2013

Exploring Ways to Improve Online Health News Stories

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Cullen, T. A. (2013). Exploring Ways to Improve Online Health Stories. *eJournalist, 31*(2), 59-72. Available online here

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Abstract

For a long time, reporting health consisted largely of statistics on the number of deaths and cases of disease, or reporting on epidemiological data that affects people we do not know. While this is important for health officials, it is of little interest to audiences who are increasingly demanding information that is useful to their daily lives. And conserving one's health is perhaps the most useful of all topics. Many have now added the internet to their personal health toolbox, helping them to gain a better understanding of an illness or medical condition. But how accurate and balanced is the information they read online, especially when many heath stories promote contradictory advice. This paper explores some of the shortcomings of online health news stories and suggests some practical ways to improve both the content and credibility.

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Introduction: High demand for health information

Health Online 2013, a national survey of online health information in the United States, was released by the Pew Centre for Internet and American Life project in January 2013. It revealed the 81 per cent of American adults use the internet and 59 per cent said they searched online for health information in the past year. The data was collected from a telephone survey of more than 3,000 adults living in the United States from 7th August to 6th September, 2012. The survey only measured the number of users in contrast to the outcomes of such activity (Pew Internet and American Life Project, 2013, p. 2).

One surprising fact was that 35 per cent of respondents said they had gone online specifically to find out what medical condition they or someone else might have. This group was labeled 'online diagnosers'. Asked what happened after seeking health information online, more than half of this group said they had spoken with a doctor about what they found online and just over 40 per cent said it led them to seek medical attention and that the diagnosis was confirmed by a medical professional.

It would not be unreasonable to suggest that the demand for online health information will rise in the U.S. due to dramatic increases in internet use. For example, in 2000 only 46 per cent of American adults had access to the internet. In 2009, it rose to 74 per cent and in 2013 it reached 81 per cent of the population. (Pew Internet and American Life Project, 2013, p. 4). The most popular search engines were Google, Bing or Yahoo. Interestingly, only 13 per cent began their search at a dedicated health website.

Medical doctors in the U.S. however, still play an important role, especially in times of serious sickness. In the survey, more than 60 per cent of the respondents said they had received information, care, or support from a doctor or other health care professional during a serious health episode, while more than 50 per cent received information or support from friends and family and 24 per cent received information or support from others who had a similar health condition. This points to a social life of health information, as well as peer-to-peer support, as people exchange stories about their own health issues to help each other understand what might lie ahead.
The 2013 survey reveals an increasing (even insatiable) demand for health information and indicates that health journalism has a bright future. Yet, it places on journalists a responsibility to provide accurate and reliable content because so many people make serious decisions based on what they read, hear or see on the media.

The downside of online health reporting is that there is saturation coverage of health topics, and nearly every possible news or feature angle seems to have been covered. This makes it hard to maintain interest and also credibility, especially when many heath stories promote contradictory advice. It seems that nearly every week there is a new medical theory on whether the daily use of aspirin is effective or detrimental to one's health, or whether broccoli is a way to slow the spread of certain cancers. So how reliable and well tested is the health information we read, hear or view? Surveys of mainstream and online health news conducted in the U.S. and Australia show there is plenty of room for improvement.

The unhealthy state of health journalism

While the *Health Online 2013* survey revealed the extent of interest in health information, the researchers did not examine or evaluate the content or credibility of such information. One researcher, Professor Gary Schwitzer, who runs the *Health News Review* website, has evaluated more than 1000 health stories in the US media. His May 2010 findings included a damning critique of the media's approach to covering health and medicine. Schwitzer argued that journalists tend to be cheerleaders rather than provide a critical analysis of health stories. He said there were too many fluffy, feel-good pieces, and unquestioning, awe-struck stories about breakthroughs; and not enough questioning of claims, investigating of evidence, and looking at conflicts of interests, especially with particular sources (Schwitzer, 2010). Another survey by the Australian Centre for Independent Journalism in Sydney analysed more than 200 health stories in the Australian press during a one-week period in September 2009, and found that more than half the stories were driven by Public Relations (PR) events or media releases (Duxfield, 2010). Also, a 2009 survey of health stories in *The Australian*, *The Sunday Times* and *The West Australian* by health journalism students at Edith Cowan University discovered a similar pattern—an unhealthy reliance on media releases (Callaghan, 2010).

