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>> DEAN HYDER: Good afternoon, everyone. Welcome. My name is Adnan Ali Hyder. I have the privilege of serving as the Dean of the Boston University School of Public Health and I am really excited about today's Public Health conversation on Public Health and New Media: Modes of Persuasion.

On behalf of our school, of course, first I would like to welcome all of you to this conversation, particularly our Panelists and Moderators, and I will be introducing them in a minute.

I want to thank the Boston University College of Communications, and Public Health Post, also, for co-hosting this event.

I think that Public Health is at a crossroads, and using both traditional and non-traditional New Media are critically important to promote the values, lessons and knowledge-base that we carry in Public Health.

Then, taking that a step ahead to convincing, persuading, and discussing with people about the choices they have to make, both in and outside the Health Care System, is incredibly important.

The Art of Persuasion, as some people call it, needs to be understood, and the Science of Persuasion needs to be clearly shaped, as well. Because in the end, that is what will affect behaviors, and that, in turn, is critically important for us to ensure healthy populations.

So, I am very excited by the topic and by the Panelists that we have today. It is my great privilege to introduce our Moderator for today, Dr. Monica Wang is the Associate Professor of Community Health Sciences at the Boston University School of Public Health, an Adjunct Associate Professor of Health Policy and Management at the Harvard T.H. Chan School of Public Health, and Executive Editor of Public Health Post. She is an award-winning researcher and educator specializing in the social and structural determinants of health, chronic disease prevention, and health communication. Her work is driven by a commitment to bridging research and real-world application, with a focus on practical, evidence-based solutions that improve health for individual and communities most in need.

Monica, thank you for moderating today's session for us, and bringing together an amazing panel. I will switch off right now. I will be listening to this conversation.

Over to you. Thank you very much.

>> MONICA WANG: Thank you, Dean Hyder, for the introduction, and thank you, everyone, for joining us.

I now have the privilege of introducing our speakers.

First, we will hear from Traci Hong. Traci Hong is a professor of media science at the Boston University College of Communication, teaching courses on persuasion theory, media effects, and communication research methods. Her program of research is at the nexus of health communication and new media technologies, where she advances communication theory by leveraging the media, including new media and social media, to promote behavioral change that can lead to beneficial health outcomes. Her work spans topics such as smoking, vaping, alcohol use, peer influence in virtual environments, and vaccine hesitancy.

Our next panelist is Jeff Niederdeppe. Professor Niederdeppe is the Liberty Hyde Bailey Professor of Communication in the College of Agriculture and Life Sciences and Senior Associate Dean of Faculty and Research in the Jeb E. Brooks School of Public Policy at Cornell University. He is a Founding Co-Director of the Collaborative on Media and Messaging for Health and Social Policy and Associate Director of the Cornell Health Policy Center. His research examines the content and effects of mass media campaigns, strategic messages, news

and social media in shaping health and social policy.

The final panelist is Dr. Sherry Pagoto. Dr. Pagoto is a licensed clinical psychologist, professor, and behavioral scientist. She is a Professor in the Department of Allied Health Sciences at the University of Connecticut, Director of the UConn Center for Health and Social Media, and Past-President of the Society of Behavioral Medicine. Her research focuses on leveraging technology and social media for health promotion. An early social media pioneer in academia, she has traveled to universities and conferences nationally and internationally to give trainings in how to develop a social media presence.

As a reminder for our audience, following each individual presentation, we will turn to a moderated group discussion.

When we have about 20-minutes left in the program, I will also look to the audience questions, so, feel free to submit questions through the Chat.

As a reminder, the Zoom Q&A function is located in the bottom middle of your screen. Professor Hong, I will turn it over to you.

>> TRACI HONG: Thank you, Monica, and thank you, Dean Hyder. I am delighted to be with you today. I am very excited to be on this panel with my esteemed fellow researchers, Jeff and Sherry.

Let me share my screen here.

All right. So much of my work, as Monica described, uses AI Machine Learning to analyze how people talk about health on Social Media, and how they process Social Media messages from vaccines to tobacco, to public trust. But behind the algorithm, my work and focus is really on human behavior, what persuades us, what builds trust, and to a greater extent, why timing matters.

To me it is fascinating while our tools have evolved, the principles of persuasion, first described by Aristotle over 2,000 years ago, still shape how we connect and influence today.

So, for the next 10-minutes I am going to translate those ancient principles of persuasion into the language of algorithms. Now, Aristotle was the first to systematically study and define persuasion. And just for fun, I generated him in AI, an AI-generated version of Aristotle on the right, staring at his old version, the marble bust version, as an ancient artifact here.

So, looking toward the future here, but also looking back over 2,000 years ago when persuasion really began.

But before we get to algorithms, I will pause on how human minds process persuasion and unfolds in today's Social Media

landscape of constant motion, distraction, speeds, and swiping. Here you see a recent poll from Gallop which shows that our kids spend close to 5 hours-a-day swiping through Social Media, scrolling, liking and reacting.

When you think about it, 5 hours-a-day is almost a full workweek, where kids are just immersed in Social Media.

So, when I think about how the media landscape has trained us to think differently now, you go back to the Cognitive Psychologist Daniel Kahneman, called this fast thinking. It is emotional, automatic and intuitive judgment. It is prominent in everyday life, particularly in Social Media, but it doesn't leave much room for reflection, deliberation, and what we call deep thinking.

That is what Social Media does. It facilitates and trains our minds to think fast. We have lost the art of slow thinking, which is the other decision-making way of thinking about information that Daniel Khaneman talked about. It requires effort. It is analytical, reasoning and deliberative that underlines really attitude change.

30-second short-form videos on TikTok doesn't really give you room for short-thinking, but does give you a lot of dopamine hits.

It connects directly to one of our Foundational Models, ELM, and a lot of others like ELM, but the idea is very similar here, which is the central route is the trout of deep, deliberate thinking, and the preferred route relies on shortcuts that help us make decisions with regard to persuasive messages.

The digital distractions, though, that we see every day, inhibits the ability to elaborate and engage deeply. So, we are always in the peripheral route of persuasion, and we are not really thinking deeply about what is going on.

A challenge in today's digital environment is that constant notifications, scrolling and multitasking, reduces our ability to engage deeply.

In other words, the design of the media keeps us in a fast-key mode, which means more processing and less critical reflection.

In a lot of ways, that is why misinformation proliferates. It is in a lot of ways why we don't judge things that should be wrong, and accept them, instead, about thinking deeply.

