

## **“Who Can You Trust” MPHA Policy Forum**

**January 19, 2018...to deliver health messages?**

**Welcome- Matt Flory, President-elect**

**Moderator- Carol Berg, Past-president**

This forum will explore how to use different avenues of research sharing. How can we as public health (PH) professionals assure that credible sources are used to transmit PH information?

### **Panelist Introductions:**

**Susie Keefe:** Although I am in the biology department at Hamline University, my PhD is in medical anthropology. I have spent much of my training and research in Eastern Africa doing ethnographic research. I bring this background to my current research and teaching. Epidemiology and all of these statistics that we rely on so heavily in PH, help us to identify what a problem is and who is impacted by it, which helps us to begin to think about it. The work I do is really immersed and involved. For my most recent research I spent a year in Tanzania building trust and rapport and therefore the information that I walk away with is quite different than statistical, quantifiable information. That research helps us figure out why people are doing what they're doing and how to start thinking about helping them in different ways. I really think that these two methods are needed in conjunction and together. Together we have more power to overcome some of these things.

My senior seminar students did focus groups with Hmong student association in 3 local colleges in partnership with the health department. They learned the power of speaking with the community and learning their perspectives. I really encourage people to not dismiss qualitative research.

**Jeremy Olson:** It's a bigger challenge than ever these days because not only have to question the source, but you also have to question the platform that is providing it. Some platforms give you information in a culture that may distort reality (ex: Facebook and the election results). It's hard these days with organizations that can create a webpage that looks like news (Emergency Room Association viewpoint presented on opioids- presented a viewpoint, didn't present the whole picture). What is the intent or angle of the source? Also, what is the platform of the information being provided.

**Gary Schwitzer:** I think that we are seeing some of the best health, medical science journalism that we have ever seen, both in this country and globally. Unfortunately, if you picture occasionally peaks with valleys in between, called data dives, the occasional peaks are far too rare and the valleys represent the Tsunami of crap that happens on a daily basis and drowns out the mountain tops. How do we know whom we can trust? If a claim is made about how something can help someone an article meets the criteria to be reviewed. An unsatisfactory grade is assigned more than 2/3 of the time. If we're not adequately quantifying harms and

benefits, such as by exaggerating benefits, what kind of informed healthcare consumer population are we getting in the daily drumbeat (the Tsunami valleys). How do we judge whether we can trust a government source? Has can we trust an organization that denies global warming? How do we know how to trust professional organizations? We're going to just be a dog chasing our tail if we just say "Who Can We Trust?" We need to get at "How do we know who we can trust?" This needs to be based on some systematic review criteria.

Article reference: "No Wonder No One Trusts US" Op-ed  
<https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2645148?redirect=true>

The conversation between a patient and a doctor. It's when you listen to and see the trust issues that are surfacing, not only with journalism, but also with the sources that journalism relies on- we really are in a mess. There's this intersection of medicine and the media that both by nature rely on the connection to their cliental, but to me it seems that they are often the most disconnected on these issues that we all care about so much.

**CB: "Please provide some thoughts about the role of critical thinking and health consumerism? How can we avoid being spoon fed our news and information?"**

GS: Some journalists have been very receptive of even very critical feedback that our organization has provided. On the other hand, if media messages do not want to listen to a health review organization then we have to provide tools for the general public. There needs to be more collaboration on missions like ours.

JO: In terms of critical thinking there are challenges and opportunities- opportunities exist to follow up with data and help readers with critical thinking process. As journalists we are challenged to help readers to find the information and also providing the data that you can search through. Providing access to information provides a pathway to critical thinking.

SK: When you see a compelling info graph that is all branding and marketing it's important to think: Who are these people? What are they trying to achieve? What is their bias? What are their sources? A first clue is if there is no source attached, then something is not right. Be consistent with informing while consuming and also while generating information. No single source or organization is invaluable or single handedly trustworthy or not. We are all bias in our own ways. What are the tools needed to think through the critical thinking process?

GS: Follow up- Every dog has his or her day. The NY Time's Well Column is among the league leader in fluff in lifestyle news you can't use, almost 100%, without even a nod in the direction of the limitations of observational research, but communicated as if cause and effect has been established. Another example is NewsWeek Nutrition Coverages. It's both sides of the street, both the media and the science that feeds it. Controversial piece from the Journal of American Medical Association on conflicts of interest vs. confluence. There are in fact conflicts of interest

around every corner. This raises question around the editorial processes at the journal overall, of what gets accepted and what does not, and once accepted how does it get reviewed.

**CB: “Why does the term evidence-based get a bad rap/ negative condonation in culture or politics?”**

JO: Compared to eating your vegetables. When evidence tells you something you don’t like or you already know you should be doing it already creates a negative condonation if it’s already contrary to your viewpoint.

