

A Press Release Is Not Enough:

How You Can Help Bridge the Research-Policy Communication Gap

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School of Public Health

TheIncidentalEconomist.com

A focus on research, an eye on reform.

The plan

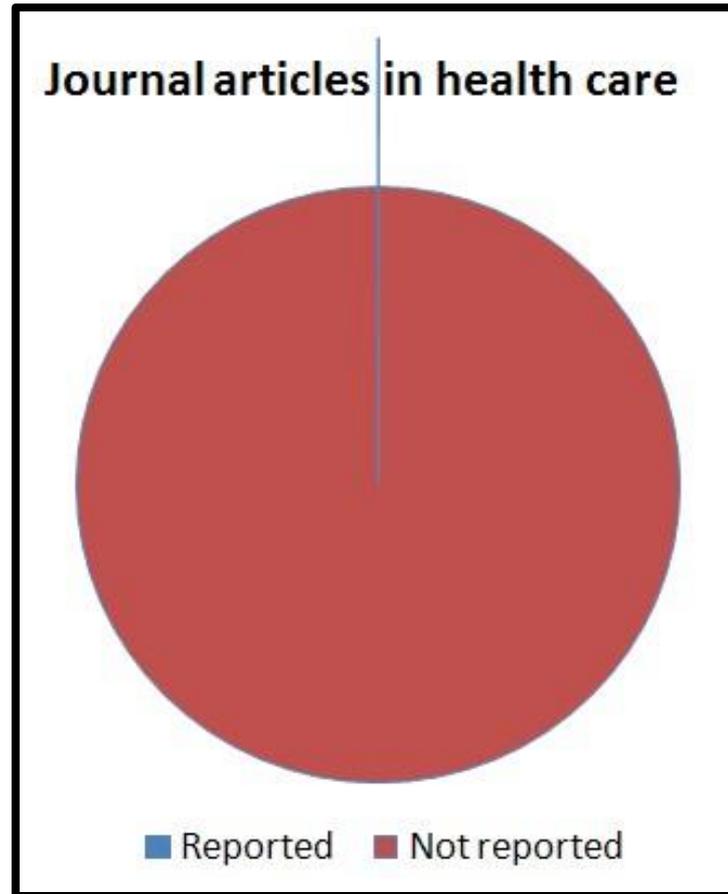
1. Do we have a communication problem? (Yes)
2. What can we do about it?
3. Austin, do your crazy ideas really work?
4. Is it right for me?
5. How can I get started?

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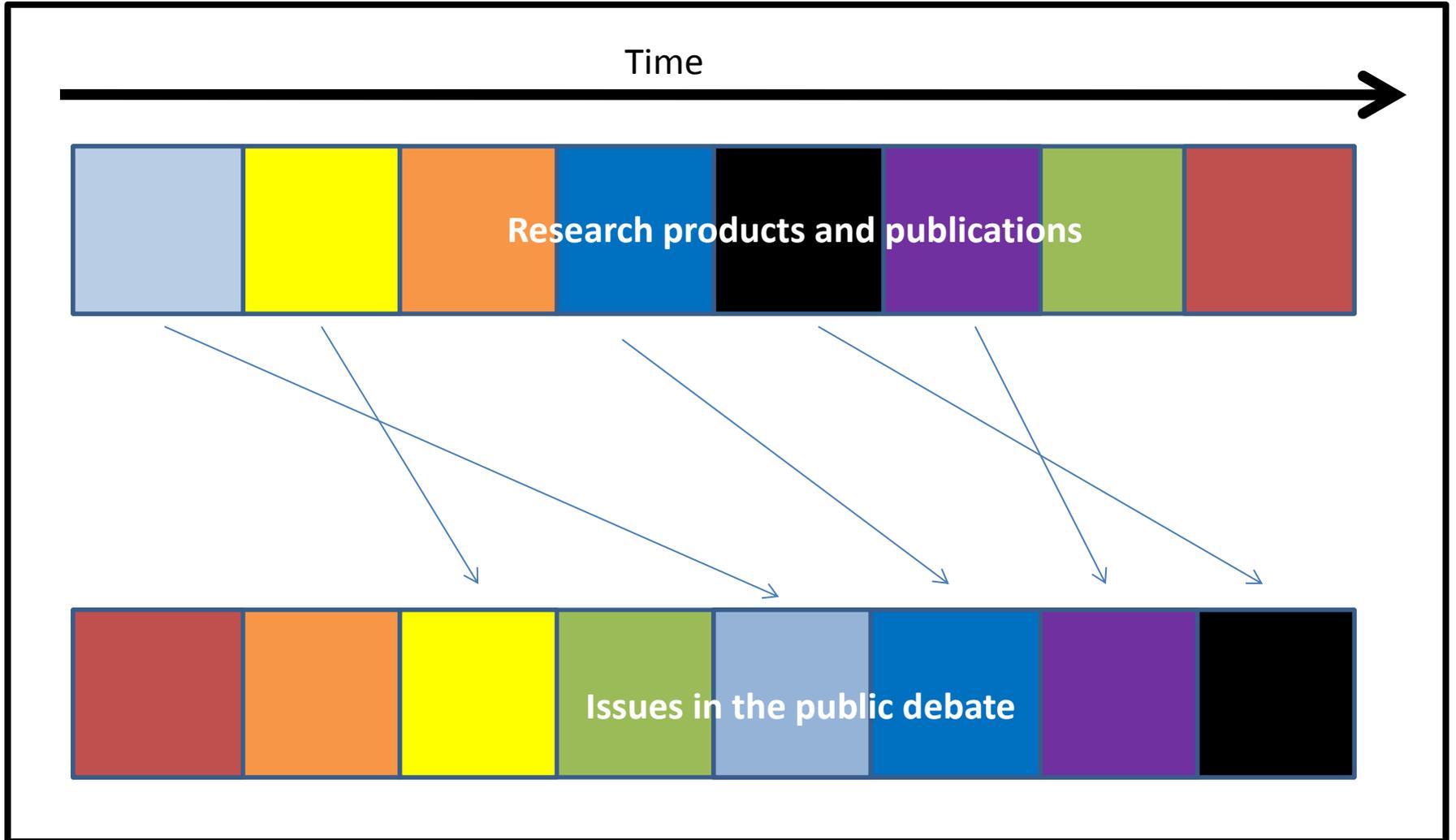