So, when we talk about Public Health Communication, or even trust and science, we are not just competing for attention, but we are really competing for cognitive depth, and an ecosystem that is optimized for distraction.

Let's take an example, a problem of thinking fast on Social

Media.

And this comes to our first Aristotle Modes of Persuasion, which is ethos. Ethos is essentially the credibility, or believability, of the source.

So, here is the first example I have, which is Dr. Sanjay Gupta, a very well-known TV personality, a neurosurgeon, I believe, on CSN so with should look at Social Media like Dr. Gupta.

But the problem is we see a lot of cheapfakes and deep fakes in the last few years that make it hard to deduct and does not allow for deep deliberation to think is this video of Sanjay real or not. I will show you a video of Sanjay that is not real.

I would call that more of a cheapfake, because it is not an entirely AI-generated image of Sanjay Gupta, but this one is -- the next slide -- of a pretty famous influencer, Dr. Joel Bervell, is definitely a deep fake. Here is him talking about his deep fake video. The picture of him in the scrubs is not Dr. Bervell. It is a deep fake image of him.

This is a good example of why we need thinking slow to protect credible sources but media has trained our kids, in particular, to not think slow, but think fast.

That leads us to the next question which is: How do we encourage thinking slow? I think there are a lot of ways that we can do that. We can do that in a way where we are using the tools, the AI Tools and Data Tools, to actually encourage thinking slow.

I am going to give you some examples from my research of this.

The first is, how do we get logos? How do we get people to think about reason and argument? One way we can do that is to use Dashboards, Visualization, and Data Storytelling, and let the audience engage with the data, make it transparent and be a part of that process.

This is a screenshot of a research I conducted last year with a group of researchers from Indonesia. We developed a classifier to detect hate speech in Indonesia.

In particular, in this hate speech we also put -- during the Indonesian election, which was very contentious, but we also put a Dashboard here where people can see and engage with that Data and Research, and visualize and see how hate speech has proliferated and changed throughout the election process.

So, using Data Storytelling and Dashboards can facilitate slow thinking, which is what we want our audience to be.

Another tool we can also use is warning labels. Warning labels can reduce engagement and slow the algorithm visibility.

This is a study we did in 2024 in JAMA Network Open. We find the health warning labels can reduce engagement. I know that sounds counterintuitive because usually in Social Media people want engagement.

But they don't necessarily want engagement for products that are detrimental to one's health. We used the example of synthetic vaping products, at that time not much regulated by the FDA, because it circumvented some of the rulings there.

But here we see if they engage less with a problematic content such as these, it needs to reduce visibility in the algorithm, so it doesn't come on top in your algorithm feed.

That helps slow down some of the contention content and slows another persuasion principle called social proof. That is the idea that if everyone is viewing, thinking or post or video, they are more inclined to do so, as well, because everyone else is doing it.

So, what we did here, we used the AI Tools to create a multilayer classifier which we call WaLi, and we classified hundreds of thousands of images to see if they have health warnings, and if they are compliant. That reduces engagement. We see fewer comments with the larger the warning label.

Warning labels also promote more logic and deep thinking than just relying on pay those, which is Aristotle called the emotional side of persuasion.

A lot of tobacco products are lifestyle-oriented. They rely heavily on pay those to develop emotions, not logic.

When you put warning labels in these products, it promotes logic and gets people to pause and think more deeply, instead of being emotionally driven to use a product.

Then this gets us to the last, perhaps not as well discussed concept or persuasion for Aristotle which is Kairos. That is the idea that the ability -- Aristotle defines Kairos as the ability to deliver the right message to the right audience at the right time.

What I see here is a Kairos opportunity, a moment when content and digitally information can converge, and strategically, we can make information in the digital age impactful.

We are in an interesting time right now where there is declining trust in science, which you see on the left side.

But think, at the same time, people are talking more about science and news than ever before. They are reading more science-news and talking more ability science.

So, this is a really interesting moment are we can use persuasive leverage tools in with persuasion and Digital Age.

What do I mean by that?

Let me give you two examples. One example is data we scraped from Twitter. We used social network analysis to identify influencers, and from those influencers we can identify who drives the conversations, and the visibility and diffusion, we can detect gatekeeper, an old persuasion concept, those people that bridge communities and control the flow of information across clusters.

We can also detect the opinion-leaders.

Those are the ones who control the ethos in the network age.

Those are the ones that people go to when they want to Haar about politics and health. Of course, the ones most essential that we can visualize are the ones in green.

Those accounts, individual accounts, which operate both as an opinion later, and a gatekeeper.

So, we can use the tools that we use to create this slow thinking, essentially. We can use those tools to help us promote persuasion in health in this Digital Age.

I want to show the last slide here. The idea that, though the social network we can visualize persuasion as a structure, not just as a message. And Social Media lets us use Kairos communication, the moment when connection is possible.

In this study here where Twitter was banned by Nigerian Government, it shows us what happens when the Kairos disappears, and when timing and communication breaks, this information fills the vacuum.

In this case we looked at the vaccine misinformation. During this time in Nigeria the vaccine misinformation increased. You can see that in 2002. It wasn't a huge increase but a small increase. We compared that against Ghana which acted as counter-factual control.

We find that using multi-layered Datasets across different languages and global landscapes, we can develop tools that can help us identify when there is a problem moment, and when there is a problem moment, we can use a Kairotic moment in the tools to build trust.

We can see here from the data spans, Kairos leaves space for misinformation but the same space that distorts truth can also amplify it.

Ism happy to share any of this information by emailing me or at any of the other institution listed on the screen.

(Reading on-screen document)

>> MONICA WANG: Thank you very much, Professor Hong. Up next, we will hear from Professor Jeff Niederdeppe.

>> JEFF NIEDERDEPPE: Wonderful. Thank you, Monica and thank you, Dean Hyder, for the invitation to be here today. I will share my screen now.

So, I will spend my 10-minutes reflecting a bit on communicating about Public Health and the Health Policy. Not just health behavior, in the context of a complex dynamic, network media environments, and within what I think we can all agree is a challenging political climate.

Let's see. There we go.

I am going to sort of start with a preview of the key takeaways today.

First, I am going to make the case that when we communicate about Public Health and Policy, we do so more effectively when we combine scholarly knowledge with practice-based wisdom. This goes along with the point that Dean Hyder made earlier about persuasion being both an art and a science.

Second, through research that incorporates scholarly and practice-knowledge, I am going to provide evidence that in this moment, in intense political disagreement, that messaging about racial inequality, in particular, is not inherently divisive, in this moment where it is suggested it is such.

