

Working with the mass media

Keith Humphreys

VA Palo Alto Health Care
System

Organization of Talk

- How and why I started doing this
- Some lessons learnt
- How to get started if this interests you

I. The Why Of It

- There are lots of good reasons people engage in the media (enjoyment, profile, \$\$\$)
- My own main motivation is *impact*
- *Impact* might not be realistic for all fields, but it is for health services research/policy

What I learned in my time in Washington



Other Realities

- The most prestigious medical journals reach far fewer people than even mid-range mass media outlets
- Mass media reaches influential audiences that journals don't reach
- Sometimes, mass media is also, oddly enough, an easier way to reach one's colleagues than journals

Example of Impact

- Staff of Senator calls “My boss liked your last Wonkblog and wants permission to use your data charts”
- Family member emails “This medication has saved our daughter and we found out about it from your article”
- Research calls “I heard you on the radio and what you are saying fits with the proposal I am writing – could we collaborate?”

Opinion

OP-ED CONTRIBUTORS

You're Never Too Old to Be Studied

By Donna Zulman and Keith Humphreys

May 22, 2014



PALO ALTO, Calif. — WHEN older patients seek health care, they are unwittingly enrolling in an experiment: Will medical procedures that have been proved effective mainly on the young also help the elderly?

Doctors are often in the dark about whether certain drugs, procedures and tests will benefit older adults, because these patients are routinely excluded from medical research. A systematic review in The Journal of the American Medical Association in 2007 looked at randomized controlled trials published in high-impact medical journals between 1994 and 2006, and found that close to 40 percent excluded individuals over the age of 65. Clinicians consequently have to extrapolate findings about diseases as diverse as cancer, heart attacks and mental illness from studies of younger and often healthier people, potentially putting their older patients at risk.

A patient's age affects all sorts of treatment decisions. For example, as people get older, they generally experience a decline in kidney and liver function, which can affect the way their bodies process medications. This can lead to increased drug levels in the body, resulting in more side effects like dizziness, drowsiness and depression. As a result, older people often need to take smaller doses than studies of younger adults suggest.

Another important example involves diabetes. Early diabetes studies conducted mainly with younger patients suggested that maintaining low blood sugar levels might decrease the risk of heart attack and stroke. But when researchers studied a population that included older adults and patients with longstanding diabetes, they found that intensive blood sugar treatment did not have this benefit, and actually increased the risk of

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II. Some lessons learnt

- There are far more people trying to write than there are quality outlets
- Yet the voice of scientists is seen as having value locally and nationally
- The conventions of writing are utterly different in journalism

IIb. Lessons learnt

- Being a good interviewer is a skill you learn from interviewing scientists
- Email/Twitter is the drive by shooting of modern life
- Journalists are often interesting to scientists

III. How to get started

- Be honest with yourself about your own motivations
- Be realistic about your comparative advantage and the market
- Don't be afraid to start small/low-profile
- Maintain separate spheres



A Press Release is Not Enough

Austin Frakt

VA Boston Healthcare System

Organization of Talk

- How and why I started writing for lay audiences
- Some things I learned along the way
- How to get started

