

# Making Evidence on Health Policy Issues Accessible to the Media

## Rendre accessible aux médias les données probantes sur les enjeux de politiques de santé

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### Abstract

The media shape consumer expectations and interpretations of health interventions, influencing how people think about their need for care and the sustainability of the system. EvidenceNetwork.ca is a non-partisan, web-based project funded by the Canadian Institutes of Health Research and the Manitoba Health Research Council to make the latest evidence on controversial health policy issues available to the media. This website links journalists with health policy experts. We publish opinion pieces on current health policy issues in both French and English. We track who follows and uses the EvidenceNetwork.ca website and monitor the impact of our efforts.

## Résumé

Les médias façonnent les attentes et interprétations des consommateurs sur les interventions en santé, et ce, en influençant leur perception au sujet des besoins en matière de soins et au sujet de la durabilité du système. EvidenceNetwork.ca est un projet en ligne non partisan, fondé par les Instituts de recherche en santé du Canada et par le Conseil manitobain de la recherche en matière de santé. Ce projet vise à faciliter l'accès, pour les médias, aux données probantes récentes sur des enjeux controversés en matière de politiques de santé. Le site Web met en lien les journalistes et les spécialistes des politiques. Nous publions des articles d'opinion sur les enjeux de politiques de santé actuels, en français et en anglais. Nous étudions le profil des utilisateurs du site Web EvidenceNetwork.ca et nous surveillons l'impact de nos activités.

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**A**CADEMICS RESEARCH IMPORTANT HEALTH POLICY ISSUES, AND JOURNALISTS communicate with the public about these issues. Unfortunately, there is often a gap between what the media report and what researchers have found (Cohen 2009).

The media and academia are two different worlds. The media look for compelling personal stories and attention-grabbing headlines. Academics thrive on dry statistics and typically conclude that more research is needed. While a few academics become comfortable with the media, interactions with journalists are often unsatisfactory for researchers. Each side tends to come away discouraged and dismissive of the other.

Failing to communicate with the media, however, limits the exposure that research receives (Seeman 2009). Encouraging and training knowledgeable experts in the field to interact with the media is critical to the public's understanding of the evidence behind controversial health policy issues like the aging tsunami, the potential role of the private sector and wait times.

But being able and willing to talk to reporters and write opinion-editorial ("op-ed") pieces is no longer enough. Reporters actively use social media, particularly Twitter, to track breaking news; newspapers as well as radio and television stations have active websites with videos and webinars. Web-based media, such as the Huffington Post and popular blogs, also have a broad reach. Funding available through the Partnerships for Health System Improvement program of the Canadian Institutes for Health Research (CIHR) and the Manitoba Health Research Council (MHRC) have encouraged a group of academics to partner with media to sort out these issues. This initiative led to the launch of EvidenceNetwork.ca.

## The Need for EvidenceNetwork.ca

To make it easy for the media to access evidence in covering key health policy issues, we have built a website that profiles evidence on controversial health policy topics. Journalists are also provided access to over 70 highly qualified experts to discuss these topics. Through workshops and introductions by means of our media partners, we have established links to journalists across the country. We collaborate with key knowledge brokers of health policy evidence,

including the Canadian Health Services Research Foundation, Health Council of Canada, Canadian Institute of Health Information, Canadian Institutes of Health Research and Canadian Agency for Drugs and Technology in Health. EvidenceNetwork.ca has already published more than 300 op-ed articles on a variety of health policy topics in newspapers across Canada. Our social media accounts, including Twitter, LinkedIn and Facebook, disseminate the evidence to reporters and others.

This integrated KT approach (CIHR 2012; Gagnon 2011) is designed to influence how evidence on key issues is transferred to the broader media and hence to the public and to decision-makers. Why focus on evidence? Because the public debate around health policy is important to Canadians (Gallagher 2005). An informed, non-partisan collaboration between healthcare researchers and the media enriches the public dialogue about current controversial health policy issues (Soroka and Fournier 2011). Canadians face ongoing decisions about many complex health policy issues, including the impact of an aging population, pharmaceutical spending, healthcare accessibility, private sector financing/delivery, user fees, sustainability of the healthcare system and inequality of access.