Then we will spend a little time talking about how the centrality of our media environment, or Social Media platforms, particularly among young people changes some things we with need to know and approach persuasion and persuasion research, but it doesn't change everything. I will try to key in on some of the things that it does a up does not change.

We communicate more effectively when we combine scholarly evidence and knowledge with practice-based wisdom.

This is a summary of meta-analysis of tactics studied in the scholarly literature for a long time.

A couple things stand out to me here as being particularly effective and predictively effective. That is evidence and argument, that people respond well to educated and strong arguments.

I want to come back to this in a moment. We have learned this from decades of scholarly work.

But it doesn't tell us how to incorporate those scholarly methods and argument into the contexts we care about in Health and Health Policy.

So, we have done work over the last couple of years to understand what kinds of practice-based recommendations are being made to Public Health advocacy organizations and actors in the context of Health Policy and social equity.

You can see that they emphasize some somewhat different

things. If you are going to talk about Health and Social Policy, we need to emphasize structural causes and solutions for problems, not just behavioral.

We need to lead with shared values that bring communities together. Then we need to frame these issues in terms of their universal impact, that they affect all of us, for instance, and we need to include a Call to Action. We need to tell people what they need to do to advance these kinds of Social Policies.

So, armed with this practice-based knowledge and scholarly evidence, we developed a series of studies that were designed to test whether these integrations can help us move the needle on pressing Health Policy topics of our time.

So, we incorporated insights from practice-based research on Health Policy messaging, which included, you know, naming the problem, but leading with values. Identifying structural causes of the problem and ending with a Call to Action.

But also building in insights from our own work and scholarly literature, which highlighted the importance of providing evidence that these policies work, and I will talk about specific policies in a moment.

And also bringing into question this idea of the need to frame issues in terms of their benefits to all groups, or whether you can talk about that, and also center the impact of Health Policies that disproportionately benefit those Communities of Color who have the highest rates of poverty and suffer health inequities in many different contexts.

Through this work we have concluded that communicating about racial inequality is, in fact, not inherently divisive, and can bring various actors and identities together in support of evidence-based Health Policies.

To illustrate, I will talk about data from a study we conducted surrounding Child Tax Credit expansion. Child Tax Credit is a policy that provides money to families with young children to help support those children. This was expanded for a brief period in 2021, and had massive impacts on reducing levels of childhood poverty, reducing food insecurity, reducing housing insecurity, increasing mental health and other health-related outcomes, an incredible policy in place for a short period of time and then expired.

So, we develop messages focused on expanding Child Tax Credits and we did that two ways. One in a message that emphasized universal impact on all children in poverty. That is the universalist appeal.

The second message, which emphasized both its universal impact, but also its disproportionately large impact on rising

rates of childhood poverty among Black, Hispanic and Indigenous children.

What we see from our results is that exposure to either the universalities, or targeted universalist message increased supports for Child Tax Credit expansion among Black and Hispanic respondents, and also among white respondents, although by a smaller margin for the targeted universalist message.

It increased intentions to advocate for these policies, interestingly, say by contacting an elected official by Black and Hispanic respondents, but had no effect among White respondents but the targeted universalist message did essentially no difference than the universalist appeal. It didn't undermine impact on outgroup populations. In this case white responds for whom the targeted benefits were not as large.

We analyzed these message effects by political ideology and found a spectacular partner, both Democrats and Republicans increase their level of support for Child Tax Credit Expansion in response to the universalist and targeted universalist appeal. Democrats were also motivated to advocate for the policies in response to both message strategics.

We then replicated the findings, in the terms of opioid policies, with States requiring FDA-required medication for opioid uses in terms of moving toward the response for advocacy, with impacts to these messages among Democrats and Republicans.

The one place we say a little difference was in the content of protecting Medicaid. We conducted this study right when there were lots of discussions about whether or not to put Medicaid in sort of a bill that was being discussed this June, and we see in that context, somewhat less movement across the board, although not obvious differences in the impact of those messages between a targeted and universalist appeal. So, from this work we conclude a few things, messaging about racial equality is not inherently divisive.

We saw similar partner effects across racial and ethnic groups and political entities, that centering perspectives from historically excluded populations, that is, populations that aren't often represented in method testing studies and in Health Policy and Health Behavior deals with Insights. we saw greater impact on intentions to advocate on the policies.

And the messaging that combines both practice-based recommendations and the scholarly evidence can help shift the needle on challenging Health Policy topics in a time of political division.

The last thing I will spend a couple of moments on is reflections on what changes and what doesn't change in the

context of a Media Ecosystem that is -- has a central role for Social Media.

I think we can say quite a few things are different.

Social Media platforms, for instance, favor video over text. As Traci suggested, they make it difficult to identify original sources, and make it easier to fabricate sources.

They privilege short messages and short thinking versus more nuanced complexity.

They rely on message retransmission, sharing, commenting and elevating messages, and once they are in a network environment, a messenger from a Public Health authority uses some control of that message as it sort of evolves in the media ecosystem.

And Social Media is inherently relational. That is to say, messages come with them, you know, the person who shared them. The person who comments on them, and the networks in which we are all embedded in our Social Media Platforms, which encourage confirmation bias.

I will skip some methodological challenges that come from this.

What I want to end with is to say despite those differences, there are a lot of things we have learned and known from decades of persuasion and health communication research that is still the same.

Public Health communicators have always needed to meet audience where is they are, on the media or platforms they use, whether that is TikTok, or local TV news.

And for some populations, young people, that is likely TikTok and Instagram and WhatsApp, but for others it may not be. In fact, we know that elderly populations are using different kinds of media. It has always been important to the immediate audiences where they are.

We always have to compete in public mental health communication with well-funded oppositional forces whether they are representing products or public interests and we have to figure out how to compete with that messaging.

We always needed to identify credible sources to communicate about Public Health. While Public Health itself may occupy a less credible authority in this moment in time, the need to identify those credible sources has always been part of effective messaging.

And we need to create opportunities for exchange and feedback on messaging. We can't just put ours out there and hope they land. We need mechanisms of feedback on both the messages and topics on which they communicate. We need bi-directional

communication. In many ways Social Media makes that easier due to the network nature of our systems.

So, I will close there. Feel free to read more about me and my team's research from commhsp.org. If you take a screenshot and click on the URL -- I am sorry, code -- it will take you to the opportunity to subscribe to our newsletter. Thank you very much.

