A Press Release is Not Enough

Getting People to Pay Attention to Research

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Organization

- Background
- Pause for questions
- Some writing tips with examples/exercises
- Marketing your work

Gregor Mendel, the “father of modern genetics”

Foundational work on heredity

- 1856-1864: experimented with pea plants
- 1865: presented at Natural History Society of Brno
- 1866: published findings in academic journal
- 1866-1900: paper cited four times
- 1900: contribution “rediscovered”

“The study that founded modern biology was buried in the pages of an obscure journal of an obscure scientific society [for 35 years].”

—Siddartha Mukherjee in The Gene

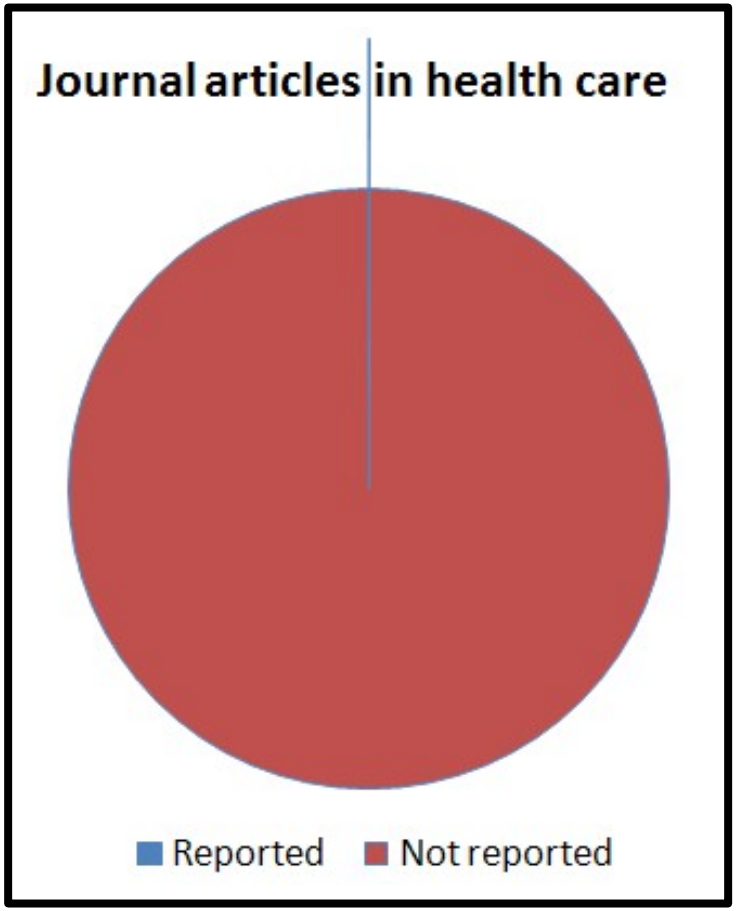
The flawed academic dissemination model

- We publish a paper
- We put out a press release
- Maybe, we do a few interviews
- We go back to work

