WEBVTT

1
00:00:06.330 --> 00:00:07.049
Michael McGinnis: Tell me.

2
00:00:08.189 --> 00:00:08.880
Michael McGinnis: All right.

3
00:00:10.830 --> 00:00:12.719
Michael McGinnis: There must be our go ahead sign.

4
00:00:14.700 --> 00:00:24.150
Michael McGinnis: So welcome everyone good afternoon Good morning, good evening wherever you happen to me to be today.

5
00:00:25.800 --> 00:00:45.900
Michael McGinnis: we're in Washington DC at the national academies of Sciences engineering and medicine and it's my pleasure to welcome you i'm the Executive Officer the National Academy of Medicine and executive director of the leadership consortium for a value and science driven health system.

6
00:00:46.980 --> 00:00:57.570
Michael McGinnis: And we're here gathered as part of our evidence mobilization action collaborative and i'll introduce our two co chairs of the collaborative in just a moment.

7
00:00:58.680 --> 00:01:00.240
Michael McGinnis: And our focus today.

8
00:01:01.470 --> 00:01:06.150
Michael McGinnis: is on the issue of stewarding public trust in biomedical science and research.

9
00:01:07.500 --> 00:01:17.970
Michael McGinnis: As we look across the board at the challenges for society, clearly, issues related to equity rank at the top.

10
00:01:19.080 --> 00:01:33.720
Michael McGinnis: And, but they're followed closely by issues related to trust in science, because our scientific enterprise is actually fairly robust and productive and developing the kind of initiatives that can.

11
00:01:35.580 --> 00:01:37.860
Michael McGinnis: transform our.

12
00:01:39.630 --> 00:01:44.250
Michael McGinnis: The human condition in many ways, but in order to ensure that.

13
00:01:45.330 --> 00:01:54.510
Michael McGinnis: That robust capacity is in fact enabled and implemented the notion of trust in sciences is is clearly key.

14
00:01:55.830 --> 00:01:58.710
Michael McGinnis: that's a complex issue and.

15
00:02:01.470 --> 00:02:06.960
Michael McGinnis: Hence it's an issue that is quite suitable for us and the national academies.

16
00:02:08.040 --> 00:02:23.640
Michael McGinnis: to work with you, who are on the front lines of trust in science, my to engage and to learn from you and to be guided by your insights as to hence today's session this is.

17
00:02:25.560 --> 00:02:37.410
Michael McGinnis: Just one contribution to a large national and international debate on the issue, but it's, one that is.

18
00:02:38.460 --> 00:02:47.220
Michael McGinnis: is deserving of the full attention of society at every level, so the.

19
00:02:50.130 --> 00:03:08.010
Michael McGinnis: essential objective for our conversation today is as indicated and will be elaborated on by our two co chairs, is to assess understand and grow public trust and health research and the evidence in general it generates and, in particular.

20
00:03:09.150 --> 00:03:19.110
Michael McGinnis: Offering lessons for those of us in the national academies working with our colleagues in the scientific leadership Community across the globe.

21
00:03:20.070 --> 00:03:37.320
Michael McGinnis: On ways in which we can identify effective strategies effective messages effective messengers and or work in a strategic fashion to improve the state of play.

22
00:03:39.630 --> 00:03:48.600
Michael McGinnis: motivating questions that will be considering today you'll hear more about in just a minute, but they relate to reviewing the profile of.

23
00:03:49.290 --> 00:04:01.830
Michael McGinnis: public distrust and and trust in health research and science, what have been the trends in that respect, what are the consequences that will be engaging and are engaging now.

24
00:04:03.240 --> 00:04:14.220
Michael McGinnis: Very much engaging in real time, as we look at the dependence of progress and coven 19 on a trust in scientific and science in the scientific enterprise.

25
00:04:15.570 --> 00:04:16.170
Michael McGinnis: What is.

26
00:04:17.610 --> 00:04:25.050
Michael McGinnis: The sense of urgency this the the speed at which the issues are changing.

27
00:04:26.640 --> 00:04:34.500
Michael McGinnis: How do we ensure that transparency is this is part of our solution and not part of our problem and.

28
00:04:35.610 --> 00:04:38.790
Michael McGinnis: What trust enhancing strategies have been.

29
00:04:40.920 --> 00:04:43.830
Michael McGinnis: tried and are offering some.

30
00:04:45.720 --> 00:04:47.910
Michael McGinnis: semblance of effectiveness.

31
00:04:50.700 --> 00:04:53.880
Michael McGinnis: We have a really terrific group of.

32
00:04:55.110 --> 00:05:03.990
Michael McGinnis: Participants both formally on the agenda and informally as part of the webinar who will introduce along the way.

33
00:05:05.940 --> 00:05:26.190
Michael McGinnis: I will introduce in in just about two minutes or rich a recurrence and rich Plaid who are the Co chairs of the collaborative but before doing so i'll run quickly through and the background context of.

34
00:05:27.210 --> 00:05:36.000

Michael McGinnis: The Organization, the National Academy of Medicine next slide please and the leadership consortium leadership consortium.

35
00:05:37.860 --> 00:05:44.490
Michael McGinnis: is comprised of the kinds of organizations which are necessary to work together.

36
00:05:45.360 --> 00:05:55.560
Michael McGinnis: To advanced trust in science is your stakeholder leaders in public, private independent organizations from the key health sectors they collaborate under our auspices.

37
00:05:56.070 --> 00:06:07.110
Michael McGinnis: and collaborate on the common interest of advancing effectiveness, efficiency, equity and continuous learning in health medical care and biomedical science next slide pleas e.

38
00:06:09.120 --> 00:06:22.860
Michael McGinnis: They together work under the big tent of advancing a learning health system, one in which science informatics incentives and culture are aligned for continuous improvement innovation in equity.

39
00:06:23.520 --> 00:06:36.270
Michael McGinnis: and trust as a common feature throughout all of those as an important either tool or rate limiting factor and extensive which they are aligned in.

40
00:06:37.440 --> 00:06:43.800
Michael McGinnis: In in implementation is a function of the trust factor next slide please.

41
00:06:46.710 --> 00:06:55.320
Michael McGinnis: So the focus is collaboration for action and the topic of our focus today is obviously one.

42
00:06:57.420 --> 00:06:58.260
Michael McGinnis: Perhaps.

43
00:07:01.110 --> 00:07:11.820
Michael McGinnis: At the highest point of our of our priority list, for that is most important, different collaborative action next slide please.

44
00:07:13.530 --> 00:07:19.620
Michael McGinnis: The action that we Stewart is a stewarded through for.

45
00:07:21.180 --> 00:07:41.100

Michael McGinnis: Action collaborative one on science, when an informatics one on incentives and one on culture, there obviously overlapping in their spirit and in their activities and the aligning of initiative, within and among these.

46
00:07:42.570 --> 00:07:55.680
Michael McGinnis: Action collaborative arenas is is a critical point of the strategy involved in the science arena, we seek continuous learning through real world evidence and informatics of.

47
00:07:56.250 --> 00:08:04.260
Michael McGinnis: Building digital infrastructure and data is a core utility and incentives payment based on health outcomes for people in populations.

48
00:08:04.890 --> 00:08:25.890
Michael McGinnis: And in culture full and equitable health engagement for people in communities and again, you can see instinctively the fundamental importance of trust in science and the capacity of the scientific enterprise is essential element in each of those arenas next slide please.

49
00:08:28.410 --> 00:08:37.860
Michael McGinnis: The each of the collaborative works with organizational networks organizational stakeholders works around anchor principles again.

50
00:08:38.670 --> 00:08:57.210
Michael McGinnis: One of the strategic interest is in building trust in those principles and the and the cooperative effort across organizations and we also use a series of progress indicators to track the extent to which we are.

51
00:08:58.980 --> 00:09:03.900
Michael McGinnis: moving in the right direction and we do so through collaborative projects next slide please.

52
00:09:06.990 --> 00:09:23.340
Michael McGinnis: One of the major activities of the past year, naturally year and a half, has been using our stakeholder network that is to say we have leaders in organizations who represent nine different sectors.

53
00:09:24.450 --> 00:09:30.510
Michael McGinnis: In our health system clinicians payers research digital health, public health patients and families.

54
00:09:30.990 --> 00:09:46.170
Michael McGinnis: and communities care systems quality, safety and standards organizations health product manufacturers and innovators the the heads of those nine sectors of teen with their colleagues in looking intensively over the last year at the impact of.

55
00:09:47.790 --> 00:09:58.110
Michael McGinnis: On their sectors and that series of assessments, is now largely been completed and we're moving into looking at how.

56
00:09:59.220 --> 00:10:13.170
Michael McGinnis: cooperative effort to implement cross cutting opportunities for health transformation and it's clear again, if you look at every one of those sectors that.

57
00:10:14.700 --> 00:10:33.930
Michael McGinnis: A rate limiting factor is the extent to which we can foster trust in science and not just trust, but demand for orientation to scientific objective approaches to progress so next slide please.

58
00:10:36.300 --> 00:10:38.100
Michael McGinnis: that's the background of.

59
00:10:39.240 --> 00:10:45.360
Michael McGinnis: today's meeting organizationally and a little bit on the issue of.

60
00:10:46.620 --> 00:10:47.130
Michael McGinnis: The.

61
00:10:48.810 --> 00:10:59.940
Michael McGinnis: specific importance of trust, we are committed to addressing the Cross cutting issues that have been identified by the sector assessments and, as mentioned.

62
00:11:00.690 --> 00:11:08.670
Michael McGinnis: This is at the top of the agenda so we're very much appreciative of your being with us and we're certainly.

63
00:11:09.540 --> 00:11:19.710
Michael McGinnis: appreciative of the efforts of our leaders in this recurrence, who is the senior Vice President and chief medical and scientific officer amid medtronic enrich platt.

64
00:11:20.100 --> 00:11:27.660
Michael McGinnis: A Chair of the Department of population medicine at Harvard University and President of the Harvard pilgrim healthcare Institute.

65
00:11:28.740 --> 00:11:33.420
Michael McGinnis: And thanks to both of you, let me turn the session over to rick.

66

00:11:35.070 --> 00:11:35.730
Rick Kuntz: Thank you, Michael.

67
00:11:36.990 --> 00:11:43.680
Rick Kuntz: on behalf of my co chair rich and myself we're very excited about this session, this is a very timely.

68
00:11:44.730 --> 00:11:46.110
Rick Kuntz: topic to discuss.

69
00:11:47.760 --> 00:12:05.070
Rick Kuntz: In my own experience in academia and industry, the chain of trust, as it were really does start from solid evidence, which is the somebody to the providers and then the trust and the providers and the evidence really disseminates to patients.

70
00:12:06.180 --> 00:12:14.220
Rick Kuntz: I think what we've all discovered, is that there has been a history of mistrust in the past but it's been accelerated by covered in many ways and.

71
00:12:14.820 --> 00:12:23.220
Rick Kuntz: Again, in my own experience in the company that I belong to, I often have to deal with employees who are asking questions about vaccinations and so on, and.

72
00:12:23.670 --> 00:12:32.790
Rick Kuntz: And it was a real eye opener to really understand the different views about biomedical research and the trust they have in them, especially with.

73
00:12:33.150 --> 00:12:49.710
Rick Kuntz: Competing different sources of information which are more ubiquitous now than they were in the past and the inability, in some cases to distinguish between solid sources of information versus those that are not solid at all so we're very excited about.

74
00:12:50.880 --> 00:12:51.930
Rick Kuntz: exploring the session.

75
00:12:53.160 --> 00:12:56.280
Rick Kuntz: And if we can go the next slide I can review the agenda.

76
00:13:03.630 --> 00:13:12.150
Rick Kuntz: But in the next session our speakers will provide an overview of distrust and biomedical research before and then leading up to covert 19.

77

00:13:13.260 --> 00:13:22.500
Rick Kuntz: Mainly highlighting the history just trust among a few stakeholder groups particularly distressed within research community and distrust on marginalized populations.

78
00:13:23.070 --> 00:13:38.520
Rick Kuntz: So I think that's gonna be really important session, following this will begin to drill down on specific dimensions of distrust that have emerged, starting with challenges of maintaining scientific integrity, while sometimes he tried to respond to demand for innovative solutions.

79
00:13:39.540 --> 00:13:49.710
Rick Kuntz: Next we'll shift gears to focus on a broader political context and society and simple and some misuse of social media as a tool to spread misinformation.

80
00:13:50.310 --> 00:13:58.650
Rick Kuntz: And how it could be used responsibly and the interplay between those two factors I think that'd be really exciting session.

81
00:13:59.490 --> 00:14:11.700
Rick Kuntz: Then we invite our panelists from proceeding sessions per se in a discussion to identify potential strategies and solutions to address these dimensions and close the trust gap, as it were, and that's going to be.

82
00:14:13.140 --> 00:14:25.860
Rick Kuntz: important goal of this session is to understand how to close that trust gap and to wrap up we'll hear from key takeaways from panelists and my co chair and myself and Michael.

83
00:14:26.880 --> 00:14:38.160
Rick Kuntz: On presentations and discussions held throughout the meeting and then hopefully we'll be able to put together at least the beginning of a clear call to action that we can initiate and then we'll go from there.

84
00:14:39.210 --> 00:14:49.530
Rick Kuntz: So that's a high level overview of the session I think again it's me it's super exciting and informative and with that, let me turn over to my co chair rich who will provide some of the logistics of the meeting.

85
00:14:52.380 --> 00:15:05.730
Richard Platt: Okay, thanks, and thanks everyone for for joining in the history of our evidence collaborative we have put the emphasis on trying to understand how learning health system can develop evidence.

86
00:15:06.390 --> 00:15:07.590
Richard Platt: Today we're talking about.

87
00:15:08.850 --> 00:15:26.040
Richard Platt: How do we deal with a situation in which we think we have evidence, or at least we have better evidence today than we did yesterday, and yet there is no good audience for that evidence and that's just as important to topic as I think we've ever discussed in.

88
00:15:27.060 --> 00:15:28.620
Richard Platt: In this forum and the national.

89
00:15:29.940 --> 00:15:41.310
Richard Platt: didn't have a better group of panelists and people participating in the audience, to try to wrestle with that I really hope we can.

90
00:15:43.020 --> 00:15:45.330
Richard Platt: Think about the way to attack the problem.

91
00:15:46.530 --> 00:15:52.650
Richard Platt: of our our our goal is to have this be as interactive a.

92
00:15:53.760 --> 00:16:04.200
Richard Platt: next few hours as possible, and so I encourage everyone to use the Q amp a function at the bottom of the screen to to enter questions we have time.

93
00:16:05.220 --> 00:16:09.390
Richard Platt: After every session for discussion and will.

94
00:16:10.650 --> 00:16:13.740
Richard Platt: will handle as many of the questions that come in.

95
00:16:15.150 --> 00:16:21.960
Richard Platt: A box, as we possibly can, and will attempt to do follow up of everything, even if we don't have.

96
00:16:23.700 --> 00:16:26.070
We encourage everyone to.

97
00:16:27.630 --> 00:16:28.380
Richard Platt: In on.

98
00:16:30.600 --> 00:16:32.580
Richard Platt: Okay that's the that's the.

99
00:16:33.630 --> 00:16:38.370
Richard Platt: instructions and now we're ready to dive in so rick back to you.

100
00:16:39.840 --> 00:16:47.130
Rick Kuntz: Thanks rich, so our first session will be called overview of trust and distress and biomedical research from a high level view.

101
00:16:48.210 --> 00:17:01.350
Rick Kuntz: And we're privileged to have this our speakers today carrie funds from the Pew research Center so to preach from the American association advancement of science and Sandra Quinn from the University of Maryland school of public health.

102
00:17:03.600 --> 00:17:11.100
Rick Kuntz: What we want to do is essentially explore these various factors influencing public trust and provide a detailed.

103
00:17:11.730 --> 00:17:25.050
Rick Kuntz: background the long standing issues of distrust among the general public and cascading effects on the specific communities, so this is going to be kind of an overview of the framework of how trust is built, and how it might be eroded.

104
00:17:26.190 --> 00:17:35.220
Rick Kuntz: With that i'd like to invite Members of the panel, as well as the audience to submit questions for q&a so as rich just said, we can keep this.

105
00:17:36.660 --> 00:17:37.260
Rick Kuntz: Very.

106
00:17:38.550 --> 00:17:40.350
Rick Kuntz: fluid and interactive.

107
00:17:41.880 --> 00:17:45.600
Rick Kuntz: we'll have each speaker talk for between seven and 10 minutes.

108
00:17:46.800 --> 00:17:58.380
Rick Kuntz: And then we'll follow up with the reactions and questions so with that i'll start off by asking carrie to start with the first of all.

109
00:17:59.790 --> 00:18:03.900
Cary Funk: Right fantastic Thank you so much i'm happy to be here.

110

00:18:04.890 --> 00:18:12.840
Cary Funk: Just kind of walk you through a couple of findings from Pew research Center surveys that highlight what we know about where public trust sits.

111
00:18:13.170 --> 00:18:20.790
Cary Funk: And, in particular where it tends to be stronger and weaker because so many of these conversations about needing to.

112
00:18:21.090 --> 00:18:34.440
Cary Funk: build a rebuild trust it's not so much about the public as a whole it's really a focus on which segments of the public have stronger or weaker trust and where that might need some remediation.

113
00:18:36.690 --> 00:18:48.150
Cary Funk: I would just point out that the Center is a nonpartisan on advocacy organization and our role is really to help diagnose public trust in science and medical science and the factors driving it.

114
00:18:49.080 --> 00:18:59.970
Cary Funk: And so I think that, hopefully, will be a foundation for the conversation through the day as we're trying to think about how to be better stewards of trust in science and health research.

115
00:19:01.020 --> 00:19:18.360
Cary Funk: Go ahead and go to our first slide I want to just start with why we talk so much about trust in science in in the broader Community here, and I think the coronavirus pandemic is a great example of pressing example of why the scientific community is so focused on trust.

116
00:19:20.580 --> 00:19:28.260
Cary Funk: You know, be partly because we're often looking at what our general metrics about trust in scientists and trust in medical scientists.

117
00:19:28.590 --> 00:19:41.340
Cary Funk: As a bellwether for what happens in specific circumstances like the ones we're in right now right, so this is an indicator of people's confidence in the vaccine research and development process.

118
00:19:42.090 --> 00:19:53.280
Cary Funk: Just over the past outbreak and what you see actually is that there's been a growth in the share who have this strongest level of trust in the vaccine r&d process.

119
00:19:53.580 --> 00:20:10.620
Cary Funk: You want to pay attention to the darker blue, which is the share saying, I have a great deal of confidence so that went from about 19 20% early on in September 2022 about double that you know another 20 points up to 39% as of August 21.

120
00:20:11.790 --> 00:20:18.150
Cary Funk: So that is that's the big picture of public trust in the vaccine process.

121
00:20:18.630 --> 00:20:28.830
Cary Funk: The issue is that this smaller segment we're not showing there, and you can go ahead and go to the next slide issues that smaller segment, who has lower levels of trust about 27%.

122
00:20:29.250 --> 00:20:42.360
Cary Funk: They are most likely not vaccinated right there's a very strong correlation between people's confidence in the vaccine R amp D process and their own vaccination status and that's what you're seeing down below on this slide.

123
00:20:43.320 --> 00:21:00.720
Cary Funk: So that's I think just an example of why why we talk about this so much go ahead and go to the next slide, I think, and I just want, I just want to call attention to some of the challenges that we're facing at this moment, because this is a hard time for science communication.

124
00:21:02.190 --> 00:21:06.480
Cary Funk: The pandemic has also highlighted some of those chief hurdles.

125
00:21:07.500 --> 00:21:22.080
Cary Funk: Particularly around the changing information environment so we've seen really rapid scientific developments we as a as a public we're seeing a lens into the R amp D process we're seeing a lens into the role of public health officials.

126
00:21:22.470 --> 00:21:28.830
Cary Funk: All of which are operating in the public eye, and before probably largely out of the public eye.

127
00:21:29.730 --> 00:21:34.410
Cary Funk: But it's also one where of course we've been learning a lot every time and a lot of things have changed.

128
00:21:34.680 --> 00:21:49.350
Cary Funk: So one of the things we did in this most recent survey in August 21 was asked people about their reactions to the changing public health guidance over time and we gave them a series of statements each row here is essentially a separate question.

129
00:21:51.180 --> 00:21:54.960
Cary Funk: And we asked whether they had that reaction or didn't have that reaction to the statement.

130

00:21:55.290 --> 00:22:07.260
Cary Funk: So on the top row what you see is about six and 10 Americans said that they saw those changing public health guidelines as understandable because scientific knowledge is constantly being updated.

131
00:22:07.740 --> 00:22:20.190
Cary Funk: And that really aligns with other questions we've asked over the years, about two thirds of Americans saying that they're aware of scientific research is iterative and meant to be continually updated over time.

132
00:22:21.360 --> 00:22:29.310
Cary Funk: But at the same time, people have other reactions to so you also see about half of the public, saying that it made them feel confused.

133
00:22:29.910 --> 00:22:43.140
Cary Funk: And some around you know, around half basically saying that they had really more negative reactions to this changing public health guns either it made them wonder about transparency of information or just made them less confident.

134
00:22:43.920 --> 00:22:47.790
Cary Funk: In the recommendations it's been go ahead to the next slide.

135
00:22:49.530 --> 00:22:58.920
Cary Funk: What so then that gets us to to the big picture of where does public trust in in scientists and medical scientist and, and this is.

136
00:22:59.310 --> 00:23:03.630
Cary Funk: One of our kind of general metrics that we use to gauge this over time.

137
00:23:04.140 --> 00:23:13.740
Cary Funk: On the left hand side you see people asking about people were being asked about their confidence and scientists to act in the best interest of the public and on the right hand side.

138
00:23:14.310 --> 00:23:24.180
Cary Funk: and medical scientists so from that national lens I would say that we're seeing majorities of Americans have a positive bent toward scientists in their work.

139
00:23:24.810 --> 00:23:33.660
Cary Funk: You actually see the same pattern for the two groups i'm going to just going to focus on trust in medical scientists here, you also see a little uptick.

140
00:23:34.170 --> 00:23:40.770

Cary Funk: In public trust or confidence in medical scientists, since the pandemic began or the outbreak begin.

141
00:23:41.610 --> 00:23:51.780
Cary Funk: In January of 2019 would have been our before the pandemic measure 35% of Americans said they had a great deal of confidence and medical scientists to act in the public interest.

142
00:23:52.170 --> 00:24:03.270
Cary Funk: That ticked up just a bit in the in the most recent survey, it was 40% saying that so again i'm focusing on that share with the strongest level of trust, as a kind of as a marker of that.

143
00:24:03.630 --> 00:24:09.990
Cary Funk: You can also see here the lighter blue color that's that's what we call kind of the share with a soft positive.

144
00:24:10.770 --> 00:24:16.740
Cary Funk: orientation towards medical scientists so there's also quite a few people who have that kind of soft level of.

145
00:24:17.400 --> 00:24:32.220
Cary Funk: Confidence or trusting in medical scientists it's really just a small share 14% in the most recent time we asked about this that had really what we call as a negative view, saying they have not too much or no trust at all and medical scientists.

146
00:24:33.870 --> 00:24:34.740
Cary Funk: Next slide please.

147
00:24:36.330 --> 00:24:48.720
Cary Funk: As it turns out, as we're talking about is it's the segments that matter, because that that uptick in public trust and scientists is not uniform across all Americans, so what you're seeing here is one of the.

148
00:24:49.620 --> 00:24:55.080
Cary Funk: biggest changes is that we're seeing democrats in particular on the far right and.

149
00:24:55.770 --> 00:25:04.830
Cary Funk: they're, the ones who have seen the biggest growth in their confidence and medical scientists so before the pandemic 37%.

150
00:25:05.400 --> 00:25:16.980
Cary Funk: of Democrats had a great deal of confidence and medical scientists that ticked up to 53 54% in the more recent surveys in the middle panels what you're seeing is among Republicans.

151
00:25:17.970 --> 00:25:26.010
Cary Funk: confidence and medical scientists has stayed roughly the same or or maybe trending downward we'll have to see what happens, the next time we asked about this.

152
00:25:26.820 --> 00:25:41.370
Cary Funk: But so that stayed roughly the same, and what that means is as a result we're seeing a greater division between democrats and Republicans over their level of competence and medical scientists, then we saw before and that's I think especially noticeable because.

153
00:25:43.140 --> 00:25:48.090
Cary Funk: As we've asked about lots of different questions about medical scientists medical doctors medical researchers.

154
00:25:48.510 --> 00:26:05.100
Cary Funk: We usually see a small or really no difference bipartisan lens and how people react to these groups, so this is a fairly new development and of course it has implications for how we think about communication and engagement with science going forward.

155
00:26:06.510 --> 00:26:09.270
Cary Funk: Go ahead and move us forward, please.

156
00:26:11.550 --> 00:26:21.840
Cary Funk: Now I didn't want to leave us with just that general metric of of competence in scientists and their work, because many people like to think about science as being.

157
00:26:22.380 --> 00:26:37.260
Cary Funk: Trust as being multifaceted having multiple dimensions we've done a lot of things over the years, to try to unpack people's trust and scientists and in particular to kind of probe where the sources of mistrust might be coming from so this data is coming from.

158
00:26:38.970 --> 00:26:44.370
Cary Funk: is one of the one of the things we did to try to do that i'm going to focus just on people's.

159
00:26:44.820 --> 00:26:56.070
Cary Funk: judgments and views around medical doctors on the left hand side and medical research scientists on the right hand side again each row is a question so we're at worst summarizing quite a lot of data here.

160
00:26:58.020 --> 00:27:10.320
Cary Funk: But what we wanted to do what i'd say what we were struck by in the overall picture is the contrast between people's relatively positive orientation towards.

161
00:27:11.250 --> 00:27:27.840
Cary Funk: let's say we can start with medical doctors calm competence there how often how they do their job they are caring about patients about public generally their trust and information and then down below.

162
00:27:29.400 --> 00:27:39.930
Cary Funk: What we see as a good deal of shared skepticism around issues of ethics and scientific integrity, so let me just run through one of these findings of the you know we're looking at.

163
00:27:40.560 --> 00:27:50.100
Cary Funk: we're we're showing that 49% of Americans said that medical doctors do a good job, all or most of the time and then.

164
00:27:50.640 --> 00:28:01.200
Cary Funk: Just contracting that down below with 15% of Americans said doctors are transparent, all or most of the time about potential conflicts of interest with industry ties.

165
00:28:01.590 --> 00:28:20.520
Cary Funk: You see a fairly similar and small share saying that medical doctors would admit their mistakes that mistakes that they had made and take responsibility for them all or most of the time and then should professional or research misconduct occur, the last question is whether or not.