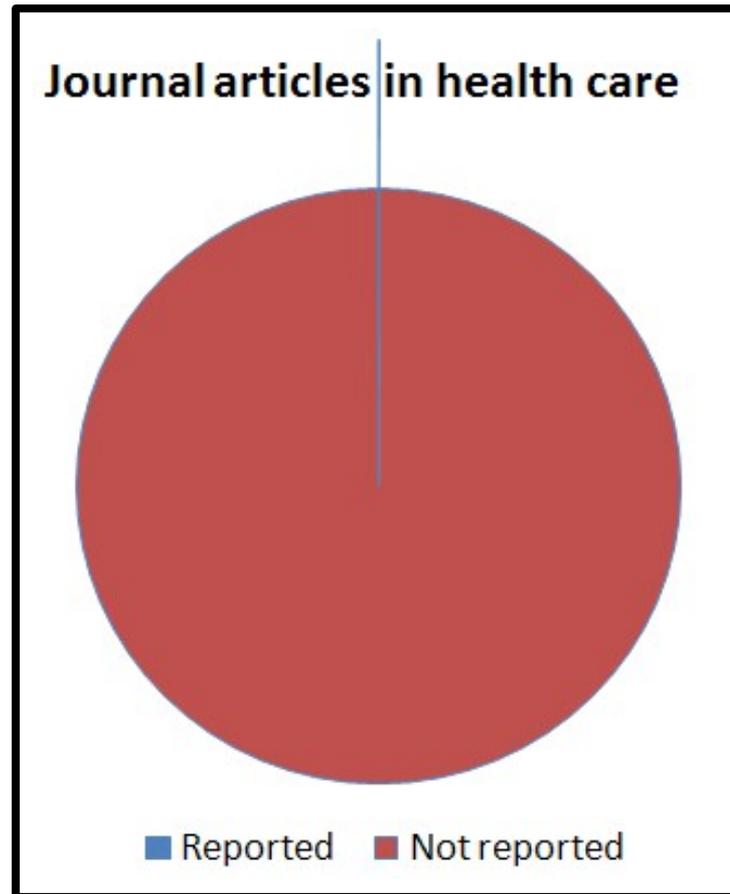
I. Why?

- Lots of good, policy-relevant research goes unnoticed
- This bothers me. A lot.
- What is the point of doing something that nobody uses?

