-range-of-public-pages-groups/#:~:text=Roughly%20three%2Dquarters%20(74%25),health%20care%20or%20science%20websites.)