Why public health experts have their own printing presses — and why they should use them

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BHEKISISA
CENTRE FOR HEALTH JOURNALISM

The year when everything changed

- **1995:** The year of O.J. Simpson and the entanglement of Bill Clinton and Monica Lewinsky. The second year of **South Africa's democracy**. The year **Amazon.com and eBay** established their presence online. Microsoft spent $300 million launching Windows 95. (Alan Rusbridger, *Breaking News*)
- It was the year that the **digital revolution started** — and it **changed EVERYTHING**.
- Before the **digital disruption**, the news media owned the printing presses and with it the exclusive power to hand down the news it gathered — and the ability to carry almost all available advertising.
- But the internet and social media **equipped everyone with a printing press.**
- The news media's **economic model collapsed** (and is still broken), and **"for the first time in modern history, we're facing the prospect of how societies would exist without reliable news"** (Alan Rusbridger, former *Guardian* editor)

Why do public health experts need to know this information?

- Because the media's business model has collapsed, **specialised desks**, such as health desks, funded through advertising, are **something of the past**.

- Newsrooms are filled with more affordable **junior reporters**, increasing the possibility of journalists getting **facts wrong** and creating **fewer opportunities** for expensive, **in-depth reporting**.

- As a result, **donor-funded reporting is increasing —** providing sorely needed resources, but, in the process, often turning editors into CEOs and fundraisers.

Bhekisisa: Johannesburg, South Africa

- **Donor-funded**
- **Editor, deputy editor, Africa editor**, 4 reporters, engagement officer, programme associate, accountant, M&E consultant, 10 Africa freelance correspondents

Technology has changed YOUR world as a public health expert

- Technology changed more than the news media: it opened up **two way or multiple-way communication** - it would be a mistake to carry on as though the world hasn't changed. (Alan Rusbridger, *Breaking News)*

- It is revolutionising not only systems of information but also the most basic concepts of authority and power**. On the internet, every voice is equal to every other voice.** (Alan Rusbridger, *Breaking News*)

- On the internet, your voice as a epidemiologist or pediatrician is **equal** to that of an anti-vaxxer or HIV denialist.

- There is **no system for verifying information** on the internet or social media. **How do we distinguish fact from fiction?**

Why you need to take the news media seriously

- **Medical Journal of Australia (2005):**
- **40% increase in mammogram bookings** when Kylie Minogue had breast cancer and received extensive media coverage

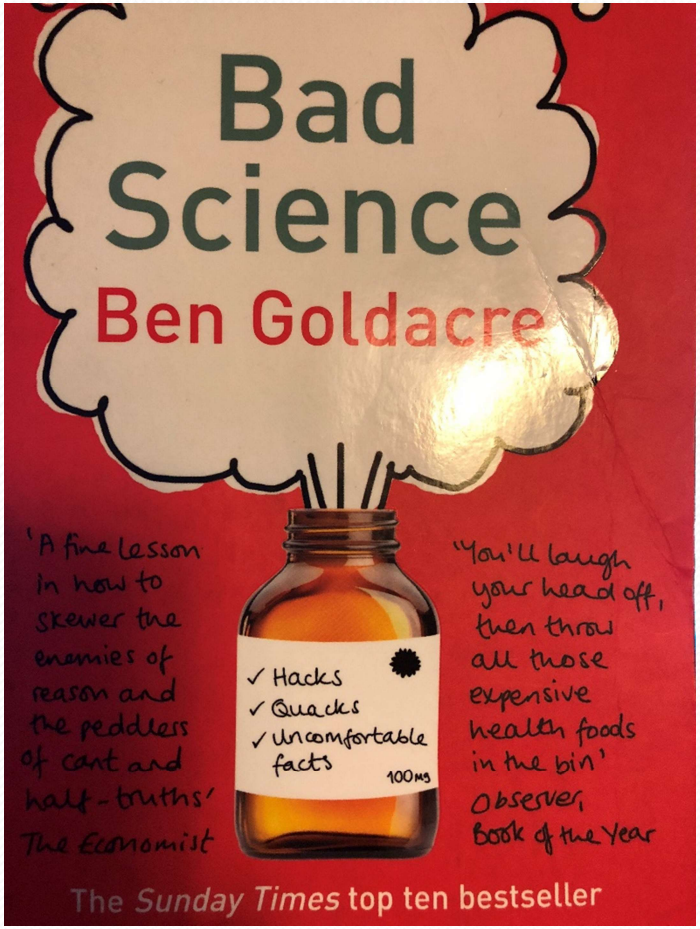
- **Systematic review of the Cochrane Collaboration (2008)**
- **Use of health interventions significantly increases with favourable media coverage** and decreases with unfavourable coverage
- If a study is quoted by the *New York Times* more academics cite it in studies
- **SA (Bhekisisa):** articles regularly quoted in journals over the past year, mostly when they referred to the cost of medicine (ARVs) and community healthcare (often op-eds), with research stated in the articles quoted in journal articles.