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





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

2009: **The Incidental Economist**
The health services research blog

2012: *the* **JAMA** forum

2014: *The New York Times*
TheUpshot

The Washington Post

HUFFPOST

Bloomberg Opinion

STAT

KHN
KAISER HEALTH NEWS

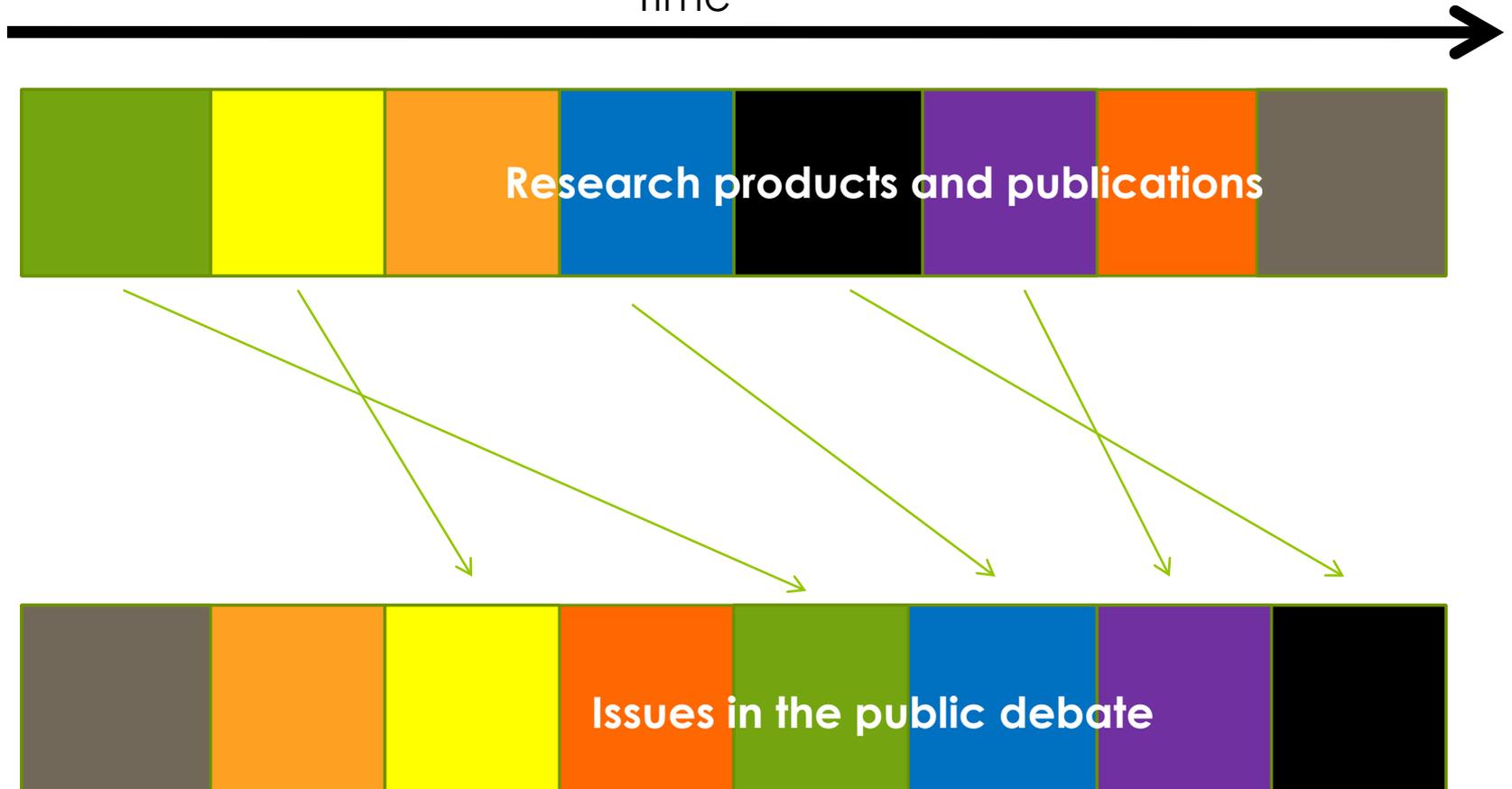
AcademyHealth Blog

II. Some Lessons

- Timing
- Layers

Timing

Time



Layers: Contraception's Cost-Effectiveness

The Upshot

THE NEW HEALTH CARE

Does Birth Control Coverage Pay for Itself? M

JULY 9, 2014



Austin Frakt

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

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/1jdDYqj

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

The Incidental Economist

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

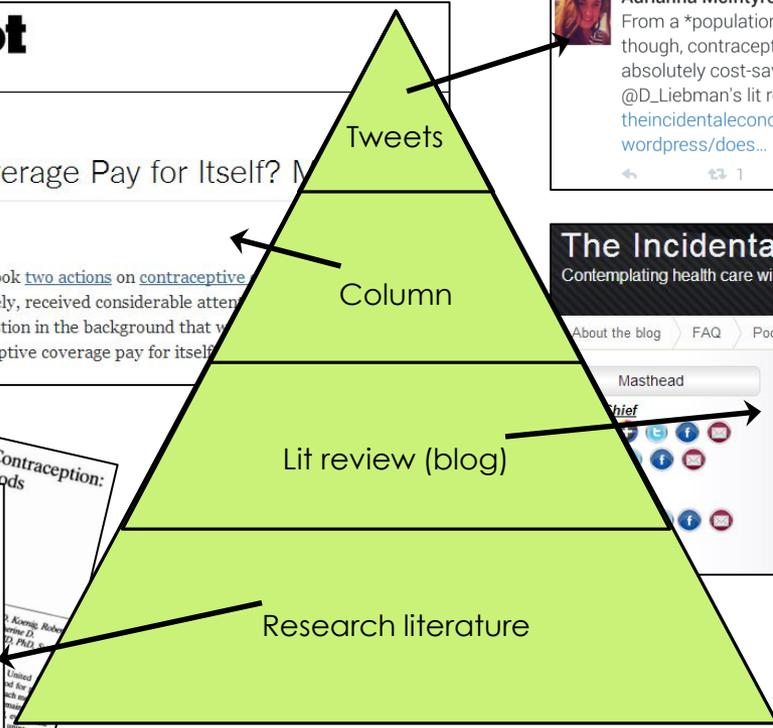
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Masthead

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 Prescriptions to Reduce the Prevalence of Fragile Births
Isabel Sanchez, Adam Thomas

The Economic Value of Contraception: A Comparison of 15 Methods
Jennifer J. Frost, DPH
Lawrence B. Finer, PhD
Athena Tapales, PhD

