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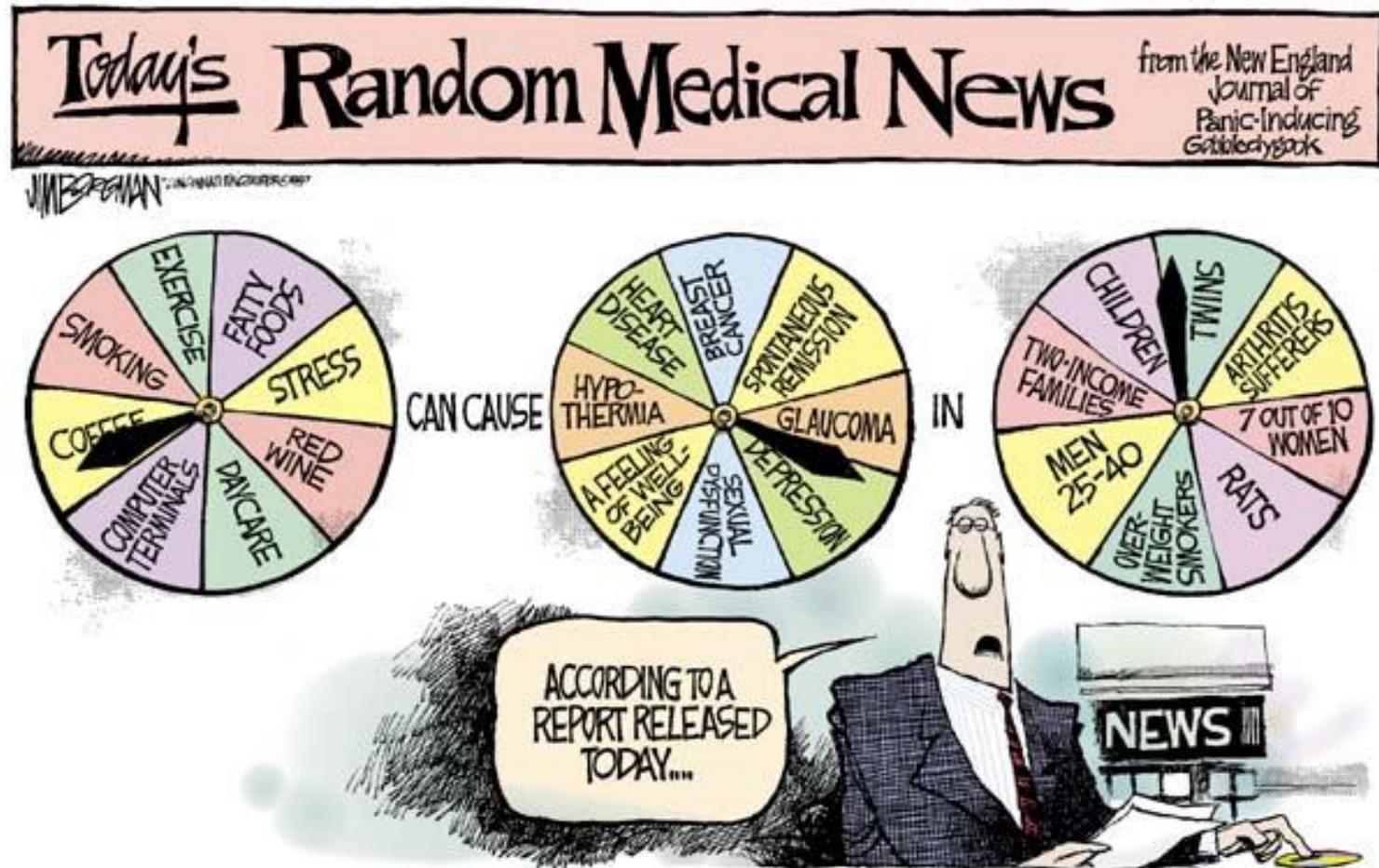
Observing news media in the misinformation ecosystem – The case of public health communications