166
00:28:22.470 --> 00:28:31.140
Cary Funk: Doctors or researchers would face serious consequences for any misconduct, so there are two you see no more than about two and 10 Americans saying.

167
00:28:31.560 --> 00:28:46.470
Cary Funk: That they that that would be the case, so our takeaway from this data is that Americans are generally pretty cautious, or you might even say suspicious around issues of ethics and integrity in scientific institutions.

168
00:28:47.460 --> 00:29:02.130
Cary Funk: You know, at the same time, obviously there's also a good bit of positive orientation and views of these groups so take us to the last slide, I just wanted to make one more point from this to queue up our conversation for the rest of the afternoon.

169
00:29:03.180 --> 00:29:15.390
Cary Funk: There there, it is because one of the things that happens when people are talking about the need in particular to rebuild trust in biomedical science and research we're often thinking about the need.

170
00:29:15.780 --> 00:29:21.180
Cary Funk: Particularly among black Americans and there's lots of data that can show this.

171
00:29:21.870 --> 00:29:40.470
Cary Funk: We have data and lots of other people have data and the point is really that there are long standing differences and how Americans see biomedical science by race and ethnicity i'm going to just point out the middle row here, which is coming from that same survey that we asked in.

172
00:29:42.090 --> 00:29:58.530
Cary Funk: Where you're saying that about six and 10 each of black and Hispanic adults, said that research misconduct in medical response i'm sorry biomedical research scientist is either a very are moderately big problem, the comparison with white adults is 42%.

173
00:29:59.640 --> 00:30:08.670
Cary Funk: You also see on the top row that black adults, followed by Hispanic adults are less likely to think that science has had a positive effect on society overall.

174
00:30:09.900 --> 00:30:18.000
Cary Funk: You know, larger comparatively larger share of these groups see sciences, having a mix of those negative and positive effects on society.

175
00:30:18.780 --> 00:30:33.690
Cary Funk: So with that, I just wanted to TEE up the rest of our conversation, as we hear more from Sandra Quinn, and I think others this afternoon, who can talk about the ongoing need to rebuild trust in black communities and other communities of color around the nation.

176
00:30:35.340 --> 00:30:40.290
Cary Funk: And i'm going to turn it over to our next speaker as soon as possible, thank you so much.

177
00:30:40.710 --> 00:30:52.290
Rick Kuntz: Thanks so much carry that was that was fantastic we'll go the next speaker and then web at the end of the three speakers on the open discussion so i'm sure there are a lot of questions early carry with that, let me turn it over to sit up.

178
00:30:53.580 --> 00:30:59.520
Sudip Parikh: Thank you rick and thanks carrie that data is always just really, really enlightening.

179
00:31:00.600 --> 00:31:16.530
Sudip Parikh: So I am suited pre God, I do have the privilege of leading the American Association for the advancement of science and so when I talk to them going to talk from the from the viewpoint of an organization that is responsible for disseminating scientific information and results.

180
00:31:17.610 --> 00:31:29.340

Sudip Parikh: Mostly, to the scientific community, but also to to the public and then also an organization that runs many programs to build trust between scientists and.

181
00:31:30.120 --> 00:31:42.600
Sudip Parikh: What I call influencers in the Community and i'll talk a little bit about that, so the reasons, if you look at, if you look at the relationship between science and society before the pandemic.

182
00:31:43.920 --> 00:32:00.780
Sudip Parikh: Scientists if you look at that data in general it's actually pretty good compared to other institutions in other professions right trusting in scientists and medical research is higher than most other most other institutions and we felt pretty good about that.

183
00:32:01.890 --> 00:32:11.100
Sudip Parikh: We feel pretty good about it, and you know, even when there were discussions going on in the in the research community about something a disagreement.

184
00:32:11.970 --> 00:32:20.850
Sudip Parikh: Those didn't spill over into miss trust so, for example, there was a pretty big argument about who achieved quantum quantum supremacy in computing.

185
00:32:21.570 --> 00:32:27.060
Sudip Parikh: And there were some companies that really took issue with each other and it didn't lower trust in computing.

186
00:32:27.510 --> 00:32:39.750
Sudip Parikh: right there was there's a pretty big argument going on in the field of superconductivity about what temperature, you can achieve superconductivity and again it didn't lower trust in the science.

187
00:32:41.010 --> 00:32:47.580
Sudip Parikh: Because it wasn't it was a disagreement in fields that weren't directly affecting people by medical research is just.

188
00:32:48.210 --> 00:32:59.070
Sudip Parikh: completely different completely different thing because it touches on people's lives, and so what we've what we've seen is that when there is a disagreement in the field.

189
00:33:00.060 --> 00:33:08.820
Sudip Parikh: In something esoteric reaction mechanism again that doesn't it doesn't bother anybody about the science, they said well they'll work it out and they'll figure it out.

190
00:33:09.630 --> 00:33:17.850

Sudip Parikh: But as we've gone through the pandemic and it's been it's been incredibly messy as people see hypotheses being put up and and and tested.

191
00:33:19.080 --> 00:33:27.180
Sudip Parikh: It has it has led to this confusion, the Kerry talked about but it's also it's also shedding light on the fact that people misunderstand.

192
00:33:27.840 --> 00:33:33.780
Sudip Parikh: The parts of the scientific enterprise that is for disseminating information so, for example.

193
00:33:34.470 --> 00:33:42.630
Sudip Parikh: You know, we have the way that scientists are interacting with one another, has changed drastically in the last 20 years when I was a when I was a graduate student.

194
00:33:43.350 --> 00:33:56.730
Sudip Parikh: I if I got my issue of science or or nature or sell or or ABC I would open it up, and I would find the paper that I cared about flip through and i'd maybe tear out a pair of paper and share it with others.

195
00:33:57.810 --> 00:34:07.380
Sudip Parikh: And those were those were sort of they'd already been peer reviewed that already gone through some processes to do first checks now they're not always right and their arguments.

196
00:34:08.100 --> 00:34:16.140
Sudip Parikh: But now we have scientists interacting in much more open forum in a way that is very valuable to the scientific community, we have.

197
00:34:17.400 --> 00:34:25.050
Sudip Parikh: We have things like bio archive and and and others where we are we're putting pre prints, and that is incredibly valuable to the scientific community.

198
00:34:25.560 --> 00:34:37.230
Sudip Parikh: In AAA is is incredibly supportive of these of these activities, the challenge becomes that when you bring general beat reporters into reporting about biomedical research and about science.

199
00:34:38.160 --> 00:34:52.080
Sudip Parikh: They don't they don't have a feel for the difference between what is it pre print what is a what's a press release what is what is a what is a peer reviewed paper and then what is the peer reviewed paper that's been tested and replicated.

200
00:34:53.460 --> 00:35:03.330

Sudip Parikh: They don't have a feel for that, and so it became very challenging as literally thousands of beat reporters who have been writing on other subjects turned to talking about.

201
00:35:03.870 --> 00:35:12.270
Sudip Parikh: Talking about Kobe and so at triple as we responded in several ways versus when you publish a paper in in science, or science family journals.

202
00:35:12.900 --> 00:35:23.700
Sudip Parikh: We have science writers that work with our professional editors to turn turn the scientific language into a language for reporters for dissemination.

203
00:35:24.360 --> 00:35:32.070
Sudip Parikh: and increasingly to turn it into tweets and posts and social media some nations, because.

204
00:35:32.880 --> 00:35:45.630
Sudip Parikh: For anybody who's younger than me, that is, that is the primary way in which they're getting information first even among scientists, I can tell you who's looking at science magazine, by the way they come in, if they look at it.

205
00:35:46.110 --> 00:35:52.980
Sudip Parikh: Through the online E book that's that's gonna be somebody older than me if it's somebody that looks at it through pubmed.

206
00:35:53.340 --> 00:36:01.650
Sudip Parikh: that's probably somebody my age if it's somebody looks at it and comes at it through Twitter, those are graduate students and postdocs and young faculty that are younger than me.

207
00:36:02.280 --> 00:36:14.550
Sudip Parikh: It is it's easy to figure out, and so we were making sure that we're curating and disseminating to to to each of those audiences with with with.

208
00:36:15.240 --> 00:36:21.720
Sudip Parikh: well written communications that are accurate, but sometimes lose a little bit of precision, because one of the enemies to our.

209
00:36:22.350 --> 00:36:34.350
Sudip Parikh: To our ability to be connected to our communities is jargon and jargon is incredibly important for all of us and being precise with one another, but jargon, is an enemy to communication to the public.

210
00:36:35.130 --> 00:36:43.800

Sudip Parikh: It I spent nine years working in Congress and every time jargon, is what is what disrupted the flow of communication back and forth.

211
00:36:45.000 --> 00:36:52.080
Sudip Parikh: So, so that we do that through the dissemination through this late language work, we also do it through.

212
00:36:53.190 --> 00:37:05.850
Sudip Parikh: Through reaching out directly to reporters that are science reporter, so that they write the first stories and then there's get disseminated through others and and make their way cascading through the through the media channels.

213
00:37:07.170 --> 00:37:10.050
Sudip Parikh: it's not perfect, the reason it's not perfect, is because.

214
00:37:10.710 --> 00:37:22.620
Sudip Parikh: Once it's out there in the ether, the information is so democratized now in the social media space that pieces out of context can be taken and and become part of ECHO chambers.

215
00:37:22.950 --> 00:37:40.080
Sudip Parikh: And we try very hard to actually have responses to that particularly for papers that are published in science, but that is it's hard to do for you, we only publish six journals if you if you do thousands, as many of our commercial publishers do very hard to keep up with that.

216
00:37:41.820 --> 00:37:47.250
Sudip Parikh: The next place that we we work on this is then on the programmatic side, where we say.

217
00:37:47.880 --> 00:37:54.930
Sudip Parikh: How can we help general beat reporters, the first thing we've done is created a database of vetted scientists around the country who can.

218
00:37:55.320 --> 00:38:01.830
Sudip Parikh: who are willing and able to respond on deadline, and we have to work on the timeline of journalists on our timelines.

219
00:38:02.220 --> 00:38:08.490
Sudip Parikh: And, and it would much rather hear from a post if you're a person writing for paper in Jefferson city Missouri.

220
00:38:08.880 --> 00:38:16.260
Sudip Parikh: you'd much rather hear from a postdoc in Missouri then from the head of the national academies or from me or from anybody at Harvard.

221
00:38:16.980 --> 00:38:28.590
Sudip Parikh: it's it's much more important to have a local voice local scientific voice in those in this publication so we've created a service that does that and it's incredibly incredibly highly used.

222
00:38:29.640 --> 00:38:41.820
Sudip Parikh: it's called sideline we also in the on the order of building trust or building peer to peer relationships, because what we found is we don't have a way of fighting misinformation.

223
00:38:42.240 --> 00:38:49.380
Sudip Parikh: Online it's too big a problem for any one organization, we can try and create scientists at this next generation of scientists who are.

224
00:38:50.040 --> 00:38:54.120
Sudip Parikh: Digital natives and who are competing in that space for information and.

225
00:38:54.870 --> 00:39:15.480
Sudip Parikh: And and influence, but we as an organization cannot but we can just build peer to peer relationships with politicians, by putting fellows in Congress for a year that build relationships, over time, those relationships last 40 years and they serve as really solid rock communication channels.

226
00:39:16.560 --> 00:39:25.800
Sudip Parikh: When, particularly in the event of a crisis, you have to build that trust before the crisis happens, we do this with mass media fellows putting scientists into newsrooms.

227
00:39:26.250 --> 00:39:32.580
Sudip Parikh: For for a time so they're building relationships with reporters again all over the country, not just at the Washington Post New York Times.

228
00:39:33.000 --> 00:39:44.220
Sudip Parikh: And we do this with seminarians so faith leaders we have scientists who are building curriculum in seminaries for past for future pastors priests and rabbis.

229
00:39:45.150 --> 00:39:56.550
Sudip Parikh: And are are actually, including climate change and an evolution in curriculum in the seminaries it doesn't mean that we agree on everything, and I can tell you, we don't.

230
00:39:57.330 --> 00:40:05.910
Sudip Parikh: But it's it's important to build the relationships of value and respect because, when someone shares your values it's much easier to then have a conversation with them.

231

00:40:06.960 --> 00:40:18.450
Sudip Parikh: If they know that we shared values, so these types of programs, and we do some many other influencing fields is our attempt to try and work against this mistrust of scientists.

232
00:40:19.470 --> 00:40:29.040
Sudip Parikh: The last thing i'll say is that this is not not just an American problem, this morning I was, I was speaking to a an organization in Denmark.

233
00:40:29.670 --> 00:40:38.790
Sudip Parikh: Talking about these same issues and so it's not just about the demographics of our country it's not just about the segmentation of our country.

234
00:40:39.450 --> 00:40:50.760
Sudip Parikh: It is about taking a look at ourselves as scientists and biomedical research professionals and realizing that we, we have to figure out where where are we going wrong and you're going to hit a note about that from Dr Quinn here in a moment.

235
00:40:51.420 --> 00:41:00.930
Sudip Parikh: Where have we were we had challenges where are we not being clear and really holding up that mirror to ourselves, when I look at.

236
00:41:02.070 --> 00:41:10.980
Sudip Parikh: The professions, from which I speak, you know I can see the change is possible here's one of the changes possible the AAA as a standard in 1848 in Philadelphia.

237
00:41:11.520 --> 00:41:19.860
Sudip Parikh: It was founded there's a lovely picture of our founding founding fathers they're all fathers and game together and philly.

238
00:41:20.370 --> 00:41:25.890
Sudip Parikh: And over the course of the last hundred and 73 years and William redfield the first president, the triple as.

239
00:41:26.280 --> 00:41:39.480
Sudip Parikh: He would not recognize that i'm the CEO of his organization wouldn't you wouldn't have imagined that that was going to be possible, he also wouldn't have imagined it to be possible that the entire elected leadership of the triple A s right now is women.

240
00:41:40.800 --> 00:41:46.920
Sudip Parikh: it's the entire presidential on the entire elected board is women scientists and have the highest caliber.

241
00:41:47.730 --> 00:41:57.150

Sudip Parikh: You wouldn't have imagined that so these changes are possible and what that leads to when the messenger is of and by and for those communities.

242
00:41:57.630 --> 00:42:11.760
Sudip Parikh: Is a much better relationship and a much, much better communication channel that ever can be when when we are not, we are not have our own communities so so i'll stop there, and I look forward to this conversation.

243
00:42:13.380 --> 00:42:17.640
Rick Kuntz: Fantastic thanks so so that was great now we'll turn it over to Sandra.

244
00:42:21.390 --> 00:42:33.480
Sandra Quinn: Well, good afternoon, these are two hard act to follow, but I think you're going to hear some things so what i'm going to talk about today is really how we a little bit about the historical distrust.

245
00:42:33.960 --> 00:42:48.240
Sandra Quinn: But also, how do we move toward trust and trustworthiness of our healthcare and scientific instead tuitions and we know that there has been a long history of.

246
00:42:49.560 --> 00:42:55.260
Sandra Quinn: In particular, and racial and ethnic minority communities of research that has taken place.

247
00:42:55.590 --> 00:43:04.740
Sandra Quinn: And, quite honestly, what we hear from Community members is nothing changes they're still suffering from health disparities they're still having other issues.

248
00:43:05.430 --> 00:43:14.160
Sandra Quinn: They often talk about drive by research, so the researcher that says, and I want to do X study hearing your community.

249
00:43:14.610 --> 00:43:31.440
Sandra Quinn: And that's the lab once the studies over they never know what's happening, they never get any feedback they never hear from that person again but also sometimes research studies have actually contributed to stigma and the harm that have a suit by.

250
00:43:32.790 --> 00:43:41.790
Sandra Quinn: case is is one that that says we can actually harm communities unintentionally, you know, the more recent.

251
00:43:42.420 --> 00:43:49.440
Sandra Quinn: issue of misinformation disinformation the act of undermining of scientific evidence.

252
00:43:49.950 --> 00:44:03.090
Sandra Quinn: and research and the political association that we've seen in this these past several years and I agree with Kerry we started seeing in some of our research, you know before the pandemic even.

253
00:44:03.750 --> 00:44:19.080
Sandra Quinn: You know, all those things have contributed to kind of perfect storm for black and Brown and indigenous communities, you know they can document their history of experiences with research abuses.

254
00:44:19.530 --> 00:44:27.000
Sandra Quinn: You know, we, we all know, henrietta lacks the tuskegee syphilis study for sterilization all of those things.

255
00:44:27.540 --> 00:44:43.020
Sandra Quinn: But some of those might lose some of their power if they weren't being reflected and current and contemporary experiences with bias and healthcare systems and with racism and suicide next.

256
00:44:44.580 --> 00:44:53.310
Sandra Quinn: So what I want to do is actually talk about in the context of the pandemic what are some of the things that we have done.

257
00:44:53.760 --> 00:45:03.780
Sandra Quinn: To begin to address the misinformation to build trust and trustworthiness, and in some of these are sort of core principles.

258
00:45:04.140 --> 00:45:16.020
Sandra Quinn: And you know far and and I appreciate the discussion of learning healthcare systems and research systems as learning systems, because I do think much of it is on us.

259
00:45:16.470 --> 00:45:30.540
Sandra Quinn: to learn, so when we look at communities and the engagement of communities and research that the evidence on the value of Community engagement is well documented at this point.

260
00:45:30.960 --> 00:45:38.250
Sandra Quinn: So, and it can take lots of forms Community based participatory research community advisory boards during service.

261
00:45:39.030 --> 00:45:47.610

Sandra Quinn: Activities out in communities, bringing high school students in as interns in our laps and lots of different ways things may work.

262
00:45:48.180 --> 00:46:02.130
Sandra Quinn: But what I think you know what i'll share with us what we've done at our Center for health equity during the pandemic, we started our first virtual webinars and town halls I think the first one, I did was last March.

263
00:46:02.730 --> 00:46:11.880
Sandra Quinn: And we always brought together Community members community leaders healthcare providers policymakers scientists.

264
00:46:13.170 --> 00:46:26.940
Sandra Quinn: To literally answer the questions the the importance of understanding or responding to you know the confusion of changing bangs, why does it change so much we've talked about that.

265
00:46:27.330 --> 00:46:40.830
Sandra Quinn: We answered many of the questions you know that people had hit next please allison people had where they're black scientists involved in the vaccine process where there are.

266
00:46:41.250 --> 00:46:49.110
Sandra Quinn: People that look like me black brown indigenous American Indian involved in the trials themselves.

267
00:46:49.440 --> 00:47:00.840
Sandra Quinn: How did, why did it go so quickly, you know what what did that mean, how did that happen and we literally would get into the discussion of all of those things repeatedly.

268
00:47:01.230 --> 00:47:12.930
Sandra Quinn: and help people understand uncertainty, you know is is really you know the nature of a pandemic there's great uncertainty and science will change next place.

269
00:47:16.920 --> 00:47:26.130
Sandra Quinn: But I also want to talk about is, we often you know there were some literature, there you speed this phrase that many of us cringe that that was hard to reach audiences.

270
00:47:26.580 --> 00:47:38.640
Sandra Quinn: And certainly you know many people still use that phrase, what we have defined it, as you know, the The challenge is not the ice the challenges our ability to reach them.

271
00:47:39.180 --> 00:47:50.010
Sandra Quinn: You know, and whether that's in to recruit into research or to have them come in and take over backs vaccine, and so what we saw in the pandemic.

272
00:47:50.400 --> 00:48:04.440
Sandra Quinn: was really the Krishna very interesting kinds of approaches and we've used this in many of our our forums Community immunity is a series of hip hop.

273
00:48:04.860 --> 00:48:20.430
Sandra Quinn: videos about science and about the pandemic and about the vaccine deals with the issue of tuskegee deals with the question of where they're black scientists involved in the studies, it deals with someone they.

274
00:48:20.970 --> 00:48:32.760
Sandra Quinn: You know why it's important, why is this research and getting this vaccine important, so I think, as we, you know as we talk, we need to explore every avenue.

275
00:48:33.840 --> 00:48:45.090
Sandra Quinn: For a dialogue in communication that helped to build knowledge, but also to help to build trustworthiness on our part next, please.

276
00:48:47.820 --> 00:48:56.880
Sandra Quinn: One of the things that has been a hallmark will back there we go one of the things, has been a hallmark of our work is I worked with black barbershop.

277
00:48:57.360 --> 00:49:11.670
Sandra Quinn: And many of them tickling Washington DC area also serve Spanish speaking populations, so we began working in the number of shots in 2011 over that time our barbers and stylists have been trained in.

278
00:49:12.660 --> 00:49:24.840
Sandra Quinn: colorectal screening and how to help to how to talk to their clients about it, if you've been in a black barbershop you know Fred spry here on the right, for example.

279
00:49:25.230 --> 00:49:36.450
Sandra Quinn: cut the cut the grandfather's here, you may have cut the father's here, you may be turning you know, then the toddler's hair so it's often generations long relationships.

280
00:49:36.810 --> 00:49:51.570
Sandra Quinn: So we've been working throughout these years, and a number of ways, including research in the shops, so what we did in the pandemic was we had done Milton who has.

281
00:49:52.650 --> 00:49:59.250
Sandra Quinn: been much in the news for airborne transmission research around co been partnered with us we're all in the same school.

282
00:50:00.000 --> 00:50:07.260
Sandra Quinn: He provided saliva tests for the barbers who have to work they can't stay home they have to be out in the workplace.

283
00:50:07.680 --> 00:50:20.670
Sandra Quinn: It helped ensure they felt safer and more secure it provided data for Don, but it also meant that it was an educational opportunity for people or said, what are you doing.

284
00:50:21.030 --> 00:50:26.190
Sandra Quinn: And then, when they were doing their testing we pick them up took them back to the lab.

285
00:50:26.640 --> 00:50:45.300
Sandra Quinn: And so it was an opportunity to both educate about science and research, help provide a service in many ways for our barbers and and stylists and you know what helped on with with ongoing data collection next place.

286
00:50:48.330 --> 00:51:02.190
Sandra Quinn: One of the things we've heard from the very beginning, I mean years ago was you know the the need to build trust and build relationships with hospital systems healthcare systems.

287
00:51:02.640 --> 00:51:11.370
Sandra Quinn: And we've been talking with nr shops, with people about the Kobe vaccine since last spring, long before was ready.

288
00:51:12.660 --> 00:51:25.200
Sandra Quinn: One of the things that has changed in our experience is that our big hospital systems and our county have been knocking on our door, saying how do we get out to a community.

289
00:51:26.070 --> 00:51:35.610
Sandra Quinn: they're there right now interested in providing services and vaccines services so we've done a number of clinics, I will tell you they're critical.

290
00:51:35.910 --> 00:51:41.820
Sandra Quinn: they're reaching people that are not going to walk in someplace else and and get the vaccine.

291
00:51:42.420 --> 00:51:48.300
Sandra Quinn: But a couple of other things that have happened as a result, to this number one is people are getting vaccinated.

292

00:51:48.660 --> 00:52:00.420
Sandra Quinn: Number two people are not always sure they still they do trust it yet, but they're going to do it for for their loved ones, but the last thing is the healthcare systems have been saying to us.

293
00:52:00.930 --> 00:52:12.810
Sandra Quinn: wow when we take our mobile vans, nobody comes, this is we're learning a lot about how to do this, can we do this again, but what they're also building is trust.

294
00:52:13.230 --> 00:52:26.730
Sandra Quinn: So that when one of these systems, wants to work with us on doing a research, study and a hospital, you know, in a Barber shop or in some of their community partners, they have now built a foundation next.

295
00:52:28.980 --> 00:52:40.710
Sandra Quinn: Most critically important is the power of the legacy of tuskegee and it is often you know sort of the metaphor for all the other issues that.

296
00:52:41.160 --> 00:52:51.870
Sandra Quinn: You know, we that people have experience what has happened in the context of the pandemic is that the descendants of tuskegee.

297
00:52:52.500 --> 00:52:58.170
Sandra Quinn: This is a have really unite it and said, we cannot allow.

298
00:52:59.160 --> 00:53:09.000
Sandra Quinn: What are our forefathers experience, be a reason for people not to get vaccinated and they have been very active in creating videos and P essays.

299
00:53:09.420 --> 00:53:17.100
Sandra Quinn: advocating for trust the science trust the human subjects protections and get vaccinated.

300
00:53:17.670 --> 00:53:34.650
Sandra Quinn: So we still have a long way to go, this is very sort of simple overview, but I do believe that we have learned some lessons in the pandemic that can help us begin to build trustworthiness and trust Thank you so much.

301
00:53:36.630 --> 00:53:37.260
Rick Kuntz: Thank you Sandra.

302
00:53:38.640 --> 00:53:46.410

Rick Kuntz: we'll start the discussions now and again, please send in questions if you have any we have a few more minutes before the top of the hour.

303
00:53:47.550 --> 00:53:50.430
Rick Kuntz: let's start with a question with for Kerry.

304
00:53:51.480 --> 00:54:00.000
Rick Kuntz: Actually, to what a comment, and then a question I carry I was surprised to see the level of distrust before Kevin on your June 16.

305
00:54:01.260 --> 00:54:01.800
Rick Kuntz: graph.

306
00:54:02.820 --> 00:54:12.120
Rick Kuntz: In the the effective code CP less impactful on generating more distrust that I would have thought that would you think.

307
00:54:13.050 --> 00:54:14.040
I.

308
00:54:15.660 --> 00:54:25.740
Cary Funk: Yes, I think the issue, there is, and this is, I don't know it's always a bit confusing look so you give people four choices, I pay a lot of attention to.

309
00:54:26.160 --> 00:54:33.750
Cary Funk: To the share that has that strongest level of trust, because a lot of people fall into that soft trust so they're not really negative.

310
00:54:34.080 --> 00:54:45.720
Cary Funk: They can move either way right they, which means that how we conduct ourselves makes a big difference as well right, but you do have some that kind of have a stronger immediate reaction and it is.

311
00:54:46.530 --> 00:54:54.210
Cary Funk: It has been smaller but it actually has been growing over time it's just that it's been growing unevenly between democrats and Republicans.

312
00:54:54.630 --> 00:55:00.930
Rick Kuntz: know and then there was a question from the numbers, the audience about differential between the.

313
00:55:01.980 --> 00:55:08.220

Rick Kuntz: Doctors and researchers and maybe you can just tell us what what the differences are and how they were distinguished.

314
00:55:08.850 --> 00:55:14.250
Cary Funk: yeah I mean it was, of course, it was a complicated study so like all these things were just giving you a little highlight.

315
00:55:15.360 --> 00:55:26.910
Cary Funk: We had people were asked about one one kind of profession or the other, and so, and they had just a like a one sentence definition for each of those groups.