Communication problem



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

A press release is not enough



Natural experiment: Blog vs. journal

Blog

Aaron Carroll & me
(on SOTU, *JAMA Forum*)

VS

Journal

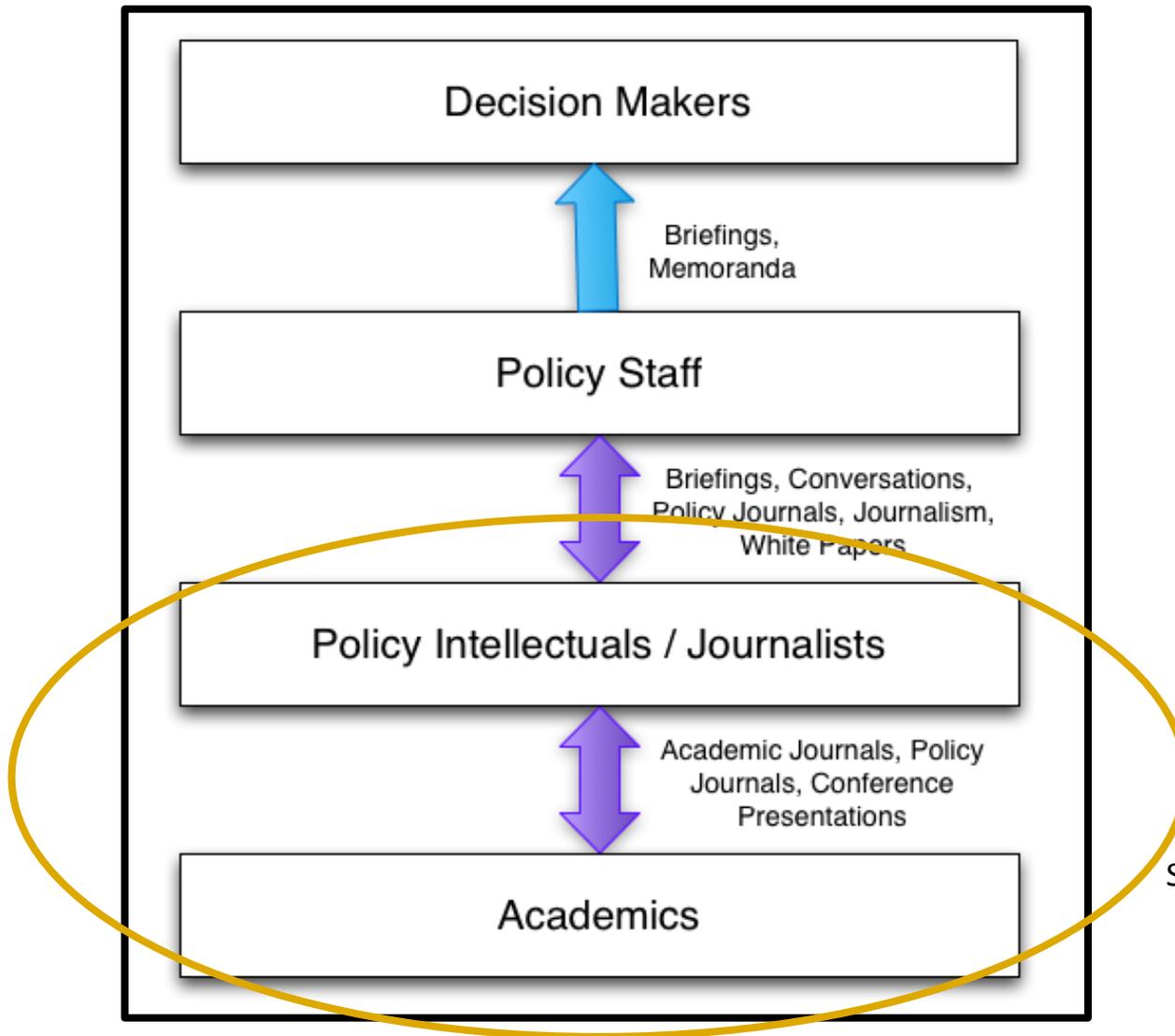
Henry Aaron & me
(on M'care reform, *NEJM*)