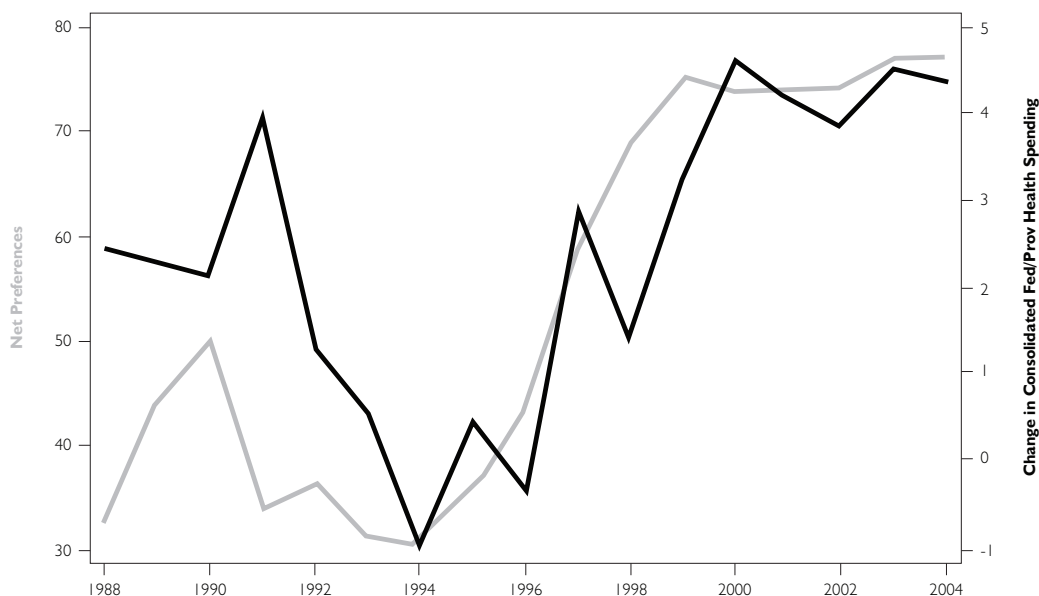
We seek to improve the Canadian healthcare system and, ultimately, the health of Canadians by ensuring that our best health policy evidence is understood by journalists and accurately communicated to Canadians and policy makers. Soroka (2007) has shown the power of public opinion in his graph tracking the relationship between healthcare spending and people's response to the question, "Do you think the federal government should spend more, spend less or spend the same amount on healthcare?" (Figure 1). When the public has concerns, healthcare spending tends to go up, even though the stories creating those concerns may have little basis in fact.

## What Have We Done?

EvidenceNetwork.ca provides and promotes access to health policy experts and evidence. The website is designed to highlight a number of relevant and newsworthy health topics. Early conversations with journalists, including former and current publishers and editors, made it clear that neutrality was important. Several contacts mentioned that academics are known to be left-leaning; it was suggested that if all we wanted to do was provide a counter to the right-leaning Fraser Institute, then we would not be successful. The Canadian Centre for Policy Alternatives was noted to serve that function well.

Therefore, in putting together the evidence, we told our experts: "This project is about getting the evidence right; if there is anything missing, let us know. If we have gotten anything wrong, let us know and provide the evidence demonstrating this. We expect people will sometimes interpret the evidence differently. That is okay, but we do want to make sure we have the evidence right." We also hired a journalist to rewrite the material being put on the website and then checked with the experts to make sure the evidence had not been oversimplified. Overall, this was a challenging process.