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What this presentation covers

- **An overview of the Critical appraisal skills for health reporting project implemented in India between 2014 and 2016**
- **Results of the formative research and training offered**
- **Future directions for journalist's training in the area of evidence-based approach to health journalism**
- **Contextualised recommendations for food safety media training**

Health News in the Media : A Snapshot



Improving public health coverage in the media in India – A combination of research and training

- **Move beyond the information deficit model and give journalists and media students training on critical thinking and questioning.**
- **Use a ten-point rating tool called media doctor first developed in Australia as a kind of checklist manifesto to ascertain the gaps in health reporting – lack of Accuracy, Balance and Completeness.**
- **Scan the health media landscape in India to understand the gaps in reporting and skills/knowledge of journalists and have consultation with them.**
- **Customise the Critical Skills Appraisal Program started in Oxford and offer it to journalists so that they can take an evidence-based approach**

Media Doctor: Rating Instrument – 10 criteria for news on medical research/ new technology

THE EXTENT TO WHICH THE STORY:

1. Reported the novelty of the intervention
2. Reported the availability of the intervention
3. Described the treatment or diagnostic options that are available
4. Avoided elements of disease mongering/ public scare
5. Reported evidence supporting the intervention
6. Quantified the benefits of intervention
7. Described the harms of intervention
8. Reported on the costs of intervention
9. Consulted with independent expert sources of information
10. Went beyond any available media release.

Critical Appraisal Skills for Health Reporting

- **Project funded by UNICEF under their routine immunisation media capacity development program, George Institute for Global Health, India was research partner, Oxford University's Nuffield School was the technical partner and Reuters Foundation delivered the module and the training.**
- **Initial baseline research and module development research was done by the George Institute. Oxford University helped in customising the CASP program.**
- **George was involved in the project for the first two years from 2014 to 2016.**
- **Final preparation of the module was done by Reuters Foundation and courses have been introduced in Indian Universities in 2017. George was not part of this effort as it takes a PR and advocacy approach rather than a critical thinking and enquiry approach**

India Baseline Research

- **Consultation in 2014 outlined a need for baseline research – to guide module development & provide inputs on module delivery**
- **Objectives – To understand current state of media reporting on public health, specifically immunisation**
 - Constraints faced by journalists
 - Mapping skill/knowledge gaps
 - Effective customisation of CASP
 - Acceptance & Delivery of CASP

Research Methods

- Literature review
- Analysis of 350 media stories on immunisation using media rating tool through the double reviewer and consensus method.
- FGDs – in 6 States of India, consultations with journalists & media educators
- KIIs – 15 stakeholders across country



Classification & Analysis of Media Stories

- **87 % news classified triggered by events.**
- **Of event based news, 24 % due to announcements; 16 % campaigns; 10 % death due to adverse events.**
- **Of the media reports classified, 46 % based on single source**
- **Of those by senior journalists (based on by-lines) 40 % based on single source**

Classification & Analysis of Media Stories

- **Of media reports based on single source, 49 % quote Government source**
- **Of media reports based on 2 or more sources, 63 % quote Government source.**
- **Government a key source of information**

Classification & Analysis of Media Stories

- **Though most news quote data / evidence; 59 % do not provide details. Hence, veracity not evident.**
- **Analysis using Media rating tool - only 31 % were found satisfactory in consulting independent sources/experts**
- **Only 50 % were found satisfactory in going beyond available media release**

Health Reporting - Issues

- **Based on discussions key issues that emerge are**
 - Health reporting is different .
 - Need to comprehend its many dimensions & perspectives
 - Need to understand scientific / medical terms
 - Translate these terms into language easy to understand
 - Health news impacts on readers
 - Hence, news not to be sensationalized.