>> MONICA WANG: Thank you, Professor Niederdeppe. Finally, we will turn to Dr. Sherry Pagoto.

>> SHERRY PAGOTO: Thank you. All right. Let me get my all right. Here we are.

I am going to be talking about why we fall for misinformation and what to do about it. So, like Dr. Wang said in my introduction, I am a Clinical Psychologist, and I do a lot of training for academics and Public Health professionals on Social Media for years. I have, especially when Twitter was shiny, new and exciting. A lot of the information I have given has actually evolved so I want to talk about my current thinking around misinformation and bias, so let's dive in.

All right. So, the first thing I wanted to kind of start level-setting with is this statement here that everybody thinks other people fall for misinformation, but nobody thinks that they fall for misinformation.

I think this is something that we all have to kind of do some introspection on, in that we are all very vulnerable to misinformation, even if you are a Public Health Professional, and how much education you have, we are all vulnerable to misinformation.

It plays on our cognitive biases, and there is actually some data to support this. There is a study that came out in 2019 that surveys both Democrats and Republicans, and it is interesting that they each think each other is more vulnerable to misinformation. They each of think of themselves as less vulnerable to misinformation.

So, is one side more right than the other? Actually, neither side is necessarily correct. There is a systemic -- or meta-analysis done a few years ago. This was in 2019, where they looked at partisan bias in liberals and conservatives. The quote the clearest finding was the robustness of partnership bias on both sides, there was a tendency for both participants to find otherwise identical information more value-compelling when it confirmed rather than challenged their political affinities, so, I think we need to start from a point of humility that we all are subject to cognitive biases, just like everybody else.

So, I wanted to put out this thought question today and

going forward is: Are we as Public Health Professionals as motivated to change our own biased thinking as we are to change other people's. Because we do talk about how we change other people's biases, but are we thinking about our own and how that could be playing into how we communicate in the work we do.

So, something to kind of think about.

Let's talk about cognitive biases. Like I said, cognitive biases are universal. We are all vulnerable to these things. Confirmation bias is a tendency to believe information that holds to your beliefs. That is part of fast thinking, as Traci said. Yes, I am going to hit the like button on that. That has to be true.

Bandwagon effect is where a lot of people on your side may be saying the same thing, so you assume it is true, which is kind of related to the illusory bias where a message heard repeatedly from different sources is believed to be true.

And the next is the negativity bias, where any emotionally charged content is more likely to get our attention. We are more likely to view it and engage in it, and move us to action. Whether that is fear appeals, something that makes you angry, it is just going to get more attention from us, and then that is also going to give it more attention from the algorithm.

Then, of course, partisan bias. That is when we are more likely to believe things that align with our political beliefs.

So, let's talk about the Social Media algorithm, because it is really amplifying this sort of human condition of cognitive biases.

So, the Social Media Platforms are doing less content moderation than they were a few years ago, so that results in more misinformation. It is harder to measure, because as researchers we don't even have good access to Social Media Platform data so much anymore.

And that results in strengthened biases.

So, the more misinformation that out there, the more our biases may become strengthened, so Social Media is becoming a really difficult place to navigate for everybody.

Here is the thing. If we engage in content, it is definitely going to feed the algorithm to show us more of that content, and elevate that content for other people to see. It is not even up just engaging, but viewing the content.

If you spend a little time looking at it, that will also feed the algorithm.

The third thing I wanted to mention is content homogenization. You may have noticed on your own Social Media feeds that you are starting to see a lot of the same things. The

minute you click on one thing, you will see a ton more of that thing. It could be a pair of jeans, a political post or anything. You will get fired posts with that so it is becoming more and more narrow, so we want to be mindful of what we are spending our time on Social Media.

Okay. So, with all this going on, what is a Public Health Professional to do? We have this environment that is full of misinformation. It is like a fire hose. It is going at the people and communities we want to try to help, so what can we do about this? And it is affecting us, as well.

I have a couple ideas here. One is to learn more about what people who think differently than you value.

So, this is a focus on values. We tend to want to focus on facts and debunking facts and that sort of thing, but I think there is something to be said for backing up and thinking about the values and populations whose minders we want to change.

A case in mind, the MAHA folks, the make America healthy again, they value personal choice, they are compelled by personal testimonies and are skeptical of regulatory science, and for good reason. There are communities that have not been respected by science, that feel they have been ignored by science. They are skeptical of expert consensus and skeptical of mandates. We definitely learned that during the pandemic.

So, it may be more helpful to spend our time learning about other's values rather than change their minds when having discussion and that sort of thing.

I want to do a plug for -- I am not involved in it but I am a huge super fan of, the Why Should I Trust You? Podcast. Maybe you have seen it. They are getting together with grass roots organizes and trying to bridge the gap to talk about collaborations that have formed between these two groups. I feel like these are the conversations we need to start having.

It is really exciting what they are doing, so if you get a chance, definitely check that out.

My second recommendation is to lead with empathy. One thing we are seeing a lot on both sides is the accusation that the other side lacks empathy.

The trust is, most human beings have empathy. I think most of us are not sociopaths, okay, the thing is, because we have the capacity for empathy does not mean we are leveraging it all the time.

There are things that get in the way of our empathy. When we feel stressed or under threat that, diminishes our capacity for empathy. The fight or flight going on have the parts of our brain lighting up protecting ourselves.

The part of our brain that is responsible for slow and critical thinking and analysis, and ability for empathy, is deactivated.

So, we want to think about that. When we are getting very stressed out and seeing divisive comments, it is probably not bringing our most empathetic self forward.

So, maintaining and maximizing your empathy capacity would be to be mindful of the stress, avoid unsolicited lectures and problem-solving. People don't find that to be an expression of empathy and it is often very unwanted in asking questions.

So, curiosity really is the path to empathy, which is love about the podcast I mentioned.

So, three, science communication. I am a big fan of science communication. How people can go about increasing impact on science communication is evolving.

Right now Social Media Platforms are, like, you are in a gigantic room. There are a whole bunch of people, they are all talking loudly, and you want to be able to say something and be heard. That is what it is like being on a Social Media Platform right now.

How do you get the signal through the noise? It is difficult. So, you have to kind of take two paths here. You can be a content creator, are a content what I call elevator. A content creator, and there are a number of people doing a really fantastic job with this in the Public Health space, these are people spending a lot of time creating content across platforms. It is multimedia. They build giant audiences, and they are doing great work.