316
00:55:27.330 --> 00:55:36.480
Cary Funk: And we also just related to that, I think the part of the question is how much do people know about medical researchers most survey questions are kind of relying on.

317
00:55:36.810 --> 00:55:46.530
Cary Funk: Well you're going to bring what you can to it so but that's why we had just a little bit of definition, so that people had some kind of foundation and we asked people how much do they know about it.

318
00:55:47.400 --> 00:56:04.860
Cary Funk: And people who said they knew more about what each of those groups did that did tend to also correlate with more positive views and we saw that across six different groups at the end, we were looking at other kinds of science groups as well, so that hopefully answers that question.

319
00:56:05.850 --> 00:56:06.720
Rick Kuntz: You know, thank you.

320
00:56:08.100 --> 00:56:11.040
Rick Kuntz: and enrich and if you have any questions or anybody else on the panel.

321
00:56:13.260 --> 00:56:22.050
Rick Kuntz: In the meantime, before that sit up, I was fascinated by your different distrust between the physical sciences and health sciences.

322
00:56:23.220 --> 00:56:26.280
Rick Kuntz: And do you think that might be, because the audiences are different, there are.

323
00:56:27.930 --> 00:56:34.050
Sudip Parikh: I think it's because it's not it's not weighing in a in a personal decision and so.

324
00:56:34.560 --> 00:56:39.030

Sudip Parikh: You know, by the time you see material science in your hands it's an asleep phone.

325
00:56:39.390 --> 00:56:49.080
Sudip Parikh: That that you don't care how it works on the inside, and you don't you don't want to have a debate about what the innards look like and what the you know whether or not the chips are.

326
00:56:49.650 --> 00:57:05.340
Sudip Parikh: You know quantum chips or analog chips you don't care, whereas with with health and buy medicine, this is very personal it's it's directly affecting affecting you and your family and it's it's made it to where.

327
00:57:06.690 --> 00:57:14.760
Sudip Parikh: As people feel like they can do research online, that is just as just as good as the research that we do as scientists.

328
00:57:16.020 --> 00:57:25.410
Sudip Parikh: It has made it to where they're just huge differences in the way they view themselves in the act of biomedical research versus themselves in fiscal fiscal science.

329
00:57:26.310 --> 00:57:26.850
Rick Kuntz: make sense.

330
00:57:27.690 --> 00:57:33.060
Cary Funk: guys underscore that point, I mean I think it's a really useful point to keep in mind that.

331
00:57:33.780 --> 00:57:41.520
Cary Funk: You know science writ large, has trouble in some fields, because people have trouble connecting what those scientists do to their lives.

332
00:57:42.060 --> 00:57:52.680
Cary Funk: No problem of that sort and biomedical sciences right, in fact, most people are actually thinking about the biomedical sciences when they think about what is science and how does it affect society that's.

333
00:57:53.310 --> 00:57:58.440
Cary Funk: To go to and it's a very different way to think about everything that scientists do.

334
00:58:06.000 --> 00:58:08.070
Richard Platt: Oh, I have, I have a question.

335
00:58:09.330 --> 00:58:13.230

Richard Platt: And it's something I could pull come back to throughout the afternoon.

336
00:58:14.310 --> 00:58:25.020
Richard Platt: Very talked about cleavage that was largely well no arguments are driven by political affiliation and that seems orthogonal to Sandro.

337
00:58:27.240 --> 00:58:28.620
Richard Platt: blends that looks at.

338
00:58:30.030 --> 00:58:34.500
Richard Platt: Parts of the population that have historically been disadvantaged and.

339
00:58:36.300 --> 00:58:43.740
Richard Platt: Are they just two separate streams, that we should think about, or is there is there a way to to integrate those those.

340
00:58:49.980 --> 00:59:10.410
Sandra Quinn: that's actually a really important question, because I think there are different drivers and many ways of those to sort of the historically marginalized racial ethnic minorities and not you know the the the more republican.

341
00:59:13.440 --> 00:59:24.270
Sandra Quinn: group that I think is who's who's attitudes to science have shifted a lot in the last couple of years, so I think they're.

342
00:59:24.690 --> 00:59:34.410
Sandra Quinn: You know it's interesting we've just finished, a national study and ethnographic study looking i'm looking at Latino and black communities and covert vaccine.

343
00:59:34.740 --> 00:59:52.770
Sandra Quinn: And our discussion was now we need to do it with white Republicans more rural populations to understand how to address fax nation and increase vaccination response, so I think they're different drivers but they're both critically important to address.

344
00:59:54.150 --> 00:59:59.250
Sandra Quinn: And you know I think we're going to be struggling with that for some time to come.

345
01:00:00.540 --> 01:00:02.190
Sandra Quinn: carrie probably has thoughts to.

346
01:00:04.800 --> 01:00:19.710

Cary Funk: I was going to leave it at that, as well, said so now, I think, certainly in terms of vaccine as an agency there's always been kind of multiple reasons and groups who have different concerns, but the the bigger picture that you're raising.

347
01:00:20.820 --> 01:00:28.980
Cary Funk: Is is I don't see them as conflicting it's just they are different streams and we need to pay attention about things.

348
01:00:31.890 --> 01:00:37.560
Sudip Parikh: One thing i'd chime in here on is that you know those triple as well as I told you about we put in Congress.

349
01:00:38.070 --> 01:00:39.960
Sudip Parikh: This year we have a triple as fellow in.

350
01:00:40.050 --> 01:00:41.430
Sudip Parikh: Center cotton's office.

351
01:00:43.170 --> 01:00:46.890
Sudip Parikh: In Sarah cotton has been you know he's he's challenging.

352
01:00:47.940 --> 01:00:52.380
Sudip Parikh: On climate crisis is there are some period places where we just don't agree.

353
01:00:52.800 --> 01:00:59.400
Sudip Parikh: And yet, he asked for a triple a necessity policy fellow because there's a vast amount of things where there is agreement.

354
01:00:59.760 --> 01:01:18.720
Sudip Parikh: and building that little level of trust, so that if he knows that person over the course of the year, can we have another conversation about vaccines are about or about climate is one way forward, but it's it's that's bits and pieces that's one person at a time it's not it's not scalable.

355
01:01:24.240 --> 01:01:24.900
Rick Kuntz: it's good point.

356
01:01:27.090 --> 01:01:34.830
Rick Kuntz: It were there, an example or segments in biomedical research, where there was high trust and other ways that we can figure out how to amplify that component.

357
01:01:36.000 --> 01:01:40.320
Sudip Parikh: what's interesting you know they're there are, if you look at.

358
01:01:42.090 --> 01:01:49.680
Sudip Parikh: Trust in buy medicine and who trusted by medicine and then you look at who trusts agricultural research related to GMOs.

359
01:01:50.220 --> 01:02:03.930
Sudip Parikh: You know you're likely to get a very different answer from the same people and it's i'm always fascinated by there is a lens that we put on all of this, which is our own personal background.

360
01:02:05.040 --> 01:02:15.270
Sudip Parikh: So in biomedical research people love they love the idea of precision medicine of gene editing to cure disease right no one's.

361
01:02:15.750 --> 01:02:23.730
Sudip Parikh: i'm fascinated by this we're talking about changing people's DNA and with sickle cell anemia people are excited to bring it on.

362
01:02:24.300 --> 01:02:29.010
Sudip Parikh: And I think in a car, because it looks like it's it looks like a real possibility.

363
01:02:29.790 --> 01:02:36.750
Sudip Parikh: So again, the lens the personal lens is that we didn't do a lot more sociological research lot of more social sciences.

364
01:02:37.200 --> 01:02:40.500
Sudip Parikh: To really understand how these technologies are impacting.

365
01:02:40.860 --> 01:02:47.220
Sudip Parikh: Our population, because we are we're hitting them with everything we're doing dances and gene editing we're giving them a metaverse we're giving them.

366
01:02:47.520 --> 01:03:02.130
Sudip Parikh: The complete way that we live our lives it's changing over the last 20 years in a way that it hasn't changed, probably in centuries and I don't know that we know enough about what what this is doing to us as as as human as humanities social sciences is really important.

367
01:03:03.780 --> 01:03:09.570
Rick Kuntz: it's really good point I don't know if we pay as much attention to the social sciences, we should, in this you're right.

368
01:03:10.260 --> 01:03:18.300

Rick Kuntz: Well, I think we've reached the top of the hour, so this point i'll turn it back over to rich for the next session thanks so much to all the presenters That was a fantastic discussion presentation.

369
01:03:20.970 --> 01:03:21.600
Charlie was.

370
01:03:23.580 --> 01:03:28.920
Richard Platt: Right, so there are some people doing this and there's a.

371
01:03:30.150 --> 01:03:32.190
Richard Platt: there's a something that we can all use to.

372
01:03:33.810 --> 01:03:48.270
Richard Platt: Both upload some applause by I so we're going to continue continue the theme here and our our goal is to to focus a bit more on what's happening, most recently, and how they.

373
01:03:49.290 --> 01:03:51.600
Richard Platt: And how the pandemic and our response to it has.

374
01:03:52.620 --> 01:03:59.970
Richard Platt: made a difference, the but, but this is a continuum we have this, so the structure of this session is.

375
01:04:01.470 --> 01:04:21.840
Richard Platt: A two presenters and two reactors and then open discussion for everyone so once again I I encourage everyone who's who's creating this webinar to to weigh in through the through the Q amp a our first presenter will be Ramona burrows who's associated.

376
01:04:23.610 --> 01:04:32.640
Richard Platt: varsity and inclusion in clinical trials that Janssen pharmaceuticals and Lisa Fitzpatrick from the founder and CEO grapevine health.

377
01:04:34.740 --> 01:04:39.750
Richard Platt: follow her so Ramona please take the virtual podium.

378
01:04:40.740 --> 01:04:52.590
Ramona Burress: Thank you so much, and good afternoon everyone that's the extreme pleasure to be here to be engaged in this conversation around doing better with research and making sure that it's more diverse and inclusive if we can go to the next slide please.

379
01:04:53.880 --> 01:04:55.710

Ramona Burress: And let's get this one goes at an excellent.

380
01:04:57.300 --> 01:05:09.420
Ramona Burress: Again super excited to share this platform with both Dr Fitzpatrick and gwen because it really truly takes a collaborative approach to change the narrative on research and underrepresented communities, since.

381
01:05:10.230 --> 01:05:23.850
Ramona Burress: My team has been working to ensure that our clinical trials are more diverse in nature and that they're equitable and inclusive and with that that was entirely huge focus for ensemble phase three coven vaccine trial.

382
01:05:24.870 --> 01:05:33.390
Ramona Burress: We believe that, in order to achieve health equity that therapies that we come up with and vaccines that we develop, they have to be accessible to all patients.

383
01:05:33.780 --> 01:05:42.030
Ramona Burress: And so, building on this legacy of purpose driven actions and commitment to diversity we wanted to ensure that this ensemble trial was very much so reflective.

384
01:05:42.390 --> 01:05:45.690
Ramona Burress: Of the disproportionate impact that we saw when it came to the pandemic.

385
01:05:46.500 --> 01:05:54.150
Ramona Burress: So i'm excited to report the results from this trial include it from a global perspective over 34% of participants who were over the age of 60.

386
01:05:54.900 --> 01:06:00.450
Ramona Burress: And over 45% of global participants who identified as women or a female gender.

387
01:06:01.290 --> 01:06:11.100
Ramona Burress: If we look specifically in the US again excited to report that we had 15% representation of folks who identified as Hispanic or left the next.

388
01:06:11.640 --> 01:06:17.250
Ramona Burress: And 13% who identified as black African American and those statistics are specific to the US.

389
01:06:18.180 --> 01:06:26.670
Ramona Burress: Now, in order to get to those numbers, we realized that again that collaborative approach was definitely needed we needed to focus on easing barriers to access.

390

01:06:27.240 --> 01:06:40.350
Ramona Burress: To kind of help increase enrollment with those under represented and underserved populations, and so we took some lessons learned from our prior trial work because, again we started our team focusing on diversity before cold it.

391
01:06:41.490 --> 01:06:42.630
Ramona Burress: came about, and you know.

392
01:06:43.560 --> 01:06:51.600
Ramona Burress: And so what we did took the lessons from what we experienced and other trials, but pull them into Colbert and again reach into our networks to really have that collaborative effort.

393
01:06:51.810 --> 01:06:59.310
Ramona Burress: So, whether it was partnered with Community based organizations or health professional organizations, but using them as tools to go out into communities.

394
01:06:59.550 --> 01:07:08.340
Ramona Burress: and start a campaign around why education is important when we talk about understanding clinical trials and the nuances and a need for diversity in that space.

395
01:07:09.540 --> 01:07:10.800
Ramona Burress: You can go to the next slide please.

396
01:07:13.830 --> 01:07:18.540
Ramona Burress: So taking some of the successes of tactics that were used with ensemble we now have this.

397
01:07:18.900 --> 01:07:28.470
Ramona Burress: equation, for what does good look like, so we can have this reflected across our entire portfolio, so we know that strategy is important operational excellence Community engagement.

398
01:07:28.770 --> 01:07:37.950
Ramona Burress: Are all key components that are important to have in our clinical trials be reversed to see me diverse and reflective of the patient population or who's going to be the end user of the product.

399
01:07:38.220 --> 01:07:48.300
Ramona Burress: So we want our clinical trials to represent not only the disease prevalence that we see in communities, but also approach and attack some of the disparities that may also be present in some of those spaces.

400
01:07:48.990 --> 01:08:00.570

Ramona Burress: So what strategy it's important that we implement diversity from point one of our clinical trial design that means again understanding the epidemiology data and then to looking at the disparity data.

401
01:08:00.930 --> 01:08:08.820
Ramona Burress: that's going to be nuances when we look at it from a US perspective, and also from a global perspective, but having those insights to ensure that from day one.

402
01:08:09.090 --> 01:08:17.130
Ramona Burress: We are operationalize in our clinical trial, so that access is available to folks and we also have inclusive and diverse participation and research.

403
01:08:18.270 --> 01:08:25.140
Ramona Burress: Operational excellence is a key component as well too because it's not enough to have a strategy on paper, but how do we take it and actually.

404
01:08:25.530 --> 01:08:39.120
Ramona Burress: put it into play, so what we're doing here is we're really focusing on ensure that we have sites that are able to support diverse recruitment efforts if there's a need for a cultural competency training for some of the site members.

405
01:08:39.690 --> 01:08:47.460
Ramona Burress: receiving the research members at the site we conduct that we use our clinical trial educators, to build that competency so in case there are uncomfortable.

406
01:08:47.730 --> 01:08:58.080
Ramona Burress: or difficult conversations that needs to be had to engage diverse patients at that site we equip our clinicians and our researchers to be able to have those conversations.

407
01:08:58.770 --> 01:09:10.620
Ramona Burress: but also to leveraging innovation and technology to steve's point, how can we again use some of the emerging technology that we have to reach communities that may not be close to a clinical research site.

408
01:09:11.220 --> 01:09:16.380
Ramona Burress: Again, looking at our success with ensemble we leverage a decentralized platform.

409
01:09:16.980 --> 01:09:25.410
Ramona Burress: For clinical trials to reach some of the participants in that space and so we're continuing again to take the lessons learned there and apply it across our entire portfolio.

410
01:09:26.280 --> 01:09:37.200

Ramona Burress: But none of this is successful, without the Community engagement so again collaboration, whether it's a health professional organization that Community based or patient advocacy org those are the Community.

411
01:09:38.010 --> 01:09:46.410
Ramona Burress: Trust folks right they have the trust of the Community So how do we partner with them to again spread education and awareness around why research is important.

412
01:09:46.650 --> 01:09:56.130
Ramona Burress: Not only to learn more about the drugs themselves are under research, but also to learn more about the disparities, or how diseases manifests differently across different groups.

413
01:09:56.670 --> 01:10:06.600
Ramona Burress: So again, these are three key components that we are really looking at again to get success across our entire portfolio, but building off of the success of our cold at 19 phase three study.

414
01:10:07.830 --> 01:10:08.310
Ramona Burress: Next slide.

415
01:10:12.150 --> 01:10:22.380
Ramona Burress: So i'm happy to say that we have a Community campaign research includes me we actively engage, a group of patients to say hey what is it that you want to know about clinical trials.

416
01:10:22.830 --> 01:10:31.440
Ramona Burress: What does that look like, how do you want that information presented to you, who would you like to present it to you, we took all those collective insights and we created this campaign.

417
01:10:31.830 --> 01:10:40.830
Ramona Burress: it's a minimal minimally brand campaign so you don't see Janssen splash around everywhere, but it's one that we use as a tool when we go out into communities to talk about again.

418
01:10:41.310 --> 01:10:48.960
Ramona Burress: What our clinical trials, because we know that there's a need to kind of balance, the misinformation that's out there about clinical trials, but also to.

419
01:10:49.530 --> 01:11:00.990
Ramona Burress: address some of the historical ills that we know our President and our top of mind for many people, but to give them an update as to how research is conducted and present day, to let them know that their rights are protected.

420

01:11:01.590 --> 01:11:07.620
Ramona Burress: So let them know that safety is being measured throughout their participation, if they were to participate in clinical trial.

421
01:11:08.370 --> 01:11:11.550
Ramona Burress: So research includes me it's the quick with a website.

422
01:11:11.880 --> 01:11:23.310
Ramona Burress: We equip it with our brochures pamphlets we have a mobile unit that goes around to different communities against and just talk about general clinical trial information so to answer questions, what is the phase one versus the face for.

423
01:11:23.700 --> 01:11:36.900
Ramona Burress: Those questions that communities have again, so we can engage them and empower them with the education that's going to support them to make positive health decisions so again super excited to have these avenues again taking some of the lessons learned from our Colbert.

424
01:11:37.920 --> 01:11:45.600
Ramona Burress: clinical trial, but also implemented across our entire portfolio and again, thank you for this discussion today and look forward to the questions.

425
01:11:46.500 --> 01:11:52.140
Richard Platt: Okay, thanks so much Ramona that was those two but Lisa do you want to pick it up now please.

426
01:11:59.460 --> 01:12:00.360
Richard Platt: You are muted.

427
01:12:03.510 --> 01:12:05.640
Lisa Fitzpatrick: I can't tell you how many times i've had to.

428
01:12:06.930 --> 01:12:08.400
Lisa Fitzpatrick: hear that you're on mute.

429
01:12:09.570 --> 01:12:13.650
Lisa Fitzpatrick: it's nice to be here with you and thank you for including me in this conversation.

430
01:12:14.130 --> 01:12:23.160
Lisa Fitzpatrick: Unfortunately I can't be here for the the later Q amp a session so I plan to use a couple of my minutes to offer some thoughts about.

431

01:12:23.790 --> 01:12:35.970
Lisa Fitzpatrick: How we can move forward to improve diversity in trials and also trust and trials and I wanted to spend my time talking about what we've learned on the ground, so this i'm i'm very glad to follow.

432
01:12:36.600 --> 01:12:45.420
Lisa Fitzpatrick: Ramona because some of the learnings that she just talked about, we saw those in action during the pandemic.

433
01:12:45.960 --> 01:12:57.540
Lisa Fitzpatrick: and helping people understand how clinical trials work and improving trust in the vaccine and so on, so the The first lesson.

434
01:12:58.140 --> 01:13:04.920
Lisa Fitzpatrick: I want to highlight with the story about why I joined the clinical trial, so I was a medicinal clinical trial participant.

435
01:13:05.730 --> 01:13:20.850
Lisa Fitzpatrick: And it hadn't occurred to me to to sign up for the trial until we were doing outreach in Washington DC and I asked the gentleman if he was interested in getting a vaccine when it became available and he said.

436
01:13:21.930 --> 01:13:25.950
Lisa Fitzpatrick: Well, no, I don't want to have anything to do with trump's vaccine and also.

437
01:13:27.660 --> 01:13:39.450
Lisa Fitzpatrick: I don't I don't trust that and I said well what would it take to get you to take the vaccine, he said, if I could see other black people associated with it, then I would probably do it.

438
01:13:40.440 --> 01:13:46.530
Lisa Fitzpatrick: And I asked this question, among other groups as well, including a group of seniors I worked with throughout the pandemic.

439
01:13:46.920 --> 01:13:58.230
Lisa Fitzpatrick: And they have the same they express the same concerns they wanted to see that black people were enrolled in the trials and also part of the research teams, so I.

440
01:13:58.830 --> 01:14:07.920
Lisa Fitzpatrick: I use my clinical trial experience as an opportunity to educate people, so we created some videos posted them on social media but also use them and some of our.

441
01:14:09.000 --> 01:14:17.010

Lisa Fitzpatrick: Some of our group sessions, or when we're out in the Community, talking about why people should consider taking the coven 19 vaccine.

442
01:14:18.150 --> 01:14:27.240
Lisa Fitzpatrick: The second one is related to and i'm sorry i've missed the other conversation, so I apologize if this has already been discussed, but I think.

443
01:14:27.720 --> 01:14:38.310
Lisa Fitzpatrick: providers have a critical role to play in increasing diversity and also ensuring we have adequate participation and trials.

444
01:14:38.940 --> 01:14:47.820
Lisa Fitzpatrick: And this came to my attention because we also have been conducting asked the doctor sessions during the pandemic and in one of these sessions.

445
01:14:48.540 --> 01:15:02.370
Lisa Fitzpatrick: A gentleman said to me i've been with my doctor for almost 20 years and he told me not to get vaccinated, why should I believe you when i've had a relationship with him for such a long time, and I trust him.

446
01:15:03.510 --> 01:15:11.280
Lisa Fitzpatrick: So this gave me pause and I followed up with the gentleman who asked the question, and asked a bit more about his doctor.

447
01:15:12.030 --> 01:15:16.500
Lisa Fitzpatrick: and his doctor was a primary care provider who had never worked for an academic health Center.

448
01:15:17.400 --> 01:15:26.370
Lisa Fitzpatrick: And had never participated in the clinical trial or the research process that never enrolled any of his patients in clinical trials.

449
01:15:27.300 --> 01:15:33.690
Lisa Fitzpatrick: And it helped me understand the disconnect because I think the public, this is the first time.

450
01:15:34.050 --> 01:15:43.770
Lisa Fitzpatrick: The public is really paying attention to science and research, and we should be excited about that, but at the same time we're throwing a lot of information at the public and.

451
01:15:44.220 --> 01:15:56.340
Lisa Fitzpatrick: expecting them to synthesize it when they're getting so much information from so many different places and a lot of it is inaccurate as i'm sure you've talked about today, so I think.

452
01:15:57.510 --> 01:16:02.910
Lisa Fitzpatrick: I want one of the areas we really need to focus on as we try to improve trust and.

453
01:16:03.870 --> 01:16:13.920
Lisa Fitzpatrick: Diversity in trials and research is to ensure our frontline health providers are prepared to participate, I think, helping them understand.

454
01:16:14.370 --> 01:16:28.500
Lisa Fitzpatrick: What it means for them to participate, addressing their concerns i've done some work on this in the past and primary care providers have told me well, I I would consider that but I heard you won't get your patients back.

455
01:16:29.700 --> 01:16:38.910
Lisa Fitzpatrick: And that might be true, but how do we work with primary care providers in such a way that we address their concerns, so they become a willing partner.

456
01:16:39.480 --> 01:16:48.330
Lisa Fitzpatrick: In this, and then the third thing I learned is that the messenger matters, particularly for something like this that is so critical.

457
01:16:49.110 --> 01:17:03.090
Lisa Fitzpatrick: I know you've talked about trust, and I saw one of the earlier speakers showing how they've been out in the Community and trusted places talking about the vaccine and getting people vaccinated we continue to see this.

458
01:17:04.380 --> 01:17:19.350
Lisa Fitzpatrick: As as a critical element, and I think sometimes were dismissive about matching the messenger and believing just because someone is a doctor, for instance, anyone can give the information, but the truth is.

459
01:17:20.340 --> 01:17:32.580
Lisa Fitzpatrick: People want to hear from people who look like them or share their background or understand their experiences in their life journey, and so in thinking about how to move forward in addition to the.

460
01:17:33.120 --> 01:17:40.830
Lisa Fitzpatrick: The suggestions i've already made about the provider with their provider education and mastering the messenger I think.

461
01:17:42.180 --> 01:17:57.300

Lisa Fitzpatrick: prioritize and Community education and helping them connect the dots between clinical trials and the medications they take whether over the counter or not really helping people practically understand what research is how it has to.

462
01:17:58.500 --> 01:18:04.320
Lisa Fitzpatrick: How it has saved lives and what it means for them, I think we take these things for granted.

463
01:18:05.670 --> 01:18:06.270
Lisa Fitzpatrick: and

464
01:18:07.980 --> 01:18:10.110
Lisa Fitzpatrick: Finally, I think.

465
01:18:11.820 --> 01:18:18.510
Lisa Fitzpatrick: We have to slow down the process if we really want to build trust and communities and diversified trials.

466
01:18:19.200 --> 01:18:27.720
Lisa Fitzpatrick: I know it's unpopular I know their time pressures when it comes to research, but you can't build trust overnight you've probably heard that already today.

467
01:18:28.140 --> 01:18:46.050
Lisa Fitzpatrick: But if we want black and brown communities, particularly underserved communities to trust us and then engage in research with this we have to take the time needed to build trust, which means we might have to slow down the process so with that i'll stop and see if there any questions.

468
01:18:46.800 --> 01:18:53.970
Richard Platt: Okay Lisa that was so helpful before we get to questions we have to reactor.

469
01:18:54.810 --> 01:19:04.860
Richard Platt: Reactors the first is so Glenn darian on whom you see on the left hand side of your screen when is the executive Vice President for patient advocacy and engagement at the.

470
01:19:05.340 --> 01:19:20.430
Richard Platt: National patient advocates foundation and Joe Ross is a professor of general medicine and public health at the Yale school of medicine, he also co directs the yoda project, which is a very important initiative to to open.

471
01:19:21.510 --> 01:19:30.090
Richard Platt: it's more transparent, so when let's start with you for your your thoughts about the comments we've heard and and other issues related to this topic.

472
01:19:31.980 --> 01:19:39.930
Gwen Darien: Great Thank you and thank you for inviting me and, as I have more thoughts, then we can get in a three minute reaction, but I just want to.

473
01:19:40.650 --> 01:19:51.060
Gwen Darien: I want to think about I want to reframe this and re Center this a little bit, because I think that we're we're jumping over a number of steps as we talk about how we can.

474
01:19:51.540 --> 01:19:58.950
Gwen Darien: How we can build trust and we've gotten too far down the pathway of things that we can do without looking at the root causes.

475
01:19:59.310 --> 01:20:07.650
Gwen Darien: of why there is why there is this mistrust and how we also I mean, I think the covert epidemic was a pandemic or ongoing pandemic.

476
01:20:07.890 --> 01:20:15.390
Gwen Darien: is a perfect example of how we have how we sort of started from a position that was a very That was something that we've always done.

