Improving the Quality of Health News

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Date of Submission: Jan 11, 2012

Date of Acceptance: May 17, 2012

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How to cite this article: Ashoorkhani M, Majdzadeh R. Improving the quality of health news. Int J Prev Med 2012;3:440-3.

Editorial

BACKGROUND

Along with an increase in the generation of science and health research findings, like elsewhere, the mass media in Iran has continued more than before to disseminate the results. The scientific quality of promulgated news is not of a desirable status in terms of authenticity and accuracy. In recent years, some efforts, seemingly inadequate, have been undertaken to improve the status quo.

A promotional and multi-dimensional approach is considered to improve the status quo. Some efforts at the level of individuals producing the news such as academic and specialized trainings, and at organizational and policymaking levels seem necessary.

SITUATION ANALYSIS

Nowadays we are facing an increase in scientific production around the world, not specific to a particular area though. Iranian scientific publications have also grown remarkably during recent years. The reflection of this growth as such has risen in the country's mass media.

People are highly willing to know about the results and developments of health care. For instance, information about diseases, prevention options, diagnosis, treatment, nutrition, medication and other matters related to their health and wellbeing.[1] In return, the media has also endeavored to respond to this general request and there has been hardly a day without any health news in the media.

The media effect on the general public's attitude cannot be ignored.[2,3] This influence in health care is so much that people have changed their treatment option in view of health news promulgated in the media.[4] However, there is evidence that some reports in the media contain wrong and potentially dangerous information which could harm those who trust these reports.[5] Therefore, there is a need to exercise a control on disseminated health news by the media.

Different factors at various levels might affect the quality and accuracy of health news. We explored these factors in a study. In most of the cases, they were consistent with those mentioned in other countries. Nevertheless, it appeared that the impact of these factors was variable in different countries in terms of their context.

In Iran, along with an increase in the generation of science and research achievements, the mass media has shown more readiness and attention to the broadcast of research findings than before. Some efforts have been made in the country to control and supervise the broadcasting process, which are introduced later in the paper.

In 1997, the Islamic Republic of Iran Broadcasting (IRIB)'s council for health policy-making was established to develop the policies and priorities of health programs in both audio and visual media. The council has been working to date.[6]

In July 2007, the country's medical council issued a bylaw in relation to the ways of publicizing medications and medical advertisements, based on which any relevant advertisements could be made subject to the approval of the council.

Following this action, in June 2009, the Ministry of Health and Medical Education (MOHME) developed and announced a guideline regarding the conditions of disseminating innovations and research findings so as to improve and increase the accuracy and credibility of health and medical research findings.[7]

Other related efforts included developing the new master's degree of health and media in 2010 to train experts in health news production (e.g. health journalists).[8]

In addition, in a bid to create a reference point for formal promulgation of health news, in 2011, the MOHME established a website called Webda to be referred by all mass media and broadcasting agencies for healthcare news.[9] In recent years, the Knowledge Utilization Research Center (KURC) has conducted a series of studies on health news.[10] The results of the first study showed that considering only the accuracy indicator, 18 per cent of the disseminated health news were not appropriate for dissemination to the public. Furthermore, the factors affecting the authenticity and accuracy of health news during its production and dissemination were studied. Following that, a short time after the MOHME's announcement on the conditions of disseminating innovations and research findings, the effect of its guideline in improvement of the condition and quality of disseminated health news from their audience' perspectives was investigated.[7] We also developed a health news production guide along with three checklists including the items crucial for producing health news based on its source. The validity and reliability of the tool was measured at different stages.[11] Then, in order to propagate them, the checklists and necessary knowledge for their application were presented to health news producers in a workshop.[12]

EFFECTIVE INTERVENTIONS

The studies conducted in Iran denote that the scientific quality and accuracy of the healthcare news is still under a favorable level [Figure 1]. Paying attention to the causes and factors affecting this issue and the points of effective intervention could be helpful. In other countries, various factors impinging on the authenticity and accuracy of health

