

Communicating Scientific Information to Policy Makers

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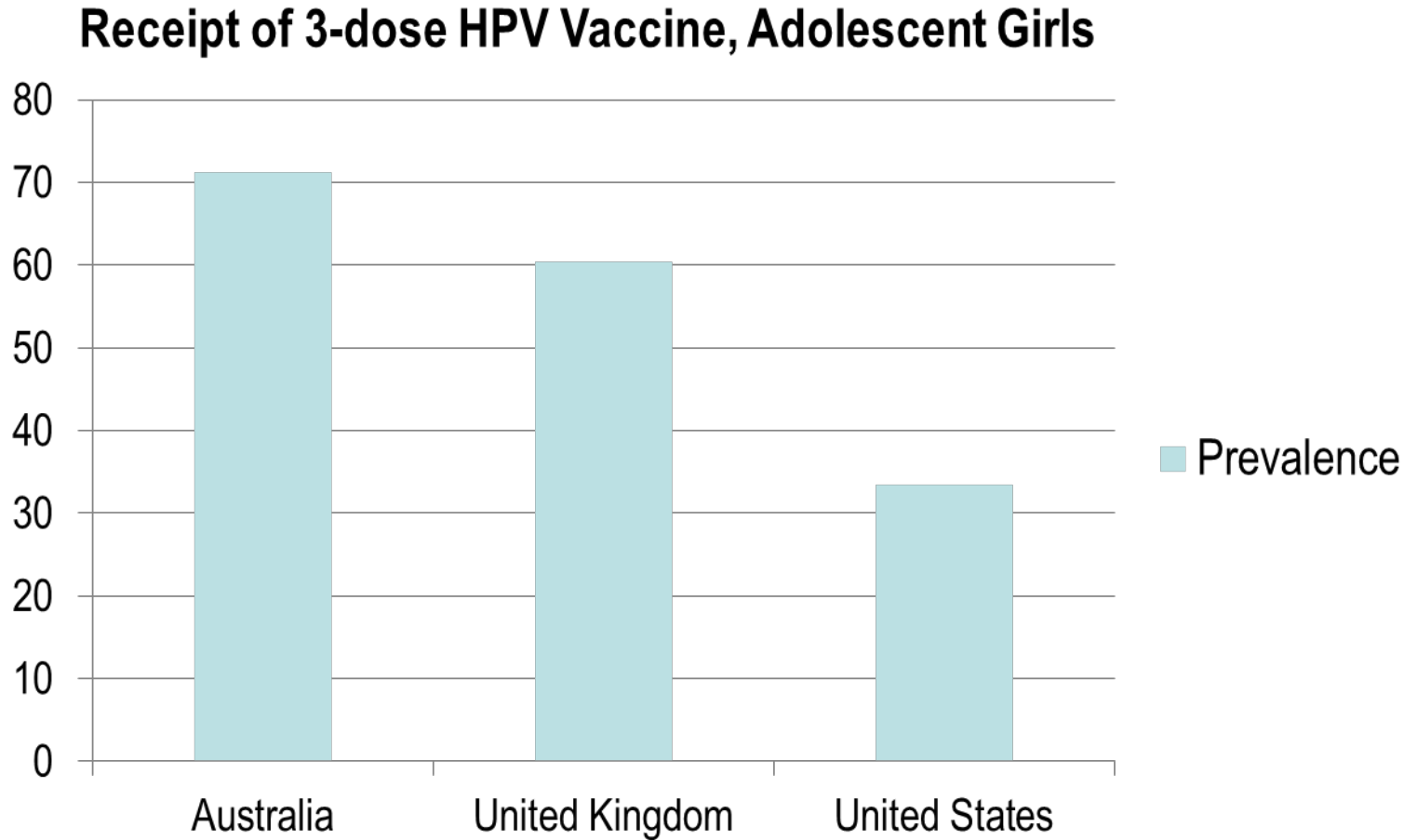
Overview

- Why
- Who (Audience)
- What
- How (and selecting a spokesperson)

Why Communicate with Policy Makers?