The flawed academic dissemination model

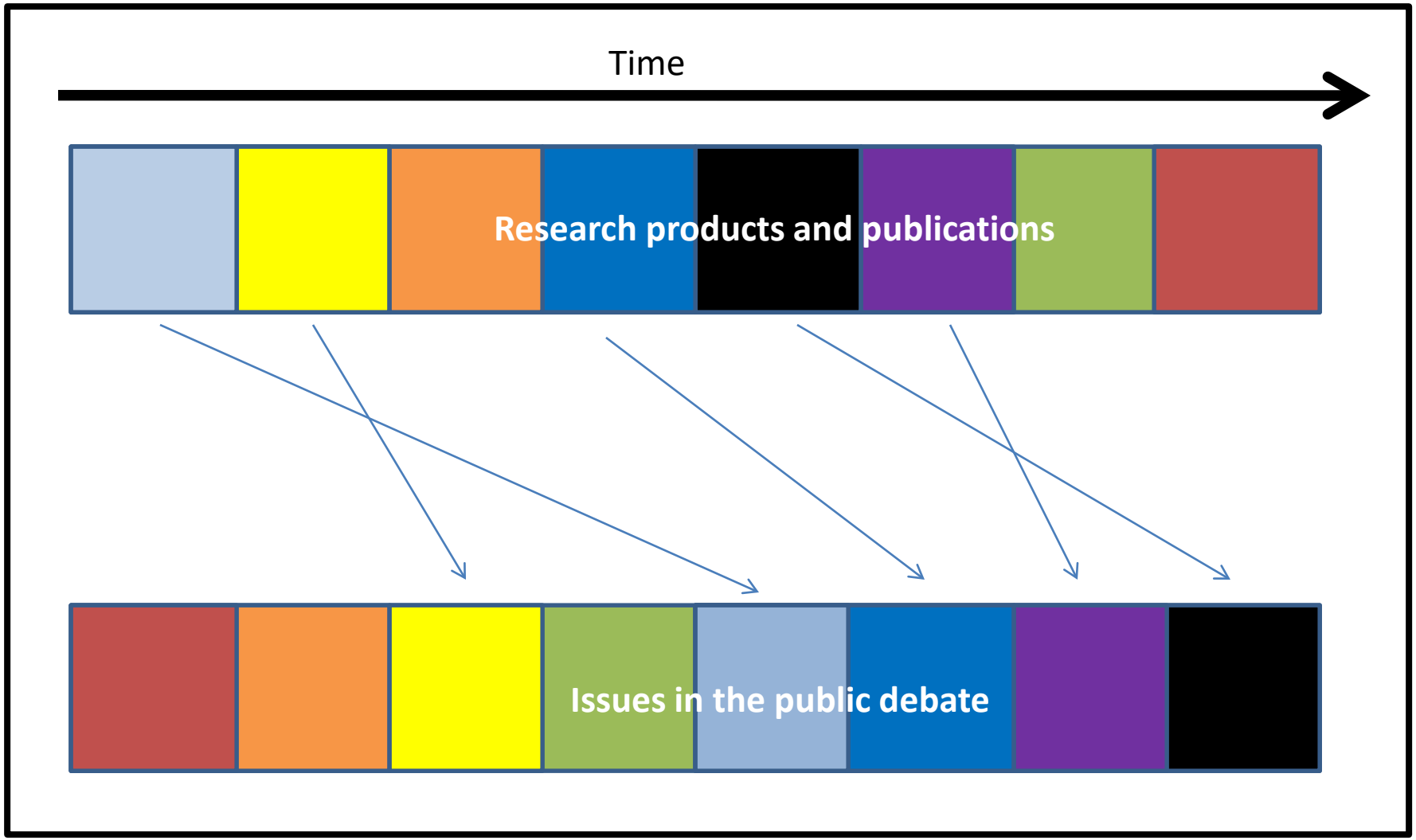
- There are more than 2.5 million papers published each year
- There are more than 28,000 “legitimate” academic journals
- No one will see your paper unless
  - It’s in a big journal
  - It’s massively counterintuive
  - It’s really, really “newsy”

How can we (better) tell the story of research?

