

# Communicating Health Policy Evidence to the Media

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I am an academic by background, and I always complained about the fact that what I would read in the papers on high-profile health policy topics, not so much individual patient and medications, but what's going on in health policy. The Asian tsunami, the waiting lists, those kinds of issues.

A few years ago we started working on a project trying to help experts in some of these areas who've done research, make their work easily available to the media. Because the media does make an incredible difference to health policy issues.

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## Media Effects? Coverage of Privatization Issues

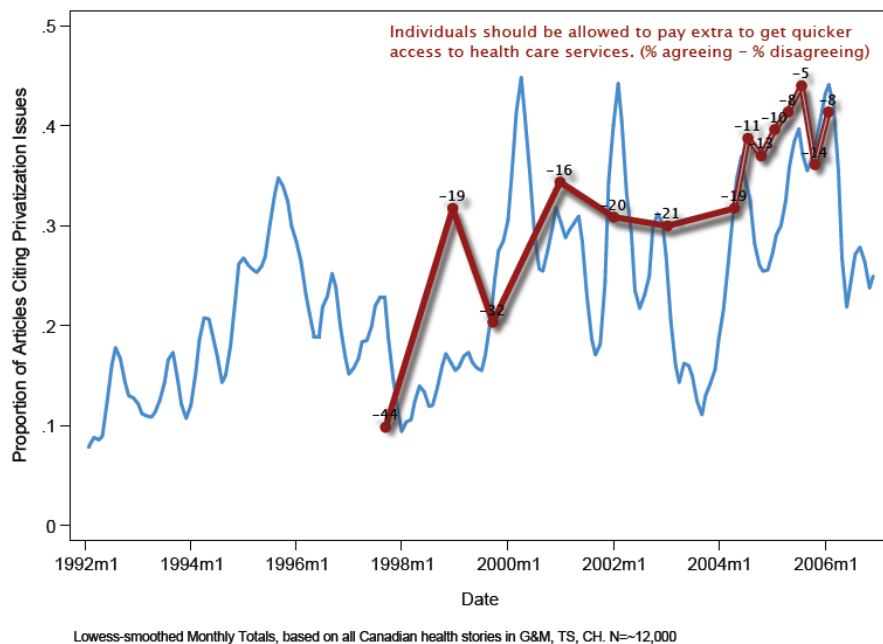
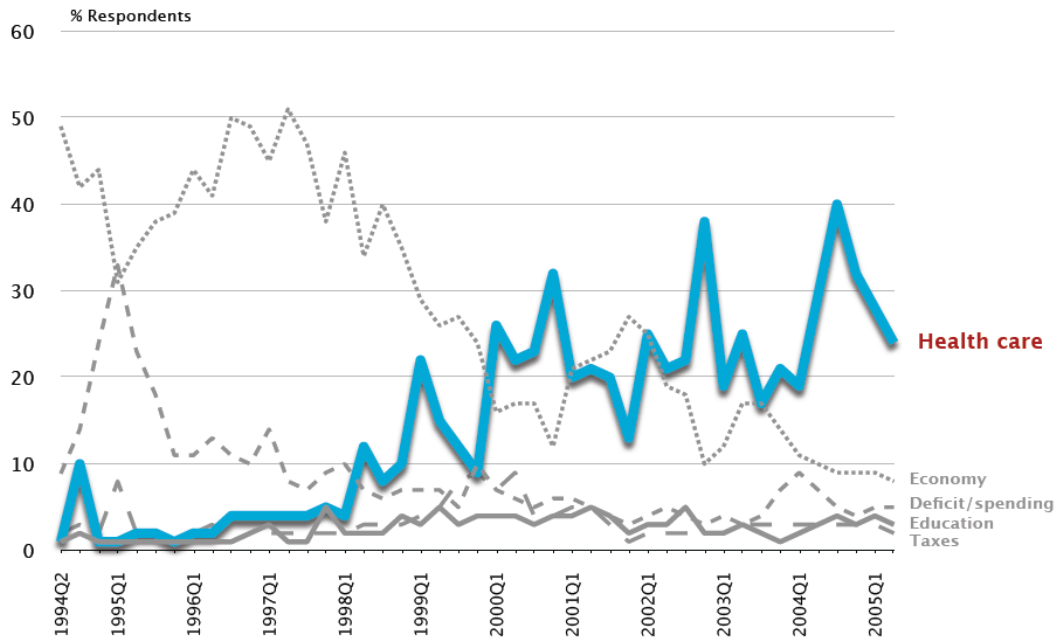


Figure 1

Figure 1 is from Canada. Somebody who has done a lot of work on public opinion and what effects it, and here he was monitoring the percentage of people who are arguing that individuals should be allowed to pay extra to get quicker access to healthcare services. What he's tracked here are the proportion of articles in the *Globe and Mail*, which is our major newspaper – the *New York Times* of Canada, basically. A national newspaper. Stories were increasing over this period where public opinion was changing.