- Both posted 1/25/12, ungated, accessible to general audience, promoted identically
- Which got more attention?

Poll Question: Which got more attention?

- Blog post on the JAMA Forum about the SOTU
or
- NEJM Perspective on Medicare reform

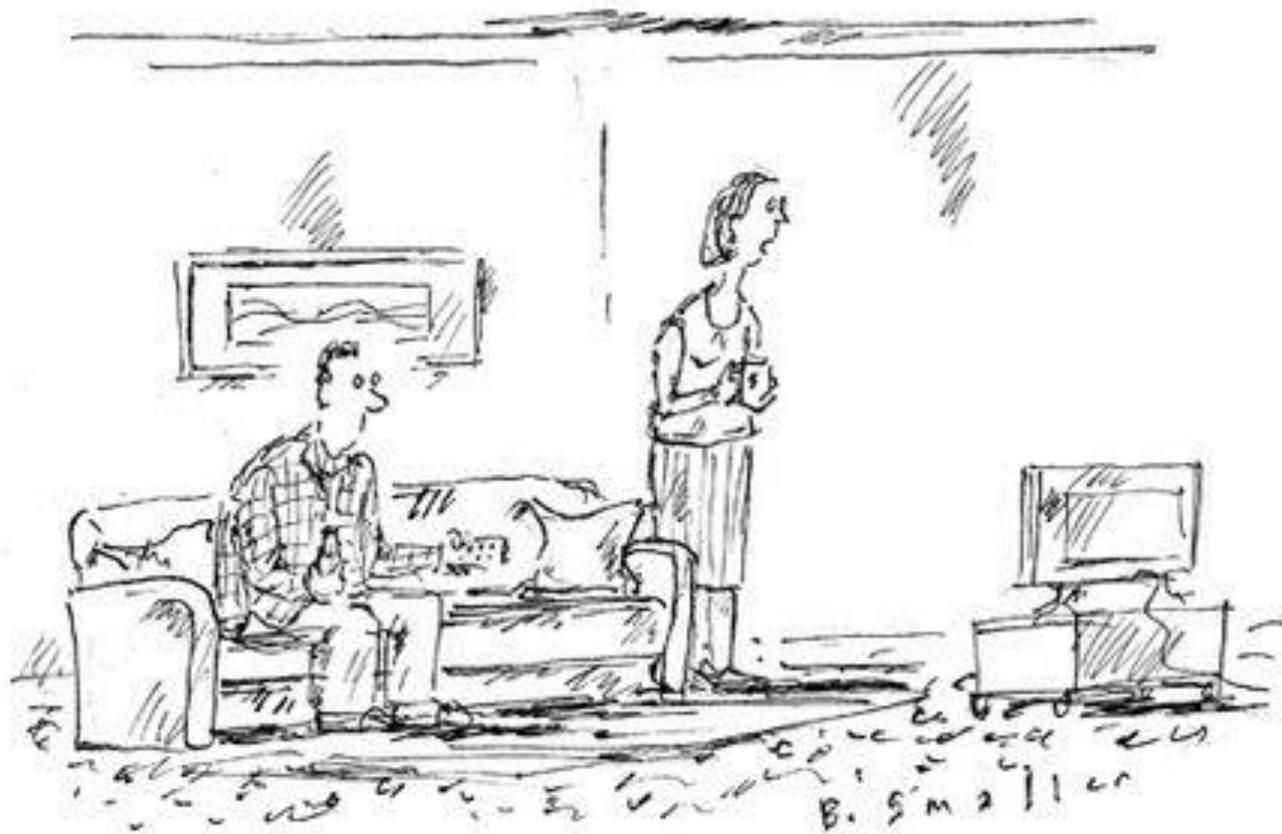
The dissemination chain



Source: [Gardner](#), 9/21/11

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"It's finally happened. They've replaced the nightly news with cat videos."