Sometimes when you see folks like this, like the Dr. Jen Gunthers of the world, you wonder, that must take a lot of time to engage in that level of Science Communication. And it does.

Not everyone is going to be able to do that. In which case, wait to use your science -- Social Media presence, by elevating those voices. So, figuring out, who are the big voices in Public Health on different topics, and how can I go about elevating them, so you don't have to become the next Jen Gunther, but you can be part of the army that elevates the voices of people doing a great job like that.

I think one thing that deters a lot of Public Health folks, making videos and being on TikTok all the time, you don't have to, but you can elevate and that can be part of your goal.

I also wanted to put out there the opportunity for alternative Communication Channels like podcasts. This is where people are getting a lot of their information and listening to their discussions. They are richer discussions. It is not just a

tweet or post, but they are actual dialogues. To the extent we can get into podcasts that open up audiences of different types.

You know, you don't necessarily have to start your own podcast, but can you find ways to get on podcasts that have unique target audiences.

I love platforms that allow tighter-any time communities like paid I don't know, where you don't maybe have -- Patreon, where you maybe don't have thousands of followers but the ones you have are really good reliable followers.

And boots on the ground events from grass roots communes in terms of how do we get out there in communities and actually have real conversations rather than, you know, show character Social Media posts.

Maybe our impact is really in-person that way.

Number 4: Public Health: There's an AI for that. I wanted to do a little shout out to an article I came across that is brand new. It is talking about all the different ways that AI is being leveraged to create Public Health Communication. Clever ways that folks are using DALL-E and Sora to target populations, look at what AI is doing to create digital personas that can create message development that is tailored to different audiences. As well as NORC is doing interesting work with customizable chat Botts that health departments can use on any different topic like vaccines, chronic disease prevention and you name it. So, I really see this as an exciting future on Public Health communication.

I wanted to end by talking a little about the American Psychological Association's consensus statement around understanding and fighting Public Health misinformation, where they summarize the misinterventions that have been used and the evidence-base for the information and debunking literacy interventions and more.

There is mixed literature in all these things. There is not necessarily one sort of magic way that we are going to convince people that something is misinformation. The ones that I think I am most excited about are media literacy training and pre-bunking, particularly in K-12, if we can really sort of prepare young people to be comp at no time in this really vast and ever-evolving media environment, I think we can also do ourselves favors with that.

So, APA kind of have a number of recommendations, but these four I thought were kind of the ones I wanted to emphasize.

So, correcting misinformation with accurate information is certainly important. That said, it has to happen in concert with evidence-based strategies that promote healthy choices.

It is not enough to say hey, no, that supplement does not work for hot flashes, or this doesn't prevent disease, but then combining with strategies that would be useful.

Second, leveraging trusted sources to counter misinformation. We saw great examples of this during the pandemic. And what this really involves figuring out who different population segments trust.

It may not necessarily be you, but how can you create partnerships with folks that they do find trustworthy.

Number three, pre-bunking misinformation to inoculate susceptible audiences. Like I said, I feel like there is a lot of interesting research along these lines, particularly if we are doing this in children, as well as college students.

And, finally, funding basic and translational research into the psychology of Public Health Information. One thing you will see as a take-away in the APA recommendations is kind of the jury is still out into what is most effective, and particularly long-term effectiveness.

Some of the interventions that have been done kind of work in the short-term, but don't necessarily have the long-term effects, so we really do need more research in this space.

I also have a QR Code for our newsletter, so, if you are interested in this topic, our newsletter which comes out every Friday morning in your Inbox talks about breaking news on this topic, job opportunities, as well as webinars, podcasts and the latest research on all these subjects and more.

So, that is what I have for you today, and I am looking forward to the discussion.

>> MONICA WANG: Thank you, Dr. Sherry Pagoto and all our Panelists.

I will start with the Moderator part of the program. I will you kick it off with some questions and audience questions.

My first question, how can we effectively communicate when audiences seem to hold values or world views that it might feel increasingly difficult to find common ground? There might be complete opposite sides of the spectrum, and it is difficult to find a place where there might be some mutual understanding.

So, let me ask that first of Professor Hong, and then we will turn it over to the other Panelists.

>> TRACI HONG: Well, first of all, I really enjoyed Sherry and Jeff's talks and thank you for these great questions, Monica.

I think there is a desire in the general public to want to engage. When they are writing things like -- you hear this a lot, it is common sense. It is common sense we shouldn't do

this. Or it is common sense, we have too many things on the MMR schedule.

For a very long time in academia, we would do the research and put in a research article and file it away.

Now we have these tools that -- like Dashboards or the example I have with the hate speech, the Dashboards where you can see the data being collected, and people can interrupt with it.

I think that is one way to break down the barriers, and allows us to get into a conversation space that is safe, where you can interact with what the other people are doing with their findings, and to do it in a way that lets people begin that conversation.

You are not going to convince somebody with very different values, but you have to listen to them, and you have to do the work, the science work that you are doing, and make it available, publicly available. Let people interact with it, to see it, to question it, and to engage with it.

I think that conversation begins with people's ability to listen to each other and begin to actually talk with each other, which is not something we do very well, quite frankly, particularly with health.

>> MONICA WANG: I would love to hear Professor Niederdeppe on your Rs.

>> JEFF NIEDERDEPPE: I think both Traci and Sherry alluded to this. You have to listen to people's concerns to know what values they are bringing to the table and what concerns they are bringing to the table.

So, effective communication is bi-directional. Will we have it in conversation, we pick up on it. There are non-verbals and responses.

When we are broadcasting messages out into the ether, I think we are less likely to get that information unless we are looking for it, so you have to look for it, number one.

Number two, there are lots of values more broadly shared, and identifying ways that they are shared, and ways that the Public Health, sort of goal, that you bring to the table is consistent with those values.

So, Sherry mentioned MAHA valuing personal responsibility. I think everyone values personal responsibility in the country. It is often the lead concept when it comes to food or any kind of topic, but there are ways to work within that value.

So, yes, we all want our children to eat healthy diets, but you can't do that when the food industry is predatorially marketing products to children and engineering products for

addiction, for instance.

You are working within the same shared value and acknowledging you also have that value, and here is how this particular Public Health problem is sort of inconsistent with that.

>> SHERRY PAGOTO: Yes. I love both of those answers. What I will add to that, I think it definitely depends on the circumstance.

So, I don't think um change anyone's mind in a Social Media kind of conversation thread. That is going to be a lost cause.

So, that is probably not the best place to have, like, a rich conversation.