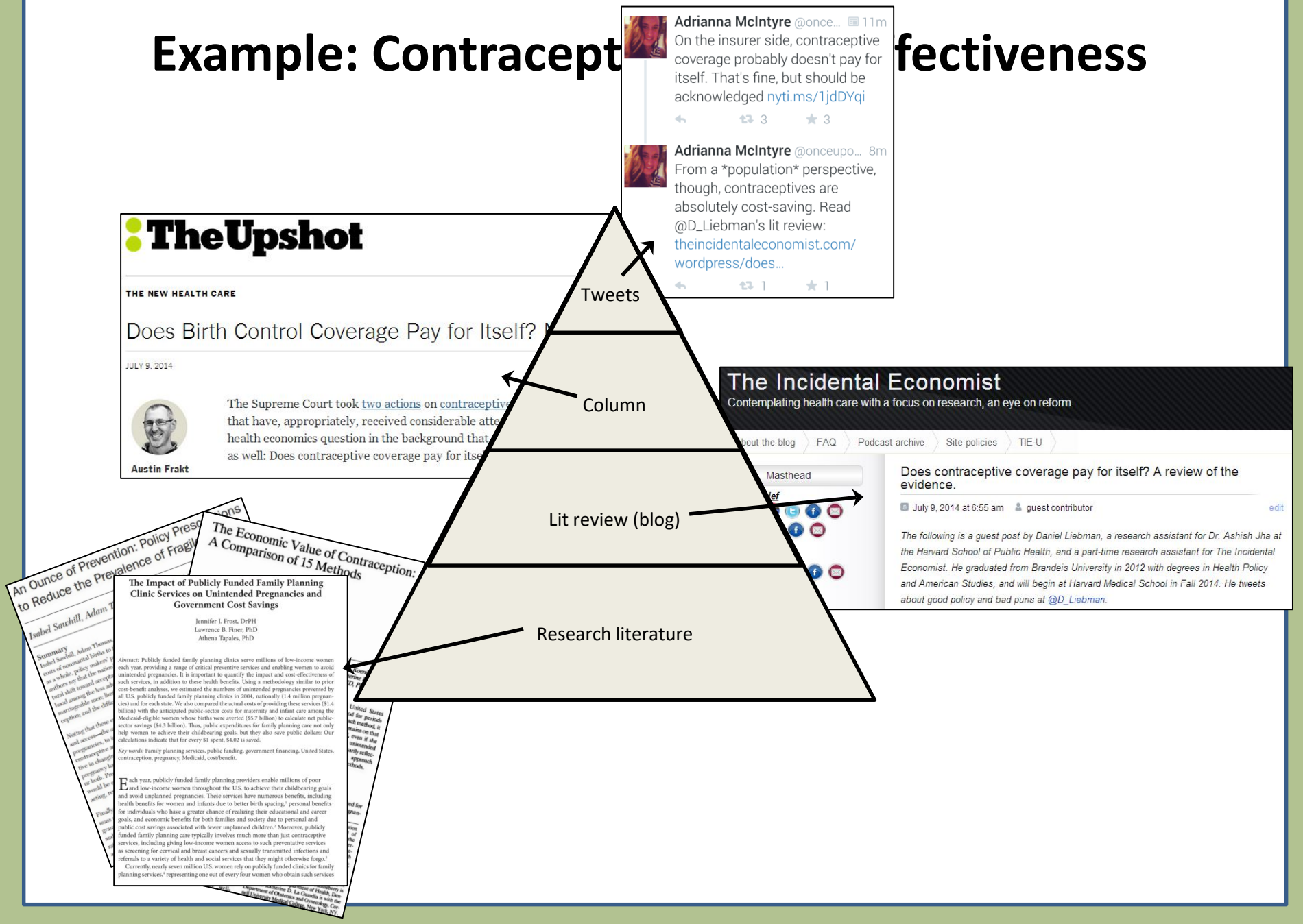


Source: Suleski and Ibaraki, Public Understanding of Science 19 (1)