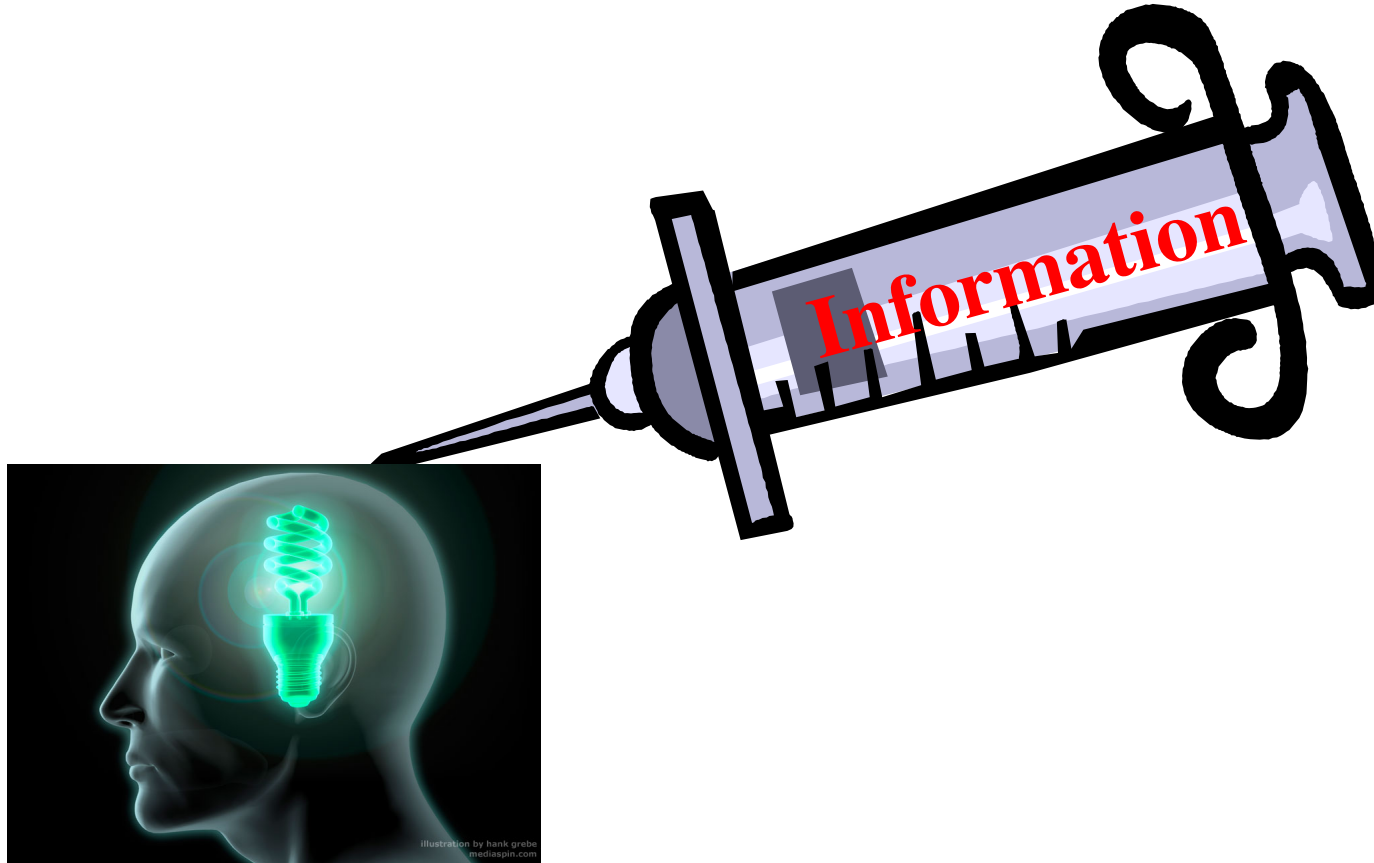
- Health and other policies have a substantial impact on the health of the public
- Opportunity to intervene upstream

Tale of 3 Countries: Policy & Cervical Cancer Prevention



Source: President's Cancer Panel Report, 2014

If Only We Could Communicate Scientific Information to Policy Makers Like This...