477
01:20:15.750 --> 01:20:21.960
Gwen Darien: So you know when when Lisa said oh you're i'm on you know if you're on mute that's something i've heard for.

478
01:20:22.590 --> 01:20:31.560
Gwen Darien: Throughout this time that we've been on zoom meetings is something that happens with me as well, but what we've done is that we've put, we have to take people off mute who we've put on mute.

479
01:20:31.950 --> 01:20:49.860
Gwen Darien: Since the beginning of time and that's why we need to since the beginning of our country that's why we need to Center and re Center this on equity and Center it on the experiences and the voices of people who have had been historically marginalized in in this in.

480
01:20:51.120 --> 01:20:57.720
Gwen Darien: Every aspect of our society and have incredibly incredibly inequitable health outcomes.

481
01:20:58.740 --> 01:21:04.920
Gwen Darien: So I would say that we, you know, one of the things that I would say is that we keep on talking about trust.

482
01:21:05.250 --> 01:21:10.320
Gwen Darien: As a way to build trust worthiness, but we have to flip that we have to build press worthiness.

483
01:21:10.680 --> 01:21:25.890
Gwen Darien: In order to develop trust we're not going to have trust worthiness unless we have organizations, institutions and people who are trustworthy so trust trustworthy this comes before trust one of the things that was I found.

484
01:21:26.970 --> 01:21:27.750
Gwen Darien: Really.

485
01:21:29.130 --> 01:21:39.330
Gwen Darien: I would say really disturbing in the beginning of the pandemic and as we talked about on as we talked about people's choices, not to get vaccinated so much was the focus was on.

486
01:21:40.050 --> 01:21:51.240
Gwen Darien: Black indigenous people of color and their choices, not to take the vaccine and we really have to change that and focus, not just on choices people make bad choices people have.

487
01:21:51.900 --> 01:22:00.750
Gwen Darien: And the on, and it was very late in this conversation that we actually started talking about the kind of political and social beliefs.

488
01:22:01.080 --> 01:22:13.620
Gwen Darien: That were informing people's choices, not to take it and we've heard, we heard an earlier on presentations how much people's political views, particularly on political views that were.

489
01:22:14.190 --> 01:22:28.650
Gwen Darien: republican leaning on cause them not to take the virus, so we focus from the beginning and the way that we've always framed it, which is the choices that people who are black brown indigenous make not on the choices that they have.

490
01:22:29.340 --> 01:22:41.700
Gwen Darien: We also didn't thought we also started it was brought up earlier that we have to go to communities and listen and listen and listen, not just on and and understand before we can make change.

491
01:22:42.330 --> 01:22:49.260
Gwen Darien: On I also think that we have to change the order quite a bit and what we're talking about and Ramona I would actually.

492

01:22:49.620 --> 01:23:01.470
Gwen Darien: challenge that we start with Community engagement first and then go to strategy and then go to operationalize doing excellence, because we have to start with Community if we really want to build a culture.

493
01:23:02.850 --> 01:23:14.730
Gwen Darien: build a culture of diversity and ethos of diversity, so I um I would say, so I said this earlier in an earlier.

494
01:23:15.120 --> 01:23:25.200
Gwen Darien: National academies meeting that I was co chairing on promoting health equity, but one of the things when I started as an advocate one of the things I wanted more than anything, was just to have a seat at the table.

495
01:23:25.740 --> 01:23:30.600
Gwen Darien: And now that i've been doing advocacy for almost 25 years i'm a three time cancer survivor.

496
01:23:31.500 --> 01:23:38.400
Gwen Darien: I want to be, I want to build the table, I don't want to just I don't want to have a seat at the table that somebody else's built.

497
01:23:38.760 --> 01:23:51.480
Gwen Darien: And I think that's the way that we're really going to that's one of the only ones, one of the primary ways we're going to change how we how we achieve equitable outcomes in health care for everyone, thank you.

498
01:23:53.670 --> 01:23:54.690
Richard Platt: Okay, thank you.

499
01:23:55.800 --> 01:23:56.190
Richard Platt: To.

500
01:23:56.790 --> 01:24:02.850
Richard Platt: Your your final designated speaker and then we'll launch into discussion that involves everybody.

501
01:24:04.260 --> 01:24:10.920
Joseph Ross: Thanks rich and really honored to be here I mean i'm almost at a loss, for you know how I can best contribute to this conversation because.

502
01:24:11.310 --> 01:24:18.690

Joseph Ross: These issues of you know, engaging communities stakeholder engagement around trial participation, all of the are so critical.

503
01:24:19.260 --> 01:24:27.690
Joseph Ross: As part of you know, fostering research and clinical trial participation and they you know the points that gwen is making around.

504
01:24:28.500 --> 01:24:35.040
Joseph Ross: You know, fostering that trust building that trust, ensuring access not just you know equitable participation or off are also critical.

505
01:24:35.490 --> 01:24:41.550
Joseph Ross: I think i'll take this around around from the other side of things around in terms of my role.

506
01:24:42.150 --> 01:24:55.560
Joseph Ross: Leading recorded in the yoda project, the email open data access project is for better part of the decade now fostered access to clinical trial data that's been completed by companies, principally Johnson and Johnson.

507
01:24:56.730 --> 01:25:09.270
Joseph Ross: to other external investigators, for you said you know there, there are actually remarkable quantities of clinical trial data that are you know generated through research, never published never disseminated and even when they are so are.

508
01:25:09.540 --> 01:25:16.650
Joseph Ross: You know disseminated and very limited means, and that in itself actually generally affects trust in the overall clinical research enterprise when.

509
01:25:16.920 --> 01:25:27.570
Joseph Ross: When when you know people participate in search they volunteer because they believe their contributions are going to be used for science and to improve medicine and public health and.

510
01:25:27.990 --> 01:25:31.560
Joseph Ross: When the data from those trials aren't disseminated to the broader scientific community.

511
01:25:32.070 --> 01:25:39.240
Joseph Ross: When those data aren't made more widely available to other investigators to use for their own research that inhibits trust in the overall research enterprise.

512
01:25:39.480 --> 01:25:50.610

Joseph Ross: So you know, in the spirit of trying to promote transparency, promote independence, promote innovation and science theater project was set up as an organization to act as almost like a third party intermediary between.

513
01:25:51.150 --> 01:26:01.170
Joseph Ross: The large sponsors of research principles, companies and outside investigators, who have whoever own scientific questions they want to ask and use those data to answer.

514
01:26:01.920 --> 01:26:06.060
Joseph Ross: And, for you know that that's the sort of the role that we play that we believe in.

515
01:26:06.390 --> 01:26:15.840
Joseph Ross: It you know patients want their data to be shared from clinical trials, they want more people to be able to ask those questions and to learn, so long as you know, there's a.

516
01:26:16.140 --> 01:26:27.600
Joseph Ross: You know, good stewardship of the data and the data are handled responsibly and and I think this is one way to sort of foster greater trust in the overall research enterprise and.

517
01:26:28.470 --> 01:26:34.860
Joseph Ross: anyways thanks thanks for inviting me to participate on and i'm happy to answer questions it's not as specific to the engagement or a coven it because.

518
01:26:35.940 --> 01:26:41.340
Joseph Ross: We don't have a lot of data up there yet for the coordinating treatments and vaccines, but but soon soon we hope.

519
01:26:42.540 --> 01:27:02.370
Richard Platt: Okay, great so we have close to 20 minutes and and and and we have good questions and comments from from the from the audience let's start with those and then we'll work our way through to other other things that are of interest of one of the.

520
01:27:03.720 --> 01:27:10.590
Richard Platt: In the in the spirit of identifying the trusted messengers of one of the questions is.

521
01:27:12.240 --> 01:27:24.570
Richard Platt: Where do where do nurses and advanced practice nurse in the in the galaxy of people who can who have who are trustworthy and have earned trust.

522
01:27:25.770 --> 01:27:35.790
Ramona Burress: Now, this goes to Dr fitzpatrick's point about using clinicians as that voice of research on because I think we forget that intimate relationship that we have between provider and patient.

523
01:27:36.090 --> 01:27:44.700
Ramona Burress: And as we have so many now advanced practice providers, you know actively treating patients from a primary care perspective, they cannot be excluded from the equation.

524
01:27:45.030 --> 01:27:53.130
Ramona Burress: So one of the partnerships that we have here at Johnson Johnson and Johnson that i'm super excited for is with national medical fellowship where we've Co.

525
01:27:54.090 --> 01:27:56.790
Ramona Burress: sponsored a program with Merck actually to.

526
01:27:57.150 --> 01:28:09.480
Ramona Burress: devise clinical trials training program for physicians but also for those advanced practice providers for pharmacists to learn like what is good clinical trial operations look like, so they get a more intimate understanding of.

527
01:28:09.780 --> 01:28:19.110
Ramona Burress: Again, the process and the end, though the rights that their patients have in the safety component and so, once they matriculate through this program they can be used either for that referral source.

528
01:28:19.350 --> 01:28:26.310
Ramona Burress: Or if they want to, they can be part of the investigator pool that we leverage between both companies and we're hoping to broaden this program but.

529
01:28:26.640 --> 01:28:36.120
Ramona Burress: that's the role that I see you know they definitely need to be that that voice of subject matter expertise, but we also need to leverage that intimate relationship, they have their patients to start these conversations.

530
01:28:39.000 --> 01:28:41.220
Richard Platt: But anyone else, want to speak to this.

531
01:28:43.080 --> 01:28:48.030
Lisa Fitzpatrick: I just want to say thank you for creating a program like that I think it's essential that.

532
01:28:48.780 --> 01:29:02.700
Lisa Fitzpatrick: The folks in the pipeline learn about these issues because they're going to be the researchers, you know of the next decade or two, and we need them to understand how important it is for them to help us with this problem.

533
01:29:06.570 --> 01:29:06.870
Richard Platt: Of.

534
01:29:08.310 --> 01:29:22.710
Richard Platt: observed that patients are often both surprised and disappointed that their own data is is not routinely used to generate new knowledge and that that's been an ongoing.

535
01:29:24.090 --> 01:29:30.300
Richard Platt: An ongoing concern of this collaborative and i'm interested in your thoughts about.

536
01:29:31.620 --> 01:29:39.360
Richard Platt: The extent to which that that phenomenon is playing a role in the in this issue of lack of trust.

537
01:29:40.860 --> 01:29:42.240
Richard Platt: Actually around the.

538
01:29:44.220 --> 01:29:49.950
Gwen Darien: yeah I think that's a really I mean I think that's a really, really important point, and it goes back to.

539
01:29:50.310 --> 01:30:01.080
Gwen Darien: All of the points about a building designing for sustainability and relationships with Community and relationships with patients and and that on because.

540
01:30:01.590 --> 01:30:15.480
Gwen Darien: When you participate in a clinical trial, and when you are when you are in that relationship there's a moral compact between all of the the the participant and the researcher and the.

541
01:30:15.960 --> 01:30:22.800
Gwen Darien: End part of the moral compact of the researcher is to research questions that are that matter to patients.

542
01:30:23.160 --> 01:30:30.870
Gwen Darien: tell them what is being tell them what is being you would tell them what is being used to return those results, so if we're just for just for.

543
01:30:31.350 --> 01:30:38.670
Gwen Darien: Participating and research, but it doesn't seem to answer a question that is important to patients and really accrues to patient benefit.

544
01:30:39.090 --> 01:30:43.710
Gwen Darien: Then I think that it does it does lead to mistrust and it does lead to broken trust.

545
01:30:44.130 --> 01:30:51.000
Gwen Darien: And a while ago, a number of organizations and they're still do, but in response to this, and particularly in response to bio banks.

546
01:30:51.390 --> 01:31:05.280
Gwen Darien: A number of patient organization started their own biobank so that they could help determine what would happen and give access to researchers and clinicians for for biobank stores for specific diseases.

547
01:31:06.660 --> 01:31:12.750
Ramona Burress: From a sponsor perspective, may I add to the we're also changing that so when we go back to that slide where I had the equation.

548
01:31:13.050 --> 01:31:21.210
Ramona Burress: that's part of the operations really we're really empowering our investigators to have the results so they can go back with the participants and communicate.

549
01:31:21.480 --> 01:31:24.570
Ramona Burress: You know whether they were in you know the the active arm or.

550
01:31:24.900 --> 01:31:32.340
Ramona Burress: Study drug arm, but that I think that piece is important and going, I wanted to go back to you and reference, something that you mentioned about the Community engagement.

551
01:31:32.640 --> 01:31:40.200
Ramona Burress: that's the beauty of the research includes me program because it's agnostic of any therapeutic areas that is agnostic of any drug.

552
01:31:40.470 --> 01:31:49.320
Ramona Burress: that's a mainstay in a community, so we don't have that transactional relationships not not just going into the Community, you know for the needs of a particular study or research Program.

553
01:31:50.880 --> 01:31:54.090
Ramona Burress: But that's kind of the responsibility that were taken from a sponsor perspective.

554
01:31:55.140 --> 01:32:01.740
Gwen Darien: that's great and can I just add one more thing, because I think we talked about it was talked about a little bit earlier.

555
01:32:02.850 --> 01:32:11.490
Gwen Darien: Which is that we there, it has been brought up as sort of been an implicit thing that we've talked about, but there is very.

556
01:32:11.940 --> 01:32:30.390
Gwen Darien: Particularly in the first panel there's it there is very low, science and health literacy among the general public and so there's real tension between and, as we saw in the you know if you look at the statistics on that were presented both by Kerry and and by.

557
01:32:31.410 --> 01:32:40.320
Gwen Darien: And by Sandra they both focused on how many people were felt positive positively about certain things, but the negative.

558
01:32:40.860 --> 01:32:49.830
Gwen Darien: The negative percentage of people who didn't trust a learning health system and we're learning height a learning science system was really high.

559
01:32:50.370 --> 01:32:58.380
Gwen Darien: So on, we have to people don't understand they expect that science is going to give them an answer that is definitive.

560
01:32:58.890 --> 01:33:08.700
Gwen Darien: Rather than understand, rather than valuing learning system, and so we focus very much and I would include myself in that as well, and a learning system without without.

561
01:33:09.150 --> 01:33:19.710
Gwen Darien: On without remembering that we have to communicate that very clearly and we're on an ongoing basis to people into the public.

562
01:33:20.910 --> 01:33:28.530
Lisa Fitzpatrick: But going If I could just respond to that and say I think largely the academic and research institutions writ large.

563
01:33:28.920 --> 01:33:47.010
Lisa Fitzpatrick: are pretty paternalistic about this, you know we we say well people, this is too complicated people come on banded, and so we use that as an excuse not to include the Community in these conversations when actually they're intelligent, they want to know.

564
01:33:47.250 --> 01:33:52.020
Lisa Fitzpatrick: So we have to make the effort to bring them along with us.

565

01:33:53.040 --> 01:34:09.660
Gwen Darien: yeah and what people are most is absolutely I absolutely agree with you, it is it as as a patient advocate and a patient I it just raises the back of you know my the hair on the back of my neck raises when people say well patients won't understand this.

566
01:34:09.780 --> 01:34:10.350
Lisa Fitzpatrick: mm hmm.

567
01:34:16.110 --> 01:34:23.190
Richard Platt: Wait so we have a question from JEREMY green and rather than my reading JEREMY can you unmute and.

568
01:34:25.320 --> 01:34:26.130
Richard Platt: speak for yourself.

569
01:34:27.300 --> 01:34:34.950
Jeremy Greene: happy to thanks so much to all the panelists have really been enjoying the discussion this far and my question really builds on both panels.

570
01:34:35.460 --> 01:34:43.290
Jeremy Greene: But you know, I think that the first panel, I really appreciated the move from trust to trustworthiness like, how do we.

571
01:34:43.620 --> 01:35:00.630
Jeremy Greene: go from trust is something people either have or do not have like literacy to trustworthiness, is something that needs to be earned or or as you're just saying you know how does, how does, how does literacy become something that can be built, but my question here is the examples i'm hearing.

572
01:35:01.740 --> 01:35:12.930
Jeremy Greene: and also in the title of the book that Sandra pass along building trust between minorities and researchers, you know considers these as two different categories right and so.

573
01:35:13.650 --> 01:35:23.220
Jeremy Greene: The first was on trusted intermediate owners for communicating between researchers and minorities and then in this panel we've had very interesting discussion about how.

574
01:35:23.670 --> 01:35:32.460
Jeremy Greene: You know, broad diversity of humankind's can be included in as research subjects right as material, whereas data for research.

575
01:35:33.150 --> 01:35:37.290
Jeremy Greene: But part of this trustworthiness is feeling that one is included.

576
01:35:38.130 --> 01:35:48.660
Jeremy Greene: In institutions of science, one has access to and to to to becoming a scientist to taking part in specifying the agenda for scientific research or from benefiting from that research and i'd love to hear.

577
01:35:48.930 --> 01:36:05.400
Jeremy Greene: The panelists in this panel speculate on on how that gets roped in as part of moving from trust to trustworthiness of having institutions of science, be things that everyone feels that they are included in as possible members have been having a say in what it is and who benefits from.

578
01:36:06.780 --> 01:36:14.970
Ramona Burress: that's a great question Jeremy and I think first we need to stop looking at the issue so narrowly and really look at it from a patient care continuum.

579
01:36:15.330 --> 01:36:26.580
Ramona Burress: And really look at it from a pipeline perspective so Dr fitzpatrick's point earlier, so I know that immediately I don't have enough investigators, who are diverse in nature that could amplify some of the efforts that we're.

580
01:36:27.480 --> 01:36:35.730
Ramona Burress: prioritizing with recruiting diverse patients right, but then, if I think about how many what is the percentage of physicians who are African American let's say.

581
01:36:36.090 --> 01:36:49.470
Ramona Burress: 5% so i've got a narrow pool so now i'm going to go to those college students and i'm going to stand up programming that's going to encourage them to move into different health professions, whether it's you know to be a medical doctor to be an RN what have you.

582
01:36:49.950 --> 01:36:58.380
Ramona Burress: But then it takes time right, and so I think that's the gwen's point like we can't fix this overnight, we didn't get here overnight, but then also to how do we take those learnings and.

583
01:36:58.590 --> 01:37:11.760
Ramona Burress: In this education and take it into the high schools, and so the elementary schools, and I see someone had put that question in the chat as well, too, so I think it's being really cognizant of where we are, but also taking a look at the bigger picture and where we can make a difference.

584
01:37:13.350 --> 01:37:24.570
Lisa Fitzpatrick: This question reminds me of an occasion on the street, last year we were doing our reach, and this woman and comes up and gives me a banana and she says.

585
01:37:25.380 --> 01:37:31.890
Lisa Fitzpatrick: I bought this banana for you, I was very touched by this gesture and I told her that either later and she said.

586
01:37:32.430 --> 01:37:41.670
Lisa Fitzpatrick: I want to watch you eat it and I said well we're busy she said, but can you eat it right now she was insistent and I said tell me why it's so important to you.

587
01:37:42.300 --> 01:37:46.020
Lisa Fitzpatrick: And i'll take a bite, and she said, I want to see if you trust us.

588
01:37:46.980 --> 01:38:04.350
Lisa Fitzpatrick: So we think about trust in very specific ways so for researchers academicians clinicians, how do we build trust we have our ideas about that, but what she was saying to me is do you see me as an equal do you respect me like Am I just like you.

589
01:38:04.980 --> 01:38:18.570
Lisa Fitzpatrick: And so, how do we, how are we showing up when we when we talk to communities, because they can sense, whether or not we're being condescending or whether we're being genuine and authentic and so these are hard things to.

590
01:38:19.680 --> 01:38:33.480
Lisa Fitzpatrick: You know, we can't create a protocol for being authentic with the Community, I think it takes time, like I said it takes time and you have to go back over and over because she also said to me when are you coming back.

591
01:38:34.770 --> 01:38:51.600
Lisa Fitzpatrick: So it's not a fly in fly out thing, and so, if they don't feel included it's because we haven't taken the time to help them understand how valuable their voices and to actively include them in the process, even though it takes time to do that, we have to figure it out.

592
01:38:51.870 --> 01:39:00.960
Gwen Darien: Oh, you can't you can't skip over that over the part of building relationships and building trust you i'll tell you to i'll tell you to.

593
01:39:01.680 --> 01:39:11.340
Gwen Darien: two perspectives on this, so we were doing, we did on i've been doing a lot of work with with friends and colleagues in Community health in the Mississippi Delta.

594
01:39:11.790 --> 01:39:23.610
Gwen Darien: And we did a we did a workshop with patients and Community members to talk about costs conversations about cost of care and, at the end, we said to everybody who was on the.

595
01:39:24.450 --> 01:39:36.150
Gwen Darien: Who is in this workshop there 12 people, it was a small group what you know what they what they got out of the workshop what was what were the things their key takeaways and one of the women said.

596
01:39:36.930 --> 01:39:45.840
Gwen Darien: you've given us hope you've given us hope that things that things that there are solutions for some of our problems she said, but I want to see you come back.

597
01:39:46.620 --> 01:39:53.520
Gwen Darien: So we gave hope, but the hope was reserved, whether by whether we were actually doing this we're sustaining this relationship.

598
01:39:54.060 --> 01:40:03.720
Gwen Darien: And it is a challenge, I think we have to give to everybody, are you building are you designing for sustainability and do you go back and promote and Lisa both talked about that at length.

599
01:40:04.140 --> 01:40:21.300
Gwen Darien: And then the other thing at least talked about another forum on trust on that I was in another panel on done berwick said something that I, you know, is one of my is one of my one of my touchstones when I think about it, he said, trust is not to arrive in authenticity.

600
01:40:22.410 --> 01:40:31.320
Gwen Darien: And that's really I think much of what that I think that builds on what Lisa was saying about the trust and her interaction.

601
01:40:32.250 --> 01:40:35.610
Lisa Fitzpatrick: With you can also respond to someone's comment in the.

602
01:40:36.300 --> 01:40:48.600
Lisa Fitzpatrick: In the questions about the language, because the language, can also be very dismissive and off putting, and so the examples here human subjects or research subjects when these are people.

603
01:40:49.020 --> 01:40:53.280
Lisa Fitzpatrick: Are their partners are collaborators and can we find better language that's.

604
01:40:53.280 --> 01:40:57.840
Lisa Fitzpatrick: more inclusive to make people feel as if they're valued in the process.

605

01:41:00.030 --> 01:41:03.180
Richard Platt: yeah there's there's there's more.

606
01:41:03.210 --> 01:41:04.950
Richard Platt: And yes, I did banana sorry.

607
01:41:07.050 --> 01:41:08.460
Lisa Fitzpatrick: a really good banana.

608
01:41:09.180 --> 01:41:17.880
Richard Platt: yeah so so there's more in the chat and the Q amp a then we're going to get to in the next four minutes, but we have time later so.

609
01:41:19.020 --> 01:41:37.200
Richard Platt: So we'll get I think we'll get to everything, but I would like to use the just the next few minutes to hear from from all of you about how to balance the the need to take time to build trust with the fact that 2000 people a day are dying.

610
01:41:38.550 --> 01:41:54.510
Richard Platt: of a disease that we desperately need to to to develop new evidence about and how do we, how do we sort of balance those the tension that the those two very important.

611
01:41:56.160 --> 01:41:56.820
Richard Platt: Very with them.

612
01:41:59.340 --> 01:42:09.420
Ramona Burress: I think the immediate issue is the access right so have an access to innovative technologies and innovative therapies and and vaccines and treatments that's that's an easy when.

613
01:42:09.900 --> 01:42:19.470
Ramona Burress: But to thinking about again the bigger picture, where can we do better, and again that's where I go back to our strategies for how we operationalize and how we do research.

614
01:42:19.740 --> 01:42:25.890
Ramona Burress: taken at internal look to see where can we do better, because, as was mentioned in the first panel, this is a shared responsibility.

615
01:42:26.130 --> 01:42:35.670
Ramona Burress: So many times we hear conversations and dialogue with there's blame confer to the patients and it brought a community but it's a shared responsibility, we know the health system itself.

616

01:42:36.390 --> 01:42:47.220
Ramona Burress: It you know there's issues and a health system if the American Medical Association can say that racism is a public health threat, I think we all need to be very cognizant of the issues that impact.

617
01:42:47.580 --> 01:42:55.530
Ramona Burress: different communities and be willing to put in the the resources that are needed to kind of correct the problem but to gwen's point.

618
01:42:55.830 --> 01:43:03.210
Ramona Burress: and Dr Fitzpatrick point using the patient, as the voice right we can't just come in and say we're going to fix everything but we really have to understand what are the nuances.

619
01:43:03.450 --> 01:43:08.670
Ramona Burress: Because there are so many different dimensions of diversity, I can say you know African American let the next, but there are.

620
01:43:09.060 --> 01:43:15.540
Ramona Burress: dimensions of diversity within diversity so whether someone's a woman, whether they are you know LGBT Q, so we really need to understand.

621
01:43:16.140 --> 01:43:30.120
Ramona Burress: What the issues are because they are also impacted you know regionally to you see differences but understand where they are, what are the immediate things that we can do to kind of jump in and change what's going on, but also look at it from a holistic standpoint.

622
01:43:31.980 --> 01:43:42.690
Lisa Fitzpatrick: I think we have to recognize there there's a percentage of people, maybe 20% or so, who will never get vaccinated in the case of the pandemic.

623
01:43:43.200 --> 01:43:54.900
Lisa Fitzpatrick: And we have to focus on the other people who are along this continuum So where are they are they contemplating are they looking for a trusted messenger are they do, they need access.

624
01:43:55.350 --> 01:44:07.440
Lisa Fitzpatrick: That to me that's the balance so don't spend our time and energy trying to convert people when there are so many people who are right there who need our support, and they need the education, so that we can.

625
01:44:08.310 --> 01:44:21.840
Lisa Fitzpatrick: provide the resources they need, you know the pandemic will be over one way or the other, and we can escalate that I think by meeting people meeting their needs, their educational and their support needs.

626
01:44:23.550 --> 01:44:28.590
Gwen Darien: I would also say that, just because it's it's not, these are not mutually exclusive.

627
01:44:28.950 --> 01:44:38.730
Gwen Darien: So you can deal with people's immediate health needs and immediate social needs and social risks, while you are also working to build sustainability.

628
01:44:39.000 --> 01:44:47.040
Gwen Darien: While you're working to dismantle racism, while you're working to achieve health equity, so you have to work on, I mean everything we do.

629
01:44:47.640 --> 01:44:53.160
Gwen Darien: We don't think that we don't all go on one track all the time, at one point we get there, multiple things going on.

630
01:44:53.490 --> 01:45:04.890
Gwen Darien: So, if you think about the way that we exist as human beings, the way we experience life, it is the same thing as the way that we, we will experience this change it doesn't have to be either or it can be and.

