

The Challenge and Responsibility of Public Health Communication

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In the summer of 2022, Dr. Khiara Bridges, Professor of Law at University of California, Berkeley, was asked to testify at a congressional hearing on abortion rights. While congressional hearings are a regular occurrence, invitations for academic authorities to testify are less common. Too often, lawmakers coordinating these hearings do not invite testimony from members of the academic community, who are frequently some of the world's leading experts in specific content areas.

Dr. Bridges' testimony¹ made the national news. Unfortunately, it was not specifically for her depth of knowledge about abortion rights and the law. Rather, news outlets zeroed in on a heated exchange between Dr. Bridges and Congressman Josh Hawley, wherein the two sparred over terminology. Specifically, Mr. Hawley questioned Dr. Bridges' use of "people with the capacity for pregnancy," and questioned whether use of this term implied abortion was no longer a "women's rights" issue. While Dr. Bridges' justified her use of terminology by explaining that it accounts for individual differences in fertility and sex assigned at birth, Mr. Hawley's questioning highlighted the potential for such academic phrasing to be perceived as pedantic and potentially inaccessible to the broader population.

Maybe this was a trap by a savvy congressman who was hoping Dr. Bridges

would walk into. Maybe it was an unforced error on her part. The unfortunate end result was that Dr. Bridges became known for this brief, wordy exchange over semantics rather than the reason why she was invited to testify: her expertise on abortion rights and the law.

This is not the first time that an academic expert has missed an opportunity to share their knowledge with the world. It certainly won't be the last. However, this example underscores the challenge and responsibility that academic professionals have when communicating their scholarship and its implications with the largest potential audience. In an age of 24-hour news cycles and social media, academics must change their thinking about how to communicate effectively with a broad audience.

Publishing papers in the peer review literature is the coin of the realm for many academic disciplines, including public health. For other disciplines, such as history, the coin is books. A tenure-track faculty member's productivity is primarily measured by the number of publications in peer reviewed journals. Disciplines have their own norms for evaluating "productivity." In some, adequate productivity translates to 2-4 publications per year, while in others the expected value may be two or three times higher.

While academics strive to publish their work in "high impact" journals, the relative impact of an academic journal is somewhat

arbitrary. Journals like the Journal of the American Medical Association (JAMA) and the New England Journal of Medicine (NEJM) are internationally known; other specialty journals may have an impact factor dwarfed by those of JAMA or NEJM. In highly specialized areas of scholarship, publication in such lower-impact journals can be acceptable and may be seen as sufficiently productive for purposes of promotion or tenure review. But importantly, while acceptable for purposes of academic advancement, this endeavor usually only “impacts” a small number of people who read the literature or work in the specific field. Communicating with the public and changing discourse about public health events like COVID-19 or the opioid crisis is not going to happen through the peer-review process.

For some institutions, reliance on number of publications in academic journals is beginning to change. Some are now operationalizing productivity not only by the number of peer reviewed publications, but by the impact of the journals where those papers are published. Other institutions have begun to consider how well faculty members share their work with the world outside the ivory tower of academe, often in nontraditional venues. In this model, productivity would also be defined by the extent to which scholars share their work with the general public, via newspaper editorials or think-pieces, radio and television interviews, and perhaps even blogs and podcasts.

Public health is a discipline particularly well suited for this change. Much of our research and scholarship is (or at least should be) undertaken with the goal of promoting the health and wellbeing of individuals, neighborhoods, towns and cities. While some of this work impacts health policy, much has to be distilled down to the individual level. Sharing that work with the public via non-traditional venues might have a far greater impact compared to an obscure academic journal that may be behind an expensive paywall² and only read by a handful of people. This would also elevate those with significant content expertise and the best interests of the public in mind to

the role of credible public spokespeople, rather than politicians or “talking heads”.

In public health, we have lost the credibility narrative due to an inability to effectively navigate the new myriad of communication channels. In the past, a public health expert could be interviewed by one credible news organization, and their message would be repeated. Now, there are literally thousands of outlets for messages to be disseminated, many of which are pushing specific political or ideological beliefs while sharing “health” information.

Importantly, many of these new communication channels cater to their audiences far better than we do and traditional channels – such as newspapers – are falling short of their competition. Part of this problem may lie in readability. A recent report suggested that more than half of all American adults read below a sixth-grade level. However, newspaper articles are typically written at an 11th grade level³. Thus, the majority of Americans lack the literacy skills needed to understand the daily news through newspapers, and may turn to other, less credible channels for information. What chance does the public have to understand the writings of academics and international thought leaders, who often are writing for a small group of other highly educated peers⁴ if they cannot understand a typical newspaper article? Indeed, readability for many scientific papers is often above a college graduate reading level. Academics, particularly those in public health, have to start thinking differently about how to share our work with the broader public. That requires a seismic change in thinking.

If academic public health is to maximize its impact on addressing significant issues of both today and tomorrow, we need to move away from prioritizing the dissemination of findings to small groups of other academics and push ourselves to communicate effectively with the general public. Of course, for academics to move from the old to the new and shift their behavior, they will have to be incentivized. For that to happen, more institutions must embrace the idea that academic productivity and scholarly impact extends beyond a number of

peer reviewed publications. Importantly, one's productivity within nontraditional, public-facing dissemination avenues must be considered in promotion and tenure review.

This will also require a change from faculty members. We need to realize that communicating effectively with the general public is a skill, one that can be learned at any age if one's mind is open to doing so. That includes learning how to write for a public audience, as well as how to drill down research to its most understandable elements and ultimate implications when communicating with the mass media. It also involves remembering at

all times that your audience is everyone. So, while some may have appreciated the efforts that Dr. Bridges went to be as close to 100% accurate when describing "people with the capacity for pregnancy", her thoughts on the issue she was there to discuss—how the law impacts abortion rights for all—never reached the general public. Instead, news outlets focused on a clash that more illustrated a cultural and partisan divide over terminology, rather than the public health implications of eroding abortion rights

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