Several researchers argue that when it comes to health news, sober, reliable and expert reporting can be hard to find. As newsrooms cut numbers and reduce the time available for writing about health, there is often a rush to produce pre-packaged stories, using wire services or relying on press releases as the primary and often only sources of research news (Mooney & Kirshenbaum 2009; Raward & Johnston 2009; Salleh, 2009; Young, 2009). Increasing reliance by reporters on embargoes, media releases and wire copy encourages lazy journalism and bland reporting. Davies (2008a) highlights the dangers of media groups relying on wire services, which may have a

small pool of reporters producing high-speed but limited 'in-depth' reports, which then receive wide coverage (2008a). As Journals adopt the use of publicity machines to promote their research, media outlets and wire services have every reason to rely too heavily on the easy media release to save time and effort in preparing science and health stories (Davies, 2008a; Davies, 2008b; Mooney & Kirshenbaum 2009; Murcott, 2009; Orange, 2008).

Also, the engagement of PR firms in health organisations, the selective press releases sent out by medical organisations to the media, and the cost cutting approach of media organisations all foster what former *Guardian* reporter Nick Davies calls 'churnalism'—the churning out of stories with limited, if any, actual reporting by the journalist:

> More than ever in the past, we are likely to engage in the mass production of ignorance because the corporations and the accountants who have taken us over, have stripped out our staffing, increased our output and ended up chaining us to our desks so that generally we are simply no longer able to go out and make contacts or find stories or even check facts. (Davies, 2008b)

Another area of concern is how narrowly health stories are framed, with little or no reference to the social and economic determinants of health. For example, a study of media coverage of obesity in television news in Australia focused attention on personal responsibility for weight loss without reference to structural issues such as: economic pressures to work long hours in sedentary jobs; urban planning that fails to facilitate physical activity; poor public transport and inadequate provision of cycle paths; and inadequate provision of parks and other recreational facilities (Bonfiglioli et al, 2007, p. 423). Yet the neglect of environmental and structural solutions suggests advocacy efforts may be needed to draw attention to how these factors, cumulatively, constrain individual choices and contribute to the obesity epidemic.

Admittedly, this last point could be viewed as moving towards health promotion rather than the traditional journalist's role of reporting the facts. But with serious health epidemics such as adult diabetes, is it enough to report only 'what' is happening and omit the 'why' it is occurring, which provides a better understanding of the disease and ways to deal with it?

Obstacles to improving health stories – the example of reporting HIV

Since the late 1980s, academic research on journalism's roles and responsibilities, news selection processes and new vales in relation to HIV frequently points to organisational constraints and traditional newsgathering

practices as real obstacles to improving the informational and educational content of news stories on HIV. The general staff reporter does not know a great deal about HIV. With very few exceptions, journalists do not have specialist knowledge in the field they report on. This is not a matter of low standards for the occupation but an explicit recognition by newsroom editors that specialist knowledge is not required to get the job done. Specialist knowledge can be counter-productive, leading the reporter to look for complexity and to qualify information, when what news discourse requires is a simple transformation into common sense (Nelkin, 1989, p. 61). Journalists are constantly under pressure from their newsroom editors who want definitive answers. This desire for certainty often leads journalists to convey the idea that science is a solution to the problem of complicated issues (Nelkin,1989, p. 60).

