

Q&A with Megan Ranney, MD

Emergency medicine physician **MEGAN RANNEY, MD, MPH**, has been busy not only on the frontlines at Rhode Island Hospital, but on primetime as a medical analyst, both before and during the pandemic.

The spotlight has been on her as she voices her expertise across a spectrum of topics and issues: PPE, vaccine hesitancy, gun violence and digital health, to name a few. In this month's Spotlight feature, RIMJ asked her to share her journey from Peace Corps volunteer to the present, and to offer some pearls of wisdom to public health and medical students today.

RIMJ: What led to your role as a medical analyst on CNN and other major news outlets?

DR. RANNEY: It was honestly a lot of luck! I got asked by our Lifespan public relations officer to take an invitation for a CNN segment on John King in mid-March. I guess I must have done a good job, as I kept getting asked back. It's been a huge learning curve but also a lot of fun – and a chance to do good, in a very different way than my day-to-day practice or my research.

RIMJ: What do you see as the biggest challenge in getting out scientific information to the general public, and addressing vaccine hesitancy?

DR. RANNEY: The biggest challenges are twofold.

First, it's tough to get folks to really listen. Even with my occasional TV appearances and Twitter presence, I often feel like I (and my colleagues) are shouting into the void. It's why it matters to have a lot of us out there: our voices are more likely to be heard when we raise them together!

Second, the nuances involved in public health messaging isn't always seen as newsworthy. People want sound bites and

yes-or-no answers. It's tougher to communicate the unknowns.

At the end of the day, it doesn't feel all that different from trying to explain to a patient why they really don't need an MRI, or why they really do need blood pressure medications. It requires patience, listening, and a willingness to reach people where they are.

RIMJ: As founding director of The Brown-Lifespan Center for Digital Health, how did you first get involved in digital health and what do you envision as its next frontier, as well as its coalescence with the School of Public Health under your new appointment?

DR. RANNEY: I first got involved with digital health as a resident working in Kenya as part of the AMPATH program (a collaboration between Moi University, Indiana University, and Brown University). Although I was already focused largely on violence prevention, I was intrigued by an ongoing study using text messaging to improve adherence to anti-retrovirals among villagers with HIV. It was the first place that I'd seen people use text messaging to improve health outcomes. At this point, no one was using texting in the U.S. for health promotion or behavioral health. I returned to the U.S. with this idea in mind – it was possible to use technology to identify and deliver automated public health interventions – and spent the next few years developing my first application of text messaging to violence prevention (a grant that was funded by the Society for Academic Emergency Medicine).

Over the last 15 years, of course, the concept of "digital health" has become commonplace. It's rare to find someone who does not use text messaging, apps, wearables, social media, or some other form of technology to manage their health. But we still have far to go. Many digital health programs are created by private



Brief bio

Education

Harvard, BA, 1997

Columbia University College of Physicians and Surgeons, MD, 2004

Brown University Program in Public Health, MPH, 2010

Current

Warren Alpert Endowed Associate Professor in the Department of Emergency Medicine

Assistant Dean for Digital Health Innovation, Director of the Brown-Lifespan Center for Digital Health

Associate Professor of Health Services, Policy and Practice

Associate Dean of Strategy and Innovation for the School of Public Health

Chief Research Officer, American Foundation for Firearm Injury Reduction in Medicine

Founding partner, GetUsPPE.org.

companies without an obligation to basic concepts of equity and privacy. The majority of digital health programs lack rigorous proof of efficacy. And we continue to lack programs developed specifically for the patient populations that I, as an emergency physician, care about most: the people with multiple chronic conditions, the people facing structural barriers to health, the people with behavioral health conditions that impair their ability to effectively manage their own care.

It is this deficit that spurred our creation of the Brown-Lifespan Center for Digital Health. Through this collaboration between the university and the hospital system, we hope to serve as a hub where creative minds from Brown and Lifespan can collaboratively design, test, and deploy digital health solutions to society's most pressing health challenges.

RIMJ: A social media presence is *de facto* today. When the NRA tweeted in 2018 that: "Someone should tell self-important anti-gun doctors to stay in their lane," what was your response to that – was it a clarion call to action on your part?

DR. RANNEY: By the time that we created the #ThisIsOurLane hashtag, I'd already been active on social media for almost a decade. I first started to talk and write about the power of social media in

healthcare back in 2012; wrote 2 papers using only Twitter in 2015 and 2017; and had been the creator or participant in multiple viral social media movements (including short videos to save the ACA, a series of tweets about the health effects of gun violence using #docs4gunsense after Parkland, and more).

I don't think that #ThisIsOurLane would have happened had we not done the hard work over the years prior to, first, create a welcoming medical Twitter ("#medtwitter") community; and, second, to start to talk about firearm injury as a public health problem. Once the hashtag was coined, the rest happened organically.

Today, we're seeing medical professionals branch out into different forms of social media, ranging from TikTok to Discord servers. I'm excited to see the communities and change that occur as a result.

RIMJ: A few retrospective questions: Can you share some lessons learned as a Peace Corps volunteer in Cote D'Ivoire, Africa?

DR. RANNEY: The adage is that the Peace Corps is "the toughest job you'll ever love." This is so very true. I learned so much about community, humility, and mental and emotional toughness. I also learned to not take good health for granted.

RIMJ: Do you have some words of wisdom (or practical advice) you impart (or Tweet!) to students today in medicine or public health that you did not know when you were a medical student?

DR. RANNEY: Don't hesitate to ask for opportunities. (Of course, when you get those opportunities, show up 110%. But we all know that, already.)

But at the same time, know that whoever you are, and whatever you are doing right now, is exactly what you are meant to be. There's no way to predict today where your life will take you 5 or 10 years from now. As long as you try to do your best, that's enough.

RIMJ: What is your favorite escape from work?

DR. RANNEY: In non-COVID times, I would say travel!! But now it's going for walks outside – nature forces me to put my phone (email, social media, and to-do lists) away and reconnect with the real world. ❖