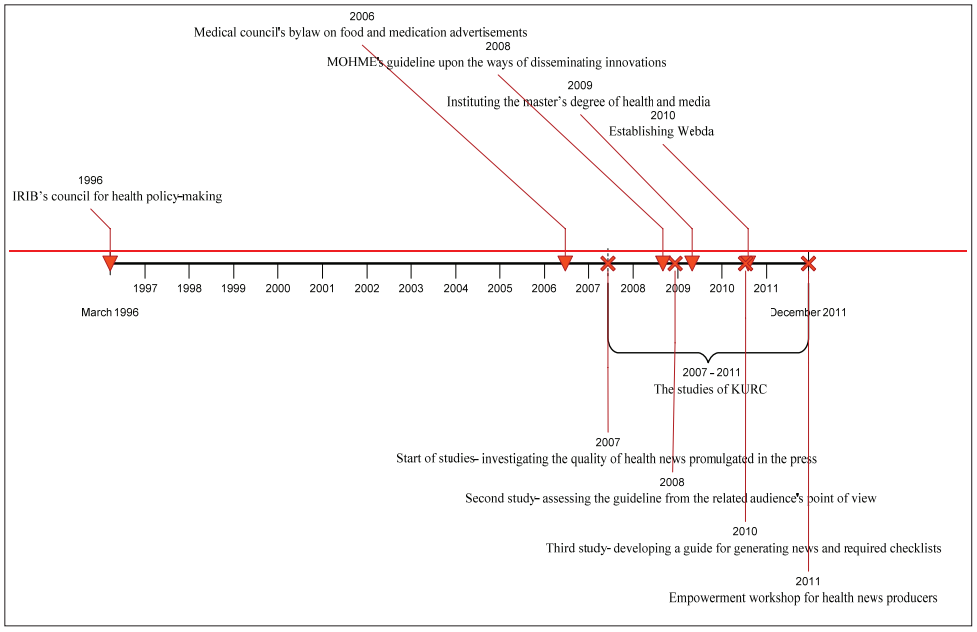

Figure 1: The events related to the quality of public media's health news in Iran

news have been identified. In a study by Larson, lack of time and knowledge of journalists have been mentioned as the main barriers for promoting health reporting. Other barriers included competition, use of jargon terminology, issues related to identification and application of references, the problems of editors-in-chief, political and economic issues.[13] In addition, the qualitative studies conducted in the country showed similar influential factors and various elements at different levels such as individual factors (journalists, researchers, news gatekeepers and editors-in-chief) and others surrounding and influencing the individual factors (e.g. political, economic and social factors). The important point is that the contribution of each factor is different based on the type and context of the countries.

Some measures have been taken to improve the situation in the country; for example, the MOHME's guideline on the conditions of disseminating medical and health innovations results. However, a study by Ashoorkhani *et al.* revealed that there has been no proper informative action to ease access to the guideline for the concerned parties among the public relations offices of the country's medical universities, around 71/8 per cent (28 offices) were not aware of this guideline. Likewise, 87/5 per cent (21) of the researchers participating in the study were also unaware of it. Various barriers were mentioned by the study participants against full implementation of the guideline. These included: barriers related to its content, incomprehensiveness, unclear audience, ambiguity in its provisions and no practical guarantee for its implementation.[7] It seems that having a guideline is appropriate and necessary; nonetheless, more efforts are required to make the implementation of these guidelines and bylaws possible. It should be also mentioned that some efforts have been carried out in the form of regulations and guidelines in other countries.

In Australia, some guidelines have been developed for disseminating health and medical news.[14] Similarly in the UK, two distinct guidelines have been developed for physicians, clinicians and journalists.[15]

Another effective effort undertaken in this line in the country was initiating specialized training courses for health journalists.[8] Since other studies have also recognized the lack of health knowledge as one of the main causes of low quality health news; serious attention should be paid to this issue if the status quo is to improve. Given the large number of journalists in the area of health care and their low medical and health knowledge, the small admission for this training course (3 persons each year) is not sufficient and cannot fulfill this need. Therefore, increasing the intake and or creating semester-like training courses (around 6 months) like a fellowship for the journalists without health background, could be an effective action. This could lead to the specialization of health reporting, which in turn, could promote the status quo of the country's health news. In some countries, measures such as developing websites like Media Doctor in Australia and later on in Canada and Health News Review in the USA were taken to monitor the disseminated health and medical news.[16,17] These websites are controlled by a group of physicians who use a number of specific indicators and criteria.[16] It seems specific criteria and standards could be helpful for news production. Therefore, developing a guide for health news production and checklists for evaluation is an effective action.

Certain suggestions have been offered for improving the status quo by other studies as well. Entwistle and colleagues believe that creating a cooperation network among news people (e.g. health journalists, editors and editors-in-chief of health services), healthcare and clinical care providers, researchers and consumer advocates and putting them under a common umbrella will certainly be influential in the improvement of health news quality.[3]

Of other solutions presented, was to focus on the quality of health news reports and to compare them with appropriate and standard indices. As well as, more control and supervision on news, awarding actions for news producers and training the editors-in-chief, secretaries and other practitioners of health news to be able to assess the medical news critically.[3,13,18] In line with this suggestion, a guide for producing health news and checklists to ensure the observation of necessary items in health news production have been developed.[11]

Moreover, there is a need to train health news producers in the country. Therefore, in response to this call, the guide of health news production and the required checklists were presented in a training workshop for empowerment of health news producers.[12] Of course, it should be implemented

and presented in the entire country to improve the current situation. For this end, organizational and public supports to improve the situation are unavoidable.

CONCLUSION

To improve the status quo it seems that a promotional approach and attention to various dimensions may be influential. The efforts at the level of individuals producing the news (i.e. journalists, editors) and at organizational and policymaking levels will be required. At individual level, training and courses for health news producers with no health knowledge background could be proposed. At organizational level, an imperative to observe the generated guides using appropriate awarding system could be helpful. At the end, the policy-makers should be held responsible for legal supports and providing a practical guarantee for implementation.

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Source of Support: Nil. **Conflict of Interest:** None declare