Health Reporting – Constraints

- **Understanding of health issues. Too many aspects and too little time to understand their complexity.**
- **Differing perspectives on health - between those who practice/ provide, govern and consume. Understanding these perspectives.**
- **Scientific terms & understanding research/data**

Health Reporting – Non Enabling Aspects

- **Health news low in priority**
- **Health beat – doesn't help career progression**
- **Competition, commercialization & advent of PR.**
- **Editors do not view health news as different**
- **No dedicated beat in language news media**
- **Remuneration linked to news published. Hence, district journalists tend to sensationalize**
- **Tight deadlines on reporters and pressure on newsrooms, also their changing profile (becoming more convergent)**

Health Reporting – Knowledge & Skills Required

- **Knowledge on health issues**
- **To find & understand data, analyze it & use it appropriately**
- **To understand research in context and within the limitations of the study design.**
- **Skills to frame good stories using data & understanding context**
- **In addition, aspects such as multi-sourcing of evidence & ensuring completeness of news, emerged as skills that many especially in the districts lack.**
- **To understand and evaluate conflict of interest**
- **Reporting health crises and risk communication**

Health Reporting – Skills Acquisition

- **Most senior journalists have acquired skills on the job, from peers & seniors**
- **Courses such as Reuters & Knight Fellowship for science journalism**
- **Media fellowships have helped too. There are some experts who provide guidance.**
- **Knowledge on health from workshops, UN agencies & NGOs.**
- **Websites too – mention was made of coursera, Edex and other online courses**

Health Reporting : Surprising findings

- In the FGDs many journalists questioned our motive of organising this program as they felt that vaccination as a program was being thrust upon India.
- Surprisingly, the world view of journalists mattered – which school of thought they subscribed to influenced how they received the content.
- The political leanings of journalists also came across as a barrier – the leftists versus the right wingers and the middle of centre thinkers .
- It matters which social group the journalists belong to and who they get influenced by – city reporters and journalists in smaller towns think very differently.
- Economic background and monetary compulsions matter.

Delivery of CASP : Learning from the pilot training program

- **A three-day workshop followed by a three months course for budding journalists was attempted at the Indian Institute of Mass Communication, media students received the training well.**
- **A three-day customised CASP program was delivered for journalists with media doctor tool integrated into it, there was mixed response from journalists.**
- **They found it very research heavy, did not subscribe to the fact that journalists should read research papers. The more experienced the health journalist, the more resistance we encountered.**
- **UNICEF dropped the idea of taking an evidence-based approach and developed a course for journalists which typically combined the PR and advocacy approaches.**
- **The final module that was developed was nowhere near the original conception of an evidence-based module combining research, evidence and data.**

Delivery of CASP – Learnings from the training program

- **Need for buy-in from Editors required**
- **Need to show merit of the course in terms of improved and marketable health stories**
- **Short courses for Mid level journalists including Desk Editors in language newspapers**
- **Longer courses for district journalists / stringers and must include ways to improve their journalistic skills.**
- **Embed course in schools of journalism.**

Training approaches

- **Workshop-based training accompanied by mentoring and online guidance**
- **Weekend courses/contact classes to support module?**
- **Longer term boot camp approaches – mention was made of the one-month long defence journalism training.**
- **Newsroom training – processes attuned to real-time challenges in the newsroom**

