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Though television stations have community affairs departments that are under a legal obligation to provide public service messages, which might include oral health messages, most of the oral health information published by newspapers will go through the news room and will be evaluated on the basis of whether the information is newsworthy.

So, what is news?

It is what people who write and edit newspapers say it is. But it is also what our readers say they want and what our readers actually read. The problem is, what writers think is news, what readers say is news and what readers actually read isn't always the same thing and on a day-to-day basis, no one in the news business really knows how to define news. It's sort of like pornography -- you know it when you see it.

So a lot of news decisions are made from the gut. Adding to the inconsistency is the ebb and flow of all news; on a busy day, news executives may set the bar high as to what they consider news. On a slow day in July, however, news people may be desperate for any tidbit they can find.

So where do we find news? Reporters tend to be creatures of habit; they go to places and sources that they know and consider reliable. And the easier it is to obtain the news, the better. We get leads on stories from news releases, from major research journals such as JAMA, New England Journal of Medicine and The Lancet, from news conferences and scientific meetings.

We borrow ideas from stories we see in other papers and on the wire services. Sometimes, if one of our competitors writes a story -- or is suspected of working on a particular story -- that becomes a story that we feel we need to pursue as well; sometimes readers expect us to have our own version of stories that they see or hear on TV or radio. Legislation may generate stories. And sometimes, things just happen, such as Peter Jennings announcing that he has lung cancer.

Sometimes the news is something that is really news -- something that just happened, or was just discovered. Other times, it's simply something interesting, particularly a human interest story.

One problem is that there are more issues, more problems, more human interest stories, more news releases out there than we can possibly handle.

A large part of an editor's job is saying no. Therefore, don't be surprised if every story pitch isn't successful. People seeking stories about oral health may also run into an institutional bias toward medical news, toward research news (new knowledge!) and life-and-death dilemmas. The simpler the story, the more black-and-white the issues, the better. Because so many people, especially the wire services, pay attention to major medical journals such as JAMA, NEJM, The Lancet, etc., those journals often have an exaggerated influence on the news. If a wire service indicates it is moving a story based on an article in this week's JAMA, for instance, editors may place pressure on (that is, order) medical writers to do their own version of the same story. Time

spent on such a story is time that can't be spent on other stories, including those on oral health (though admittedly there are some oral health stories that appear in those journals).

What is it that journalists look for in a story?

Generally, we're looking for something new -- something that wasn't known yesterday, or last week, or we want a fresh angle that hasn't been written about previously, or at least not recently. This is what we call a "news peg" -- a reason for doing the story today, a reason why we can't wait until next week or next month. It's a sense of immediacy.

We're also looking for stories -- a human interest story, or any "story" with a beginning and an ending. Readers like stories. Readers also like names and faces, particularly if they are local. Writers like controversy. Sometimes, that even benefits someone who is trying to advance a particular view; volunteering that a controversy exists, and even identifying people who identify with your view, might make a better story, making it more likely that a reporter will write about your issue and a reader may read about it.

And we need specifics. How many people, or what percentage of people, have a particular condition? Who is affected by a certain policy? What geographic areas are affected?

The story also has to be focused. It can't be all things to all people; if you can make one or two strong points, that's about as much as you can expect.

So, how do you get your nifty idea translated into a story.

For a newspaper, try to identify someone who is responsible for health coverage -- a medical or science writer at a large newspaper, but probably the local news or city editor for a smaller paper. Smaller papers likely will end up assigning the story to a general assignment reporter, who doesn't necessarily have much experience with health news. Contact this person by email, or send a letter or make a phone call. Many papers, including the Pittsburgh Post-Gazette, print this information at the end of every story. Invite journalists to your meetings, gatherings, conferences. It doesn't guarantee you'll get coverage, but it opens the door that makes coverage possible.