Now, if you are in-person, that might be a little different. I agree with what Traci and Jeff said in terms of, you know, again, like, finding what you have in common. I say that as a caveat that not everywhere values personal responsibility, but I think if we think of personal responsibility in different way, we probably have some ways we connect with that. We think about personal responsibility in an academic sense, which kind of suggests that everywhere is on their own. If you don't do something, then it is your fault and up to you, and consequences be damned.

That is one version of personal responsibility, but another version of personal responsibility is, yeah, I do want to take care of my health, and I want to know what I can be responsible in temples of health behavior changes, and what could help me do those things.

So, I feel like with loaded terms like that, and trying to figure out, like, what are the pieces of this that we probably do connect on, and then can we sort of build on that a little bit. It is okay if we have differences, because we are going to. But where are the points of connection where we can get that in.

Another great question is, what do you think? Because the minute we start lecturing or spinning facts, I think people shut down, so we want to be careful about that. The unsolicited problem-solving, we have that knee-jerk reaction to goes. We are problem-solvers for careers. That is all we do is problem-solve. We have to try to hold back on that, earn try to connect, instead.

>> MONICA WANG: I will ask one more question before we turn it over to the audience questioning and we have several really fantastic ones that came through.

One question, if we can change one thing on how we train or support academia in Public Health or science, what would that be, or Social Media? I will turn it over to Dr. Pagoto first,

because I know you have done a lot in psych-com training.

>> SHERRY PAGOTO: It is sort of the side thing, interesting people can attend, go to the training on education. It is not a part of curriculum, graduate or undergraduate, at least not in the spaces that I have been in, so how can we better integrate that.

So, we are training all these people to do great science, but we are not training them how to communicate that science, in which case, that is why a lot of science basically dies in journals. Is published, we get happy because we got our publication, then it sort of doesn't go anywhere because we are not taking the lead in communicating what the important aspect of that science is to the public.

I think that is why we got in this situation where we are not trusted. We are here in the ivory tower, pumping out papers, taking Federal dollars to do Grants, which is tax payer money, and we have very little to say about it.

So, in a way I feel with responsible for part of the situation we got ourselves into, so we need to be responsible in getting ourselves out of it.

That could be figuring out what we did before and train folks how to learn and communicate effectively.

>> MONICA WANG: You are spot-on we haven't really taken our science to the finish line if we don't know how to maximize the impact, involving speaking to audiences not on editorial boards and colleges, in places where people learn to make decisions.

Professor Niederdeppe, what do you think people should be trained on?

>> JEFF NIEDERDEPPE: I generally agree with that perspective, although I don't think the responsibility should be exclusively in the hands of the investigator. Because, A, not all great scientists are great communicators, I guess I will say.

And, B, I think this idea that all the incentive structures surrounding science are based upon contributing scholarly knowledge, and they are not, currently focused on translation or sharing of that knowledge. You need to do that to do all the other things with your job is on the back of the individuals practice ever so, I think we need to provide institutional supports for amplifying, communicating and translational work. I think we need to invest in infomediaries who are experts that can translate and synthesizer accumulated findings across scientific research, not just communicating about every individual study, many of which, including my own, are incremental, but not the final word on the topic.

So, think it comes to institutional investments I think we need to create incentive structures for scientists to be awarded for it because the more likely they will do it, and do it more effectively.

>> TRACI HONG: I generally agree with what Sherry and Jeff said. I think, though, that one of the things that institutions need to incentivize this is to have trainings work in communities, do their research in a community, and like Sherry say, not to go in there, problem-solve, speed data and be authoritative, but to go to the community, listen, hear the concern, see health in practice, or not in practice, and it can be Local Communities, it can be State Communities, or it could be Global Communities across the world.

But that is meeting people where they are, and translating that research not just into incremental science work, or writing an Op-Ed, but you know, personally, on the ground.

>> MONICA WANG: Yes. I think this is a case of yes and, not an either/or. Scientists, academics, we all have a responsible role to play, and this is really a team science approach. There are really fabulous communicators we can partner with, who do this work and have trusted audiences. That also involved relationship-building.

So, we will move on to some questions from our audience. One of our questions is how can we address information fatigue and maximize without overwhelming. This person is thinking of amplification of influencers? So, let's see, Professor Hong, think thoughts on this from your perspective in the communication loop.

>> TRACI HONG: I am rimed by early research I did, which was school-based research and tobacco prevention, which is when I was a Professor at Tulane. I think schools are a great venue, particularly K-12, junior high and high school, where we really need to be designing interventions and curriculum to teach kids that it is really not that great to be scrolling five hours-a-day, which is what I think the data I showed from the recent Gallup Poll, but to teach there is fatigue and mental health issues associated with excessive Social Media use.

I think one way to do information fatigue is to design programs that are launched when kids are still learning how the use AI, Social Media, in a beneficial way.

That has to happen earlier on, and that is always more effective than later non-adolescence or in life.

Any input from Dr. Pagoto or Professor Niederdeppe?

>> JEFF NIEDERDEPPE: I think fatigue is a tricky concept for a couple of reasons. One of the things that is the sort of

tries and true in Public Health Communication is that the single largest predictor in whether a Public Health Campaign is likely to be successful, not that others don't matter, is the most common reason why they fail is failure to achieve enough exposure, messages repeated over time, and different contexts consistent with one another.

So, I don't know that we reach a level of fatigue on Public Health topics individually all that often, because I think we are often out-exposed by competing interests.

Whichever side of the political coin you land on, the political right is very good at repeating the same talking-points in a consistent matter in lots of different places.

That is, I think, part of a resonant strategy. I think Public Health is not as good at that consistency, because we say, well it depends and maybe because of this circumstance. you know?

That is not to say a Public Health Communicator isn't fatigued from saying you need to do all these things. That comes from orientation toward communicating as if health is the most important thing to everywhere in their lives at all times.

People, as everywhere on this panel has talked about, value lots of different things. Health matters to people, but so duh eating tasty food, spending time with friends and other kinds of things.

I guess the question is, what do we mean by fatigue? I think consistent messaging that reaches audiences repeatedly in lots of different contexts is actually generally beneficial for public communication.

>> SHERRY PAGOTO: I will just add -- those are great thoughts. It is a really tough question. I don't even know if our message is fatiguing anything but the fire hose of nonsense is probably fatiguing people.