**FIGURE 1.** Does opinion matter? Public opinion and health policy



The opinion measure is based on the following question, asked yearly by Environics: "Do you think the federal government should spend more, spend less or spend the same amount on healthcare?" "Net preferences" is the percentage saying "more" minus the percentage saying "less" each year. These opinion data are lagged by one year in this figure to account for the timing of the budgetary cycle. The spending measure is consolidated federal, provincial and local government spending on health from CANSIM matrix 385-0001. Figures shown are for early changes in billions of constant (2000) Canadian dollars.

Source: Stuart Soroka (2007), McGill University, CHSPR Conference, March 5–8, 2008, Vancouver, BC.

Early on, we asked journalists to recommend the topics we should focus on and the types of evidence they needed. Their response was that they did not want to pick topics; rather, they placed importance on having quick and easy access to experts. We recruited experts using the criteria of the Science Media Centre of Canada (SMCC 2010), selecting highly regarded individuals with established academic reputations after review by other experts in the field. We reviewed their publishing record, ability to communicate in laypersons' language and the absence of partisan ties (including running for political office and lobbying affiliations). Some regional balance of experts is also sought. Experts are asked to respond to journalists within a two-hour time frame, if possible. They also agreed to have their contact information placed on the website, including mobile numbers, and to provide a high-resolution photo of themselves.

### Building on the Original Idea

Our original conception pretty much stopped here. However, we recruited a communications director (Kathleen O'Grady) who brought a wholly new set of ideas to the action plan. Owing to the changing media environment (Cooper and Brown 2010; Olson 2009), different forms of social media were needed to drive interest to the website. Journalists spend a lot of time on Twitter and are increasingly using it as a resource, so we implemented Twitter (2,200 followers and growing), as well as an invitation-only group on LinkedIn (118 members), Facebook,

a YouTube video and a Wikipedia entry. Another key contribution was the suggestion that we could place op-ed pieces in mainstream media. Given that we were trying to get evidence into the media, what better way than to have our experts write the stories?

Op-ed writing is new for many academics (Dean 2009). It differs from academic publishing, and there would appear to be few rewards. However, this form of writing is an effective approach to knowledge translation and exchange (Heaselgrave and Morrison 2010). The receptivity at CIHR and from others to our success has been strong. O’Grady developed a set of guidelines for writing op-eds, working with our experts to revise their drafts (Figure 2).

**FIGURE 2.** To change minds and maybe even behaviours – *here’s how*

Op-eds, sometimes also called “commentaries,” are generally provocative, sharp and precise. Following the basic rules of commentary writing is paramount for getting your submission published in the leading media outlets. It will also help sharpen your argument and develop the narrative that will leave a lasting impression with readers.

The following key parameters will help keep your submission stylistically within the requirements of most major Canadian papers:

- The commentary must be no more than 800 words absolute maximum (650–750 words is ideal) and must be timely (on a topic that has recently been in the news, or should be).
- It must express a point of view or opinion on a specific topic on which you have expertise. This viewpoint should be expressed in the first couple of paragraphs. Proofs for this opinion can follow in the body of the article.
- Ideally, your piece will draw on more than just evidence, using personal experience or a personal story as an example. Or, you may use a helpful metaphor to make your argument compelling as well as convincing. This helps readers to connect with the article. Research, on its own, rarely changes minds.
- Stay away from jargon and too many statistics – particularly in the first couple of paragraphs. Your article should read like a well-spoken, compelling speech with an informed conversational tone.
- Citations are absolutely prohibited – both in the body of the text or afterward. If you must credit someone with an idea, the source should be contained within the sentence itself and be part of the story you are telling.
- At the conclusion of your article, leave the reader with a solution, or steps towards a solution, or next steps (other than “more research”). Highlight who the players are (individuals? levels of government?) and what specifically needs to be done next.
- Keep in mind that editors give preference to commentaries that follow these rules precisely and that provide their readers with evidence, examples and possible solutions as part of a stated opinion.

The guidelines given to our experts consisted of the following points:

- Your article should be 650–750 words.
- Keep the wording simple; do not use jargon.
- Express your opinion, and where possible, give personal examples.
- Minimize statistics; avoid citations.
- End with solutions and next steps (not just a recommendation for more research).