SK: The challenge of evidence-based research is that it flip flops- butter is good, butter is bad. People that are distanced from the scientific process only get the highlights and it’s very confusing. To understand how to critically think through why that is happening and to view it in a positive way.

About 2 years ago the CDC put out a piece of pregnancy and alcohol. The point is that alcohol can harm a fetus, but the way that the piece was framed as that it was a problem for women. It’s not bad information, but the way in which its framed- it doesn’t matter if the information is bad, but it targets women as their responsibility. There is a responsibility of the way that we take really important information and present it in ways that are not blaming people.

GS: The more that health science groups push evidence-based medicine the more that they are accused of “cookbook medicine”. If we aren’t going to base our work on evidence than what are we going to base it on?

JO: A few years ago while writing a story on PSA testing for prostate cancer, while the recommendations were fairly loose. I tried to make this story about one individual that had received a PSA test and to follow him throughout the process with hopes of having an answer of whether or not PSA testing was good. In the course of an hour the story flip flopped several times. It’s a challenge to tell compelling stories and take a stand for what they should do in healthcare. We have to be careful. It does give you an opportunity to tell people what you don’t know: here’s what the evidence says and here’s what we have yet to learn.

GS: Lead with the uncertainties and the limitations rather than the causality. Think of the public education that we could effect.

**CB: “What are your thoughts about health testimonies from celebrities?”**

SK: We are all familiar with Jenny McCarthy- not a fan. Sirena Williams on the flip side just had her first child and was very ignored in the hospital in a life-threatening way. Even with her power and privilege as a famous person she was completely dismissed and ignored in her situation of giving birth. We are all familiar with health equity issues. For celebrities don’t think that we can dismiss it outright in the role that they play, but it goes back to the critical thinking role.

GS: Jimmy Kimball's openness about his son got a lot of people talking. Maybe the league leader in harmful tends to be on screening tests (e.g. men and women saying their lives were saved by PSA tests or mammogram tests). If we are going to get into "I'm going to tell me story" then it's important to know more information about what was discovered from these testing. This can create pressures for physicians to do testing whether necessary or unnecessary, when a better starting point would be shared decision making between the physician and patient.

JO: Your view on the testimony relies on your view of that given celebrity at that specific time.

**CB: "How can PH professionals guide people to the best sources of information to exercise more critical thinking?"**

JO: I do think that it helps to help consumers get to the information. Having the original data is useful also for informed writing and reference.

GS: Professional medical group guidelines are often terribly conflicted. "If you want pizza, you go to the pizza man." If you want surgery then you go see a surgeon. How do you cut through that? U.S. Preventative Services Medical Professionals task force- grade recommendations.  
<https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/uspstf/index.html>

Small Group Discussions-

**Questions for Susi- "From an anthropological standpoint, how do you use your skills in influence policy or viewpoints to achieve PH goals in other cultures and societies, how could we have done better with the measles outbreak, how do we foster greater trust in our communities?"**

I don't think that anthropometry as a discipline aims to change others. What we can do is use our knowledge and relationships to help others understand what a community is thinking and feeling and what their needs are. Referring back to my project with my students in collaboration with the health department and the Hmong community we were able to learn more about their community and their needs. It would be very damaging if the starting point of community-based participatory research was to come in and change a community and/or their behaviors. If we can provide appropriate, contextual information than people can make their own, informed decisions. Student's project stimulated the community asking questions and evaluating their own decisions. For the Measles outbreak, this is work that requires a foundation of trust, rather than just a quick fix or emergency response. There also is no quick way to apply qualitative findings to other groups, since all groups are unique.

**Question for Gary- "How do we get University Public Relations Offices to Communicate the Important Information from Studies Verse the Sensational and Misleading Sound bites?"**

As with the info graphic point that Susi made, it's an example that everyone is selling and promoting their own ideas. Even academic medical and university centers heighten their own work in an unbalance way. We have begun reviewing all medical PR new releases from all sources- 94% inadequately report cost (about 500 reviewed). HealthNewsReview will review in advance to give feedback. We should be asking, "What is the role of an academic medical center?" It is to promote and heighten one's worst or is it something larger?

**CB: "Could you speak to, or about the evidence related to, the policies around PH such as social conditions (e.g. minimum wage or paid family leave) and conveying them?"**

JO: I wouldn't treat it differently. The same journalistic criteria apply. What's the quality of the evidence? What are the sources of the information?

GS: We tend to see a medicalized news more often than these social determinant topics, that are hard things to sell. There becomes a self-fulfilling prophecy regarding medicalized society. We are one of two countries that allow direct pharm advertising to patients. Internationally people think we're nuts on these issues, and they're right.