631
01:45:06.750 --> 01:45:07.980
Richard Platt: Perfect so.

632
01:45:09.720 --> 01:45:11.280
Richard Platt: Joe if you have a comment let's have it.

633
01:45:12.900 --> 01:45:14.190
Joseph Ross: You know, I just want to reiterate how.

634
01:45:14.190 --> 01:45:17.610
Joseph Ross: important is that the trust has to be earned over time right and it's just like.

635
01:45:18.000 --> 01:45:24.540
Joseph Ross: Showing back up and communities, you know, day after day, week after week, and not just dropping and wants to start a research, study and you know.

636
01:45:24.960 --> 01:45:35.940
Joseph Ross: Our healthcare system is oriented in a very specific way and it treats people in sometimes very negative way and so you can't just expect people to trust you even in the context of a pandemic, you have to.

637
01:45:36.180 --> 01:45:48.780
Joseph Ross: Really reoriented the the whole system towards providing you know more kinder care more accessible care, you know not being blessed stigmatized care if you want people to to engage full and work within the system.

638
01:45:51.030 --> 01:45:53.130
Richard Platt: let's put a semi colon on this because.

639
01:45:54.780 --> 01:45:57.420
Richard Platt: have another really important session.

640
01:45:59.010 --> 01:46:00.300
Richard Platt: That needs to start now.

641
01:46:02.100 --> 01:46:13.830
Richard Platt: So let me thank all four of you for a really stimulating and a full set of conversations and I, I know that you can't all be here for the wrap up but.

642
01:46:15.600 --> 01:46:16.410
Richard Platt: Looking forward to it.

643
01:46:17.910 --> 01:46:19.170
Gwen Darien: Thank you so much.

644
01:46:23.610 --> 01:46:25.050
Richard Platt: Okay rick you're here.

645
01:46:27.510 --> 01:46:29.220
Rick Kuntz: And thanks for chose a fantastic session.

646
01:46:30.300 --> 01:46:43.410
Rick Kuntz: I want to make sure that everybody knows that there were some really great comments and questions in the Q amp a that you know we probably have another hour and the session alone, just to go through some of those we will summarize those in the summary part so.

647
01:46:44.850 --> 01:46:51.540
Rick Kuntz: Please use the Q amp a to make comments and stuff and we will collect all of those the end, even if we can't discuss them in the meeting.

648
01:46:52.830 --> 01:47:02.100

Rick Kuntz: So we're going to move on to the next session entitled society science and social media, and I think this would be exciting kind of diving into the belly of the beast, I think, to some degree.

649
01:47:03.450 --> 01:47:13.170
Rick Kuntz: So this session will share the evolution of the influence of social media political trends unique facets of human psychology that cause people to be swayed.

650
01:47:13.620 --> 01:47:18.510
Rick Kuntz: The different directions of thinking and responding to information shared with them through different messengers.

651
01:47:19.110 --> 01:47:27.240
Rick Kuntz: So this is a critical pillar of the problem distrust, I think we all agree that the session website, the importance of the communication of science.

652
01:47:27.810 --> 01:47:37.650
Rick Kuntz: And maybe share how social media can be positive, rather than negative, in particular, and could be used to educate encounter the spread of misinformation so i'm really eager to hear about that.

653
01:47:38.760 --> 01:47:52.260
Rick Kuntz: So we have some similar panelists that will do the presentation Robin vanderpool who's the chief of the health communications in informatics research branch division of cancer control population sciences at nci.

654
01:47:53.550 --> 01:48:00.960
Rick Kuntz: J von Babel, who is associate professor of the psychology neuroscience at New York university.

655
01:48:01.980 --> 01:48:12.300
Rick Kuntz: Kenya audio Nova is associate professor of communications at rutgers university and JEREMY green professor of history of medicine at Johns Hopkins University.

656
01:48:13.410 --> 01:48:13.830
Rick Kuntz: So.

657
01:48:15.210 --> 01:48:17.040
Rick Kuntz: With that let's start with Robin.

658
01:48:19.020 --> 01:48:23.730
Robin Vanderpool: Great Thank you so much rick I look forward to their very are the slides are up.

659
01:48:24.780 --> 01:48:38.430
Robin Vanderpool: Thank you again for the opportunity to present I am just thoroughly enjoying the workshop so far and really appreciate the discussion that's been occurring and look forward to the remainder of the afternoon.

660
01:48:39.510 --> 01:48:51.990
Robin Vanderpool: I want to say just a special thanks to my colleague Dr Sylvia cho many of you all may know her from the misinformation and social media, science and research, space and she helped with preparing.

661
01:48:52.380 --> 01:49:03.840
Robin Vanderpool: These slides and remarks this afternoon, but again, really, really pleased that nci could could be at the table this afternoon, so I am going to set the stage.

662
01:49:04.380 --> 01:49:13.560
Robin Vanderpool: To think about social media and certainly its impact on health and as the the focus of our workshop this afternoon, the focus on.

663
01:49:14.130 --> 01:49:27.990
Robin Vanderpool: How social media may have contributed to the proliferation of misinformation and also potential distrust and and, and again I hope we can brainstorm ideas essentially to get the train back on the tracks.

664
01:49:29.220 --> 01:49:35.880
Robin Vanderpool: So i've titled this two sides of the same coin and again look forward to our discussion so with the next slide.

665
01:49:37.860 --> 01:49:47.790
Robin Vanderpool: i've been asked really to set the stage and thinking about where we started with social media and then throughout my my brief presentation, where we are now.

666
01:49:48.240 --> 01:49:53.970
Robin Vanderpool: And so, as highlighted on this slide you can certainly recognize many of the benefits.

667
01:49:54.450 --> 01:50:02.460
Robin Vanderpool: To social media and and many of these benefits were particularly salient during the early days of social other social media platforms.

668
01:50:02.850 --> 01:50:15.060
Robin Vanderpool: And I think these benefits can really be summarized into some major categories, where we think about the opportunity to communicate with one another in real time and share right communication.

669
01:50:15.630 --> 01:50:23.640
Robin Vanderpool: and information sharing, and you can think all I by dumervil you still have you know online blogs and support groups.

670
01:50:24.180 --> 01:50:30.990
Robin Vanderpool: list serves and kind of Bulletin boards that were online, you know Those were some of the early days before we branched out into.

671
01:50:31.320 --> 01:50:41.130
Robin Vanderpool: The the myriad platforms, that we have now, but all you know looking looking at these benefits, and we know how these are important to health related outcomes, we had social support.

672
01:50:41.730 --> 01:50:48.570
Robin Vanderpool: The ability to have both targeted and tailored information social media, in a sense, actually has also.

673
01:50:49.080 --> 01:50:58.050
Robin Vanderpool: Presented equitable access to information it's available to all of us and the potential even there to to decrease the digital divide.

674
01:50:58.800 --> 01:51:04.500
Robin Vanderpool: it's free for the most part is free for all of us and you have that real time outreach and engagement.

675
01:51:05.190 --> 01:51:15.150
Robin Vanderpool: There are opportunities to promote healthy behaviors and again back to social support and peer to peer interactions and then, if you think about those of us in the research space.

676
01:51:15.930 --> 01:51:25.020
Robin Vanderpool: social media opened up a whole new way to do health related research, so you had observational studies, where we could simply just.

677
01:51:25.290 --> 01:51:35.790
Robin Vanderpool: analyze the data that's coming out of social media posts, you can look at individuals knowledge, their attitudes, people are posting about their behaviors all the time.

678
01:51:36.300 --> 01:51:45.720
Robin Vanderpool: And so you were having this huge amount of surveillance data that's again relatively low cost and easy to harvest and so.

679

01:51:46.230 --> 01:51:51.720
Robin Vanderpool: that's one way to look at that research opportunities on social media, but you also have the opportunity to intervene.

680
01:51:52.140 --> 01:52:02.850
Robin Vanderpool: So we're so used to doing things in person or in group settings or patient to provider and social media really opened up again another avenue for us to deliver.

681
01:52:03.210 --> 01:52:11.430
Robin Vanderpool: Over technology different interventions that can lead to behavior change that can provide important health information and increase our awareness and knowledge.

682
01:52:11.850 --> 01:52:29.790
Robin Vanderpool: And again to recruit people into our studies so again, these are going to have the lay of the land, maybe, where we potentially had some well we had high hopes and maybe we still had our rose colored glasses on and thinking about social media next slide.

683
01:52:34.170 --> 01:52:39.840
Robin Vanderpool: And if you step back you can put this all on a timeline and what i've done for you in this slide is actually just show you.

684
01:52:40.500 --> 01:52:47.370
Robin Vanderpool: The evolution of social media platforms and how they onboard it over the years, as well as how we started thinking about.

685
01:52:48.000 --> 01:52:51.780
Robin Vanderpool: social media related research and particularly as it relates to health.

686
01:52:52.200 --> 01:53:00.720
Robin Vanderpool: And so, as again the platforms came online research was actually pretty descriptive we first needed to know you know who's going on the Internet.

687
01:53:01.020 --> 01:53:07.470
Robin Vanderpool: who's accessing social media what are their characteristics and profiles and are they using social media for health.

688
01:53:07.950 --> 01:53:20.700
Robin Vanderpool: And at the time nci and NIH and other agencies actually also started asking for intervention research and grant applications and in 22,013 we had one of our first.

689
01:53:21.240 --> 01:53:26.280
Robin Vanderpool: Funding announcements related to social media and substance use in addiction.

690
01:53:26.580 --> 01:53:38.010
Robin Vanderpool: And we got over 100 applications to that rfa to focus on intervention research using social media, but again as, as we have moved and you can see again the shift over time.

691
01:53:38.370 --> 01:53:46.260
Robin Vanderpool: Particularly as we started to see some of the negative aspects of social media present themselves the Cambridge analytica.

692
01:53:47.310 --> 01:53:57.120
Robin Vanderpool: If you will scandal from a few years back, really highlighted that information coming out of social media is being used by third parties by other.

693
01:53:57.480 --> 01:54:07.980
Robin Vanderpool: Countries by other political campaigns, but other bad actors to tailor and target information and misinformation and even disinformation.

694
01:54:08.760 --> 01:54:18.510
Robin Vanderpool: toward the public and then we've we've had to shift we're always, it seems like being reactive where now we're trying to really get a grasp of again.

695
01:54:19.050 --> 01:54:26.490
Robin Vanderpool: What is misinformation, how is it presenting itself, it was the word of the year in 2018 on dictionary.com.

696
01:54:26.880 --> 01:54:39.480
Robin Vanderpool: And then we start seeing things like vaccine hesitancy which is, we all know, on this workshop has been heavily influenced by the anti vaccination community and advocacy and work that's done online.

697
01:54:39.900 --> 01:54:50.880
Robin Vanderpool: Seeing that emerged as a global public health problem, and then the pandemic of coven 19 hit along now also you may be seeing the phrasing around miss lymphoedema.

698
01:54:51.300 --> 01:54:56.490
Robin Vanderpool: Where we have these this parallel health crisis and an information crisis.

699
01:54:57.330 --> 01:55:07.980
Robin Vanderpool: of seeing again misinformation we're seeing racism and xenophobia online and we're trying to react to understanding what will work to curb.

700
01:55:08.460 --> 01:55:15.690

Robin Vanderpool: This this public health crisis and again what's driving this public health crisis around this information.

701
01:55:15.960 --> 01:55:28.230
Robin Vanderpool: And then you know you can update this timeline in real time, because just less you know, over the past couple weeks we added the Facebook whistleblower and the data that's coming out of that from the various platforms so again.

702
01:55:28.710 --> 01:55:40.230
Robin Vanderpool: I think you can outline this just gives us a sense of where we started and where we are now, knowing that it's changing every almost every day, to say the least, and so, with the next slide.

703
01:55:41.880 --> 01:55:57.240
Robin Vanderpool: um you know, we now have to again take off our rose colored glasses, I would argue, and also consider the risk of social media and these range everything from cyber aggression to the misinformation silos ECHO chambers.

704
01:55:57.930 --> 01:56:03.810
Robin Vanderpool: The low cost and the rapid spread can actually be a negative piece, because of the way that misinformation can spread.

705
01:56:04.410 --> 01:56:07.650
Robin Vanderpool: The lack of gate keeping and the content that's out there.

706
01:56:07.860 --> 01:56:21.150
Robin Vanderpool: And then, for another talk another day, we can also talk about the ethics of online research and even when there is content moderation, but some of the platforms how that can impact, some of our positive health related messages next slide.

707
01:56:24.150 --> 01:56:35.640
Robin Vanderpool: And so what you know we've coined here is this perfect storm of where you have falsehoods that spread faster than truth and faster than credible science and.

708
01:56:36.210 --> 01:56:46.110
Robin Vanderpool: You know the the notion of again these platforms, being the venue and the mechanisms for this fast and wide dissemination of information.

709
01:56:46.350 --> 01:57:00.270
Robin Vanderpool: And I think what we're here to talk about again today is this growing mistrust and how misinformation plays into that and can really impact our emotions and our fear and play into different ideologies and different identities next slide.

710

01:57:03.210 --> 01:57:06.690
Robin Vanderpool: And so really quickly you know we're back to thinking about so i'm.

711
01:57:07.590 --> 01:57:16.830
Robin Vanderpool: Thinking of online misinformation we're a little bit like we were in the early days of social media just trying to understand where it is how much of its out there, the prevalence of it.

712
01:57:17.160 --> 01:57:23.940
Robin Vanderpool: The quality of the information and i've just quickly put up examples from breast cancer, where we're seeing that occur on things like pinterest.

713
01:57:24.480 --> 01:57:35.280
Robin Vanderpool: prostate cancer, and we have to realize there's video and visual content on social media and how that shows up on YouTube as an example and just recently we had another study or.

714
01:57:35.760 --> 01:57:54.450
Robin Vanderpool: The Community how study published in J nci that talks about cancer articles containing misinformation and harmful information and that those pieces of information garner greater engagement on social media next slide.

715
01:57:56.790 --> 01:58:03.840
Robin Vanderpool: And I will not repeat all of this, that you see on this next slide around coven misinformation, we are all living it We see it every single day.

716
01:58:04.260 --> 01:58:10.890
Robin Vanderpool: But misinformation is circulating rampantly and wildly on social media, all the way from disease characteristics.

717
01:58:11.190 --> 01:58:24.150
Robin Vanderpool: To the vaccines we've also know unproven treatments have popped up the spread of the virus and the origins and policy responses as well, and so, with the next slide what I want to just quickly articulate is.

718
01:58:24.840 --> 01:58:35.550
Robin Vanderpool: it's more about the prevalence and quality of the information we've got to understand what the sources of the misinformation are and what are the motivations behind that.

719
01:58:36.000 --> 01:58:47.670
Robin Vanderpool: And the nuances to all of this right it's not just text it's video it's images it's it's visual you know component to it and audio component.

720
01:58:48.090 --> 01:58:55.410

Robin Vanderpool: We also need to understand repeated exposure How many times has someone login on Facebook or instagram on a daily basis.

721
01:58:55.920 --> 01:59:02.760
Robin Vanderpool: But what do we mean by engagement is it a simple life or simple share Where are you internalizing that information.

722
01:59:03.030 --> 01:59:10.560
Robin Vanderpool: And then I think some of my colleagues today are really going to get into some of the individual characteristics and the psychology around what makes some of us even more susceptible.

723
01:59:10.890 --> 01:59:29.250
Robin Vanderpool: to miss information and we have to consider social media we're using your broadly in one phrase, but it is many different platforms and many different languages and many different again audio visual and text based information, and how does that play out and so with the next slide.

724
01:59:31.320 --> 01:59:37.200
Robin Vanderpool: I just want to hone in and just say why should we care about all this, and again I think that's why we're here today.

725
01:59:37.860 --> 01:59:44.460
Robin Vanderpool: There can be some significant health impacts health related impacts on disease survival.

726
01:59:45.060 --> 01:59:52.590
Robin Vanderpool: On financial implications on psycho social implications on trust with the provider, which again we spoken about today.

727
01:59:52.980 --> 02:00:05.190
Robin Vanderpool: And exacerbation of health disparities and, and this is another piece of how does exposure really play out in negative health outcomes and I think we have seen this over and over again in a pandemic.

728
02:00:05.550 --> 02:00:14.490
Robin Vanderpool: But I also think it plays out every day around cancer, diabetes, every other health condition that we have as well, and I think that's an important perspective to have.

729
02:00:15.210 --> 02:00:19.470
Robin Vanderpool: All right, and i'm going to wrap up here with two last slides on the next one.

730
02:00:20.220 --> 02:00:26.190

Robin Vanderpool: is for us to consider and we can we can certainly dive into this during the solution and strategy session.

731
02:00:26.490 --> 02:00:43.200
Robin Vanderpool: But you will may have recently seen office of surgeon general and another National Academy report on identifying credible sources of health information, but really thinking about how we, as an entire society can approach misinformation and social media and.

732
02:00:44.850 --> 02:00:50.910
Robin Vanderpool: This informed by our environment around disinformation misinformation and building trust again.

733
02:00:51.270 --> 02:01:01.830
Robin Vanderpool: And we can get and I think we've already had some conversations around this again how we can the individual person, all the way up to the government, the technologies journalist and unhealthy providers.

734
02:01:02.250 --> 02:01:08.820
Robin Vanderpool: And so I want to conclude with the last slide that I do think again let's recall, there are positive aspects of social media.

735
02:01:09.300 --> 02:01:19.860
Robin Vanderpool: And even more recently, I know that we have seen, for example, social media being used to condemn and counteract racist rhetoric and supporting our minority.

736
02:01:20.250 --> 02:01:32.040
Robin Vanderpool: Communities we've also seen social media really empower and leveraged for social mobilization and social justice issues such as the Black lives matter movement.

737
02:01:32.490 --> 02:01:38.700
Robin Vanderpool: And then we can also remember that there are people in places and organizations who still want to have.

738
02:01:39.120 --> 02:01:50.250
Robin Vanderpool: A positive impact on social media and want to have a healthy discourse, for example, around vaccination and then the it takes a lot of work and effort and content moderation.

739
02:01:50.790 --> 02:02:00.090
Robin Vanderpool: But it can be done to promote a healthy debate in health and to maintain social media for all the good reasons that we that that we remember.

740
02:02:00.780 --> 02:02:07.920

Robin Vanderpool: When it first was launched and the research that we're able to do on those platforms and so with that i'll stop and turn it over to our next speakers.

741
02:02:12.000 --> 02:02:14.550
Rick Kuntz: Thanks Robin and thank goodness for your last slide because.

742
02:02:15.030 --> 02:02:17.130
Rick Kuntz: there's the hopefully something good social media.

743
02:02:19.140 --> 02:02:20.460
Rick Kuntz: With that let's turn over to Jay.

744
02:02:24.390 --> 02:02:35.520
Jay Van Bavel: Everyone thanks for having me today was great talk i'm going to talk to you a little bit about polarization and misinformation and how they are interacting together during the pandemic go to the next slide.

745
02:02:39.750 --> 02:02:46.560
Jay Van Bavel: And I want to say, if you want a bit of background on this, this is a paper, I put together with about 40 other colleagues across the social and behavioral sciences.

746
02:02:47.730 --> 02:02:52.470
Jay Van Bavel: In the earliest days of the pandemic, I think we wrote it in March i'm in New York City right before we got shut down.

747
02:02:53.010 --> 02:02:56.430
Jay Van Bavel: When it's locked down, we started putting it together and what we tried to do is summarized.

748
02:02:57.000 --> 02:03:03.210
Jay Van Bavel: As much as we knew in the literature about what we're going to be the major issues that society was going to face, not just in the US, but abroad.

749
02:03:03.570 --> 02:03:12.270
Jay Van Bavel: and especially how this might play out during the pandemic, so we did our best to summarize all the research that we thought would be relevant on key topics go to the next slide.

750
02:03:14.040 --> 02:03:21.120
Jay Van Bavel: And here's a brief map of some of the topics that we covered, but today i'm going to focus more in the bottom left hand corner, on the role of science communication.

751
02:03:21.480 --> 02:03:32.070

Jay Van Bavel: And, especially on the spread of conspiracy theories and fake news and why those spread and what might be done to stop them and how that happens in a social context, so these things don't happen in vacuums and they happen differently.

752
02:03:32.490 --> 02:03:40.920
Jay Van Bavel: In different nations with different social and political context and so obviously the previous panel talked a lot about things like racism social inequality.

753
02:03:41.730 --> 02:03:54.480
Jay Van Bavel: Obviously culture matters radio, as you look across countries and in the US, one of the big ones, has been political polarization and so i'm going to talk to you about how those provide the context in which misinformation spreads next slide.

754
02:03:56.940 --> 02:04:04.500
Jay Van Bavel: The context in which we're operating here in the United States is one of extreme polarization, so this is a paper, I wrote, with some colleagues on.

755
02:04:04.860 --> 02:04:10.290
Jay Van Bavel: How the US has become dramatically more polarized over the last 40 years and what you can see, is.

756
02:04:10.620 --> 02:04:16.110
Jay Van Bavel: Our highest levels of polarization it's not just that we're polarized so it's not just that we disagree on topics.

757
02:04:16.440 --> 02:04:23.100
Jay Van Bavel: I actually think like healthy debate on on differences of agreement is is valuable and critical and important, in fact, the lifeblood of democracy.

758
02:04:23.640 --> 02:04:29.190
Jay Van Bavel: What we're talking about here and what's been driving the polarization over the last four decades is about appropriate.

759
02:04:29.520 --> 02:04:37.230
Jay Van Bavel: So people's love for their own party and support for the policies of their own parties remained actually fairly stable over the last four decades.

760
02:04:37.890 --> 02:04:42.750
Jay Van Bavel: what's different and what's underlying the polarization that we're seeing now is a group hate.

761
02:04:43.170 --> 02:04:53.580

Jay Van Bavel: That, in fact, it now outstrips our group of sorry in group love or in party love in terms of people's political decisions and so when you're deciding who to vote for you might even vote for somebody.

762
02:04:54.240 --> 02:05:07.020
Jay Van Bavel: Who you don't like simply because you want to stop the other party from taking power, this means you support corruption, it means you'll stand by well there's misinformation being spread by by the people who support and this affects all kinds of.

763
02:05:07.530 --> 02:05:19.110
Jay Van Bavel: Political decisions, and not just in voting I think that's like a common example of one that we talked about in this paper but in terms of who you believe in who you trust and what information you're going to act on next slide.

764
02:05:21.870 --> 02:05:31.110
Jay Van Bavel: um and what my research has been doing is looking at the psychological elements of that, in particular when you are highly identified with the party under conditions of polariz ation.

765
02:05:32.580 --> 02:05:44.430
Jay Van Bavel: This motivates you to align your beliefs with and search out information sources and believe those information sources for a credible sources that align with that identity that you have.

766
02:05:44.910 --> 02:05:54.300
Jay Van Bavel: And when these are really strong, in other words, when you're highly identified these goals to be a good group member and have your group be correct.

767
02:05:54.750 --> 02:06:00.960
Jay Van Bavel: can override your goals to be accurate so scientists a core part of my dad identity is being accurate and if you're not accurate.

768
02:06:01.890 --> 02:06:06.060
Jay Van Bavel: you'll get your papers rejected, you might lose your job you lose professional opportunities.

769
02:06:06.570 --> 02:06:20.700
Jay Van Bavel: But for most people these these incentive structures are different, and especially for a highly identified or hyper partisan individuals, the accuracies to believe things that align with party leaders or party members can outweigh your accuracy goals, and this can internship.

770
02:06:21.750 --> 02:06:31.620
Jay Van Bavel: This cognitive apparatus that we have that defines determines what we remember what we pay attention to how we reason about things, and so forth next slide.

771
02:06:34.440 --> 02:06:41.970
Jay Van Bavel: And so we've been studying in my lab and many of the labs that sounds similar results at this point um how this has played out during the pandemic in the US.

772
02:06:42.330 --> 02:06:54.660
Jay Van Bavel: And so, in a paper we published last year we were able to track people's movement of 15 million smartphones per day over several months, and what we saw emerging, even in the earliest stages of the pandemic.

773
02:06:55.140 --> 02:07:03.030
Jay Van Bavel: Was it counties that supported or voted for Donald trump over Hillary Clinton 2016 exhibited 14% more movement, in other words.

774
02:07:04.230 --> 02:07:11.070
Jay Van Bavel: In the before the pandemic they had similar amounts of movement and similar amounts of movement to the previous year, but as the pandemic spread.

775
02:07:11.550 --> 02:07:17.130
Jay Van Bavel: In part, because of the messaging and what sources people trusted in terms of what messages they believed i'm.

776
02:07:18.120 --> 02:07:23.790
Jay Van Bavel: Supporting or blue counties were more likely to engage in spatial distancing or social distancing.

777
02:07:24.120 --> 02:07:31.290
Jay Van Bavel: And in fact this gap between blue and red counties and blood red states rose over time, so, even though you might expect that, as more.

778
02:07:31.530 --> 02:07:36.540
Jay Van Bavel: people learn, the more the more education more knowledge, maybe people in their neighborhood became infected.

779
02:07:36.780 --> 02:07:45.000
Jay Van Bavel: The local news and hospitals are putting out notifications about the need to follow these guidelines, if anything, partisanship even mattered more under those circumstances.

780
02:07:45.300 --> 02:07:49.050
Jay Van Bavel: And it wasn't just a red vs blue divide if you lived in a slightly red county.

781
02:07:49.740 --> 02:07:58.050

Jay Van Bavel: You tended to be the same as a slightly blue county, but if you really get a deep red county your behavior was radically different from someone who lived in a deep blue county.

782
02:07:58.530 --> 02:08:09.510
Jay Van Bavel: And so it's not just that there's a red blue divide but it's degree of commitment and support and people who are aligned with these parties a matters a great deal, and so it turns out that this was a.

783
02:08:10.050 --> 02:08:18.540
Jay Van Bavel: turn out to be quite dangerous because we were able to track, you know week later infections in those counties that we're not engaging distancing rose and then about two weeks later, you start to see.

784
02:08:18.870 --> 02:08:26.880
Jay Van Bavel: Mortality growth rates increase, and so, as we know, our as you might expect, which is the reason for encouraging people to engage in spatial distancing and other.

785
02:08:27.330 --> 02:08:36.030
Jay Van Bavel: Public health practices we did it to reduce infections and mortality and places that did not do this, and what we've determined are largely for political reasons and.

786
02:08:36.330 --> 02:08:45.840
Jay Van Bavel: partisanship, was one of the single biggest predictors of the model bigger than then racial or ethnic demographics of that county bigger than economic factors.

787
02:08:46.350 --> 02:08:58.950
Jay Van Bavel: it mattered over about things that population density which people thought would matter a great deal partisanship, was one of the single biggest predictors over this time period and it had these cords correlated, at least with these downstream consequences next slide.