## Public Opinion on Health Care: The Importance of Health Care

In your opinion, what is the single most important problem facing Canada today?

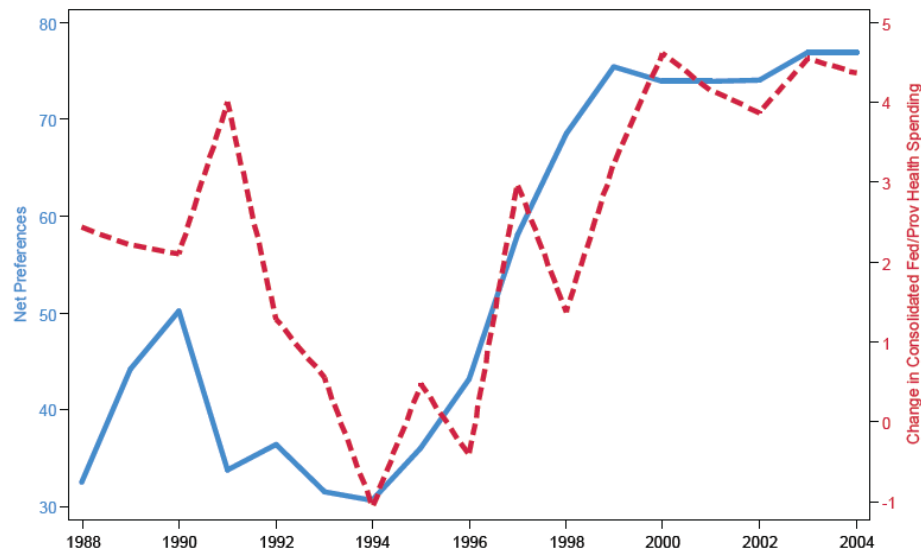


Source: CRIC, as reported in Portraits of Canada, 2005 (N=~1000/survey)

Figure 2

Figure 2 is another example of how important public opinion is these high-profile issues. This is looking at what the public thinks is an important issue, as in taxes, education, deficit spending, economy of health care. This is from 1994 until 2005. Over this period the percentage of people who thought healthcare was important was increasing dramatically. Does this matter?

## 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 health care? 'Net Preferences' is the % saying 'more' minus the percent 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 yearly changes in billions of constant (2000) Canadian dollars.

Figure 3

Figure 3 shows the change in healthcare spending in Canada relative to what public opinion is saying how important healthcare is. They've lagged on one year to allow conventional budgets to reflect what public opinion said; what public opinion said in one year the budgets reflect the following year. There is this pretty dramatic relationship. Don't worry about the fact that this isn't a randomised trial but it is pretty interesting evidence.

### Evidence Network.ca: linking health policy experts with the media

What is evidence network all about? EvidenceNetwork.ca links health policy experts with the media (Op-Eds) and with journalists providing access to credible, evidence-based information. It's really a very small operation. Essentially, one person to run the website, myself, and I work with academics across the country. We have an individual who has a media an ability to write for the media background. What we're trying to do is to link health policy experts so we have 70 people across the country, with the media and a journalist. We are funded by the national medical research council of Canada, and we met with journalists because they wanted us to partner with somebody to make some difference, so the media were one group we could partner with.

We asked journalists what the topics that they were working on that we could help them with in terms of making evidence easily available. Journalists pointed out they didn't know what they were going to be writing about next, and what they wanted was is easy access to the experts.

We got everybody to sign up to contact information, and they agreed to respond within 2-3 hours for questions which came from journalists.

SELECT A HEALTH CARE TOPIC

HOME ABOUT » EXPERTS » BACKGROUNDEERS COMMENTARIES » OUR VIDEOS » RESOURCES » EVENTS

# EvidenceNetwork.ca

NON-PARTISAN HEALTH POLICY EXPERTS AND EVIDENCE

Download our new free eBook! Making Evidence Matter in Canadian Health Policy  
By Noralou Roos, Kathleen O'Grady, Shannon Turczak, Camilla Tapp and Lindsay Jolivet

## Welcome to the Evidence Network of Canadian Health Policy

The Evidence Network of Canadian Health Policy, commonly known as 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 site links journalists with health policy experts to provide access to credible, evidence-based information.

