How to Make Your Public Health Stories Come Alive

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Public health communicators and journalists share a responsibility to communicate accurate information to the public.
Tip #1 Identify Your Goals and Your Audience

• To inform or persuade a public health official, an agency or a legislative body?

• To inform or persuade members of the public?
Tip #2 Respect your Audience

Remove the phrase “dumbing it down” from your repertoire!
Tip #3 Tell a Good Story

Find a story worth telling and tell it in a compelling, meaningful way.
topic
täpik
Noun
A matter dealt with in a text, discourse, or conversation; a subject.
story

stoehr-ee

noun

A narrative designed to interest, amuse, or instruct the hearer or reader.
Topic vs Story

• A story is not a report.
• A good story does more than inform or amplify.
• A good story adds value to the topic.
Example: Titles Tell a Story

Meeting Testing Needs for Emerging Contaminants vs What’s in Our Water and How Do We Know?
Tip #4 Find a CCC

• CCC = Central Compelling Character

• Characters - vessels that carry the reader’s interest and emotional involvement through the story

• Examples of possible CCCs
  o The nurse who administers measles vaccine
  o The parent whose child got pertussis
Tip #5 Build a Narrative Arc

- Introduction
- Development
- Conflict
- Resolution
Jargon – Clouds your Writing
Never fear to use little words. Big, long words name little things. All big things have little names, such as life and death, war and peace, dawn, day, night, hope, love, and home. Learn to use little words in a big way. Anonymous
It’s not always easy!

• Health issues are complex.
• Health issues are life and death issues.
• Confidentiality can make it difficult to find CCCs.
• Communicating public health risks is a risky business.
• Who is authorized to tell the story?
How Does This Work?

• Assignment: Write a story for the public about palliative care.

• Read some of the scientific literature.
  o Palliative care is not just end-of-life care
  o Palliative care can extend lives
How Does This Work?

- Identify CCCs – a team of palliative care nurses and their patient, who waived confidentiality.

- Told the story about the nurses’ fascinating professional relationship and how, together, they help their patients live better lives.

- Explains palliative care to the public in the course of telling a story.
Support for Living Well

New Palliative Care Practitioners Upgrade Care

By: Susan L. Swanson

Nobody understands better than Sandee Homen how unpredictable life can be.

"Sometimes it knocks me for a loop, like this cancer did," Homen said recently.

After her diagnosis, Homen, typically an active woman with a close sense of humor, found herself feeling depressed. There were difficult decisions to make, symptoms to handle and side effects to manage. She had a loving, supportive family, but didn’t want to burden those close to her with all of the details of her illness.

Dr. Robert Brooks, Homen’s physician at Arizona Oncology in Tucson and a stomach cancer survivor, took note of Homen’s struggles, and suggested that she might benefit from the new palliative care services offered by Arizona Oncology’s multidisciplinary team.

In April 2015, three highly trained palliative care practitioners, Kathy Kenney and Shari Beauregard, joined Arizona Oncology’s multidisciplinary medical team.

Following more than two years of specialized training in patient care, Kenney and Beauregard are on the cutting edge of palliative care.

Palliative care is often confused with hospice care, but they are not synonymous. "Palliative care is about living well, and hospice care is about dying well," Beauregard said.

Palliative care focuses on improving the quality of life for patients suffering from serious, sometimes life-threatening diseases. Even with a good prognosis, a patient dealing with the burden of a serious disease can benefit from additional supportive care.

Palliative care specialists work in conjunction with a patient’s physician to help reduce the burden of illness.

Palliative care can involve anything from suggesting complementary medical treatments (like massage) to starting signs on how to manage symptoms of disease and side effects of treatment or even fostering a conversation about a patient’s wishes for end-of-life care.

Patients find the extra support medically, psychologically and spiritually meaningful.