What journalists want

- Information that is timely and relevant
- Readily sharable information
- A resource when they have questions
- Anything that saves time
- To sustain a business model (clicks = \$)

What journalists don't want

- ***NOT*** methods
- ***NOT*** too much nuance
- ***NOT*** what you find most interesting
- ***NOT*** reams of information and not all at once
- Researchers are very good at providing these, and that's rarely helpful

Something is missing

Journalists & policy experts

- Know what they want to write/talk about
- Rarely know what research is relevant or what it says



- Fast
- Accessible
- Knowledgeable
- Relevant
- Credible
- Personal

Researchers & subject-matter experts

- Know what's known and knowable
- Don't always know what's relevant *now* or how to communicate it

Bridging the gap

- Traditional methods: columns, calls, meetings
- New methods: blogs, Twitter
- Use traditional *AND* new
- Apply appropriate style for medium

Example: Contracept

effectiveness



Adrianna McIntyre @once... 11m
On the insurer side, contraceptive coverage probably doesn't pay for itself. That's fine, but should be acknowledged nyti.ms/1jdDYqi

← ↻ 3 ★ 3



Adrianna McIntyre @onceupo... 8m
From a *population* perspective, though, contraceptives are absolutely cost-saving. Read @D.Liebman's lit review: theincidentaleconomist.com/wordpress/does...

← ↻ 1 ★ 1

The Upshot

THE NEW HEALTH CARE

Does Birth Control Coverage Pay for Itself?

JULY 9, 2014



Austin Frakt

The Supreme Court took [two actions](#) on [contraceptive coverage](#) that have, appropriately, received considerable attention in the health economics question in the background that has been discussed as well: Does contraceptive coverage pay for itself?

Tweets

Column

Lit review (blog)

Research literature

The Incidental Economist

Contemplating health care with a focus on research, an eye on reform.

[About the blog](#) [FAQ](#) [Podcast archive](#) [Site policies](#) [TIE-U](#)

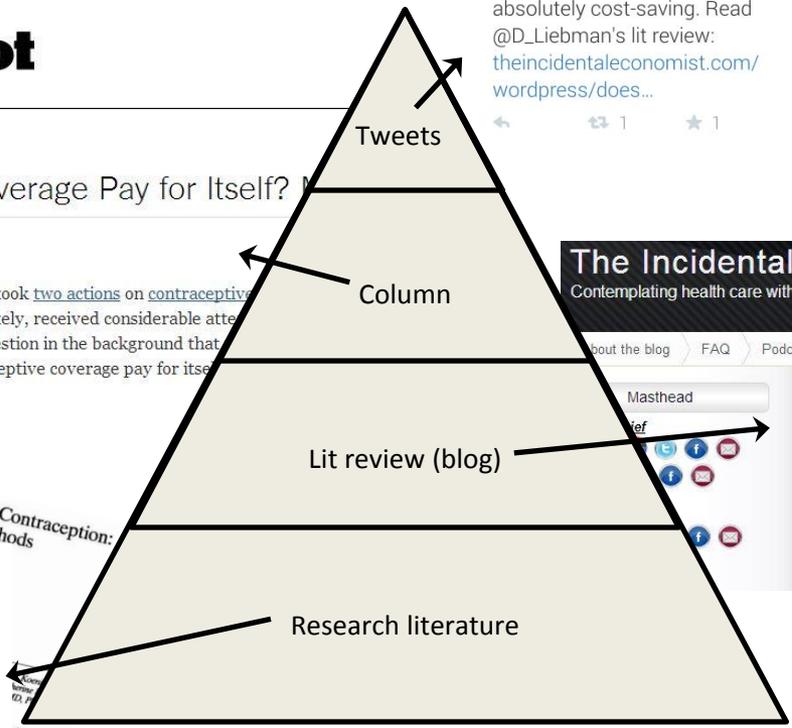
Does contraceptive coverage pay for itself? A review of the evidence.

July 9, 2014 at 6:55 am guest contributor

The following is a guest post by Daniel Liebman, a research assistant for Dr. Ashish Jha at the Harvard School of Public Health, and a part-time research assistant for The Incidental Economist. He graduated from Brandeis University in 2012 with degrees in Health Policy and American Studies, and will begin at Harvard Medical School in Fall 2014. He tweets about good policy and bad puns at @D_Liebman.