Ratzan (1993) argued that despite differing views on the precise role of the media in reporting HIV, there was broad agreement on the fact that the media are an important and influential source of health and medical information, and that they shape public understandings of, and responses to, the current epidemic. “The media have enormous potential to help stop the spread of AIDS if they could inform the public continuously and accurately about the true nature and scope of HIV risks around the world” (Ratzan, 1993, p. 256). He stressed in the early 1990s that journalists should rise above the epidemic of complacency, stigma, and denial to uncover solutions for slowing HIV infection in the most devastated areas of the world. “Effective health communication is our primary and most potent weapon in preventing the spread of AIDS. Until a vaccine or cure for HIV infection is discovered, communication is all we have” (Ratzan, 1993, p. 257).

Mcllwaine (2001) emphasizes that the imperatives of journalism differ from those of health professionals. Newsmakers are interested in the novel, the sensational, the human-interest angle and the dramatic (Mcllwaine, 2001, p. 168). This tension between journalists and health professionals is clearly stated by Lupton, Chapman and Wong (1993). Referring to journalists, these researchers state: “Their task is to sell their commodity - news - not to serve as the campaigning arm of health education bodies. The manner in which journalists report issues such as HIV can therefore detract from the goals of health educators” (Lupton et al, 1993 p. 6).

The reality in the newsroom is that coverage of the disease has to compete with many other issues. In recent years, traditional newsgathering routines and standards have failed to justify HIV as newsworthy, and journalists have faced great difficulty persuading their editors to run HIV stories (Brodie, Hamel, Kates, Altman, & Drew, 2004). Editors, on their part, fear that their

papers may be seen as merely relaying public health information. Most importantly, there is also a feeling that 'HIV fatigue' has set in where readers may already be saturated with what seems to be the usual narratives of infection, suffering and death surrounding the disease in the newspapers.

The media, particularly journalists, exercise a significant influence in moulding public opinions and attitudes towards the disease. Swain (2005) goes further and argues that much of society's understanding of the disease, including who it affects and its future possibilities, comes from the media (Swain, 2005, p. 258). And yet:

> Coverage of HIV in many parts of the world has been erratic and often journalists frame the epidemic as an emergency rather than a lasting concern. Also, news analysis frequently fails to recognize socio-economic contexts that made it more difficult for some to avoid infection such as poverty, disempowerment, and inequalities (Swain, 2005, p. 259).

It is, moreover, generally recognized that educating the public about HIV is not solely the responsibility of media. Also, scientists and public health officials have often done poorly in educating and cultivating journalists and in trying to be accessible and share information (Miller & Williams, 1993, p. 136). Journalists are having an increasingly hard time producing high-quality health stories. Medical journal articles feature in many health stories but new research shows their media releases may contribute to poor quality news (Whitehouse, 2013).

Several other factors that limit the media's ability to report on health include lack of time and column space, the need to interpret complex research data, statistics and terminology, and difficulty getting access to expert opinions. However, the largest reason is the way the internet has revolutionised the media over the past decade.

> As the internet changes the way people access news, traditional media has also changed. The shifting format of reporting, where stories are simultaneously used for traditional media as well as the internet, means news reporters are often called upon to comply with shorter timelines. Where print journalists once worked to daily deadlines, their newspaper websites are now updated regularly through the day as well as when news breaks, giving reporters little time to prepare their stories. Add to this a reduction in staff and a shortage of health reporters. (Wilson, 2012)

Ways to improve health reporting

Attempts have been made in Australia to improve the standard of health news reporting. The website *Media Doctor Australia* was created in 2005 to evaluate health stories that report on medications and treatments in the Australian media. It graded them according to a set list of criteria: the mention of potential adverse effects, the inclusion of alternative therapies, and the type of diagnostic tests. The panel included a group of academics and also clinicians from the Newcastle Institute of Public Health, who had an interest in promoting better and more accurate reporting in the area of medical treatments. The aim was to improve the accuracy of health reporting by offering an evaluation of the quality of health stories, and providing feedback for journalists and media organisations on the quality of their stories.

Between March 2005 and June 2008, 1230 news stories in print, online and broadcast form were reviewed by *Media Doctor Australia*. These covered a variety of health interventions ranging from drugs, diagnostic tests and surgery to dietary and complementary therapies. Each story was independently assessed by two reviewers using ten criteria.