**CB: "How do we deal with the challenge of explaining probabilities of various health-related issues, which are not easy to comprehend?"**

JO: I don't find probabilities that hard to communicate. The pit fall is when it is communicated as gospel (e.g. wine is going to save your life). People understand that there are nuances and shades of grey, but it's important that it is stated as probability, rather than cause and effect.

GS: Recommended sources- Gigerencer (German)- natural frequencies and breaks sources down to be understandable by both the general public and physicians. He talks about mix matched framing (using relative risk and absolute risk is misconstrue data). Also, in the U.S. Steve Woloshin and Lisa Schwartz- have done a lot of work on the back of the FDA on easier to understand fact boxes.

*Thank you to our panelists and our sponsors, without you these forums would not happen.*

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### **March 23, 2018...when thinking about food, drugs and nutritional supplements?**

In this forum, our panelists and forum participants will explore the role of health promotion through industry and government reports, the claims and promotion of guidelines, and the promotion of drugs and nutritional supplements through advertising.

### **May 4, 2018...in your community?**

It takes an entire community to provide resources and services to help keep us healthy. From social workers, to teachers, to peace officers, to religious leaders, to health professionals, we rely on others. Can they be trusted? What criteria should we use to assess their trustworthiness?

## Our Forum's Panelists Bio's

**Susi Keefe** is assistant professor in the Program of Public Health Sciences in the Dept. of Biology at Hamline University. Her research centers on the intersection of gender, religion and health in East Africa. Dr. Keefe received her Ph.D. from Brown University in 2010 from the Department of Anthropology. In addition to her graduate education in the Department of Anthropology, she was a trainee of the Population Studies and Training Center (PSTC) at Brown that culminated in dissertation research in Tanzania funded by a Fulbright-Hays Doctoral Dissertation Research Award. She has published articles and chapters on reproductive health and decision making, Islam and bioethics, marriage and kinship, and intimate relationships among Pare and Swahili women and men. She teaches Introduction to Public Health, Global Health, Health Equity, and Health and Environment at Hamline. Her teaching engages students in community based participatory research in St. Paul with an emphasis on Health Equity.

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**Jeremy Olson** is the medical reporter for the Star Tribune. His coverage includes trends and innovations in health care, data analysis of medical costs and utilization, and watchdog stories about doctors and insurers. He seeks to demystify the delivery, politics and business of health care in an era in which consumers are expected to make more of their own medical decisions. Mr. Olson won the Pulitzer Prize for local reporting in 2013 for a series on licensed child care that has resulted in a sustained decline in children dying in care. He has also received the Frank Premack Public Affairs Journalism Award (2009), and the Casey Medal for Meritorious Journalism (2005). A 1995 graduate of the University of St. Thomas, Mr. Olson has worked at newspapers in Iowa, Illinois and Nebraska covering floods, deaths in foster care, abuses of meatpacking workers, and problems in VA surgeries. His coverage of a suicide in a schizophrenia drug trial resulted in research ethics reforms at the University of Minnesota.

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**Gary Schwitzer** has specialized in health care journalism for 44 years. He has published the HealthNewsReview.org site for 12 years, applying 10 systematic criteria to the review of media messages that make claims about health care interventions. HealthNewsReview.org has published more than 3,000 reviews of news stories and public relations news releases to help consumers improve their critical thinking about health care every day. Schwitzer has traveled internationally educating others about this project. His articles about the project have been published in *JAMA Internal Medicine*, *The BMJ*, *PLoS Medicine*, *Trends in Pharmacological Sciences*, *the Bulletin of the World Health Organization*, and *Health Communication*. Gary worked in television news for 15 years – in Milwaukee, Dallas and CNN. He was founding editor-in-chief of MayoClinic.com and has authored the Association of Health Care Journalists “Statement of Principles,” and a guide for members on how to report on studies. He taught health journalism and media ethics at the University of Minnesota for 9 years and now has an Adjunct Associate Professor appointment in the UMN School of Public Health.

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**Our Forum's Moderator**

**Carol Berg**, past president of MPHA, received her RN degree in 1977 from Lutheran Deaconess Hospital and a BS degree in Nursing in 1982 from the University of Minnesota. She continued her studies at the University of London and received a Master of Science in Community Health in 1983. She spent 10 years in Madagascar and worked as Director of Nursing Education and Consultant for the Primary Health Care Program of the Malagasy Lutheran Church. After returning to the U.S., she was employed as Assistant Coordinator of Community Health Services at the Minneapolis Health Department for two years and then as State Refugee Health Coordinator for 7 years. In 1997 she became the Public Health Manager for UCare, a managed care organization serving diverse members throughout the state. During her 18+ years with UCare she served on over 40 task forces or advisory committees/collaboratives dealing with issues of health care delivery across cultures. Carol retired in 2016 and continues working/volunteering as a public health consultant.