MMR vaccine and the media

- 1998: Andrew Wakefield publishes his now discredited and retracted paper in *The Lancet* claiming the MMR vaccine can cause autism
- Vaccine rates

- **1996:** MMR vaccine rates: 92%
- **2008:** MMR vaccine rates: 73% (some parts of London = 60%)
- **2008:** highest incidence of measles and mumps in UK
- **2019:** Measles cases have **risen by 300% so far in 2019** as compared with the same period last year, data from the World Health Organization shows.

MMR vaccine and the UK media



"It is because of the media's blindness and their unwillingness to accept their responsibility that they will continue to commit the same crimes in future."
Ben Goldacre, Bad Science

I tend to differ: it's because of both the media's and scientists' refusal to accept their responsibility to make information accessible through the media.

Why?

The media doesn't operate in isolation.

What featured in these stories?

- **2002 peak of coverage:**
- 32% Leo Blair (human face)
- 25% of Wakefield
- **Economic and Social Research Council – stories between January and September 2002:**
- *Less than 1 out of 3* mentioned evidence that MMR is safe
- Mostly reported by *political reporters*, not health or science reporters
- Became a *newspaper policy*: for or against MMR (SA: same with Aids denialism)

How did the different groups respond?

Pro vaccine

- **Unco-ordinated** comments by individual scientists
- **No case studies**/human face
- **No dedicated websites** with easily understandable explanations
- **Didn't target** any specific journalists

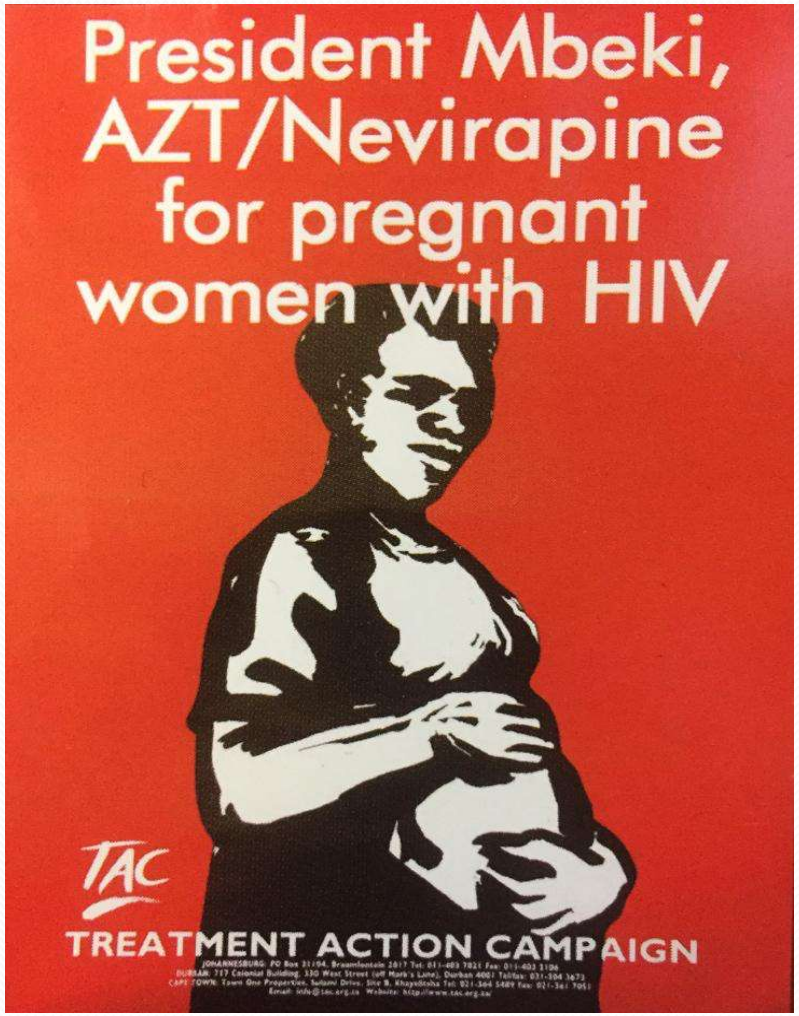
Anti vaccine

- Formidable, **co-ordinated** publicity machine
- Case studies/**human face**
- **Several websites** in accessible language with explanations for journalists
- **Targeted specifically general reporters** and not health or science journalists

7 things to learn from anti-vaxxers

1. Write **press releases** that can be copied and pasted
2. Make **tip sheets** available that explain difficult concepts in easy language (herd immunity, type of vaccines, statistically significant, etc)
3. **BE AVAILABLE** for interviews (you can ask to see your quotes)
4. Learn what a **sound bite** is (average duration = 15 sec)
5. Make **case studies** available (that way you direct the angle of the story)
6. **Target health and science journalists** (you need to know who they are)
7. Write **opinion pieces**
8. **Use social media to get your messages across**

Lessons from public health experts in the HIV denialist period in SA



- They were always available to **correct an incorrect statement** *(Glenda Gray, James McIntyre, Salim Abdool-Karim, Jerry Coovadia)*
- They were willing to learn from activists how to talk in **simple sound bites**
- They took part in protests (today's version: they would have protested via **social media**)

Why would public health officials want Twitter accounts?