An Ounce of Prevention: Policy Prescription to Reduce the Prevalence of Fragile Births
The Economic Value of Contraception: A Comparison of 15 Methods

Summary
Isabel Sanchez, Adam Thomas, and coauthors, policy makers, and others see that the national birth rate is declining, and that the trend is likely to continue. This is a concern because of the long-term economic and social consequences of a declining birth rate. This paper examines the impact of publicly funded family planning services on unintended pregnancies and government cost savings. It compares 15 different contraceptive methods and finds that the most effective and cost-saving methods are long-acting reversible contraceptives (LARCs) such as intrauterine devices (IUDs) and implants. The authors conclude that increasing access to these services is a key strategy for reducing unintended pregnancies and associated costs.



Style matters: Twitter

 Jonathan Cohn
@CitizenCohn

 Following

Obamacare foes kept saying 2015 premiums would "they were wrong."
newrepublic.com/

Ann Arbor, MI

Reply Retweet Favorite



* Data as of August 1, 2014. California has reported a 2015 wait
** Louisiana is only reporting bids from insurers that are request
Source: State insurance department websites
<http://www.pwc.com/us/hr/>

RETWEETS 162 FAVORITES 72



 Larry Levitt
@larry_levitt

 Following

Excerpt from Florida Blue Cross ACA rate filing. All the 0s may be because data is proprietary, not 0% rate change

Reply Retweeted



Adrianna McIntyre
@onceuponA

Section V: Rate Filing History - Including An
(This section is for Florida experience only; not appl

(1)	(2)	(3)
	Total Annualized Premium Volume	# Ctr Ph
Current Filing	\$ 0	0
Average Rate Change Requested	Total Annualized Premium Volume	# Ctr Ph
1st Prior Filing 0 %	\$ 0	0
2nd Prior Filing 0 %	\$ 0	0

Whoa. IOM comes out and says there's not credible evidence of a true doctor shortage.

Section VI: Rate Request By Form - Includin
(To be completed for all rate filings, including ARC B

(1)	(2)	(3)	(4)
Form Number	Base Form or Rider (Street Name)	Marketing Product Name	Average Rate Change Requested (0.0% for ARC Filings)
Primary Form	BOPQ.IU.BB 0413	Base Form: BlueOptions Essential Health	0 %
Additional Form(s)	B5EQ.IU.BB 0413	Base Form: BlueSelect Essential Health	0 %

Reply Delete Favorite More

Concerns that the nation faces a looming physician shortage, particularly in primary care specialties, are common. The committee did not find credible evidence to support such claims. Too many projections of physician shortages build on questionable provider-patient ratios, fail to consider the marked geographic differences in physician supply, and ignore recent evidence of the impacts of more effective organization, new technology, and deployment of health personnel