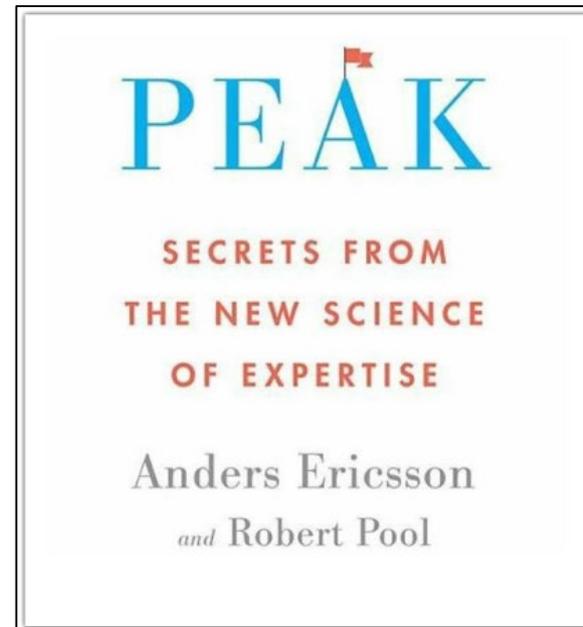
The Impact of Publicly Funded Family Planning Clinic Services on Unintended Pregnancies and Government Cost Savings
Abstract: Publicly funded family planning clinics serve millions of low-income women each year, providing a range of critical preventive services and enabling women to avoid unintended pregnancies. It is important to quantify the impact and cost-effectiveness of such services, in addition to these health benefits. Using a methodology similar to prior cost-benefit analyses, we estimated the numbers of unintended pregnancies prevented by all U.S. publicly funded family planning clinics in 2004, nationally (1.4 million pregnancies) and for each state. We also compared the actual costs of providing these services (\$1.4 billion) with the anticipated public-sector costs for maternity and infant care among the Medicaid-eligible women whose births were averted (\$5.7 billion) to calculate net public-sector savings (\$4.3 billion). Thus, public expenditures for family planning care not only help women to achieve their childbearing goals, but they also save public dollars: Our calculations indicate that for every \$1 spent, \$4.02 is saved.

Key words: Family planning services, public funding, government financing, United States, contraception, pregnancy, Medicaid, cost/benefit.

Each year, publicly funded family planning providers enable millions of poor and low-income women throughout the U.S. to achieve their childbearing goals and avoid unplanned pregnancies. These services have numerous benefits, including health benefits for women and infants due to better birth spacing, personal benefits for individuals who have a greater chance of realizing their educational and career goals, and economic benefits for both families and society due to personal and public cost savings associated with fewer unplanned children. Moreover, publicly funded family planning care typically involves much more than just contraceptive services, including giving low-income women access to such preventative services as screening for cervical and breast cancers and sexually transmitted infections and referrals to a variety of health and social services that they might otherwise forgo. Currently, nearly seven million U.S. women rely on publicly funded clinics for family planning services, representing one out of every four women who obtain such services

III. Getting Started

- Read and emulate
- Write every day
- Simplify
- *This is hard and will take work*



Savage Chickens

by Doug Savage



Additional Resources

- A paper in Health Services Research by us and our colleagues Aaron Carroll and Harold Pollack about academics writing for mass media:
<https://onlinelibrary.wiley.com/doi/full/10.1111/1475-6773.12858>
- A video by Aaron Carroll about dissemination of research:
<https://youtu.be/mw9RS4wKctI>
- More videos by Austin covering similar material – some with greater depth/different emphasis:
<https://theincidentaleconomist.com/wordpress/a-press-release-is-not-enough-videos/>

Additional Resources

- An example of how Austin writes Upshot posts, in four parts:
- <https://theincidentaleconomist.com/wordpress/how-to-write-1/>
- <https://theincidentaleconomist.com/wordpress/how-to-write-2/>
- <https://theincidentaleconomist.com/wordpress/how-to-write-3/>
- <https://theincidentaleconomist.com/wordpress/how-to-write-part-4/>