1. To have your own printing press (1/3 of Bhekisisa's traffic comes from social media)
2. To know what others in your field are doing and tell them what you're doing
3. To interact with professionals in your field (it's much quicker than making a phone call or writing an email).

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villperrin US dentists prescribe 37 TIMES MORE opioids than UK
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ine prescriptions, No.	2 657 486	28 082
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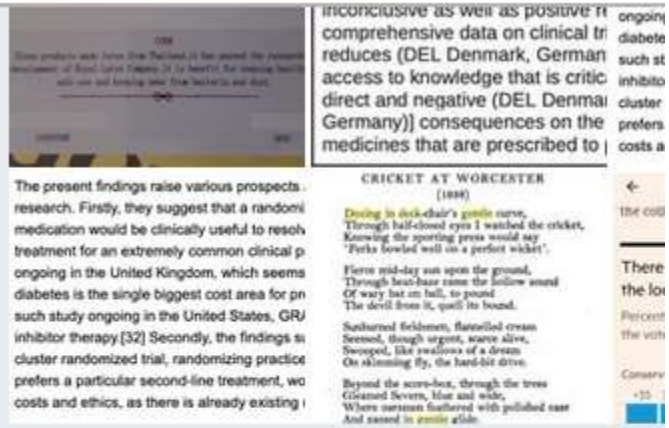
sed codeine prescribing rate, No. of prescriptions per dentist	13.5 (7.7-22.2)	1.2 (0.2-5.6)
ocodone prescriptions, No.	7 126 867	0
based hydrocodone prescribing rate, No. of prescriptions per ation (95% CI)	22.0 (13.8-33.3)	0 (0-3.7)
sed hydrocodone prescribing rate, No. of prescriptions per % CI)	36.3 (26.1-49.8)	0 (0-3.7)
odone prescriptions, No.	1 044 611	0
based oxycodone prescribing rate, No. of prescriptions per ation (95% CI)	3.2 (1.1-8.8)	0 (0-3.7)
sed oxycodone prescribing rate, No. of prescriptions per % CI)	5.3 (2.2-11.7)	0 (0-3.7)
adol prescriptions, No.	543 630	0
based tramadol prescribing rate, No. of prescriptions per ation (95% CI)	1.7 (0.2-5.6)	0 (0-3.7)
sed tramadol prescribing rate, No. of prescriptions per % CI)	2.8 (0.6-7.2)	0 (0-3.7)
d prescriptions by dentists, No.	67 604	0
based prescribing rate of other opioids, No. of prescriptions	0.2 (0.03-3.7)	0 (0-3.7)

* The category of other opioids includes levorphanol (n = 2), opium (n = 8), oxymorphone (n = 454), butorphanol (n = 176), buprenorphine (n = 338), methadone (n = 579), tapentadol (n = 695).

parison of Opioid Prescribing by Dentists in the United States and En...



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1 · Trending

The boys who lost their manhood

What was the story about?

- In the rural Eastern Cape many young Xhosa men going for traditional circumcision end lose their penises or large parts thereof. Doctors call them amputees. This 4500 word article told their story.
- *How does society treat them?*
- *Could their injuries be fixed?*
- *Are they still considered to be "men"?*
- **Date of publication:** August 2013
- Link: bit.ly/boysmanhood

Impact

1. The doctor interviewed made **120 copies** of the article and distributed at the Eastern Cape **health department**.

2. The health department and hospital put **pressure on traditional leaders** to find solutions.

3. Within 2 weeks of publication, **the traditional leaders agreed to meet TB/HIV Care Association** (an organisation that does medical male circumcision)

4. Two months after publication **six medical teams were assembled and put on standby** for the Christmas initiation season. Doctor's comment: *"This initiation represents the closest the Eastern Cape has come to integrating male circumcision with traditional circumcision."*

Impact continued

5. The **national health minister** asked the doctor quoted in the article to write an **advisory report** and **requested a meeting** with him to discuss potential **solutions** during which he gave policy input.

6. In 2014, the government started to work on a **new policy for safety during initiation**, that included more stringent rules for the registration of initiation schools and increased **co-operation between doctors and traditional circumcisers**.

7. Some traditional leaders in Pondoland now allow boys to get **medically circumcised** and then attend an initiation school.

8. The University of the Witwatersrand produced a **play, Pondoland, based on this story (using direct quotes from the characters)**, to tell the story of injured initiates. The play was performed **around the country** by the National School of the Arts. Two of the initiates traveled to Johannesburg to see the play.

9. In December 2014, SA's **first penile transplant was performed** on someone who lost his penis during initiation.

Our tweets

- Processing the pain: When traditional initiations go awry & what can be done to keep boys safe. http://bit.ly/2hhL3Hz
- A kinder cut: How SA doctors are working to make this initiation season safer http://bit.ly/2hhL3Hz
- Life, loss & identity - the aftermath of botched traditional circumcisions: "I went into that tent to become a man, but I came out as nothing. Today, I don't know what I am." http://bit.ly/2hhL3Hz

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