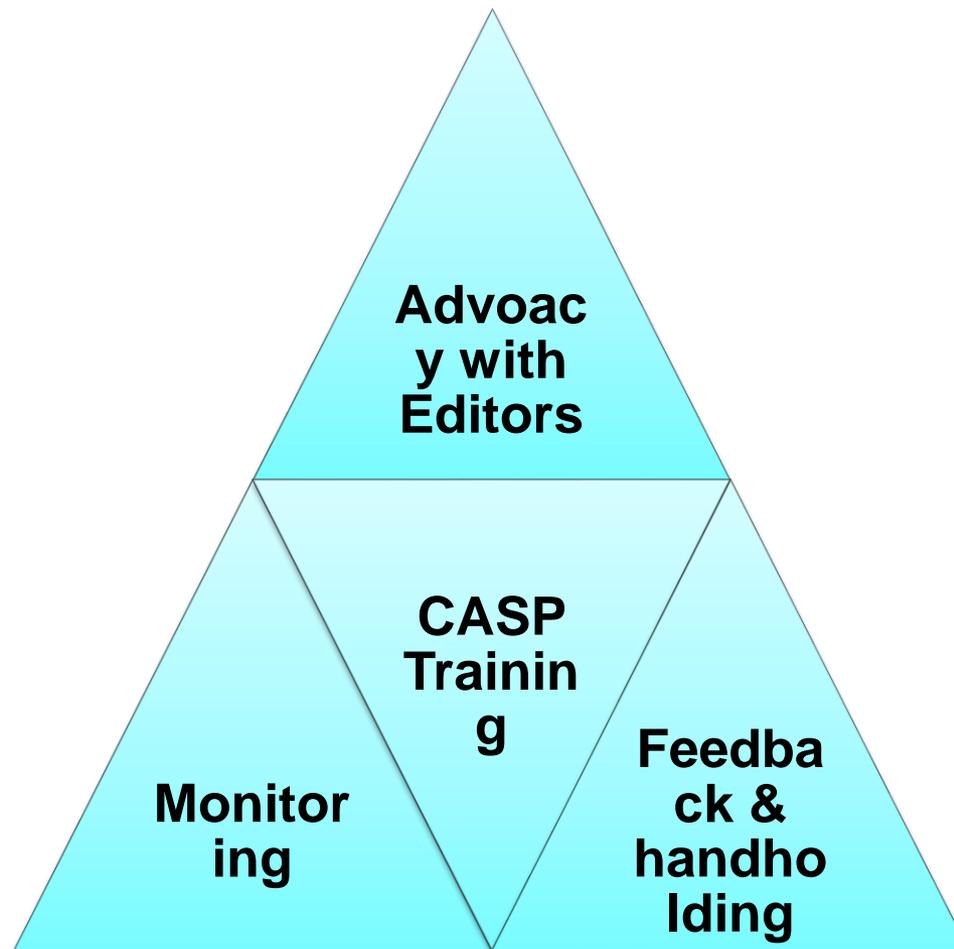
Processes aligned to the newsroom

- **News-gathering – asking the right questions, selecting the right sources, evidence-based approach**
- **News writing – Understanding what constitutes balance in health reporting and writing, avoiding the confusion between correlation and causation, presenting things in context and investigative processes that respect scientific enquiry.**
- **News editing – Understanding context, not sensationalising the report and the headlines, newsworthy and saleable and yet restrained.**

A suggested approach : Three levels of engagement

- **Formative engagement -- understanding context in local settings and delineating the factors that come through the interplay of belief systems and critical thinking.**
- **Evidence, research and data (mid-level) -- Get the science right**
- **Understanding of social, political and cultural contexts and how they influence the above two levels – clear distinction between misinformation, disinformation and mal information produced as an influence of the three levels on each other.**

To realize Outcomes of media reports that are evidence based; CASP to be part of larger effort



Our recommendation : Developing an evidence based tool for food safety

- **It is possible to tweak the media doctor tool to develop an evidence-based checklist for food safety**
- **Journalists require constant and consistent feedback which can be done by setting up a food safety reporting media watch!**
- **Only studies which go into the nature of reporting is not enough! We need to continuously create evidence.**
- **Health news review, media doctor, etc are good examples that need replication in different country contexts.**

Our Recommendation : Training Journalists for writing on Food Safety

- **Journalists and media students can be trained to develop research appreciation skills; this needs to be embedded into the curriculum.**
- **Food safety risk communication can benefit from a media doctor type effort, a website can be set up to constantly and consistently analyse stories in the media**
- **This can form the basis of evidence for a CASP type training effort, again this can be embedded into the newsrooms.**
- **We must recognise that journalism and research are similar in nature, both try to unravel the truth and so, promote knowledge-based journalism.**