A press release is not enough



Example: Contracept fectiveness



Questions

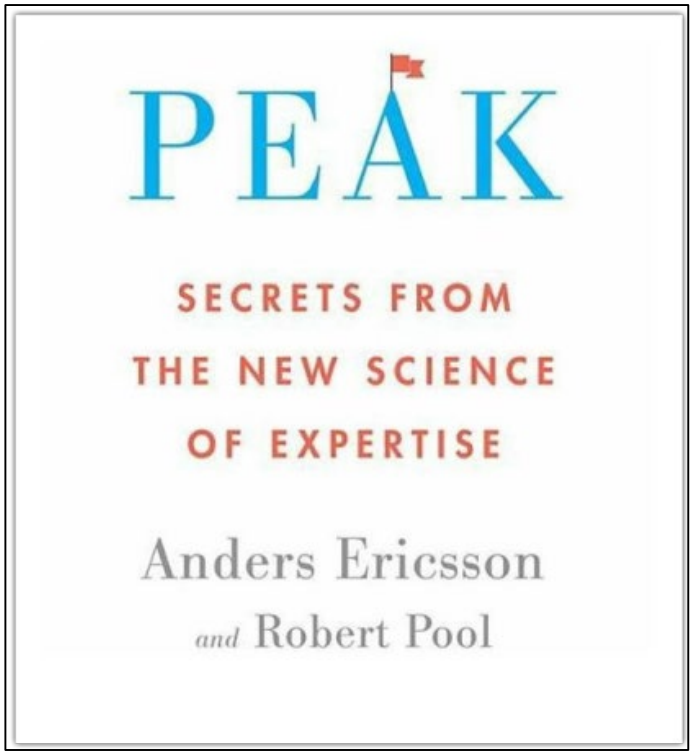
1. Are your NYT pieces opinion or news?
2. Do they change minds?
3. How to include caveats/conflicting studies/methods?
4. What is the role of your NYT pieces to your career advancement?
5. Are your pieces peer reviewed?
6. What are your target audiences? What if they have different needs/points of view?
7. How to pick one story from a big evaluation?
8. How do you decide what to pitch the NYT?
9. Do you read the comments? Where/how do you get feedback?
10. What is the NYT/Upshot editing process?

Writing accessibly

"Even the highest-quality work that could substantially elevate the level of policy discourse […] will almost certainly remain isolated from the domain of policy making unless it has been actively translated into relatively brief presentations that are in analytically accessible, jargon-free language."

—Mark Peterson, "In the Shadow of Politics: The Pathways of Research Evidence to Health Policy Making," JHPPL (2018) 43 (3): 341-376

Writing (well) is hard.



How to practice

1. Read and emulate
2. Write every day
3. Focus on the lead
4. Simplify
5. Connect ideas

1. Read and emulate

2. Write every day

3. Focus on the lead

Catheter-associated urinary tract infections (CAUTI) continue to prevail as a prominent patient safety problem associated with an increased rate of morbidity and mortality. Between 15% to 25% of hospitalized patients receive short-term indwelling urinary catheters. Not surprising, efforts to prevent CAUTIs in the United States, Canada and Europe have intensified focusing on multidimensional approaches including the use of bundled interventions to reduce CAUTI rates.

Before they see a doctor, most patients turn to websites and smartphone apps. Caution is advised. Research shows they aren't very good.

Considering how much we already pay for health care, you have to wonder why doctors, hospitals and insurance providers so often fail to coordinate their patients' care.

For some of the most important drugs, prices may be too low.

Your dentist has probably offered dental sealants for your child. Mine has. Without knowing whether they work, I've always accepted them. Turns out, this was a good move.

Maybe the person working near you, the one who dragged himself to work and is now coughing and sneezing, couldn't afford to stay home.

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Hospitals should heal, not harm. Yet, hospital-acquired infections remain a common problem. The solution is within our grasp but…

There are several ways an infection can be acquired during a hospital stay. One is from a catheter. …

The cultivation of learning strategies to increase educational outcomes maybe the greatest missed event in our history of education.

In fact, how someone is taught to learn can be just as important as what they learn, and may change the stage for life-long learning.

Studies have been conducted on individual learning styles such as visual learners, auditory learner and kinesthetic learners (VARK) by educational theorist Neil Fleming, 2019. Which has been expanded upon to include physical, verbal, logical, social, solitary (Ferriman, 2019). Yet, more should be done to create a body of knowledge on learning strategies and the benefit to educational outcomes.

How someone is taught to learn can be just as important as what they learn. Failure to recognize this may be the greatest mistake in the history of education.

With ongoing improvements in technology and rising patient volumes, telemedicine has become an attractive tool to improve patient encounter efficiency. Indeed, some clinicians have substituted entire portions of their practice with telemedicine, suggesting that it can be just as effective as in-person encounters. In palliative care however, it is not.