788
02:09:00.750 --> 02:09:12.630
Jay Van Bavel: um The other thing we found is that you can link this to the messaging people received so in our data, we found that one of the biggest predictors was where people getting their news from fox news as opposed to CNN and msnbc.

789
02:09:13.230 --> 02:09:24.750
Jay Van Bavel: That almost fully accounted for the difference we were seeing and willingness to follow spatial distancing guidelines we didn't weren't able to have social media data for this analysis but i'll show you for other studies we've done so next slide.

790
02:09:27.240 --> 02:09:36.540
Jay Van Bavel: Now move into social media, the dynamics of social media are important understand in terms of what goes viral, what are the algorithms reward and also what is our internal psychologically.

791
02:09:36.900 --> 02:09:52.950
Jay Van Bavel: encouraging us to to reinforce and so what we found this in the paper that came out this summer right before the whistleblower for Facebook came out was that basically animosity, is what drives engagement on social media when people are likely to share and engage with.

792
02:09:54.030 --> 02:10:00.690
Jay Van Bavel: And so, an anger was one of the most powerful emoticons if if people are putting like angry emoticons is more likely to spread.

793
02:10:00.990 --> 02:10:14.400
Jay Van Bavel: And so messaging especially misinformation often travels on these vectors and so this means a lot of messages and a distrust of elites or distrust of political parties around a coven around guidelines around.

794
02:10:14.850 --> 02:10:18.420
Jay Van Bavel: The vaccine it's one of the reasons another study I don't have time to show you today.

795
02:10:19.200 --> 02:10:24.750
Jay Van Bavel: we've seen the same patterns for distancing now with vaccinations that one of the single actually the single biggest predictor.

796
02:10:25.350 --> 02:10:36.750
Jay Van Bavel: Vaccination rate across the country is the partisan breakdown of the county that they're so and that matters way more than things like that we might expect like gender or racial ethnicity and accounting next slide.

797
02:10:38.430 --> 02:10:46.650
Jay Van Bavel: i'm also going to point to that it didn't have to be this way, so if we look at data in Britain versus sort of the UK vs United States.

798
02:10:46.980 --> 02:10:51.360
Jay Van Bavel: And we tried to look at vaccine hesitancy of individuals and map it to who they follow it online.

799
02:10:51.750 --> 02:11:05.460
Jay Van Bavel: and the first thing you see is that it was actually really politically polarized in the US, but not in the UK, so, if you look at the map of vaccine hesitancy which are the pink clusters, you see that a lot of them are very political accounts like Donald trump jr.

800
02:11:05.940 --> 02:11:12.240

Jay Van Bavel: Sean hannity again fox news Tucker carlson it's not just that these people are spreading it these messages and rhetoric.

801
02:11:12.990 --> 02:11:23.820
Jay Van Bavel: on TV at night is that they're amplifying it on social media, a lot of times there's actually an iterative relationship where they're getting misinformation from social media spreading it there and then amplifying it when they go on TV at night.

802
02:11:24.300 --> 02:11:30.780
Jay Van Bavel: And so, people who are following them are much less likely to plan to get a vaccine or have gotten a vaccine.

803
02:11:31.050 --> 02:11:36.810
Jay Van Bavel: then say people who follow like the White House account or credible news sources like Washington Post or politicians like.

804
02:11:37.110 --> 02:11:44.460
Jay Van Bavel: kamala Harris or Elizabeth Warren or Michelle Obama, those were individuals who had large followings and people who are very low in vaccine hesitancy.

805
02:11:44.760 --> 02:11:53.460
Jay Van Bavel: And you just simply don't see that polarization in other countries, even though they are polarized, for example in the UK around brexit they just haven't had the same polarization of the rhetoric around.

806
02:11:53.910 --> 02:12:01.350
Jay Van Bavel: The pandemic, so the messaging of leaders matters so i'll go to the last slide and then i'm done i'm The key thing i'm trying to say here is that.

807
02:12:02.610 --> 02:12:07.680
Jay Van Bavel: When you have polarization you have a context that can undercut all kinds of public health messaging and behavior.

808
02:12:07.890 --> 02:12:15.120
Jay Van Bavel: And this is especially true in leaders, whether these are political leaders, Donald trump, for example, or elites so like Sean hannity.

809
02:12:15.420 --> 02:12:22.350
Jay Van Bavel: Are downplaying the risks and these they didn't amplify these messages on on not only on TV and you can trace this.

810
02:12:22.620 --> 02:12:33.120

Jay Van Bavel: That directly to the real world behavior and infections and mortality, but you can also see it in the social networks and people who follow them online because they're amplifying these messages or getting them and blasting them online as well um.

811
02:12:33.540 --> 02:12:41.340
Jay Van Bavel: And so it's it's very hard now to think about communications excluding these two things online and TV and means you messaging are actually tightly interwoven.

812
02:12:41.790 --> 02:12:48.030
Jay Van Bavel: And then the last thing I would say is that didn't have to be this way, so I showed you the data and UK is not polarize the same thing happened in Canada.

813
02:12:48.360 --> 02:12:51.330
Jay Van Bavel: Although Canada is increasingly polarized or her last few decades.

814
02:12:51.600 --> 02:12:57.300
Jay Van Bavel: There was a really cool paper analyzing the rhetoric of political leaders in Canada and whether they were from the Liberal Party or conservative party.

815
02:12:57.540 --> 02:13:02.250
Jay Van Bavel: They both had messaging that took the pandemic seriously and then, when you looked at.

816
02:13:02.580 --> 02:13:11.340
Jay Van Bavel: National representative surveys of Canadians you found that it didn't matter what their political leaning was if they're liberal or conservative they they took the pandemic seriously, and so this is why.

817
02:13:11.850 --> 02:13:24.720
Jay Van Bavel: there's a capacity to leverage social media for good in these contexts, but when it's not you see the behavioral and infection consequences and vaccine may consequences we're seeing in the US that's all I have Thank you so much.

818
02:13:28.530 --> 02:13:29.130
Rick Kuntz: Thanks for doing.

819
02:13:29.580 --> 02:13:30.150
Rick Kuntz: That was great.

820
02:13:30.900 --> 02:13:32.160
Rick Kuntz: Next, would have catcher.

821

02:13:35.040 --> 02:13:51.930
Katherine Ogyanova: hi everyone, thank you for the kind invitation to speak at this really interesting event that this was fascinating to watch so far over the next few minutes I do want to talk about a little bit about trust in institutions and highlight.

822
02:13:51.960 --> 02:13:53.130
Katherine Ogyanova: connections to.

823
02:13:53.490 --> 02:13:56.670
Katherine Ogyanova: Miss information health behavior and social media.

824
02:13:57.690 --> 02:14:07.830
Katherine Ogyanova: Next slide please so before I start I should mention that much of the data that i'm going to present is coming from the covert states project.

825
02:14:08.490 --> 02:14:20.190
Katherine Ogyanova: One of the co leads have this large multi university initiative which looks at collect data about the opinions, the attitudes and behavior of Americans, since the beginning of the pandemic.

826
02:14:20.580 --> 02:14:28.500
Katherine Ogyanova: And if we go to the next slide you'll see we collect large survey data of Americans across all 50 states with about 20 to 25,000.

827
02:14:28.950 --> 02:14:36.000
Katherine Ogyanova: respondents per wave and we launched a survey about every six week we also get social media data like data from Twitter.

828
02:14:36.960 --> 02:14:45.780
Katherine Ogyanova: In among the key data points that we are focusing on and are really interested in we look at American stressed in science in medicine.

829
02:14:46.140 --> 02:14:57.150
Katherine Ogyanova: In democratic institutions, as well as the sources of information and misinformation about covert 19 So if you go to the if we go to the next slide.

830
02:14:58.080 --> 02:15:06.300
Katherine Ogyanova: As everyone knows, one one key challenge that we're dealing with across Western democracies, the decline in public trust in institutions.

831
02:15:06.660 --> 02:15:13.950
Katherine Ogyanova: We have been tracking trends in interest during the pandemic, since the beginning of the spring of 2020.

832
02:15:14.370 --> 02:15:26.520
Katherine Ogyanova: And we still see very high trust, as our first panel panelists mentioned very high trust in doctors and scientists, though it has declined somewhat over time during the pandemic.

833
02:15:26.970 --> 02:15:36.150
Katherine Ogyanova: But one thing that I want to highlight here and that we see over and over again in our research is that people tend to trust individuals, so they trust their personal doctors.

834
02:15:36.510 --> 02:15:48.810
Katherine Ogyanova: Much more so that they trust companies like pharmaceutical companies or institutions like the CDC or the FDA so so other people have already mentioned that and I think it's important to keep in mind.

835
02:15:50.160 --> 02:15:58.800
Katherine Ogyanova: If we go to the next slide again as previous panelists have discussed in more detail, we see considerable variations interest across social groups.

836
02:15:59.400 --> 02:16:09.210
Katherine Ogyanova: And Jay spoke very eloquently in in detail about how politicized and polarized this pandemic has become, and what that means for people's behavior.

837
02:16:09.600 --> 02:16:19.920
Katherine Ogyanova: only want to note one additional thing here is that Republicans do indeed trust their doctor the doctors and scientists are less than democrats do.

838
02:16:20.340 --> 02:16:26.670
Katherine Ogyanova: But where we see really huge differences between those groups is not just in the trust one's personal doctor.

839
02:16:27.030 --> 02:16:39.960
Katherine Ogyanova: They emerge, when we look at trust in larger institutions or there's like a huge close to 40% gap percentage point gap between democrats and Republicans in terms of their trust in, say, the CDC right.

840
02:16:41.040 --> 02:16:50.550
Katherine Ogyanova: If we go to the next slide we also mentioned the racial differences due to historically really bad experiences that the African American Community I said.

841
02:16:51.030 --> 02:16:57.510
Katherine Ogyanova: And again people already talked about the lower trust in that community, but one thing to mention here and highlight again that.

842
02:16:58.260 --> 02:17:08.130
Katherine Ogyanova: Is that African Americans may have lower trust in in medicine, but they do not trust or distrust of government agencies or the CDC the FDA.

843
02:17:08.460 --> 02:17:20.490
Katherine Ogyanova: As much as Republicans do so there is some higher levels of institutional trust in this Community which, which again shows us the different sources of the of the distress that we're observing in each case.

844
02:17:21.450 --> 02:17:30.960
Katherine Ogyanova: So if we go to the next slide we see that patterns of mistrust show that people with higher socioeconomic status and no other people.

845
02:17:31.860 --> 02:17:39.690
Katherine Ogyanova: are most likely to trust doctors, as well as liberals right age race liberal ideology or more predictive in.

846
02:17:40.110 --> 02:17:53.850
Katherine Ogyanova: Most predictive of of trusting in medical professionals, but if we go to the next slide if you look more broadly trust in science, we see that the factor that was everything else here is going to be ideal or g.

847
02:17:55.140 --> 02:18:08.790
Katherine Ogyanova: And so, if we if we move on to the next slide what what I really wanted to talk about in in today's panel is misinformation and how it links up with with trust and with health attitudes.

848
02:18:09.930 --> 02:18:16.590
Katherine Ogyanova: And then we know that this is a serious problem that worries many of us, and one one challenger on misinformation is that.

849
02:18:17.640 --> 02:18:27.660
Katherine Ogyanova: that the question of trust is truly important in that context in that people who lack confidence in science and social institutions are also more likely to believe.

850
02:18:28.050 --> 02:18:40.770
Katherine Ogyanova: For stories and conspiracy theories in in the context of covert 19 we see that people who trust the institution less are obviously less likely to get vaccinated or adopt other protective behaviors.

851
02:18:41.340 --> 02:18:47.730

Katherine Ogyanova: And so, because this pandemic is a time of extremely high uncertainty in like previous panelists have noticed.

852
02:18:48.420 --> 02:18:59.880
Katherine Ogyanova: and know that people are really focusing on their social relationships and getting guidance for from mothers in their community and not trusting institution so so much to provide.

853
02:19:00.510 --> 02:19:08.010
Katherine Ogyanova: To provide help and information, and in some context, this can help spread stories that are not entirely true.

854
02:19:08.970 --> 02:19:18.090
Katherine Ogyanova: So our project if we go to the next slide we track, a number of misinformation items I wanted to highlight stories that are specifically about.

855
02:19:18.840 --> 02:19:25.920
Katherine Ogyanova: The coverage pandemic and particular about vaccines, so there is a number of items that we look at, for example, things like.

856
02:19:26.400 --> 02:19:39.060
Katherine Ogyanova: Vaccines will alter people's DNA or they could install a microchip to track you or they use aborted fetal cells or they cause infertility, all of these are widely known to be accepted, to be false.

857
02:19:40.200 --> 02:19:50.220
Katherine Ogyanova: And if we go to the next slide Thankfully, we see that on the whole, no lot of people believe each of those individual claims right so for each claim there is about.

858
02:19:50.670 --> 02:20:01.650
Katherine Ogyanova: 10% of people who think it's true and then overall, there is about the fifth of of the people we surveyed who believe at least one of these things is true so that's not so bad.

859
02:20:02.100 --> 02:20:11.250
Katherine Ogyanova: But if we go to the next slide what is kind of worse is that the proportion of people who are saying that they are uncertain about those claims.

860
02:20:11.700 --> 02:20:23.010
Katherine Ogyanova: So, as we can see in total we're looking at about 20% of people, believing a false claim 40% of people rejecting or false claims, but there's another 40% who say.

861
02:20:23.400 --> 02:20:29.520

Katherine Ogyanova: They don't necessarily believe those things, but are not sure they don't know they're uncertain about some of that stuff.

862
02:20:30.060 --> 02:20:36.780
Katherine Ogyanova: Right and the reason, this is important than and problematic is that if we go to the next slide.

863
02:20:37.410 --> 02:20:49.320
Katherine Ogyanova: Is that we find that both holding vaccine misperceptions and being uncertain about vaccines, those are both associated with the decision to get vaccinated or with the tendency to be.

864
02:20:49.680 --> 02:21:01.830
Katherine Ogyanova: vaccine hesitant or worse vaccine resistant right so so to emphasize this we're not actually saying that misinformation is necessarily causing people to refuse vaccines that's.

865
02:21:02.190 --> 02:21:09.810
Katherine Ogyanova: Why politely, there is a type of person who doesn't trust, social and political institutions who doesn't trust the media.

866
02:21:10.260 --> 02:21:19.410
Katherine Ogyanova: doesn't have confidence in the government or the health care system and that person is likely to both hold these misperceptions and also refused to get vaccinated.

867
02:21:20.220 --> 02:21:31.170
Katherine Ogyanova: But we should say that when we run models, where we account for all of those other important factors demographics geography socio economic status, like yo G news consumption experience with it, and so on.

868
02:21:31.710 --> 02:21:40.320
Katherine Ogyanova: And we see three of the largest, most influential predictors of either being vaccinated or being vaccine resistant are trusting institutions.

869
02:21:40.680 --> 02:21:48.720
Katherine Ogyanova: believe in misinformation and uncertainty about miss information right if we go to the next slide we'll see the arm.

870
02:21:49.410 --> 02:22:01.680
Katherine Ogyanova: will see that again trust in institutions increases considerably the chances that people are going to get vaccinated whereas misinformation or uncertainty, are going to reduce those chances.

871

02:22:02.130 --> 02:22:17.160
Katherine Ogyanova: And so consuming or being exposed to misinformation can not only directly convince people not to get vaccinated but also increase their sense of uncertainty about the environment and make them less likely more hesitant less likely to get a vaccine.

872
02:22:18.540 --> 02:22:29.160
Katherine Ogyanova: And lastly, the last thing I wanted to mention if we go to the next slide previous speakers have offered really important insights on the role of social media.

873
02:22:29.610 --> 02:22:37.380
Katherine Ogyanova: So I wanted to just briefly touch on that as well, one thing that we do track in our research is where people find information about.

874
02:22:38.700 --> 02:22:48.420
Katherine Ogyanova: And we know that people who distrust institutions in distress, science, especially, especially on the right, especially who are conservative.

875
02:22:48.810 --> 02:23:01.800
Katherine Ogyanova: They tend to have really low trust as well in mainstream media so that means that they get a lot of their health information from their social ties right from niche websites or on social media platforms.

876
02:23:02.280 --> 02:23:20.160
Katherine Ogyanova: Right, so if we go to the next slide when we look at our survey respondents we see that about a fifth of them are telling us that they rely exclusively on Facebook for coverage 19 news and information or have relied on Facebook and not other sources in the recent past.

877
02:23:21.480 --> 02:23:30.750
Katherine Ogyanova: And what we also see if we go to the next slide is that, compared to people who do get their news outside of social media people who get their news on Facebook.

878
02:23:31.080 --> 02:23:40.410
Katherine Ogyanova: Show significantly lower trust me institutions and are less likely to be vaccinated right and so again if if we go to the next slide.

879
02:23:41.370 --> 02:23:49.650
Katherine Ogyanova: This doesn't necessarily mean that it's Facebook, making people you know not trust institutions are causing guarantee anti vaccine attitudes.

880
02:23:50.070 --> 02:24:02.100
Katherine Ogyanova: But it does show that they're this considerable group of Americans who distrust institutions who resist vaccination in whole using Facebook, as their primary source of news and information they're avoiding mainstream media.

881
02:24:02.670 --> 02:24:15.720
Katherine Ogyanova: Right and so obviously that both creates challenges for the platform instance this group can spread anti vax messages on the platform, but it's also a really interesting opportunity to reach a population.

882
02:24:16.380 --> 02:24:35.370
Katherine Ogyanova: And as as Robin mentioned that is isolated from other forms of mass communication to use the platform for good, and so I will stop here, and if people want to see more on that that topic, they can read our reports on college states.org or reach out to me i'm always happy to chat.

883
02:24:37.230 --> 02:24:39.150
Rick Kuntz: Thanks so much catch it was fantastic.

884
02:24:40.290 --> 02:24:41.400
Rick Kuntz: Now we'll turn it over to JEREMY.

885
02:24:43.050 --> 02:24:50.550
Jeremy Greene: Thanks everybody and allison there's a lot of slides just i'm just going to ask you to advance the slide anytime you you there's a long enough pause.

886
02:24:51.690 --> 02:25:02.460
Jeremy Greene: But it's a real pleasure to be here today, and I am a practicing internists a story and I direct the Institute for history of medicine and the Center for medical humanities and social medicine at Johns Hopkins University school of medicine.

887
02:25:03.090 --> 02:25:09.960
Jeremy Greene: And I want to provide an insight into what history anthropology social science and medicine can provide in this kind of conversation.

888
02:25:10.080 --> 02:25:12.090
Jeremy Greene: And my first few books cover the relationship.

889
02:25:12.090 --> 02:25:21.270
Jeremy Greene: Between the pharmaceutical industry and the circulation of medical knowledge, but my current research focuses on how medicine faces the challenge of new media and in this conversation.

890
02:25:21.870 --> 02:25:32.220
Jeremy Greene: New social media have become a problem, a source of new forms of misinformation, which can spread as violently, if not more, currently as an epidemic viruses like seeker Kofi 19.

891
02:25:35.700 --> 02:25:47.850
Jeremy Greene: But, but it new media uptight who go back to the last one new media aren't as new as we think they are alternately many of the media of knowledge communication we think of as old media right newspapers medical journals radio.

892
02:25:48.240 --> 02:26:01.200
Jeremy Greene: were once new right and when they were new they also post challenges, as well as opportunities to the spread of medical knowledge and here's an illustration, called the doctor of the future from the German Jewish illustrator Fritz con it's from 1939.

893
02:26:01.620 --> 02:26:10.290
Jeremy Greene: So as a historian of medicine and new media, I want to try and differentiate some of the new problems that social media pose for credibility of scientific knowledge and it's used in medicine and public health.

894
02:26:10.500 --> 02:26:16.890
Jeremy Greene: From the older problems of ideology and scientific skepticism that have been with us well before Facebook or Twitter or instagram.

895
02:26:19.500 --> 02:26:21.930
Jeremy Greene: And those so the next one, so.

896
02:26:22.620 --> 02:26:27.780
Jeremy Greene: That being said, new social media do post unique problems for the circulation of credit build knowledge.

897
02:26:27.810 --> 02:26:38.190
Jeremy Greene: And this is something that my colleague Aaron Castle hi i'm at Harvard and I have been following for more than a decade trying to understand what problems new social media posts for, say, the regulation of scientific knowledge by the FDA.

898
02:26:38.850 --> 02:26:43.200
Jeremy Greene: But I want to walk through this with a recent example, and this is ivermectin the next slide.

899
02:26:44.610 --> 02:26:46.230
Jeremy Greene: And then again to the one after that.

900
02:26:46.590 --> 02:26:56.160
Jeremy Greene: Very few of us in this meeting will have escaped some media coverage of how ivermectin once an innocuous hardware medication or an icon of global health delivery programs for African river blindness.

901
02:26:56.400 --> 02:27:06.150
Jeremy Greene: has become a flashpoint for the culture wars over trust and distrust information and disinformation and the role of social media in the viral propagation of scientific skepticism and the current moment.

902
02:27:06.750 --> 02:27:12.390
Jeremy Greene: The use of the drug was the subject of a senate hearing under Senator RON Johnson or Republicans Wisconsin and late 2020.

903
02:27:12.600 --> 02:27:27.810
Jeremy Greene: But, like so many aspects of the current pandemic it really flared to the front this summer in July as clinical trials fail to demonstrate that generically available anti parasitic drug had any relevant antiviral action against coronavirus infection seven the next slide.

904
02:27:29.160 --> 02:27:38.550
Jeremy Greene: As the New York Times reported in August quote one of the largest trial studying ivermectin for coven 19 treatment that together trial was halted by the data safety monitoring board in August 6.

905
02:27:38.580 --> 02:27:45.210
Jeremy Greene: Because the drug have been shown to be no better than a placebo preventing hospitalization or prolonged stay in the emergency room and they interviewed.

906
02:27:45.540 --> 02:27:57.300
Jeremy Greene: Edward mills, a professor at mcmaster university, who led the study which enrolled more than 1300 patients who said the team would have discontinued it earlier, were it not for the level of public interest in ivermectin have the next slide.

907
02:27:58.020 --> 02:28:03.480
Jeremy Greene: Yet popular interest remained high people kept buying veterinary ivermectin without prescriptions.

908
02:28:03.780 --> 02:28:12.270
Jeremy Greene: which became colloquially known as horse paste and occasionally poisoning themselves with it in the United States, those is very popular in Latin America and the other parts of the world over the United States.

909
02:28:12.540 --> 02:28:21.810
Jeremy Greene: It was not enough for the United States Food and Drug Administration to take to the relatively new media of its website to insist that ivermectin did not treat or prevent covert the next one.

910
02:28:22.140 --> 02:28:35.370

Jeremy Greene: The science based regulatory agency in this based on what Catherine was just noting you know, took to Twitter at the end of the summer to remind American consumers quote you are not a horse you're not a cow seriously y'all stop it.

911
02:28:35.820 --> 02:28:45.450
Jeremy Greene: And the next slide here, all the while state legislators continue to argue that access to ivermectin was a right that needed to be protected by new State laws.

912
02:28:45.810 --> 02:28:56.820
Jeremy Greene: a judge in Ohio order to hospital to administer ivermectin to over the protest of local physicians and state and federal regulators and this judge was asking the recommendation of an iconic classic physician.

913
02:28:57.840 --> 02:29:05.310
Jeremy Greene: A leading proponent of ivermectin in Dayton and founder of the frontline coven 19 critical care Alliance who wrote the prescription for the drug.

914
02:29:05.850 --> 02:29:07.380
Jeremy Greene: In as a New York post reported.

915
02:29:08.220 --> 02:29:19.770
Jeremy Greene: Was phil told the Ohio capital journal, that there was irrefutable evidence supporting the efficacy of ivermectin against coppa 19 and alleged conspiracy to block it's used by the CDC and FDA to continue its authorization.

916
02:29:19.980 --> 02:29:29.760
Jeremy Greene: Of the available coronavirus vaccines that ivermectin became tied to forms of vaccine resistance, so we move on reporting on ivermectin.

917
02:29:30.210 --> 02:29:44.070
Jeremy Greene: Was saturated with political polarization that Jay on talks about those who watch CNN so on the ivermectin episode of critique of the right wing media willful spread if this information and an undermining of established scientific practices to can move on.

918
02:29:44.580 --> 02:29:50.610
Jeremy Greene: So did readers the New York Times, but for those are principal return to fox news and the New York post, if we go to the next slide.

919
02:29:50.940 --> 02:30:01.440
Jeremy Greene: A different picture emerged one of skepticism of the truth claims that the mainstream media around efficacy safety individual choice and the dangers of public health, and I think we need to take this seriously.

920

02:30:01.710 --> 02:30:07.260
Jeremy Greene: listen to what the New York post says New York post reporting emphasizes the data ivermectin was being suppressed.

921
02:30:07.620 --> 02:30:15.450
Jeremy Greene: because, unlike the brand new and patent protected covert vaccines ivermectin was a cheap generic drug that threaten the oligopoly of Pfizer Madonna and Johnson and Johnson.

922
02:30:15.810 --> 02:30:19.320
Jeremy Greene: Nobody they pointed out, received a profit from generic ivermectin sales.

923
02:30:20.250 --> 02:30:30.000
Jeremy Greene: here's a quote just ate a 573 patients who are seeing ivermectin passed away the New York post reported compared to the 44 individuals out of 510 who died after being given a placebo.

924
02:30:30.210 --> 02:30:36.150
Jeremy Greene: Reporting on fox news emphasize the cheap price of the drug between $17 and $43 for course treatment.

925
02:30:36.870 --> 02:30:43.440
Jeremy Greene: The next slide in account to the polarization of scientific knowledge it's popular to blame the polarization of popular media.

926
02:30:43.800 --> 02:30:57.210
Jeremy Greene: And both Jane Catherine good examples of this, which is accelerated since the rise of the major cable news networks and the next slide here we've been talking today about the polarizing effective social media through which many claims of ivermectin past.

927
02:30:58.470 --> 02:31:03.750
Jeremy Greene: But if we are to make accurate claims, but what has changed with new social media, we could advance the slide.

928
02:31:04.050 --> 02:31:15.090
Jeremy Greene: We may also need to attend to what has not changed right ideological divides over unproven therapeutic agents are nothing new in American society they will predict Kobe and Facebook and Twitter and insta.

929
02:31:15.630 --> 02:31:19.200
Jeremy Greene: i'm going to linger on one that many of you will remember, which is.

930
02:31:20.160 --> 02:31:25.920

Jeremy Greene: The fight overlay a true because a cancer patient and the 1970s now For those of you don't know the literal story.