### Our Topics

- AGING POPULATION AND ITS POTENTIAL IMPACT
- HEALTH IS MORE THAN HEALTHCARE
- HEALTHCARE COSTS AND SPENDING
- INTERNATIONAL HEALTH SYSTEMS
- MENTAL HEALTH
- MORE CARE IS NOT ALWAYS BETTER
- OBESITY

### Our Commentaries

#### Why a doctor prescribes tax returns

By Gary Bloch

Tax season is upon us and my practice is humming. I am not an accountant, I am a family doctor. My patients are not bank executives, they are largely people who live in poverty, many who are homeless and on social assistance.

#### Where will health leadership come from now?

By Ryan Meili

Amid the clamour and confusion around the end of the multi-billion dollar Canada Health Accord and the future

### Find an Expert

We have experts (listed by [topic](#) and by [geographic region](#)) who are ready and able to answer media questions and connect you with the evidence on issues in Canadian health policy.

VIEW EXPERTS

### How we can help

We are here to help you quickly make sense of complex health policy issues. We can help you understand what evidence is out there and how to put new evidence into context.

Review the evidence, browse how these topics have been discussed in the news or go directly to our list of health policy experts organized by [topic](#) or by [region](#).

### Join Our Mailing List!

\* Email

\* First Name

\* Last Name

\* = Required Field

Submit

### Making News

[Pharmacare in Canada: Lessons learned from abroad & implications for the Canadian healthcare system](#)

IHSPR Policy Rounds  
Tuesday May 6, 2014

Figure 4

Figure 4 shows a sample of our website. We have a whole series of topics that are up there. We have started because one of the things suggested was that if you are really interested in getting the evidence into the press you need the media to understand who you are. One of the best things you could do is to start publishing commentaries yourself from the experts, to get some credibility.

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# EvidenceNetwork.ca

NON-PARTISAN HEALTH POLICY EXPERTS AND EVIDENCE



**Aging Population and Its Potential Impact**

**What's the Issue?**

Canada's population is aging and per capita healthcare costs increase with age. Many political commentators have put these facts together to predict the aging population threatens the sustainability of Canada's healthcare system. But what if some other facts are thrown into the mix?

- The aged are only a small part of the population. An increase in the aged population is still only a small percentage of a small percentage.
- Too many Canadians are being persuaded to use more expensive treatments including brand-name drugs for

**Experts**

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Figure 5

We've published a whole series of commentaries which we also make available on the website (Figure 5). For each of these topics we list who the experts are, with their contact information, and what they are experts in. We also try and outline what the evidence is.

If you've ever worked with academics – who went through a screening process before we selected them – you will know it's not easy to get experts to agree on what the evidence is. Our approach to how we deal with evidence is:

- Recruit experts in health policy for each topic.
- Setting up an International Panel to provide comparative perspective.
- Advice from Independent Media Advisory Board.
- Participate in Conferences, Webinars, Fulbright tour to promote and discuss EN.ca.

We say it's about getting the evidence right. If we're missing something, or gotten something wrong, provide us with the evidence that shows that this is a problem. We know and understand that the experts are sometimes going to interpret evidence differently as to what the evidence means. That's

ok. We're not there to tell you how you have to use this evidence or make sense of it. But we are trying to get the evidence right.

One of the reasons we're doing this because when we first started this project I met with the editor of the local newspaper and asked how to make this work. He said that if we really wanted to make this work, the first thing you have to understand is that if all you are is a bunch of left-wing academics who want to get your views into the paper, forget it. They already had a right-wing operation that everybody knows about, the Frasier Institute, the Atlantic Institute. They already had the left-wing group, which is the Canadian Centre for Policy Alternatives. They didn't need another one of those. If we were going to give out the evidence we were going to have to be very careful that that's exactly what we were doing. That has been an interesting challenge.

We also, because what Canadians are continually being told about these issues with waiting times and how the system is funded, don't have user fees in healthcare. Canada has a 'communist' system and we don't allow the private sector to get in there and have an impact like they do in the Netherlands or in Germany or in the UK. The problem is nobody ever really understands what these systems are actually doing. So we've also been recruiting and have recently posted on our site a series of international experts from various countries who know something about the Canadian system and who know a lot about their own system and are willing to talk with the media (Figure 6).

We had Trudy Lieberman doing a Fulbright tour to discuss what some of the issues are. We have an independent media advisory board, who are all journalists or professors at journalism schools.

### **What have we achieved?**

We have been publishing a whole series of commentaries and op eds which have been interesting. This is very difficult. I was an academic who for the first 15-20 years of my career made every attempt to avoid any contact with the media, because I had had that one story where they got the story right, but the headline had the Dean on the phone to me, bringing me into the office and asking how I could say something like that. Which then made me as boring as possible if anyone ever phoned up, which usually resulted in no story.