Getting health care online or by phone — telemedicine — can be more efficient than office visits. But for patients that need to manage severe and painful conditions, it’s a poor substitute for human contact.

4. Simplify

Paid sick leave slows the spread of disease. Cities and states that require employers to offer paid sick leave have fewer cases of seasonal flu than other comparable cities and states. Flu rates would fall 5 percent if paid sick leave were universal. According to one estimate, an additional seven million people contracted the H1N1 flu virus in 2009 because employees came to work while infected. The illnesses led to 1,500 additional deaths.

For sale: baby shoes, never worn

5. Connect ideas

A growing proportion of Medicare beneficiaries are opting out of the government-run insurance program. They are instead choosing a private plan alternative, one of the Medicare Advantage plans. The strength of this trend defies predictions from the Congressional Budget Office, and nobody can fully explain it.

Here's another mystery. Traditional Medicare spending growth has slowed, bucking historical trends and expectations. Though there are theories, we don't fully know what's causing that either.

Pinning down explanations for these two mysteries is important. Doing so could help us understand the structure and cost of Medicare in the future.

The mysteries may be connected by something that appears, at first, to be unrelated: Doctors and hospitals tend to treat insured patients the same way, regardless of what kind of coverage they have. A traditional Medicare patient admitted to the hospital with, say, pneumonia will receive the same standard of care as a similar but privately insured pneumonia patient.

From this, an idea emerges that links the two mysteries.

When you don’t know what else to do

- Find something to emulate
- Sharpen the lead
- Cut length (question every sentence, every word)
- Connect ideas

This is just a start

Additional Resources

- A paper in Health Services Research by me, Keith Humphreys, Aaron Carroll, and Harold Pollack about academics writing for mass media
- A video by Aaron Carroll about dissemination of research
- More videos by me covering similar material – some with greater depth/different emphasis
- An example of how I write, in four parts: 1, 2, 3, 4
- NY Times tips for aspiring op-ed writers
- The Op-Ed Project

I’ve written a {post, column, fact sheet, whatever}.

Now what?

raising the Medicare age now saves even less

Austin Frakt <tie@theincidentaleconomist.com> 10/25/13 ☆ Reply

to me, Aaron, bcc: Peter, bcc: Reed, bcc: Alec, bcc: Andrew, bcc: Anna, bcc: Bill, bcc: Brian, bcc: Carey, bcc: Charles,

We judged it the wrong way to reform Medicare before. The CBO just re-estimated the federal savings and they're dramatically lower (they had made a mistake in an earlier estimate), so it's an even worse way to reform Medicare now.

Details here: http://theincidentaleconomist.com/wordpress/raising-the-medicare-eligibility-age-is-now-a-really-bad-idea/

The Oregon Medicaid study *does not* say Medicaid is a failure

Austin Frakt <tie@theincidentaleconomist.com> 5/1/13 ☆ Reply

to me, bcc: Alec, bcc: Andrew, bcc: Anna, bcc: Bill, bcc: Brian, bcc: Carey, bcc: Charles, bcc: Chelsea, bcc: Chris, bcc:

A new study of Oregon's RCT of Medicaid finds mixed results. Mixed does not mean failure, and far from it. Aaron Carroll and I break it down in a new post: http://theincidentaleconomist.com/wordpress/oregon-and-medicaid-and-evidence-and-chill-people/

Healthcare.gov's ripple effects and what can legally be done about them

Austin Frakt <tie@theincidentaleconomist.com> 10/23/13 ☆ Reply

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Three recent posts tell the story:

1. The administration has the legal authority to delay the individual mandate penalty *without an act of Congress.*
2. Extending the open enrollment period *would require an act of Congress.*
3. Risk adjustment and mitigation *already in the law* will protect insurers if website problems dissuade too many young and healthy individuals from enrolling. Rumors of an impending death spiral are greatly exaggerated.

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This is my main life lesson:

Long emails suck.


Pssst! WANNA BUY SOME JOURNALS?
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