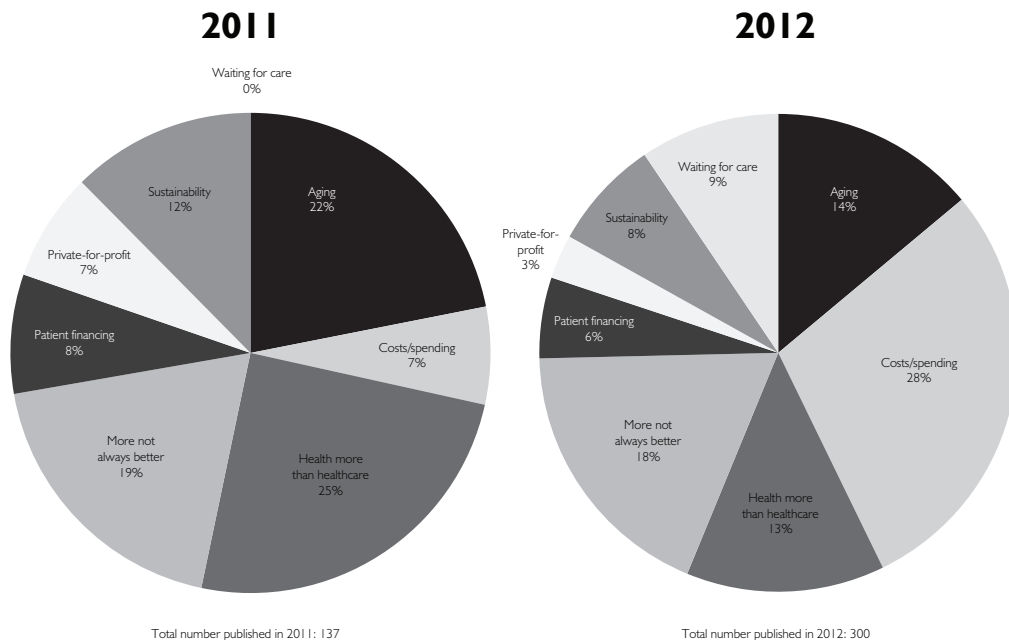
Because these op-eds are represented as products of EvidenceNetwork.ca, we also include an informal peer-review process. Noralou Roos sends op-eds that might raise red flags to other experts for critical appraisal before publication is sought.

While our communications director has done well at placing and reprinting op-eds with the high-profile newspapers (the *Toronto Star*, the *National Post*, the *Globe and Mail*, the *Huffington Post*, the *Hill Times*), we also work with Troy Media, a news service based in Calgary, to give our op-eds even further reach. Troy had been suggested by the comment editor

of the *Winnipeg Free Press* when we were discussing how to make Evidencenetwork.ca “work.” Troy Media sends out op-eds in multiple waves to editors and media across the country, from the largest broadsheets to the smallest community newspapers. Material goes to opinion-page editors and talk shows, to health and lifestyle editors and reporters and to weekly news services.

Often, our op-ed articles are published with different titles (as editors have control over the title), half a dozen times on different days in papers small and large across the country. Since April 2011, our experts have published 81 op-eds more than 300 times in major media outlets, and several dozen more times in smaller community papers. As Figure 3 illustrates, the drafting and uptake of op-ed articles has not been uniform across all topics. The most widely published themes include healthcare costs and spending, and health as more than simply healthcare.

FIGURE 3. EvidenceNetwork.ca percentage of op-ed articles, published by healthcare topic



We are branching out beyond op-ed pieces into more mainstream articles for newspapers and magazines. Given that audio and video have been shown to be powerful communicators (Traphagan et al. 2010), we are posting videos of our experts on the website and have been encouraged to “shop” these to newspaper, radio and television. Initial interest is strong.