So, the question may be, what does not fatigue us? Maybe those are the strategies we should be using. We don't get fatigued by comedy. We don't get fatigued by things that are entertaining. We could listen to that all day long, so, maybe learn how to make things more engaging and entertaining. Thinking about the types of things that people have a big appetite for, and why is that, and how do we inject some of that into our messaging?

>> MONICA WANG: Yes. Those are fantastic ideas, the comedy and entertainment.

The next question I will point to Dr. Pagoto first. What are Q&As to debunk when there isn't necessarily a way to fix a

problem, for example with a supplement. I am thinking research that hasn't yet been conclusive on issues. What should communicators or practitioners be doing at that level?

>> SHERRY PAGOTO: That is such a good question. I saw that in the Chat, and I was, like that, is a good question. We want to offer up something, right? Then we don't always have something.

Like menopause is something I think a lot about right now based on my own personal experiences and there is a lot within that space. There are no good solutions, so we feel very on our own.

So, I think what would be important in that scenario -- you may not be able to offer up anything else, but it would be important to say we have to be honest when we don't have a solution.

So, I would be honest about that. Then also say, the downside of trying -- some people are like, I will try this supplement. It is better than nothing. I will give it a try, is to kind of talk about the cost of doing that.

We don't have data that that works. It doesn't mean it doesn't, but it will cost you money.

And you see that there is making false claims which makes me skeptical because they are making claims they can't back with data.

And by putting our money into something that doesn't work, and putting our time into something that doesn't work, we may not be aware when things do come down the line that do work. So, we don't want to go too far the rabbit hole for something there is no data for.

The other thing I want to add to that is we don't want to lose sight of shared decision-making.

This is something we talk about a lot in in medical schools in training physicians. We don't say you need to do this. You need to have a conversation. These are the options. What do you know about the options, what do you think?

So, putting all the different pros and cons about the options and allowing the patient to have a say in that. As Public Health Professionals, we have to have a spectacular approach. in that the patient or members of the public, they do get a say. We don't want to dictate, but we want to give all the information that we have.

That is a great strategy. Any additional thoughts Professor Hong or Niederdeppe?

>> TRACI HONG: I think Sherry is right. A lot of the debunking, pre-bunking, depending on what you read, very

marginal effectiveness in correct misinformation. I have sort of seen these bandages, Band-Aid solutions when a new misinformation, a new piece of information comes by. You have to do more pre-bunking or debunking.

So, how many bandages are you going to have on this problem? I think the solution really should be more systemic. Platforms need to take more -- to do more, right? They are doing community comments. Seeing how affected these community comments are, but platforms need to do more.

And we need to demand them to do more to kind of clean the information ecosystem that we are immersed in.

That is a more effective way of interacting rather than bandages after bandages across every act of misinformation that comes across our screen.

>> MONICA WANG: Great. We have time for maybe one or two more questions. Another one that came up, I will point this over to Professor Niederdeppe first, let's say scientists or academics want to partner with other content creators or influencers. How do we pick the most effective one who is have large followings? What should the selection criteria be?

>> JEFF NIEDERDEPPE: That is a great question. I mean, off the top of my head, I mean, one, and I alluded to this in my comments. Rather than saying, we need to use influencers to get our message out, the question I would ask is who are we trying to reach, number one. What media are we using? Or which kinds of people are they following and engaging with? And that leads you to the question of which kind of influencers do you want to engage with.

So, it starts from the top down, understanding the audience, how the media ecosystems identify in their lives and identify the sources there.

Then there is another layer. Is that person or set of people going to be a useful partner, right? Is the message that we want to convey consistent with the broader set of messaging.

So, if they are selling breech -- I saw someone said bleach to kill HIV in the Chat, is that a sort of person, you know, platform that we want to invest in building a partnership with, because they may be willing to transmit the message we say, but they are also saying a bunch of other things that might not be consistent with a broader trust-building approach for Public Health.

So, those are a couple of things that come to my mind. I will curious to hear what others think.

>> SHERRY PAGOTO: I will say when it comes to influencers, we have to approach it like we approach community-based

influencitory research. Influencers put a lot of time into their brand, they build large audiences, and they don't want to be used.

Just like we don't want to go into the community and do this for us, communicate this for us, let us do our research.

So, we need to partner with them and have discussions about what do they see as their pain points or possible issues that they could elevate, and how could we work together, rather than approaching one, they have a big audience that, is the kind of audience I would like to be in front of.

Hey, can you post this? Can you, you know, engage in this type of messaging and that sort of thing.

I think that will be a non-starter, just like it is a non-starter in the community, so, this is just the online community. It is no different than community leaders, online versus offline.

So, it would be great to see, kind of like an online CDPR Model, where we bring in influencers and have these types of discussions.

I think this was going on a few years ago, maybe with Harvard, bringing in influencers, I would love to see more of that. How to connect, and then how do we come up with an agenda together.

>> MONICA WANG: I like both of those points. One, not thinking the first step, who is the influencer, but first, who is audience I want to reach. Second, approaching it from a partner perspective, really about building that relationship and trust.

So, a few people have asked this question. It is a complex one to unpack, so this is for everyone. Given that there are also a lot of negative effects of using AI, say, for example, the impact on environmental resources, potential health inequities, it could exacerbate due to built-in bias, how do we navigate that when there are recommendations to use, or to integrate AI?

>> SHERRY PAGOTO: That is a good question. I kind of think about it in a similar way we used to think about Social Media when it first started. There were a lot of folks that were, like, I don't want to get into that because it is so toxic and so many bad things there. So, there are all these downsides.

But these are the tools being used to facilitate health misinformation. That being side, equity has to be part of our principle, front and center. The issues around the resources it uses, it is a bigger question of using AI in general.

I don't have a good answer for that, but I think it is an

important thing as a society that I think we need to be thinking about, what that will look like, because people are using AI from everything from homework therapy to you name it, all the things.

That is a bigger question for all of us, but I don't think it means we should abstain, because the train has left the station when it comes to AI.

>> TRACI HONG: I agree with Sherry.

Sherry made a good comment. When Social Media came about, a lot of people were very skeptical, and a lot of academic writing about, think the potential negative effects of Social Media, and certainly think there are. No doubt about that. But Social Media also gave us Arab Spring, which allowed pro-democracy uprising throughout the Middle East and North Africa. So, there is good in that.

The train has left. Hopefully the technology will advance where, you know, all these water-using, electricity-using GPUs will become more efficient, hopefully over time.

Certainly, a lot of investment from the government, from industry, in wanting to facilitate AI and make it more efficient, as well.