According to Brooks, a graduate of the University of Arizona College of Medicine who is board certified in internal medicine and medical oncology, the concept of palliative care is not a new one. Early integration of palliative care into an oncologist’s treatment plan, however, is quite innovative.

Robust research supports that employing palliative care early in the course of a serious illness can improve patient outcomes by reducing pain, controlling symptoms, providing psychosocial relief and extending life.

Kenney and Beauregard, who came to Arizona Oncology as a team, are devoted to their work. Beauregard, tall, slender and graceful, invoiced over her petite colleague, but the two women are of one mind regarding their goal—to mitigate the medical, psychosocial and spiritual burdens of seriously ill patients.

Their practices are formed not only by their specialized medical training, but also by their personal encounters with illness. Kenney shares a story she heard from her patient’s experience with cancer, and Beauregard is open about her own bout with cancer and chemotherapy when she was only 19.

Beauregard recounts that she was afraid cancer would damage her ability to bear children. Beauregard’s beloved brother was afraid to hug her during therapy. She wondered if her illness and her mother would ever share a moment of connection.

Beauregard and Kenney make it their business to help patients manage concerns like these.

"It’s a blessing," said Homen, who greets Kenney with hugs and kisses. "I have a job. She listens. She doesn’t judge. She helps me with so many little tricks."

One of those tricks involved Forest Conner, a woman who was a cancer survivor for more than 40 years, was having convulsive problems as side effect of her treatment and had begun to lose confidence in their oncologist. Kenney suggested that Homen and Conner come around the house as reminders of every day tasks like watering the plants and taking the laundry out of the dryer. The suggestion worked, and Homen’s sense of confidence was renewed.

Another patient, a housewife, was afraid to ride a bike more because of a medical appliance she wore. The loss of her favorite pastime caused the patient deep emotional pain. Kenney—a veteran of the medical appliance game—reassured her about the appliance and encouraged her to continue riding her horse just at a slower pace.

The rest of the patient rode with her children, an activity she would all abandoned.

Arizona Oncology is an early adopter of inpatient palliative care.

In spite of its benefit, palliative care is still unknown in many areas of the country. Arizona Oncology’s physicians are firm believers in the benefits of the specialty.

"We’ve developed a mindset that anyone who has cancer should have at least one meeting with a palliative care specialist," said Dr. Bruce Petersfield, a physician in Arizona Oncology’s Green Valley office. "We’ve found that we have one or two here now.

Petersfield, a graduate of the University of Chicago Pritzker School of Medicine who is board certified in medical oncology, knows from personal experience how palliative care works. When his mother was ill, palliative care specialists did wonders helping with symptoms and finding creative ways to make her comfortable.

"That’s when it became clear to me as a young doctor that there was a clear difference between hospice care and palliative care," Petersfield said.

"Palliative care really helps with your quality of life. We’re focused on reducing the disease that you haven’t really come to grips with how to deal with the side effects, what we call that where the palliative care specialists are so magnificent."

According to Petersfield, early intervention by palliative care specialists is a wise of the future for many chronic diseases, not only cancer.

Palliative care is “of value because it provides ideal patient care,” he said.

Arizona Oncology is one of the largest medical groups in Arizona, devoted exclusively to providing compassionate, comprehensive cancer care. Through their affiliation with The US Oncology Network, Arizona Oncology is ranked among the top 100 in the country with more than 8,000 physicians nationwide dedicated to advancing high-quality, evidence-based cancer care.

Arizona Oncology participates in clinical trials through The US Oncology Network.

For more information call Krista Blemmer at Arizona Oncology at 425-149 or Deliver at 6210 North Palisades Way at (602) 373-5212.
Caveats!

- Make sure you know and understand your agency’s policies on telling public health stories.
- Don’t violate patient confidentiality laws and rules.
Thank you for letting me tell you a story!
Resources

- Sharpening Ideas: From Topic to Story
- The Jargon Trap
- Jargon Buster: Community Development and Public Health
- SPJ Code of Ethics