### Success to Date

How successful have we been? One positive indicator is that the media are beginning to come to EvidenceNetwork.ca for material. *Macleans*, in their December 2011 article, “Why the Markets Can’t Run Hospitals,” quoted a description of how funding works in Canada, directly from our

website: “According to the non-partisan Evidence Network website, out of the University of Manitoba, health care funding can be public, quasi-public and private ...” (Belluz 2011).

The *Hill Times* – the Ottawa newspaper read by many in politics and the bureaucracy – asked us to submit op-eds to its special issue on health. Eight of 17 articles included in the online version of the *Hill Times* Policy Briefing: Health (February 6, 2012) were by EvidenceNetwork.ca experts. Others writing for this edition included the federal Minister of Health, Leona Aglukkaq, as well as MPs from the NDP, Liberal and Conservative parties. More mainstream outlets, like the *Huffington Post*, routinely ask for new content. Our publications have run in both French and English in nearly every Canadian newspaper, from the *Globe and Mail* to the *Sudbury Star*, from *Le Devoir* to *Le Soleil*.

We monitor usage of the website using Google Analytics. We communicate with our experts monthly on how many times they have spoken with the media, and we receive reports from Troy Media to track our performance.

According to Google Analytics:

- The website has had well over 57,690 page views since May 2011 and almost 27,500 visits by 17,441 different readers. The number of page views continues to rise steadily.
- Most visits came from people looking specifically by our URL, by our name or by direct referral to us compared to anonymous Google searches for key words, such as “health” or “medicare.” This means we have good brand recognition. Because it takes time for Google to crawl through new sites to direct more traffic based on key words, we should expect future increases in traffic.
- While we had visits from 106 different countries, the bulk of visits came from within Canada.
- We had visits from 1,250 cities, with the top three cities being Winnipeg, Toronto and Ottawa.
- While our most visited page is the landing page, other pages visited frequently are the page listing all our op-ed articles and that listing our experts.
- A Google search to determine how many websites contain the phrase “evidencenetwork.ca” produced 11,300 results. Our outreach efforts appear to have been successful in persuading many others that we are a credible site to which to refer their readership. A search for our website URL, [www.evidencenetwork.ca](http://www.evidencenetwork.ca), identified 1,550 sites that hyperlink directly to the site. Our Twitter followers and re-tweeters include most top health reporters, MPs from all political parties, government ministers, NGOs, policy makers, medical students and others.

Troy Media monitors how frequently the media view our op-eds on the Troy site. Several times, one of our op-eds has been one of the most highly viewed articles. On June 17, 2012, Troy noted: “Gagnon and Sismondo’s commentary, ‘Beware the Ghosts of Medical Research,’ has been read 6,701 times since yesterday. Congratulations; it was the top story on troymedia.

com two days in a row.” Troy also reports every time one of our op-eds is published and provides circulation figures for that media outlet. For example, an op-ed by John Millar ran in the *Toronto Star* on March 14, 2012 (weekly circulation: 1,310,000). We track the total circulation exposure over time to assess the breadth of the audience reached.

Editors seem to like us because the op-eds are free and offer good material, and we provide the necessary details (photos, etc.). Editors, in turn, respond to our objections regarding headlines (that is the one thing they routinely write) and change them accordingly.

## Conclusions

Are we unique? We are not sure. Several groups are working with the media. Science Media Centre of Canada (and similar centres in the United Kingdom and Australia) writes background-ers on recently released scientific papers and offers links to pre-publication sources. However, these science media centres do not write op-eds and have traditionally covered the “one off” scientific breakthroughs. Health policy is a recurring issue that is more difficult to profile. Media Doctor (in Canada and the United States) and HealthNewsReview.org in the United States are also web-based groups; they independently review how the media report on drug issues.

Unique or not, our approach has lots to recommend it. We have recently received a three-year grant renewal from CIHR/MHRC that will enable us to expand our topics and build on previous efforts. More academic groups could adapt this model for working with the media to make research and evidence available to the public. There is little to lose, and the public is potentially the big winner.

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