What both myself and other individuals who have been willing to write a commentary (typically followed by interviews on radio or TV, often with another story coming out of it) have found very interesting is how do you have an impact on how a policy works? For example, in Manitoba children in care is a very big issue. We have a large first-nations population. We take children into care, and research by myself and a colleague of mine showed that these kids have horrible health outcomes: short life expectancies, women become teenage mothers, a whole series of awful things. We had a death of a child in care. The media were very big on this. There was an inquiry, which was going to be hugely expensive, they were only going to look at this death. I had contacted the ministry etc and tried to get myself on the agenda to talk to this group about broader issues of children in care which needed to be addressed. They had no interest in this.

My colleague did a commentary which came out of an article which was published in the *Lancet* comparing rates of children in care in Canada, the UK, and Australia and the USA. Canada had rates

of taking children into care which were enormously higher than anywhere else. It got a lot of coverage. She was called the afternoon that her commentary appeared to say they wanted to run a whole day of interviews with this inquiry. They ended up expanding the scope of the inquiry in an extremely positive way.

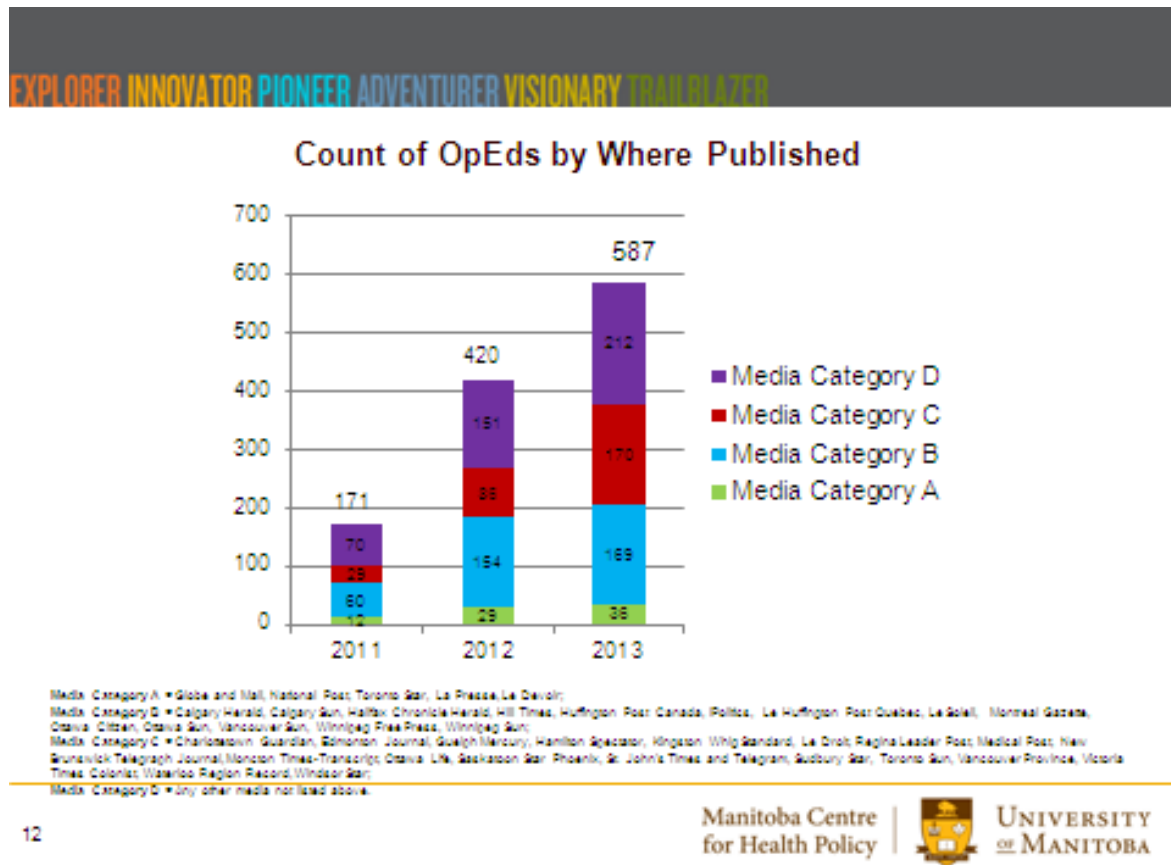


Figure 6

The number of op eds which we’ve published over the past 3 years has been going up pretty dramatically (Figure 6), and the *Globe and Mail*, the *National Post* (a very conservative paper), the *Toronto Star*, the very highest circulation papers made that increase remarkably. Now because we are known we will about once every 2 weeks will get a call from the editor or somebody on the editorial staff from these high-profile papers asking us who they should talk to, to find out about an issue. Sometimes we had to say we didn’t know, but often we can do it. This has been very encouraging.

This is really a line for academics. When we complain, it’s really because most of our research goes into academic journals that nobody reads except other academics (Figure 7).



Figure 7