931
02:31:26.130 --> 02:31:30.090
Jeremy Greene: Hundreds of thousands of Americans consumed lay a trial and extract of apricot pits.

932
02:31:30.300 --> 02:31:40.320
Jeremy Greene: To treat cancer in the 1970s, even though the FDA explicitly denied any proof of efficacy and systematically work to shut down lateral access during the decade and clinical trials to not to efficacy either.

933
02:31:40.740 --> 02:31:48.660
Jeremy Greene: play a trailer and magdalen is a substance derived from Africa pits that was you speculatively for treatment right of cancers from his discovery promotion in the.

934
02:31:49.080 --> 02:31:57.630
Jeremy Greene: In the late 40s early 50s, especially in the 60s by a father and son team, the FDA found it neither safe nor effective repeatedly denied its approval or uses a new drug.

935
02:31:57.960 --> 02:32:07.950
Jeremy Greene: It was cheap and easy to produce and became the basis of a vibrant production production and smuggling operation and the number of cancer survivors claim that their health was entirely do to layer trouble consumption.

936
02:32:08.190 --> 02:32:20.460
Jeremy Greene: If you can move to the next slide I want to focus the culture war overlay a trill heated up in earnest after the 1972 a rest of the California physician john Richardson for selling and distributing and unapproved therapeutic agent.

937
02:32:20.820 --> 02:32:27.750
Jeremy Greene: Richardson facing loss of his medical license allege that later was cheap effective cure for cancer and then any statement to the contrary.

938
02:32:28.020 --> 02:32:37.470
Jeremy Greene: Were the results of a fast anti literal conspiracy that involve the US Food and Drug Administration, the American Medical Association, the American cancer, society and the national cancer Institute.

939
02:32:37.950 --> 02:32:46.770
Jeremy Greene: Richardson was a deeply conservative physician and a member of the anti Communist john birch society no relation to the john birch has been taking part of this conversation.

940

02:32:47.640 --> 02:32:56.010
Jeremy Greene: He founded the Committee for freedom of choice of cancer therapy, which became a magnet for pro lateral activists, including anti government extremists and the religious right.

941
02:32:57.570 --> 02:33:09.330
Jeremy Greene: If we can advanced, but I want to point that here's where the story different rate is lateral battles erupted and state legislators around the countries where scientists public health officials FDA regulators explained the lack of any evidence of efficacy.

942
02:33:09.660 --> 02:33:16.200
Jeremy Greene: And then we're countered by cancer patients and survivors with testimonials demanding the right to choose their own therapeutic agents.

943
02:33:17.070 --> 02:33:22.080
Jeremy Greene: We see here lateral like ivermectin initially circulate through conservative republican groups.

944
02:33:22.410 --> 02:33:32.070
Jeremy Greene: But lateral advocates soon span the whole political spectrum of Left and Right and in 1977 poll 58% of Americans support the legalization of lateral.

945
02:33:32.340 --> 02:33:38.220
Jeremy Greene: ball only 28% opposed and this really broke down evenly on both sides of the i'll move on there's a.

946
02:33:38.670 --> 02:33:46.350
Jeremy Greene: bipartisan nature of anti scientific Leah trial advocacy could be seen in Congress, or the representative Stephen sims republican from Idaho.

947
02:33:46.920 --> 02:33:57.120
Jeremy Greene: introduced federal legislation to allow all Americans have access to lay a trial in 1977 with co sponsors, including the deeply conservative republican Senator Trent lott from Mississippi.

948
02:33:57.420 --> 02:34:06.570
Jeremy Greene: And the progressive democrat shirley chisholm from New York and both as initial sponsors ultimately joined by 106 members of Congress from both parties, so if we move ahead.

949
02:34:06.960 --> 02:34:13.290
Jeremy Greene: FDA officials and members of the mainstream press, especially the New York Times, almost all of the New York Times reporting of lateral.

950

02:34:13.590 --> 02:34:20.160
Jeremy Greene: Expresses kind of befuddlement is why anybody believes in lateral in the first place, since the scientific evidence, never supported it.

951
02:34:20.580 --> 02:34:26.610
Jeremy Greene: And why it was so deeply polarizing to American society but that polarization didn't break down on left and right.

952
02:34:27.090 --> 02:34:33.600
Jeremy Greene: It wasn't going away each year some 20,000 American cancer patients continue to seek off leave a little curious until.

953
02:34:33.990 --> 02:34:44.760
Jeremy Greene: The case finally Supreme Court in 1979 is finally tip the balance of the FDA to effectively shut down lateral access to the United States now that was a quick encapsulation the next slide just to say.

954
02:34:46.410 --> 02:34:52.230
Jeremy Greene: What are some of the features of similar features of trust and distrust between later on ivermectin now we can talk.

955
02:34:52.620 --> 02:34:57.420
Jeremy Greene: about how and i'm going to advance these really one, at a time, each of the advanced it's just brings up a bullet point.

956
02:34:57.840 --> 02:35:04.050
Jeremy Greene: But, on the one hand we've got it, we can talk about both cases of a profound skepticism of science based regulation of apocalypse drug.

957
02:35:04.860 --> 02:35:11.190
Jeremy Greene: Both involved unbridgeable divides between scientific regulatory expert knowledge on the one hand and popular testimonials and the other.

958
02:35:11.490 --> 02:35:19.800
Jeremy Greene: With them by widespread denial of the role of clinical trials and demonstrating efficacy critiques of mainstream media is complicit in a medical, industrial system.

959
02:35:20.100 --> 02:35:27.150
Jeremy Greene: conspiracy theories, in which the FDA the AMA and the NIH are colluding in order to protect the higher priced approved therapeutic Asian.

960
02:35:27.570 --> 02:35:35.580

Jeremy Greene: And also heroic figures of iconic plastic physicians that are penalized for daring to speak against orthodoxy and prescribe cheaper putatively effective therapeutic agents.

961
02:35:35.970 --> 02:35:46.590
Jeremy Greene: As well as substantial political controversy involving executive, legislative and judicial branches of both state and federal governments, and we see these features in 1977 just as much as we see them in 2021.

962
02:35:47.160 --> 02:35:57.030
Jeremy Greene: what's different well here, I want to focus on what is really you about about distrust through social media in this moment and one is that the media COM content, this is the next slide please.

963
02:35:57.480 --> 02:36:05.760
Jeremy Greene: Is user generated rather than professionally generated so when we talk about what is the media well there's a different sense of who's an author and who is a platform to circulate.

964
02:36:05.970 --> 02:36:11.340
Jeremy Greene: This leads to a velocity and scale of media circulation, that is unprecedented as the prior commentators have noted.

965
02:36:11.670 --> 02:36:18.150
Jeremy Greene: A polarization of issues directly incentivized by the media platforms themselves that becomes a driver of revenue for the media.

966
02:36:18.510 --> 02:36:26.580
Jeremy Greene: and an ability to fact checked and monitor fact checking processes that is totally compromised by the sprawling and ungovernable nature of the media itself.

967
02:36:27.540 --> 02:36:37.950
Jeremy Greene: linked to an increasing linkage of media sources with pre existing political ideologies that create ECHO chambers in which the framing of factual knowledge is radically different and non overlapping.

968
02:36:38.400 --> 02:36:42.570
Jeremy Greene: Now, in three slides I have remaining I just want to say the next slide please.

969
02:36:42.990 --> 02:36:48.840
Jeremy Greene: it's easy to blame Facebook and Twitter and, yes, as we've learned very quickly in the past month through popular reporting, they are.

970
02:36:49.200 --> 02:36:55.620

Jeremy Greene: really quite reprehensible organizations that have clearly established business models that prey on stoking ideological divides.

971
02:36:56.220 --> 02:37:04.320
Jeremy Greene: and also the viral spread if we could have next slide of misinformation, while only belatedly and but grudgingly accepting responsibility for a fact checking.

972
02:37:04.500 --> 02:37:13.530
Jeremy Greene: New media have definitely produce new problems for the politics of medical knowledge which, in the cove area increasing your effect, whiting political landscape of blue versus red that she points out.

973
02:37:14.100 --> 02:37:25.020
Jeremy Greene: But while we can look back with nostalgia to an era in which newspapers used to separate fact from opinion, we should remember that the genesis of newspapers, the new media if we can have the next slide.

974
02:37:25.380 --> 02:37:27.240
Jeremy Greene: And 19th century American public life.

975
02:37:27.780 --> 02:37:36.570
Jeremy Greene: was also rooted in partisan bubbles every bit as strong as the ECHO chambers, we now inhabit in digital media and i'll point here to this book from historians Glenn all chiller and Stuart bloomin.

976
02:37:36.960 --> 02:37:41.730
Jeremy Greene: that the division of fact and opinion that became a mainstay of professional journalism and the MID 20th century.

977
02:37:42.180 --> 02:37:52.980
Jeremy Greene: which we are now in a static for was itself a reaction to this intensely part of the newspaper world the proceeded it in the mid 19th century, so my final slide here is just a different kind of comparison.

978
02:37:53.370 --> 02:37:57.270
Jeremy Greene: which is to say, all of the differences that we're talking about if we can advance the slide.

979
02:37:57.750 --> 02:38:05.160
Jeremy Greene: A comparison of lateral and ivermectin can lead us to despair that or informational worlds that become hopelessly polarized due to the new media world we now inhabit.

980
02:38:05.550 --> 02:38:15.690

Jeremy Greene: But the same could have been said in the late 19th century all of these differences, I pointed out before our true are actually linkages between the world of 19th century Pirate Party partners and newspapers.

981
02:38:15.990 --> 02:38:23.100
Jeremy Greene: And the 21st century social media bubbles, we now inhabit so what brought us out of that right, and if we can go to the ending slide.

982
02:38:23.460 --> 02:38:27.690
Jeremy Greene: and make this last comparison to point out the history is not a straight line it's not just that.

983
02:38:28.020 --> 02:38:34.230
Jeremy Greene: Our professional media have D generated from the MID 20th century ideal to the caffeine that's present right it's more cyclical.

984
02:38:34.470 --> 02:38:43.530
Jeremy Greene: we've been in this kind of navy or before and we've come out of it before and I want to emphasize is Robin and Jay have emphasized there's nothing inevitable are immutable in the negative social.

985
02:38:43.950 --> 02:38:47.910
Jeremy Greene: negative impact social media have had on trust and biomedical science and public health.

986
02:38:48.210 --> 02:38:58.230
Jeremy Greene: What matters is what we do now to build trustworthy networks for information about the consensual reality, we want to share and thank you so much for providing time for me to talk and look forward to the conversation.

987
02:38:59.700 --> 02:39:00.660
Rick Kuntz: Thank you, Jeremy.

988
02:39:01.650 --> 02:39:14.100
Rick Kuntz: So we have to reactors to respond and Wendy king and Tara haley and let's start with Wendy King associate professor of epidemiology at the University of Pittsburgh school public health Wendy.

989
02:39:20.880 --> 02:39:21.540
Tara Haelle: you're on mute.

990
02:39:26.610 --> 02:39:27.120
Tara Haelle: Wendy.

991
02:39:28.500 --> 02:39:29.340
Tara Haelle: I believe you're on mute.

992
02:39:30.900 --> 02:39:31.980
Wendy C. King: i'm so sorry.

993
02:39:33.330 --> 02:39:34.170
Wendy C. King: Let me try again.

994
02:39:34.620 --> 02:39:35.520
Rick Kuntz: yeah we can hear you now.

995
02:39:36.000 --> 02:39:41.130
Wendy C. King: Okay, thanks to Robin J Catherine and jeremy's for such interesting talks this afternoon.

996
02:39:41.730 --> 02:39:48.750
Wendy C. King: And i'll try to add to this discussion by very briefly sharing a study that relates to some of the points made on distress political environment and race.

997
02:39:49.680 --> 02:40:02.190
Wendy C. King: So the coven trends and impact survey was an online survey created by Carnegie mellon university that was administered to over 5000 respondents during the US vaccine rollout basically January through may of 2021.

998
02:40:02.700 --> 02:40:07.440
Wendy C. King: And we survey sampling and waiting to try to get a representative representative sample of the US.

999
02:40:07.950 --> 02:40:17.520
Wendy C. King: And respondents were asked to have a vaccine to prevent coven 19 were offered to you today, would you choose to get vaccinated and those that said, probably are definitely not word just hesitant.

1000
02:40:18.510 --> 02:40:27.990
Wendy C. King: There was a decrease in hesitancy by one third January through May, which is great news, but there was very little change in the prevalence of the most hesitant route, those that said Definitely not.

1001
02:40:28.410 --> 02:40:37.140

Wendy C. King: And among that must have been group not trusting the coven 19 vaccine, in particular, and not trusting the government or endorsed by more than half of the hesitant respondents.

1002
02:40:37.590 --> 02:40:50.130
Wendy C. King: This was double compared to those that responded probably not in quadruple compared to those that responded probably yes so distressed was being played a big part and their strong feelings towards vaccine hesitancy.

1003
02:40:51.420 --> 02:41:06.450
Wendy C. King: Overall, half of hesitant respondents didn't trust the cover 19 vaccine and 42% did not trust the government versus only 15% that reported they don't like vaccines really indicating that the hesitancy towards a coven 19 vaccine.

1004
02:41:06.900 --> 02:41:17.430
Wendy C. King: Is a distinct phenomenon from being against vaccines in general are being anti back, Sir, and just like one of the presentations We heard this afternoon, we found a really strong relationship between.

1005
02:41:18.150 --> 02:41:26.430
Wendy C. King: The county political environment and vaccine hesitancy so we looked at the percentage of trump to bite and support in the 2020 election.

1006
02:41:26.820 --> 02:41:39.390
Wendy C. King: And those that lived in counties, with greater trump support were much more likely to be hesitant compared to less support, even after controlling for individual demographics socio economic status geography beliefs and behaviors.

1007
02:41:40.050 --> 02:41:49.620
Wendy C. King: i'm in terms of race, we saw some good news that racial disparity and has MC decreased between January and May, and that was due to large decreases among blacks and Pacific islanders.

1008
02:41:50.430 --> 02:42:02.070
Wendy C. King: And lesser lesser degrees of change among whites so actually, if I may white respondents were more hesitant than blacks in general, and particularly among older adults.

1009
02:42:02.370 --> 02:42:12.300
Wendy C. King: However, among younger adults box we're still more much more hesitant than whites so there's pockets of groups that we need to look at in particular, instead of just looking kind of at these broad groups.

1010
02:42:12.960 --> 02:42:20.400

Wendy C. King: And not trusting the coven 19 vaccine was still one of the most common responses and every racial group we looked at, whereas there was much more.

1011
02:42:21.150 --> 02:42:27.210
Wendy C. King: variation and not trusting the government, which was much higher among whites multi racial groups and Native Americans.

1012
02:42:27.570 --> 02:42:42.840
Wendy C. King: who saw a lesser change in vaccine hesitancy through may, so I think we did see some really strong relationships between again the level of distrust and the degree of hesitancy and how that changed over time, thanks.

1013
02:42:45.180 --> 02:42:46.620
Rick Kuntz: Thank you Wendy Tara.

1014
02:42:49.380 --> 02:42:53.130
Tara Haelle: hi thanks for excuse me, inviting me to talk here it's interesting because.

1015
02:42:54.060 --> 02:43:00.720
Tara Haelle: i'm used to interviewing a lot of academics and it's it's I really appreciate that by that you guys were seeking sort of media in input on this.

1016
02:43:01.260 --> 02:43:08.070
Tara Haelle: Because I don't think there's enough collaboration between talking to journalists and getting those perspectives on the research and vice versa.

1017
02:43:08.460 --> 02:43:12.630
Tara Haelle: I was just going to respond to a couple things a couple notes, I took on each of the presentations briefly.

1018
02:43:13.230 --> 02:43:21.750
Tara Haelle: When Robin was speaking about the benefits of social media I think equitable access can't be over emphasized, and I think we don't exploit that enough, especially in reaching out to trusted messengers.

1019
02:43:22.020 --> 02:43:28.800
Tara Haelle: I think that's something to consider is that that we have a lot more power there, and that also relates to something I thought I saw missing.

1020
02:43:29.400 --> 02:43:40.080
Tara Haelle: From the risks I didn't see any mentioned on that list of how easily manipulated the algorithms are on social media and how the combination of that with deep fakes.

1021
02:43:40.440 --> 02:43:45.450
Tara Haelle: And the difficulty of false she meant she did mention that false claims aren't easy identify identify.

1022
02:43:45.690 --> 02:43:50.640
Tara Haelle: I think that's really underappreciated, especially when we see the sadness that can be used with videos and deep fakes.

1023
02:43:50.940 --> 02:43:55.410
Tara Haelle: And we see some of that research, such as that that came out from Russia, looking at how they took.

1024
02:43:55.800 --> 02:44:01.590
Tara Haelle: vaccine polarization and amplified it for the sole purpose of political gain it wasn't even about vaccines, it was about the election.

1025
02:44:02.010 --> 02:44:13.080
Tara Haelle: I think we aren't appreciating enough the influence of huge money organizations both state related and non state related that are playing a role in that manipulation and that.

1026
02:44:13.680 --> 02:44:21.120
Tara Haelle: The the opportunities for manipulation and that are huge and I think that's important both for countering it and, frankly, for exploiting it.

1027
02:44:22.980 --> 02:44:24.240
Tara Haelle: You can't beat them join them.

1028
02:44:25.650 --> 02:44:35.520
Tara Haelle: and part of that also taps into the fact that they can become such easy ECHO chambers and silos and perhaps if it's possible to penetrate or you know infiltrate those silos.

1029
02:44:36.210 --> 02:44:40.230
Tara Haelle: That that could play a role and that relates to something I want to get to here in a bit.

1030
02:44:40.620 --> 02:44:47.370
Tara Haelle: I also think there hasn't been enough tension page of the repeated exposure issues when we know from social psychology and cognitive bias research that.

1031
02:44:47.640 --> 02:44:55.860
Tara Haelle: repeated exposure is a huge role, but we don't think about the fact that the media itself inadvertently perpetuates that when they, for example, try to debunk myths.

1032
02:44:56.190 --> 02:45:03.270
Tara Haelle: i've done a lot of work with other journalists and training them how to properly debunk myths which is not to restate the myth facts basically.

1033
02:45:03.510 --> 02:45:16.230
Tara Haelle: And instead use questions, but that hasn't gotten out to enough people, and I even see institutions doing a lot of that where they restate the misconception, and then they go on to debunk it but you've just restated the misconception.

1034
02:45:17.250 --> 02:45:21.510
Tara Haelle: And I think that you know the cognitive impact of that I just looked at that study recently on.

1035
02:45:22.440 --> 02:45:31.170
Tara Haelle: The difference between how people respond how clinicians respond to the use of schizophrenia versus person with schizophrenia the classic identity first person first.

1036
02:45:31.590 --> 02:45:41.730
Tara Haelle: And in that study the clinicians showed lower levels of benevolence and higher levels of authoritarianism when they read the survey using schizophrenia.

1037
02:45:42.060 --> 02:45:46.560
Tara Haelle: And these are clinicians who are trained to overcome that bias, so that just shows that that impact.

1038
02:45:47.310 --> 02:45:52.230
Tara Haelle: I think, is really important to consider you know our rational is always going to be overwhelmed by our reptilian brain.

1039
02:45:52.710 --> 02:45:58.440
Tara Haelle: Another knowledge gap that I didn't see mentioned there, which relates to all this is is stopping that big money.

1040
02:45:58.770 --> 02:46:06.060
Tara Haelle: or infiltrating that big money or finding ways to prosecute I don't know the solution, but just paying attention to these large organizations.

1041
02:46:06.690 --> 02:46:16.440
Tara Haelle: You know full of money children's health Defense is a great example I can is another great example there's a lot of money behind those and they are very sawy about how they manipulate that social media and create.

1042

02:46:16.710 --> 02:46:23.550
Tara Haelle: Really manipulative media that is hard to see through I mean pandemic was a great example of that when Jay was talking.

1043
02:46:24.390 --> 02:46:29.760
Tara Haelle: The biggest thing that stood out to me wanting this out to me was I kept thinking boy, the first amendment really complicates things doesn't it.

1044
02:46:30.150 --> 02:46:34.740
Tara Haelle: And I said it's a journalist who's fully in favor of the first amendment, as is, but I think about that a lot.

1045
02:46:35.580 --> 02:46:41.070
Tara Haelle: But I think something that is also under appreciated, is how media inadvertently amplifies polarization.

1046
02:46:41.370 --> 02:46:47.370
Tara Haelle: because of lack of training, the biggest example of this, and this is something that health and science reporters talked about a lot throughout the pandemic.

1047
02:46:47.610 --> 02:46:55.980
Tara Haelle: Is at the White House press corps is a bunch of political reporters and yet for the entire pandemic it stayed being political reporters who have no clue how to report on science and health.

1048
02:46:56.370 --> 02:46:59.610
Tara Haelle: A political reporter sees the world horse race is us versus them.

1049
02:47:00.060 --> 02:47:08.850
Tara Haelle: And we know that science that kind of false balance is extremely dangerous, and yet there wasn't a big push to say hey maybe we should get some science and health reporters in there.

1050
02:47:09.570 --> 02:47:13.500
Tara Haelle: So, at the very least, I don't know how much we can change those kinds of institutional issues.

1051
02:47:13.710 --> 02:47:24.060
Tara Haelle: But the least organizations like the FDA and the CDC and hhs can reach out to the political reporters and say hey listen, would you like some training on science and health since you're now doing that and that's not your area.

1052
02:47:24.900 --> 02:47:29.280

Tara Haelle: You know, offer fellowships like like are already offered to science and health journalists.

1053
02:47:29.550 --> 02:47:33.570
Tara Haelle: To get the science to the get the political journalist to think like a science and health journalist, I mean it's.

1054
02:47:33.780 --> 02:47:39.240
Tara Haelle: it's literally the difference between thinking like a politician versus thinking like a scientist it's a completely different way of reporting.

1055
02:47:39.570 --> 02:47:46.890
Tara Haelle: And I think that amplified a lot of problems, even in people who meant well, even in journalists who were trying to do the right thing.

1056
02:47:47.580 --> 02:47:58.860
Tara Haelle: And catherine's presentation I this kind of relates to, that is, I wonder, and maybe this is a pipe dream, or naive, is there any way to reach out to conservative media is there a way to.

1057
02:47:59.670 --> 02:48:05.220
Tara Haelle: bring them into the fold in some way and kind of use relationships to at least.

1058
02:48:06.060 --> 02:48:15.960
Tara Haelle: You know tilt the coverage in a direction I don't know if there is because fundamental part of all that problem is the distrust of institutions, so an institution reaching out is going to be suspect.

1059
02:48:16.260 --> 02:48:26.760
Tara Haelle: But I think there should be some research into you instead of just identifying them as the problem and pushing off the side and saying this is the problem can we attack that problem in a more.

1060
02:48:29.010 --> 02:48:37.560
Tara Haelle: sophisticated way, I suppose, and just give more thought to that and then jeremy's I love your presentation I a couple weeks ago spent.

1061
02:48:38.070 --> 02:48:47.160
Tara Haelle: A lot of time on newspapers.com because I was pulling up examples of old anti vaccine rhetoric that we saw it in the late 1800s in the mid 1900s.

1062
02:48:47.460 --> 02:48:58.080

Tara Haelle: And I think a lot of people don't realize, we are seeing verbatim I mean you already know this, but we're seeing verbatim I mean when I say verbatim I mean it looks like the entire sentence was lifted from a 1950 newspaper.

1063
02:48:58.320 --> 02:49:06.060
Tara Haelle: or or from an 1895 years ago, but I mean literally the exact sentence it'll be like you know the vaccine is worse than the disease, I mean word for word.

1064
02:49:06.840 --> 02:49:20.100
Tara Haelle: I don't think there's enough appreciation for the fact that those arguments have been around forever, the problem is that the social media increases the REACH and the speed so much and I don't know what the solution that is because, again we've seen the huge benefits of social media.

1065
02:49:21.570 --> 02:49:27.510
Tara Haelle: But the timelessness of this is an important thing, because it at least it reassures is a little bit that we're not dealing with something that's.

1066
02:49:27.750 --> 02:49:31.950
Tara Haelle: brand new we're dealing with something that's sort of baked into our DNA in our neurons.

1067
02:49:32.340 --> 02:49:43.800
Tara Haelle: And that's something we have to take into account when we're looking at the research on this is we're not trying to outsmart the system we're trying to outsmart our own brains and I think there needs to be more attention taking them into consideration.

1068
02:49:44.310 --> 02:49:47.700
Tara Haelle: I also wanted to point out the FDA I hated that.

1069
02:49:48.630 --> 02:49:56.550
Tara Haelle: That tweet you're not a horse, not a cow seriously stop it y'all because it's happened to something that really upset me when I was Sali ivermectin coverage, I was invited to.

1070
02:49:57.000 --> 02:50:02.460
Tara Haelle: speak on why why about ivermectin I think it was that I can't remember where it was a radio show.

1071
02:50:02.820 --> 02:50:07.380
Tara Haelle: And I talked about the fact that the a lot of the discussions about ivermectin were very mocking.

1072
02:50:07.620 --> 02:50:16.920

Tara Haelle: And I felt that was actually very unhelpful because of the FDA thing you're not a horse y'all you know the cow y'all all you're doing is mocking them and pushing them further away and reinforcing their belief.

1073
02:50:17.130 --> 02:50:23.460
Tara Haelle: That you don't care about what their thoughts are and that's not helpful, especially when ivermectin is a legitimate drug sure it's not a legend drug for.

1074
02:50:24.510 --> 02:50:30.510
Tara Haelle: But it's a legitimate important drug and we made it sound like it was only used for horses and nothing else ever.

1075
02:50:30.930 --> 02:50:38.400
Tara Haelle: And that's really damaging because that hurts our credibility when it makes it look as though that our meeting people who believe in science.

1076
02:50:39.030 --> 02:50:44.970
Tara Haelle: Because I think that the you know the implication that this is nothing but horse paste and nothing else.

1077
02:50:45.360 --> 02:50:53.400
Tara Haelle: It invalidates that and it cuts off an opportunity for discussion, like there could have had where it could have been hey you know, this is a really important drug.

1078
02:50:53.670 --> 02:51:01.410
Tara Haelle: let's talk about it and let's talk about why the mechanism might not work for coven 19 but first let's talk about why it might what why we studied it in the first place.

1079
02:51:01.650 --> 02:51:10.890
Tara Haelle: You know, using that as more of an opportunity for discussion and listening and validation as opposed to just mockery which we know it, I mean over and over and over again from research and just personal experience.

1080
02:51:11.190 --> 02:51:16.290
Tara Haelle: mockery is not the way to win people over it doesn't work um and then finally.

1081
02:51:17.370 --> 02:51:23.580
Tara Haelle: With that media polarization of ivermectin again I think political reporters played a role in that, and a lot of ignorance played a role in that.