> Statistically significant improvements were seen in coverage of the potential harms of interventions, the availability of treatment or diagnostic options, and accurate quantification of benefits...Although the overall quality of medical reporting in the general media remains poor, this study showed modest improvements in some areas. However, the most striking finding was the continuing very poor coverage of health news by commercial current affairs television programs. (Wilson, 2012)

In the USA, the *Health News Review* website provides health writers with a checklist to evaluate health claims and sources in news and feature stories: How strong is the evidence? Is this condition exaggerated? Who's promoting this? Do they have a conflict of interest? What's the total cost? How often do the benefits occur? Describe possible side effects. How often do the harms occur? Are there alternative options? Is this really a new approach?
Both the *Media Doctor Australia* and the *Health News Review* websites encourage a more critical and proactive approach to health reporting with a strong emphasis on investigating claims and statements, rather than adopting a reactive response where the journalists wait for the story to come to them and seldom check the evidence .

Schwitzer (2010) refers to other pitfalls that health journalists need to avoid, including the use of words such as 'miracle', 'breakthrough' and 'cure' These words are misleading and unhelpful since the realities they refer to seldom occur. Also, Schwitzer points out that it is important to refer to more than one study, and to identify the sources of the studies as a way to weed out (or expose) bias and self-interest: for example, reveal which pharmaceutical company funded a particular project and challenge company media releases that look too good to be true. There are other considerations. Ask yourself these questions before you write. What good is likely to result from your investigation? What harm could result? Is it fair, or does it favour someone over another? Are there alternatives to consider? (Schwitzer, 2010).

These questions point towards an important area—the ethics of health reporting. For example, when writing about depression, cancers or drug use and abuse, how far should a journalist go to acquire the story, especially when it involves intruding upon the privacy of reluctant participants?
In Australia, health writers are guided by the *Media, Entertainment and Arts Alliance Ethical Code (MEAA).*This requires from journalists a commitment to honesty, fairness, independence and the respect for the rights of others. The code has 12 clauses, and while it is not legally binding, it does provide guidelines about how to proceed or act. Here is a summary of its implication for health journalists.

Clause 1 emphasises the need for fair and accurate reporting, getting facts straight and seeking comment.

Clause 2 is designed to prevent discrimination on the grounds of personal characteristics. Use terminology that you feel the community as whole would find acceptable and reasonable.

Clause 3 stresses the need to attribute information to its source. This can be tricky in health reporting. When investigating issues, a journalist may find that people making allegations about health system problems are unwilling to be named.

Clauses 4 and 5 overlap to an extent, and relate to not allowing personal interests or beliefs to affect balance and fairness. At its core, the ethics of health reporting is about being responsible for what we write and broadcast. Journalists should present information that is technically correct and morally sound.

Clause 6 relates to not allowing commercial interests to affect journalistic practice; for example, if a health writer was asked to produce a story focusing on a service, company or group advertised in a healthy lifestyle section.

Clause 7 focuses on chequebook journalism, in which news organisations pay for exclusive rights to a story; for example, about the separation of conjoined twins.

Clause 8 encourages the use of fair and honest means to secure a story. At times, a journalist can get more information from a health clinic or website by phoning or logging in as a potential patient or customer rather than as a journalist—hence the trap.

Clause 9 refers to digital editing techniques that allow cut-and-paste images and audio. Digital technologies have increased the potential for pictures and sound to be manipulated in ways that can mislead.

Clause 10 relates to plagiarism. A journalist should not lift the work of another from print, broadcast media or the internet. This issue is often overlooked or ignored. Plagiarism is stealing and any borrowed material should be sourced conscientiously. It is fair to say the huge amount of information on the internet has made this clause harder to police, but not impossible.

Clause 11 covers the areas of respect, grief and privacy and it is one of the most subjective clauses. For example: what is considered an intrusion? Stories of tragedy and suffering are an integral part of health writing and reflect society to itself. Health journalists should exercise their discretion, taking into account the particular circumstances of each case.

