

Media Coverage of U.S. Preventive Services Task Force Recommendations A Commentary

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In this issue of the *American Journal of Preventive Medicine*, Squiers and colleagues¹ provide an elegant analysis of media coverage of the November 2, 2009, U.S. Preventive Services Task Force (USPSTF) recommendations on screening mammography. Their data about women's understanding of the recommendations in the immediate aftermath of the release are disquieting. The swiftness with which Squiers et al. gathered data and reported the results of their analysis sets a high bar for future research on the health media and consumer responses to the media.

There can be no argument with the advice that Squiers et al. give to the USPSTF to "develop clear messages about new recommendations for audiences such as clinicians, consumers, and the media . . . to be accompanied by consumer-focused material to explain the methods and the evidence." In testimony to the Congressional Health Subcommittee of the Energy and Commerce Committee on December 2, 2011, representatives of the USPSTF acknowledged that their communication about the recommendations was poor.² The public, the prevention community, and the media should anticipate that future releases of USPSTF recommendations will be based on a formal communication plan that incorporates the elements that these authors identified. Although recommendations by the USPSTF seem to have a particularly high media profile, the call for clear messages and consumer-focused material that explain the methods used in making evidence-based recommendations, and explain the evidence, applies broadly.

The analysis by Squiers and colleagues of media coverage of the mammography screening recommendations documents our own impression that there is a media bias in favor of mammography screening. They suggest that the media bias for mammography might reflect "the

strong historical influence of breast cancer advocacy efforts." The position of women's health and breast cancer advocacy groups on mammography screening is not, however, monolithic. In November and December 2009, statements in support of the USPSTF recommendations were issued by the National Women's Health Network,³ the National Breast Cancer Coalition,⁴ and Breast Cancer Action,⁵ all well-established and influential advocacy groups for women's health and breast cancer.

The USPSTF has played a leadership role in making explicit the standards it uses to identify and synthesize evidence. These are described in a publicly available methods manual and in several publications in the *Annals of Internal Medicine*.⁶⁻⁹ Given the longstanding place of the USPSTF in the evidence-based medicine movement, the media negativity about the USPSTF methods for evidence identification and synthesis was surprising.

In a 2002 paper, Rosenstock and Lee¹⁰ give accounts from the 1990s where evidence and evidence-based recommendations and policies were severely (and unjustifiably) criticized and the media appeared to have a bias. They concluded that vested interests, defined as those who, "for whatever reason, are committed to a predetermined outcome independent of the evidence" were the common denominator in the criticism and the negative media response. Rosenstock and Lee point out that "vested interests" encompass emotional and ideologic interests in addition to financial interests.

Squiers et al.¹ have at hand a rich data resource on media coverage of the mammography screening recommendations. Further application of qualitative research methods to the data on media coverage of the mammography screening guidelines might yield insights into the kinds of interests that underlay the most negative media accounts about the mammography recommendations. This information might contribute to a better understanding of the sources of negative media responses to evidence and evidence-based recommendations. They found that 0% of articles in national U.S. newspapers expressed a sentiment that the recommendations were "confusing." Thirty percent of all women surveyed and

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40% of surveyed women aged 40–49 years stated that the recommendations “made [them] confused.” The recommendations as originally released do seem to have been confusing (although they were not purposely written to be confusing). The contrast in “confusedness” between the newspaper articles and women is remarkable, as is the fact that not a single newspaper article described the recommendations as confusing.

Compliments again to Squiers and colleagues for providing timely information of importance to readers of the *American Journal of Preventive Medicine*.

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