I don't really have an easy solution to say, except that we have to kind of look at the brighter side of this, and how do we use it in a positive way.

>> JEFF NIEDERDEPPE: I will echo those comments. As an educator, students are absolutely using it, and in my experience, you know, telling them they can't is simply going to produce conflict and, you know, attempts to subvert said prohibitions.

So, I think that means, you know, one of the things we need to do is surveil, much like we surveil diseases and surveil the information environment, we need to know what kinds of systemic biases are being offered in AI platforms, and not just surveil, but call it out, because that is not good publicity for ChatGPT if they are saying horrific things or spreading misinformation. That is not good for their brand or attempt to make money, so that is one kind of surveillance role.

I do think there are potential deficiencies in rapidly developing a survey or set of messages to test on human populations. It is hard work to produce those kinds messages. It is also time-consuming to produce a sample of 4,000 respondents and then come up with a message to use.

I am not saying you replace that with technology, but as a tool to accelerate the process of sort of refining messages and developing surveys and other kinds of research tools to then be

more efficient, we have to weigh those with the tradeoffs with environmental and otherwise. So, yeah, it is here to stay, though, I think. There is no doubt about it.

>> MONICA WANG: Yes, it is a really complex and rapidly emerging field. It is really important for scientists and Public Health to have a place at the table and a voice in shaping that.

I believe we have time for one more question. I think in health and medicine we tend to lean toward the negative. What is the disease? What is the negative health outcome. There is not as much attention on the positive or resilient.

So, I want to ask each of the Panelists, what are creative or ed-based examples of successful health campaigns, or successful misinformation countering that you have seen on emerging platforms. How can we look to case examples for inspiration and hope. Let me first point that to Professor Hong since you are in communications. I would love to hear what you are seeing and experiencing. It doesn't necessarily have to be health-specific.

>> TRACI HONG: I teach Undergrads and the class I see them most is the persuasion theory class. One of the things they have to do is take a persuasion principle and convey a persuasion principle. They don't have to necessarily be funny. They do this very fast, probably partly because of AI Tools available.

I think one of the most positive things I have seen, here at BU we had a student-run campaign -- you might remember this, Monica -- during COVID, where we were trying to get people to adopt Best Practices to contain spread of COVID on campus.

It was a campaign run through students at BU College of Communication, completely one with the blessing of the administration. It was widely disseminated and successful.

So, I think a lot of organic campaigns from adolescents, from our college students and kids, they are really from the future and they know what will be next.

Listening to them and having them do some of these launches will be particularly successful.

When I come up to is the one we had at BU where it was kind of controversial. You may remember, Monica, you used a pejorative word in a campaign about COVID. It was really successful. It with us completely their idea.

>> MONICA WANG: I do remember that. I think part of understanding what a message will resonate is understanding the culture of the audience.

So, that may work really well in Boston or New England, but not expect it to work so well, say, in Texas or suburban California. So, really coming back to the issue of understanding

your audience.

Professor Niederdeppe, any successful examples that give you help and motivation?

>> JEFF NIEDERDEPPE: I think we have done far more studying of fear, sadness, and other negative emotions than positive emotions. But I think there is a lot of potential for hope, as you brought it up, as a sort of messaging emotion, joy. A lot of people working in the climate space have been looking at aw as a reason for taking action.

There is a little work coming out of UCSB. Robin Nabi is working in this space, sort of inspirational media interventions where they invite students to watch a 5-minute kind of joy and inspirational video. They have tracked Mental Health Outcomes related to that. It is very preliminary, but I think some evidence of kind of reduced symptoms related to anxiety and other kinds of things, based on even a short media intervention.

Of course, it is more scrolling, 5-hours and 5-minutes, than to Traci's data on time being spent.

But if we can convert that scrolling to more positive emotions, I think there is good reason to think that could be better for us than doomscrolling, for instance. Maybe I will stop there.

>> SHERRY PAGOTO: I like that. Hope scrolling, that becomes the word of 2026, maybe. I don't know.

I am racking my brain to think of an example. I see kind of smaller influencers on TikTok who do a good job of this. I wish I could think of names off-hand who are positive and funny and do fun things.

Since I can't think of a great example to share, I will tell you a little something that we are trying to do in our lab, and we did some work on this, and it was actually really successful where we are bringing in young people who engage in the very behaviors we want to counter-message, and we incentivize them to create the content. We didn't lecture them: You shouldn't be doing that. We were saying, hey, we need you to be part of a campaign, and here is kind of like the messages that we want to get across. Making sure you make it your own, and we gave them small incentives to do this.

I tell you, the content they created -- they were making TikToks, Instagram -- you name it. They were making such good content, I was embarrassed in terms of how bad I felt our content was compared to their content. And their content got way more engagement than our content did.

So, I am really into this idea now of bringing in people who are our target audience, and having them create the

messaging for people like them.

What we found, which is really interesting, and I have a grant under review to do a bigger version of this, is it actually changed their behavior.

So, if you get people to speak about something, it does shift their attitudes and behavior, so we don't even have to lecture them.

I am interested in more of that. I see this going on organically on TikTok. If we could do that a little more, bringing in our target audience, and having them do the messaging, I am very curious of how that could go.

These are all wonderful resource. I know that many of our Panelists have also shared resources through the Chat links, whether it is newsletters or different kinds of reports.

In our last resuming minute, since we are almost out of time, I will turn it back over to Dean Hyder.

>> DEAN HYDER: Well, first of all, thank you so much. This is an amazing conversation. I want to thank you, Monica, for moderating it so well.

Thank you to Sherry, Jeff and Traci, and all of the fantastic engagement that I saw in Chat, as well.

And hundreds of people were interested and they joined, so this is a remarkable, and really important conversation.

In fact, this is our final Public Health Conversation for this semester, so you guys have done an incredible job as closing us out for the series.

I am excited to announce that the series will continue as part of our 50th year Celebration. So, the Boston University School of Public Health will be celebrating its 50th Anniversary in 2026. I invite you all to stay tuned. We will be announcing a very exciting Public Health Conversation Series for next year.

They will be posted on Public Health Conversation Website, and we will be doing a lot of collaborative work. So, I am excited to welcome you then. For now, thank you, Monica, Traci, Jeff, Sherry, and each and every one of you who has participated.

I hope you have taken something you can adopt in your own work, circle, life and professional, in the engaging discussions and resources that have been presented today.

Thank you, all. Stay well, and stay safe. See you all next time.

(Recording stopped)

(Session was concluded at 2:30 PM ET)