Clause 12 refers to correcting errors. To ensure trust, the media must repair errors. A prompt and fair correction (in time and prominence) retains the integrity of the journalist and publication.

Another problem with health news stories is that they are often framed too narrowly, with little or no reference to the broader determinants of health—social, economic, cultural, religious and political factors—which provide both context and a better understanding of communicable and non-communicable diseases. As early as 1986, with the adoption of the *Ottawa Charter*, the social and cultural dimensions of health became increasingly more mainstream. In more recent years social scientists have come to realise that socio-cultural factors influence complex health behaviours. Take, for example, the relationship between sexual behaviour and HIV infections. Beyond an individual's own social network, there are larger structural and environmental determinants that affect sexual behaviour, such as living conditions related to one's employment. Also, in some countries, there is a lack of sexually transmissible disease services, and condoms can be costly or unavailable. This puts pressure on many sex workers to act in unsafe ways to

keep customers satisfied. All of these work against people adopting safer behaviours.

Kippax argues that individual behaviour and 'choice' is always mediated and structured by social relationships, which are in turn influenced by important differences of community, social status, class and other structural differences, such as gender and age. In other words, individual behaviour is always contextual, always socially embedded (Kippax, 2007, p. 5).

This is not a new insight. A special session of the The United Nations General Assembly on HIV/AIDS in June 2001, adopted a Declaration of Commitment on HIV/AIDS and emphasized in paragraph 20 the important role of cultural, family, ethical and religious factors in the prevention of the epidemic and in treatment, care and support (UNAIDS 2001, par 20).

This shift in thinking forms a key part of the Social Change Communication (SCC) theory, where the focus is on seeing people and communities as agents of their own change. This theory is based on a belief that behavioural change is dependent on social change and is a long-term process (Deane 2002, p. 1). The SCC approach to understanding HIV, and the need to highlight the context in which the epidemic is embedded, has wide support (McKee et al. 2004, p. 41).

The implications of SCC theory, if adopted by editors and journalists, would widen the predominant narrow framing of HIV stories (and other communicable diseases) from a focus primarily on health to one that covers related issues, such as gender equality, domestic violence, inadequate access to treatment, poor health facilities, complex sexual networking, and challenging governments on their policies towards treatment, human rights and overall strategies. Indeed, this perspective on the disease provides a new and extensive list of news and feature stories for print, online and broadcast journalists.

Not everyone agrees, however, and questions remain about the role of journalism in health promotion and development contexts? While this matter remains part of a larger ongoing argument that does not have any immediate or simple resolution, the author thinks that the SCC theoretical approach offers an important contribution to the debate as it tries to broaden the scope and context of health stories. This, in turn, creates a better understanding and in-depth discussion of effective measures to deal with communicable diseases such as HIV, sexually transmitted infections and tuberculosis (Byrne & Vincent, 2012, p. 290).

Some other practical ways to improve this situation could include the introduction of health journalism as part of the tertiary journalism education curriculum in Australia. At present, only one university in Australia (Edith Cowan University) teaches health Journalism. This is the place to start training future health journalists, especially as there is a need for trained health and medical journalists. Also, engage more with science and medical researchers. Another step might involve the restart of *Media Doctor Australia*, a website that graded the content of health stories in the media on treatment and drug use from 2005 to 2012.

Conclusion

The growing demand for health information means that health writers are in demand. The findings of the Health Online Survey (2013) places a responsibility on health journalists to provide accurate and reliable content, especially since so many people make serious decisions based on what they read, hear or see in the media. Yet, surveys in the USA and Australia that examined the state of online health news stories, exposed the extent of spin, the lack of medical evidence, and the narrow frame and context of many online health news stories, with little or no reference to the social determinants of health. In an attempt to respond to such criticisms and challenges, this paper also looked at several ways to improve these news stories. These include a greater emphasis on critical analysis of evidence and claims; adherence to ethical and professional codes; the use of national medical media monitoring, and the need to widen the narrow frame and focus of many health stories through the inclusion of the determinants of health and human behaviour

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