RETWEETS 12 FAVORITE 1

RETWEETS 36 FAVORITES 10



10:25 AM - 29 Jul 2014

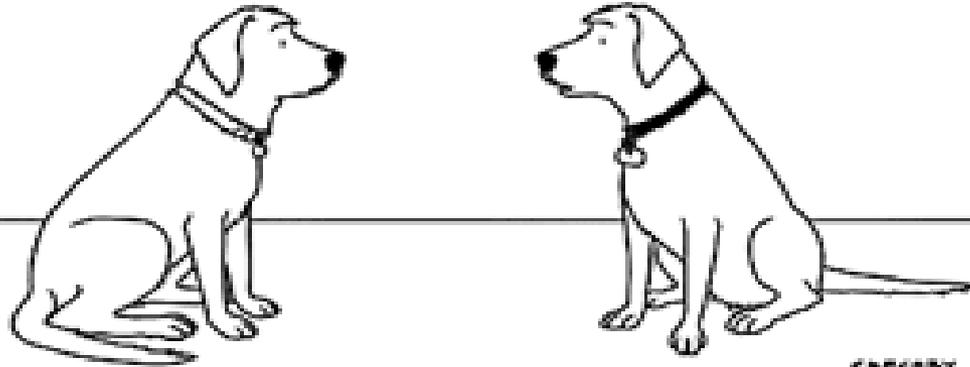
Flag media

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Blogging vs. barking

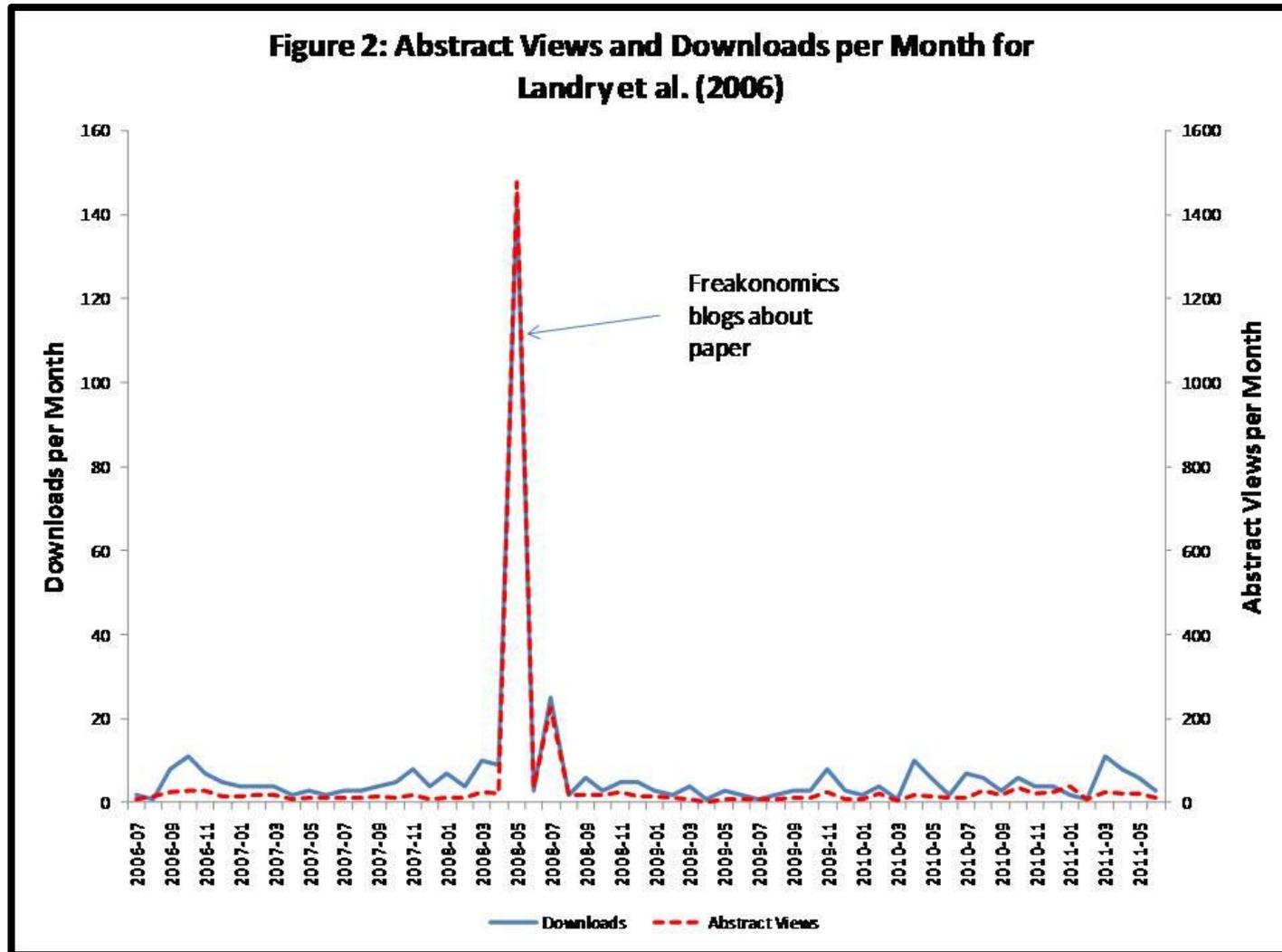
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© CARTOONBANK