Does Scientific Evidence Matter to Policymakers? (I)

- Persuasion is the purpose for communicating with them
- Policymaking more an art than a science
- Scientific evidence matters, but less than scientists want
- Many health policy debates are disagreements about values disguised as disagreements about numbers

Does Scientific Evidence Matter to Policymakers? (II)

- Common in policy debates to use research findings as evidence to support diametrically opposite positions
- Scientific evidence viewed by policymakers as a tool for debate and negotiation, not “definitive truth”
- Anecdotes (personal stories), pre-existing beliefs, etc. can be considered by policymakers as credible evidence
- Policymakers influenced by many other factors

“It must be a very good and rare day indeed when policy makers take their cues mainly from scientific knowledge about the state of the world they hope to change or protect.”

L.D. Brown (1991)

Policy Makers

- Public vs. Private Sector
- Elected vs. Appointed (Public Sector)
- Authority to make decisions about laws, regulations, policies, programs, resources

Private Policymaking

- Private organizations or associations; range from larger businesses to health or other professional associations
- Involves persons within organizations making their own policy decisions
- Private policymaking often centralized with key decision maker
- Private policies by some organizations (e.g., medical or preventive care for employees or family, smoke-free worksite policies) can influence public policies

Two Corporate Examples

The Johnson Wax Company (U.S.) was an early leader in providing on-site physical activity opportunities for employees and family members

Pressure from interest groups has influenced McDonald's Corporation decisions about the oil used to cook french fried potatoes, use more environmentally-friendly materials, and treatment of farm animals by suppliers

The Washington Post

CVS changes name, stops tobacco sales early
(Sept 5, 2014)



Public Health (“Rational”) vs. Political (“Intuitive”) Decision Making

Public Health Process

- Identify problem
- Develop options
- Analyze options
- Implement policy
- Evaluate effect

Political Process

- Identify problem
- Place in context
- Use judgment
- Assess reaction
- Prepare for next crisis

Characteristics of Policy Makers

- Most: ambitious, hardworking, savvy (“street smart”)
- Aware of/attend to desires of bosses, constituents, & other important people or organizations
- Not well-versed in science/mathematics but likely to comprehend basic mathematics, especially finances
- Likely to rely on own intuition when make decisions

Desire for Certainty and Definitiveness from Experts

- Policymakers expect scientists to have definitive answers to questions or concerns—have difficulty when experts discuss uncertainty or when recommendations change

Example: Former senator Edmund Muskie stated that he wanted ‘one-armed scientists’ who do not say on the “one hand or the other hand” when asked about evidence about pollutants and health effects

Remember Two Key Concerns of Policy Makers

- How much is it expected to cost?
- Who is likely to be adversely affected or otherwise opposed (political considerations)?

Policymakers' Occupational Environment

- Often very busy; limited amounts of time
- Interact regularly with people who want something from them, e.g., resources, support; may receive many requests
- Rely heavily on aides (assistants) to control access and information
- Short summaries (e.g., one-pager with bullets and conclusions; inverse pyramid)



Working with Policy Makers

- Understand formal/informal processes: “how things get done”
- Develop longer-term relationships—do not just communicate when you ‘need something’ from them
- Work closely with assistants; meet their requests
- Cultivate relationships with high involvement policymakers (eg, someone affected by cancer)

Additional Recommendations for Working with Policymakers

- Show knowledge of the issue
- Show willingness to listen
- Develop knowledge of the opposition, their arguments, and if or how you will respond
- Be forthright in your position
- Maintain scientific integrity
- Maintain focus on "long view" and "big picture"

Use Storyline (Meta-Message or Single Overriding Health Communication Objective [SOHCO]) that is Science-Based

Main Point: What is core, or “bottom line” information, you want to convey? All your communication messages key off it.

This will vary widely, depending on the state of the science.

Key Questions to Consider Answering for Audiences when Developing Messages

- What did you find (e.g., what does research show)?
- What does it mean?
- What should be done?

SOHCO Construction

- Brief and concise
- One sentence
- Supported by a few short statements
- Written

**SOHCO Exercise: Indoor Tanning and Melanoma
Cancer Epidemiology, Biomarkers, and Prevention
(CEBP) Article Abstract**

Indoor Tanning and Risk of Melanoma: A Case-Control Study in a Highly Exposed Population. D Lazovich, RI Vobel, M Berwick et al. *Cancer Epidemiol Biomarkers Prev*; 19(6); 1557–68.

Background: Indoor tanning has been only weakly associated with melanoma risk; most reports were unable to adjust for sun exposure, confirm a dose-response, or examine specific tanning devices. A population-based case-control study was conducted to address these limitations.

Methods: Cases of invasive cutaneous melanoma, diagnosed in Minnesota between 2004 and 2007 at ages 25 to 59, were ascertained from a statewide cancer registry; age-matched and gender-matched controls were randomly selected from state driver's license lists. Self-administered questionnaires and telephone interviews included information on ever use of indoor tanning, types of device used, initiation age, period of use, dose, duration, and indoor tanning-related burns. Odds ratios (OR) and 95% confidence intervals (CI) were adjusted for known melanoma risk factors.

Results: Among 1,167 cases and 1,101 controls, 62.9% of cases and 51.1% of controls had tanned indoors (adjusted OR 1.74; 95% CI, 1.42-2.14). Melanoma risk was pronounced among users of UVB-enhanced (adjusted OR, 2.86; 95% CI, 2.03-4.03) and primarily UVA-emitting devices (adjusted OR, 4.44; 95% CI, 2.45-8.02). Risk increased with use: years ($P < 0.006$), hours ($P < 0.0001$), or sessions ($P = 0.0002$). ORs were elevated within each initiation age category; among indoor tanners, years used was more relevant for melanoma development.

Conclusions: In a highly exposed population, frequent indoor tanning increased melanoma risk, regardless of age when indoor tanning began. Elevated risks were observed across devices.

Impact: This study overcomes some of the limitations of earlier reports and provides strong support for the recent declaration by the IARC that tanning devices are carcinogenic in humans.

Message Suggestions

- Get quickly to the point and maintain focus; inverse pyramid is recommended
- Don't overwhelm them with too much information
- Use personal and real world examples (if possible); even better if from a relevant geographic area



Message Suggestions (cont' d)

- Use numbers sparingly (local data are best)
- Avoid jargon, acronyms, and cliches
- Be concise; provide one-page written handouts
- Be specific and use real world examples
- Use metaphors if appropriate

Metaphor Examples

“College students consume enough alcohol to fill 3,500 Olympic-size swimming pools, or about 1 swimming pool on every campus in the United States.”

“Child health care workers make less than \$10 per hour, whereas prison guards are paid more than \$18 per hour.”

Consider the Source (Communicator)

- Think carefully: Who will be the person who communicates with a policymaker(s)?
- Think carefully: What organization do they represent, e.g., government agency, professional society, voluntary health organization?

Source Example: Secondhand Smoke Policy

Mike Scanlon: ran 17 restaurants in
Lexington, KY (a tobacco growing area)



Instituted no-smoking policy in restaurants because of SHS
exposure health concerns

Testified that business has not been reduced

Strong support for city smoke-free ordinance

Final thoughts (I)

- Policy change involves a long-term commitment
- Science doesn't matter for some policymakers (fixed worldviews/ideology)
- Clearly distinguish between science and advocacy
- Blend scientific findings with personal narratives (stories) when feasible

Final thoughts (II)

- Good relationships with policymakers' aides essential
- Usually things move slowly, but sometimes very quickly; be prepared for rapid response
- Use short, succinct written materials and make longer documents available if necessary