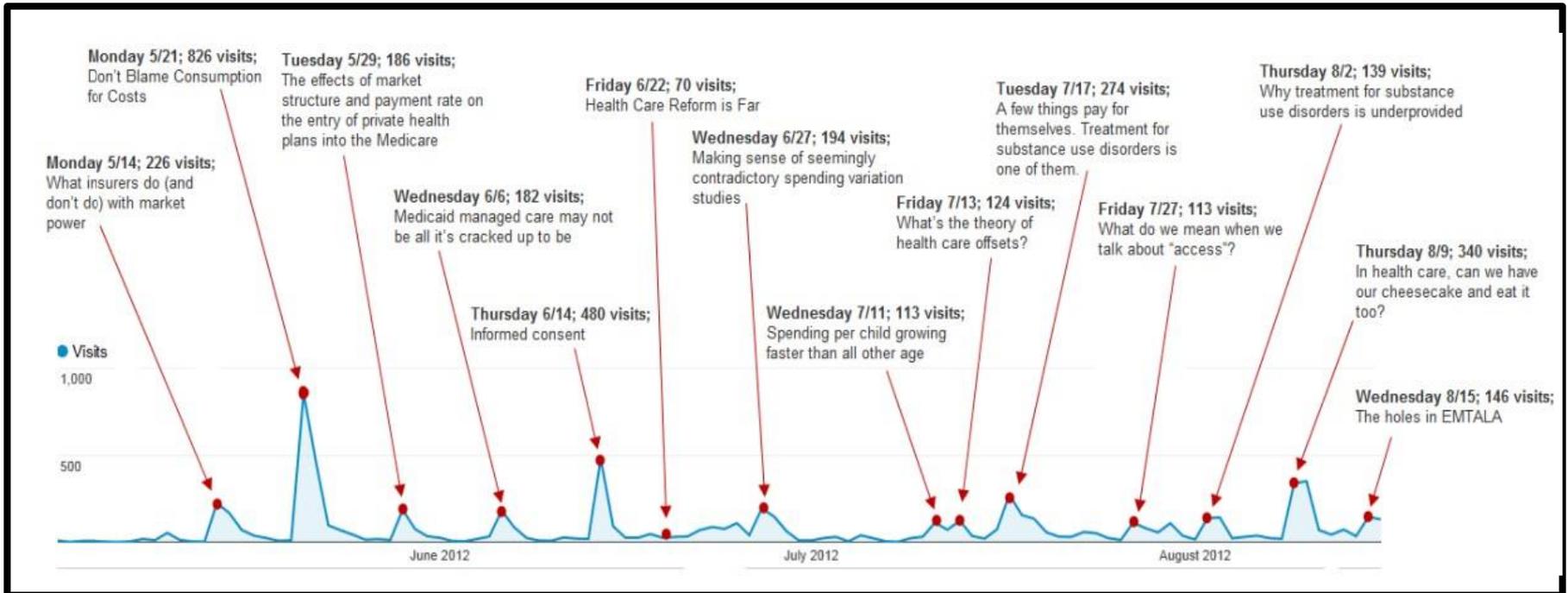
"I had my own blog for a while, but I decided to go back to just pointless, incessant barking."

Big blogs drive traffic



Source: [McKenzie and Ozler](#), 8/5/2011

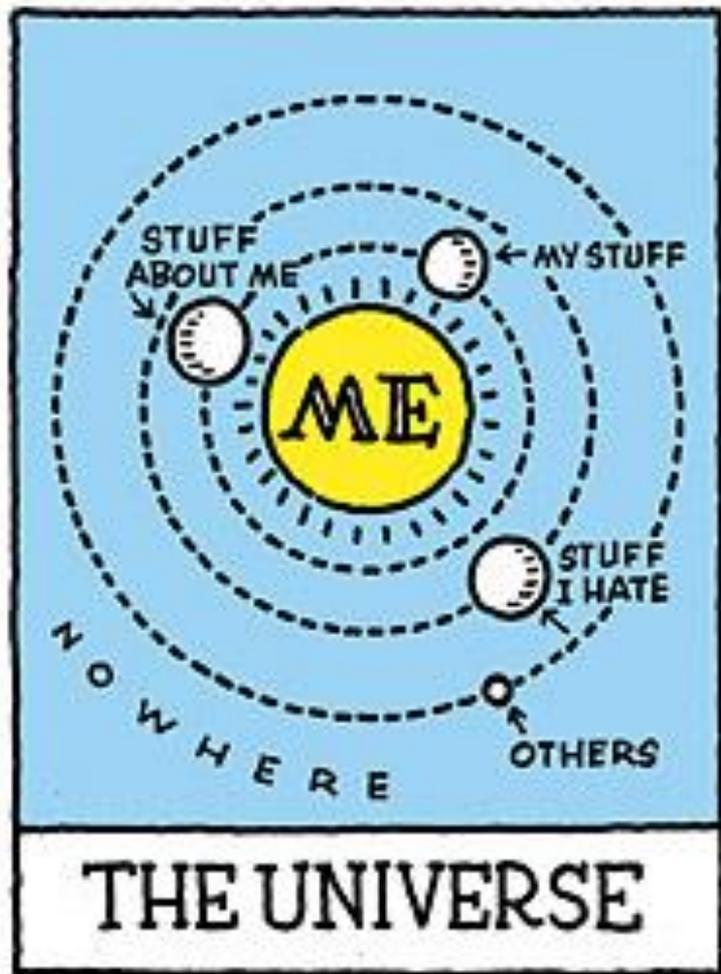
TIE @AcademyHealth



- 108 days, 8,000 visits
- During similar, prior period, 1,400 visits

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The good: What's in it for you?

- Career enhancing: recognition, connections, job opportunities
- Improves writing: blog posts and tweets must be concise, accessible
- Expand scope of knowledge and influence
- Crowd-source questions and resources

The bad: What are you getting yourself into?

- Time consuming, distracting, addictive
- A lot of (usually) unpaid work
- Nuance is hard. Misunderstandings possible.

The ugly: What could go wrong?

- Making a big mistake
- Irritating the wrong people
- Your institution might not be supportive
- Politics is everywhere

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Savage Chickens

by Doug Savage



If you blog

- Don't just blog on your own work
- Think of it as service or education
- Market, market, market
 - Pay attention to the link economy
 - Pay attention to what others you want attention from are doing
 - Three sentence rule
- **You must love to write!**

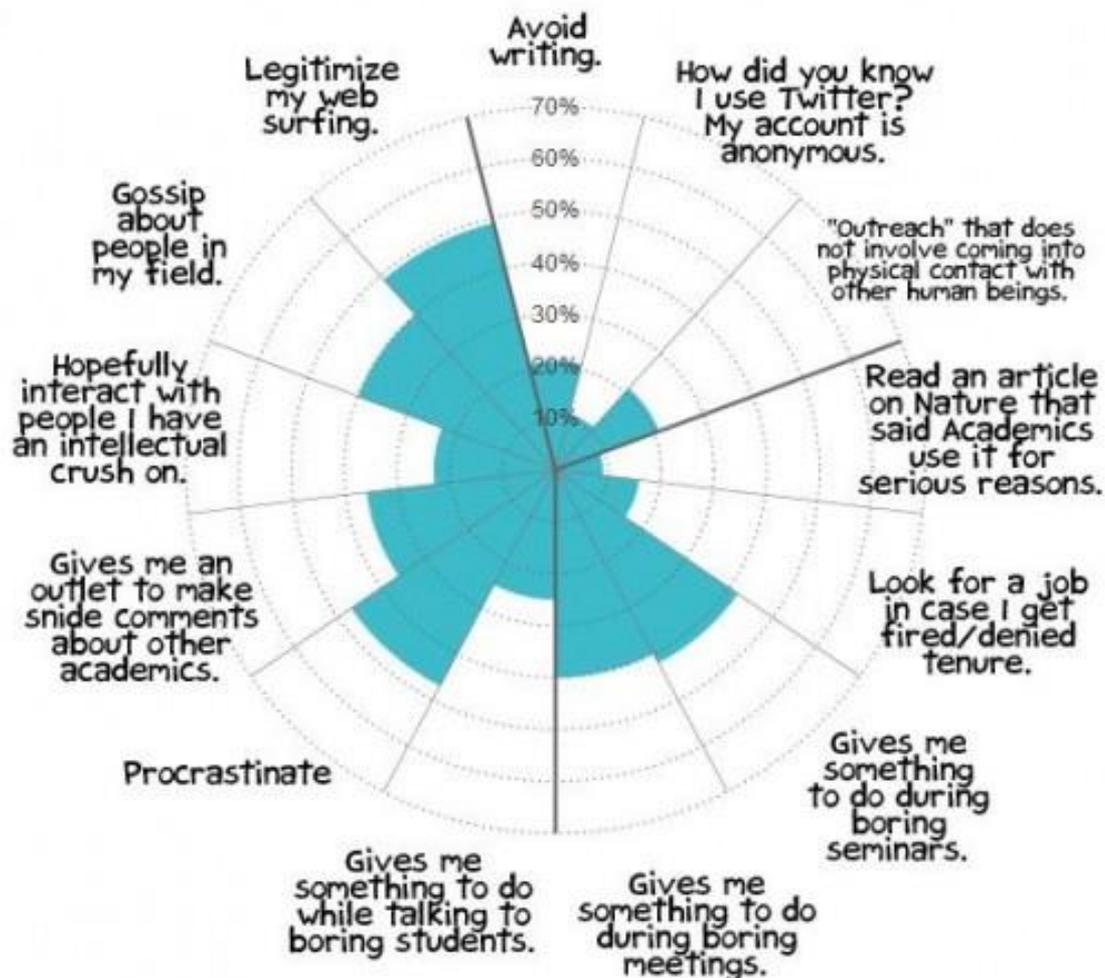
Getting started

- Use Twitter
- Comment on blogs
- Send emails: the three sentence rule
- Make yourself useful
- Be an evangelist for sources of value

Final words

- Be active
- Be relevant
- Be involved
- Be a resource

Why Academics REALLY Use Twitter



www.phdcomics.com

Original graph from: nature.com/news/online-collaboration-scientists-and-the-social-network-1.15711

Questions? Comments?

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My blog: TheIncidentalEconomist.com