1082
02:51:23.790 --> 02:51:30.510
Tara Haelle: So I am always going to be a huge fan of reaching out to journalists and a lot of journalists are not me happy about that it's our in our nature to be.

1083
02:51:30.780 --> 02:51:35.460
Tara Haelle: Just as distrustful of institutions as other where you know we all have that traditional muckrakers.

1084
02:51:35.760 --> 02:51:48.630
Tara Haelle: But um I think a lot more outreach to media in trying to organize things a great example was medicine, the media, which was done by the end NIH for years and I went to that boot camp back in 2012 I believe it was.

1085
02:51:49.770 --> 02:51:56.520
Tara Haelle: Stephen oh gosh I forgotten the names of the ones the husband and wife team who ran it, but the NIH medicine, the media boot camp was fantastic.

1086
02:51:57.030 --> 02:52:09.750
Tara Haelle: It was just too small, and then the government shutdown of 2000 was 13 or 14 it basically died that year, and never came back, but that kind of thing I think is really important, it doesn't have to be that intensive, but we need to see more outreach like that.

1087
02:52:10.350 --> 02:52:15.210
Tara Haelle: With the media and trying to help the media understand the kind of research, you guys are showing a lot of the media.

1088
02:52:15.540 --> 02:52:25.470
Tara Haelle: We know journalists don't recognize the importance and the relevance of cognitive bias, for example, or social psychology research or the history of medicine, all these different.

1089
02:52:25.770 --> 02:52:35.010
Tara Haelle: You know soft science impacts on our hard science understanding, I mean you guys everyone here i'm sure has already been frustrated with the fact that there's a divide between.

1090
02:52:35.460 --> 02:52:46.170
Tara Haelle: The hard scientist and the soft sciences on this, but I think journalists, need to be more appreciative of that and I think it's more ignorance than anything else um I think that's it, I went really fast sorry.

1091
02:52:47.790 --> 02:53:03.210
Rick Kuntz: Thank you Tara so we built in a little bit of a buffer so we can take this discussion to the top er for a few more minutes first is open up to the panelists both windy and Tara raised a lot of questions and comments that you can respond back to so let me open up to you guys first.

1092
02:53:06.780 --> 02:53:07.590
Rick Kuntz: It will soar JEREMY.

1093
02:53:12.720 --> 02:53:15.570
Jeremy Greene: So, so much the toggle these are great generative time.

1094
02:53:16.050 --> 02:53:28.380
Jeremy Greene: I think one of the things I found I found myself thinking at the very beginning of terrorists comments, but this problem of what is new, of the space room with deep fakes and the cognitive dissonance that exists in these spaces and I found myself, you know.

1095
02:53:29.550 --> 02:53:43.530
Jeremy Greene: Thinking about the double bind that the lies associated with with, for example, the trump Presidency put journalists in in which you'd either find yourself in a position of of contesting lies which.

1096
02:53:44.130 --> 02:53:49.620
Jeremy Greene: which many journalists did like calling certain things falsehoods or and then that would get negative play.

1097
02:53:50.100 --> 02:53:59.040
Jeremy Greene: or trying to provide balance and then the whole trap of trying to be professional journalists and providing fair and balanced reporting then led to the repetition as you're pointing out of lies.

1098
02:54:00.030 --> 02:54:01.740
Tara Haelle: and false balance, which was a huge.

1099
02:54:02.100 --> 02:54:04.050
Tara Haelle: that that was the biggest problem from political reporters is the.

1100
02:54:04.050 --> 02:54:07.230
Tara Haelle: False ones I would love to see one of the researchers here do a study on.

1101
02:54:07.590 --> 02:54:14.520
Tara Haelle: coverage of the pandemic by political reporters vs health reporters like take some of the same issues or events that happened during the course of the pandemic.

1102
02:54:14.880 --> 02:54:23.550
Tara Haelle: And do sort of a qualitative analysis of the words in the language of the have say a science reporter an appellate court reporter, you know that would be fascinating to look at.

1103
02:54:24.240 --> 02:54:37.410

Jeremy Greene: And this led me to this other thought, which is, I I love the point you're making there about the training being different right but is part of the problem, perhaps being that one actually needs training in both to really cover this kind of reporting.

1104
02:54:39.240 --> 02:54:39.870
Jeremy Greene: Well, I can't.

1105
02:54:40.860 --> 02:54:42.690
Tara Haelle: Training enough for everybody, so I would say.

1106
02:54:45.780 --> 02:54:48.690
Rick Kuntz: Great thanks Robin and Jay and catchy as well.

1107
02:54:50.280 --> 02:54:52.470
Robin Vanderpool: Well, so Tara I wanted to tell you that the.

1108
02:54:53.550 --> 02:54:59.250
Robin Vanderpool: MEDIA and medicine training was back on the tracks, to come back and then coven hit and.

1109
02:54:59.550 --> 02:55:00.240
Robin Vanderpool: gosh.

1110
02:55:00.270 --> 02:55:03.780
Tara Haelle: We don't want it, that you are leading it.

1111
02:55:04.230 --> 02:55:08.220
Robin Vanderpool: were actually wanting to and what a prime opportunity, but the pandemic.

1112
02:55:08.280 --> 02:55:09.630
Tara Haelle: Of course, to derail a.

1113
02:55:09.750 --> 02:55:15.690
Robin Vanderpool: person work and everyone was doing and so i'm sure that NIH and nci will try to bring that back when.

1114
02:55:16.050 --> 02:55:17.160
Tara Haelle: Okay that's fantastic.

1115
02:55:17.190 --> 02:55:30.720

Tara Haelle: And I agree that's Wilson that's well that's it, I mean his his partner unfortunately she passed away but um yeah Steve is fantastic and a lot of journalists rely on him when we're trying to vet things I mean he gets a lot of phone calls from us.

1116
02:55:32.370 --> 02:55:40.680
Robin Vanderpool: yeah I mean, so I again I just think it's a space, even where we think well the Federal Government, I mean has a has a role to offer training and expert.

1117
02:55:41.970 --> 02:55:48.660
Robin Vanderpool: and expert trainers and also interactions with the scientists doing the work.

1118
02:55:48.960 --> 02:55:52.710
Robin Vanderpool: right with the journalists so again it's a great opportunity, I hope we can get.

1119
02:55:52.920 --> 02:55:57.270
Tara Haelle: i'd like to see a lot of that focuses only on the science or understanding, for example, you know.

1120
02:55:58.800 --> 02:56:09.360
Tara Haelle: P values and confidence intervals i'd like to see some of that training also incorporate the social science, research, we see with cognitive bias and impact of language that has not been present in most of that training that i've seen.

1121
02:56:13.980 --> 02:56:23.970
Rick Kuntz: Great, let me just ask a general question about maybe what the role of journalism is to better public message, the results of research and the good.

1122
02:56:24.330 --> 02:56:32.340
Rick Kuntz: As soon as I made a comment about the fact that there's really good translation and science and nature with kind of late persons a.

1123
02:56:32.820 --> 02:56:41.310
Rick Kuntz: description of complicated science we don't see that in a lot of journals and i'm just trying to stand is that responsibility, the journal should have or.

1124
02:56:41.730 --> 02:56:48.180
Rick Kuntz: Or, more than in the public good, journalists, but should there be a role of developing a trust that translation translator.

1125
02:56:48.630 --> 02:56:53.580
Rick Kuntz: That takes the kind of black box of science in terms of into something that average people can understand better.

1126
02:56:54.030 --> 02:57:03.030
Rick Kuntz: Rather than just say look the size of the black box, I never trusted those guys, to begin with, I don't understand the results, reading the scientific outcomes, what are what you think the roles.

1127
02:57:03.240 --> 02:57:07.200
Tara Haelle: that's a really good question and it's a question I don't think.

1128
02:57:07.290 --> 02:57:15.330
Tara Haelle: People are asking, who have the ability to ask it in means something used to be that you know journalists were the gatekeepers for the science right.

1129
02:57:15.750 --> 02:57:24.690
Tara Haelle: i've been writing about vaccines and vaccine hesitancy for 12 years and what you see more than anything else is, for example, sherry 10 pennies list of the 50 studies showing that vaccines.

1130
02:57:24.990 --> 02:57:33.870
Tara Haelle: are harmful Okay, and if you've ever looked at that list and looked up each of those studies, the vast majority of those studies are evidence in favor of vaccines.

1131
02:57:35.430 --> 02:57:43.830
Tara Haelle: it's just the people don't know how to read the studies and I wonder, I mean traditionally I would say, you know that's really the realm of journalists and teachers and you know to to translate that.

1132
02:57:44.100 --> 02:58:00.120
Tara Haelle: But, in an era where information is so readily available, and especially as open access catches more steam and becomes more widely available, maybe journals do need to be thinking about like a lay person translation of the study.

1133
02:58:01.140 --> 02:58:05.070
Tara Haelle: almost like a teaching type tool, I mean that's that's very resource intensive.

1134
02:58:05.940 --> 02:58:11.790
Tara Haelle: I don't know that journals are going to love that idea, but I do think in terms of if we're thinking from the public service end of that.

1135
02:58:12.120 --> 02:58:23.310
Tara Haelle: That could be sort of a revolutionary idea that it hasn't been done in science before, to my knowledge there's always been sort of a difficulty with translation from science, I mean we see that God go back to the Middle Ages look look at.

1136
02:58:24.120 --> 02:58:28.980
Tara Haelle: what's his name with the ghost map that the the cholera outbreak there's always been those problems.

1137
02:58:30.120 --> 02:58:38.700
Tara Haelle: But that's that's a pretty revolutionary idea and I think it's something that needs to be seriously considered, even though it would be a quite a substantial paradigm shift and seeing journals.

1138
02:58:39.120 --> 02:58:47.370
Tara Haelle: I mean what it would take is basically having journals hire journalists or people who are good communicators science communicators sort of like pii type people perhaps.

1139
02:58:48.900 --> 02:58:56.250
Tara Haelle: To do that, but I think there can be a huge value in that the hard part would be determining which studies to do that with because you can't do it with every single study.

1140
02:58:56.970 --> 02:59:09.270
Tara Haelle: But you start building that into grants, I mean if you start building into a grant where every NIH grant involves you know hiring a pto or journalist or science communicator to add, like the you know the lady friendly I mean that's possible but.

1141
02:59:10.320 --> 02:59:11.220
Tara Haelle: that's a big ask.

1142
02:59:12.690 --> 02:59:13.770
Rick Kuntz: Well, thanks any other.

1143
02:59:14.880 --> 02:59:16.710
Rick Kuntz: views on that panel.

1144
02:59:21.510 --> 02:59:28.710
Rick Kuntz: Know for Joe Ross is still on but you know with respect to be more transparent with data and having more public access.

1145
02:59:29.730 --> 02:59:45.180
Rick Kuntz: What do you think about the the the ability of the public to look at transparent information and and in should there be some guidance on on how that's the not only the data that they can access to put the results of how they how they interpreted.

1146
02:59:47.040 --> 02:59:58.260

Joseph Ross: It rick thanks for for bringing in and one of the ways I can sort of speak to this issue is, you know I helped co found MED archive, which is the preferred platform so it's not just about data but it's also about research and.

1147
02:59:59.910 --> 03:00:10.950
Joseph Ross: it's very complicated right, and I think that you know there's got to be ways to provide access to information within the scientific community to allow us to learn from each other as quickly and efficiently as possible.

1148
03:00:11.460 --> 03:00:17.700
Joseph Ross: while also allowing public access to that information, but there needs to be kind of a cautionary principle applied to it, you know.

1149
03:00:18.420 --> 03:00:23.610
Joseph Ross: Hopefully you know we put you know kind of Sub headers on every pre print that comes out through MED archive.

1150
03:00:23.910 --> 03:00:32.100
Joseph Ross: cautioning that this is, you know preliminary information, you know it hasn't, not only is it up and peer reviewed, but you shouldn't use it to inform clinical care decisions.

1151
03:00:32.610 --> 03:00:41.970
Joseph Ross: Just like every other journal article that's formally peer reviewed and published there's there's a you know, a challenge, and this came up in the first panel around how to communicate.

1152
03:00:42.510 --> 03:00:52.020
Joseph Ross: Science and results in a way that allows the public to kind of understand the way science is iterative and learning, but not no individual study.

1153
03:00:52.350 --> 03:00:57.300
Joseph Ross: Should you know take you know, lead to a clinical decision or you know it's it's a pathway.

1154
03:00:57.990 --> 03:01:06.270
Joseph Ross: But that's challenging and that's not always easy for everybody to understand and it's easy to grab onto one study or one piece of information and make a decision on the basis of it but.

1155
03:01:06.720 --> 03:01:18.090
Joseph Ross: But I think as science gets democratized information is you know, obviously, more and more accessible and we have to improve the way that we communicate all this information to everybody, and not just the general public.

1156

03:01:18.810 --> 03:01:30.240
Joseph Ross: But also, you know non science based clinicians who are making decisions are just as easily swayed by you know individual pieces of evidence it's it's complicated I don't have an easy answer.

1157
03:01:31.110 --> 03:01:38.010
Tara Haelle: Now, can I add an example of I know at least one organization that is trying to do what you were you were just saying rick.

1158
03:01:38.550 --> 03:01:46.050
Tara Haelle: JAMA with their key points question findings meaning they could add context in their question context findings meaning would be nicer.

1159
03:01:46.380 --> 03:01:56.160
Tara Haelle: But those are really helpful for people who can get the full access to those and something more like that and that's relatively straightforward and simple, but I think goes a long way I rely on those as a journalist.

1160
03:01:56.760 --> 03:02:07.830
Tara Haelle: But I think two other things to katherine's message in the chat here about not being able to reach the populations who needs to see the most I agree, and I have two thoughts on that one is again.

1161
03:02:08.670 --> 03:02:18.420
Tara Haelle: It might be a pipe dream possible but investigating whether it's possible whether there are effective ways to reach out to conservative media influencers and try and work with the beast.

1162
03:02:18.720 --> 03:02:28.140
Tara Haelle: If you will and to maybe doing a lot more training of Community richer outers, if you will, one of the things that I do when I write about this is instead of writing about.

1163
03:02:28.560 --> 03:02:36.660
Tara Haelle: How instead of trying to use my writing to persuade someone to get the vaccine I use my writing to persuade someone who can persuade someone to get the vaccine.

1164
03:02:36.990 --> 03:02:42.630
Tara Haelle: And sort of train people i've had lots of conversations with people who are like I have an Anti vaccine friend.

1165
03:02:43.020 --> 03:02:53.940
Tara Haelle: And I talked to them about Okay, when you talk to your friend try this and i've had dozens of people come back to me and say that the advice I offered them on how they should talk to their friends as that trusted person.

1166
03:02:54.450 --> 03:02:59.190
Tara Haelle: Speaking to what Catherine was saying about how people they trust people, I think we could do a lot more of that.

1167
03:02:59.880 --> 03:03:10.380
Tara Haelle: Community education kind of training, you know how to get the public who are in those groups to reach to the people that they love and care about in their networks, who are on that other side of the political aisle.

1168
03:03:10.770 --> 03:03:15.870
Rick Kuntz: yeah yeah that's really common well, thank thanks so much for it was a jeremy's you want say something.

1169
03:03:16.440 --> 03:03:25.920
Jeremy Greene: Oh, just one extension of this as well, because I think the capacity of open data to actually recruit more people into the scientific process and they use of data right, the question is.

1170
03:03:26.220 --> 03:03:35.580
Jeremy Greene: Just who becomes data, but who gets to use data is a really open question, my colleague Kim gallon who's a visiting professor here this year and the founder of a group called Kofi black.

1171
03:03:35.940 --> 03:03:42.390
Jeremy Greene: has been working on trying to build black data communities, which is to say how does one find a space in which.

1172
03:03:42.600 --> 03:03:54.420
Jeremy Greene: data about covert in the black community is something that is used by Community members in different cities to add in a purposeful specific one is not merely a data point but one is, it is a data analyst.

1173
03:03:55.230 --> 03:04:01.350
Jeremy Greene: And my colleague Pearson asked hair at rice university wrote about morality and social media and zeke is showing it.

1174
03:04:01.650 --> 03:04:10.560
Jeremy Greene: You know there's user generated data about epidemics that starts happening right and and part of what the question is how do we make user generated data analysis.

1175
03:04:10.860 --> 03:04:17.160
Jeremy Greene: responsible, and I think there's a question of how do you build these on ramp so that more people can use data once data is open.

1176
03:04:17.850 --> 03:04:27.210
Jeremy Greene: Rather than simply be seen the see themselves as data points and to be skeptical of the conclusions that are drawn from them that relates back to my comments in the earlier panels as well, I think there's real work to do.

1177
03:04:27.750 --> 03:04:36.990
Rick Kuntz: Great thanks thanks so much fantastic discussion we're wish we had more time, but to wrap up for the next session so i'll turn this back over to rich.

1178
03:04:37.380 --> 03:04:42.420
Richard Platt: Okay, so first a sound check, I was told that I was a low talker earlier.

1179
03:04:43.680 --> 03:04:44.640
Richard Platt: How am I doing now.

1180
03:04:45.810 --> 03:04:46.230
Rick Kuntz: Great.

1181
03:04:46.620 --> 03:04:47.130
Richard Platt: Okay.

1182
03:04:47.220 --> 03:04:47.940
Richard Platt: Great Thank you.

1183
03:04:49.680 --> 03:04:53.130
Richard Platt: So just by just by way of recapping.

1184
03:04:54.870 --> 03:04:58.380
Richard Platt: There are at least six important things that we have talked about.

1185
03:04:59.610 --> 03:05:00.510
Richard Platt: During the last.

1186
03:05:01.590 --> 03:05:03.990
Richard Platt: Three hours, the first is the.

1187
03:05:05.190 --> 03:05:20.430
Richard Platt: The importance of health literacy and and science literacy and the need to improve them a second is the importance of developing sustained relationships with with communities.

1188

03:05:21.960 --> 03:05:47.130
Richard Platt: In order to be able to anchor both the conduct of research and willingness to to believe the results of research, the third is is to both respect and acknowledge the participant of research participants as as Israel partners in in the research that's that's going on.

1189
03:05:48.330 --> 03:05:50.940
Richard Platt: The topic that we've been talking about for the last few.

1190
03:05:50.940 --> 03:05:55.740
Richard Platt: minutes of confronting the wave of politicisation.

1191
03:05:57.000 --> 03:06:00.660
Richard Platt: The coupling of social media with mainstream.

1192
03:06:02.160 --> 03:06:05.910
Richard Platt: With with the mainstream media and the.

1193
03:06:07.260 --> 03:06:10.440
Richard Platt: The drastic evolution of.

1194
03:06:12.090 --> 03:06:33.780
Richard Platt: Of the purpose and types of social media, one thing I did hear us talk about was the use of social media simply to be disruptive not really even in support of of a particular political end, but the creation of bought nets and the life that are solely intended to throw sand in the works.

1195
03:06:35.340 --> 03:06:35.850
Richard Platt: So.

1196
03:06:37.530 --> 03:06:45.510
Richard Platt: that's an awfully big set of of serious problems for us to tackle.

1197
03:06:46.530 --> 03:06:52.200
Richard Platt: But I this, this is, this is the time for this entire group of us to.

1198
03:06:53.460 --> 03:07:11.460
Richard Platt: To try and and articulate some of the ways that might be worthwhile to try to address them our hope is that by the time we we adjourned guaranteed to be in less than an hour, now that.

1199
03:07:12.540 --> 03:07:17.940
Richard Platt: That we might give some advice to the National Academy about about.

1200

03:07:18.990 --> 03:07:23.490
Richard Platt: avenues that it that it might pursue in trying to.

1201
03:07:24.630 --> 03:07:29.520
Richard Platt: improve the the level of belief in.

1202
03:07:30.750 --> 03:07:45.630
Richard Platt: In science in general, but in particular around the pandemic, so all of all of the panelists and and reactors I I hope you'll I hope your way in.

1203
03:07:46.770 --> 03:07:54.090
Richard Platt: Granted that if you accept the idea that there are at least six really important themes we've talked about.

1204
03:07:56.730 --> 03:07:59.610
Richard Platt: Where where should we where should we be going.

1205
03:08:00.870 --> 03:08:06.600
Richard Platt: And, to the extent that, to the extent that you, you can.

1206
03:08:07.680 --> 03:08:17.400
Richard Platt: articulate ways two ways to approach the problem that might, in principle, be scalable that would be especially useful.

1207
03:08:18.630 --> 03:08:19.800
Richard Platt: Let me ask.

1208
03:08:21.240 --> 03:08:27.810
Richard Platt: There aren't so many of us that it isn't possible to to raise your hand this way, but we also have.

1209
03:08:28.860 --> 03:08:29.850
Richard Platt: Have these.

1210
03:08:31.980 --> 03:08:36.420
Richard Platt: Nice yellow hands, that you can raise and lower as well, so.

1211
03:08:38.340 --> 03:08:40.170
Richard Platt: i'm perfectly happy to.

1212
03:08:42.150 --> 03:08:54.420

Richard Platt: i'm willing to call on people, but it hasn't been necessary for this whole afternoon, so I think, the more we can have a spontaneous conversation, the better, I encourage everyone.

1213
03:08:55.500 --> 03:08:55.980
Richard Platt: who's.

1214
03:08:57.540 --> 03:09:01.110
Richard Platt: On this webinar now to to weigh in as well.

1215
03:09:02.850 --> 03:09:11.220
Richard Platt: and recall, you know perfectly well that we have a shared responsibility here to to shepherd this this part of the conversation.

1216
03:09:13.380 --> 03:09:17.730
Rick Kuntz: Now i'd love to hear from the panelists i'll just start off Richard by.

1217
03:09:18.630 --> 03:09:32.460
Rick Kuntz: There were a couple comments made about whether we need to get a better scientific education and primary and secondary schools, so that so people understand the value of science and differentiated from other misinformation and I just wonder.

1218
03:09:33.690 --> 03:09:40.080
Rick Kuntz: If you or anybody else thinks that that that might be a recommendation we have is that we may want to think about.

1219
03:09:41.550 --> 03:09:54.150
Rick Kuntz: It I think somebody wrote focusing on the science, not making scientists, because the end of the day, scientific education is for people who won't be scientists and they're the ones that are having the problems differentiating misinformation from Santa output.

1220
03:10:04.920 --> 03:10:12.030
Wendy C. King: Well i'll just add that I think it's a fantastic idea, and you think about what is taught in high school and often we forget to teach kind of some just.

1221
03:10:12.390 --> 03:10:20.130
Wendy C. King: basic knowledge that will help people be good citizens in the world, so I think this definitely falls in this category and part of science curriculums.

1222
03:10:20.520 --> 03:10:35.400
Wendy C. King: should be incorporating how to discern what is, you know real scientific literature and and what is not and and the influence of social media, and that is definitely something that I think teenagers will be receptive to and interested in learning about.

1223
03:10:37.710 --> 03:10:43.050
Gwen Darien: So i'm upsell or my hand, I wanted to add two things to that one is that.

1224
03:10:43.620 --> 03:10:50.490
Gwen Darien: um there are also ways if we look at kind of intermediaries to reach out to patient advocates patient groups.

1225
03:10:50.910 --> 03:11:01.350
Gwen Darien: and teach them things that they can then bring out to their community, so the first advocacy project I did was a magazine for women with breast and reproductive cancer.

1226
03:11:01.740 --> 03:11:13.770
Gwen Darien: And we had we did an article on epidemiology for breast cancer advocates advocates who are interested in research advocacy, so I think there are there, there are different levels of training and then you know as.

1227
03:11:14.460 --> 03:11:20.820
Gwen Darien: The I think the role of the University College whatever you go to is to teach you how to learn.

1228
03:11:21.240 --> 03:11:30.600
Gwen Darien: And so, you should also learn how to learn about science, not just learn how to learn generally, so we need to to teach people how to learn and to continually evaluate because.

1229
03:11:30.960 --> 03:11:39.870
Gwen Darien: Most people's knowledge ends of the last class they took and for many of us, you went in liberal arts I didn't take an attic one science classes in college.

1230
03:11:41.460 --> 03:11:50.370
Gwen Darien: And then I think the other processing prejudice, for the national academies is there have been there's been a lot of work around equity and trust and there's been a lot of work around coven.

1231
03:11:50.790 --> 03:12:00.810
Gwen Darien: In all areas of the national academies and on I mentioned briefly, but I just co chair to workshop with reggie Tucker ceiling for the national cancer policy forum i'm on that board.

1232
03:12:01.110 --> 03:12:07.410
Gwen Darien: And reggie Tucker sealy who's on the board on health equity and promoting health equity and cancer care so a lot of these.

1233
03:12:07.770 --> 03:12:15.450

Gwen Darien: A lot of these a lot of the things that I brought forward were discussed in in that workshop, as well as many other practical.

1234
03:12:16.200 --> 03:12:21.420
Gwen Darien: models and points of view is a very action oriented workshops so just from just from a sort of.

1235
03:12:21.900 --> 03:12:30.330
Gwen Darien: Starting starting point I think we'd be good to look at all of the different things that some of the different workshops shops that have been done and.

1236
03:12:30.780 --> 03:12:39.810
Gwen Darien: Start collecting some of those ideas, because there were some great ideas and we want to build on and maximize everybody's ideas, rather than repeat people's ideas.

1237
03:12:41.820 --> 03:12:48.750
Tara Haelle: I wanted to weigh in if it's OK on the talk to the special education, I before I went into full time journalism, I was a high school teacher.

1238
03:12:49.410 --> 03:12:54.240
Tara Haelle: And I did a lot of teaching and I also do a little bit of younger school teaching and one thing that I.

1239
03:12:54.810 --> 03:13:00.390
Tara Haelle: I also write children's books i've written about a dozen science children's books non fiction that are published them used in schools.

1240
03:13:00.780 --> 03:13:10.590
Tara Haelle: And one thing that I think we don't do enough it's it started to change now that only started changing the National Science teachers association change this about four or five years ago, five years yeah.

1241
03:13:11.370 --> 03:13:17.730
Tara Haelle: Is up until very recently science was thought of as a body of knowledge, as opposed to a process for getting knowledge.

1242
03:13:18.090 --> 03:13:26.820
Tara Haelle: And that has been the default for most of our lives because we you know the people, frankly, the baby boomers largely who are watching who are watching a.

1243
03:13:27.060 --> 03:13:33.270
Tara Haelle: Tucker carlson they grew up with the idea of science, being an encyclopedia not science, being a process that is iterative.

1244
03:13:33.660 --> 03:13:43.500
Tara Haelle: And is trial and error and is going to generate some errors along the way, that is a part of the process that sort of massive I concept has not been communicated.

1245
03:13:43.950 --> 03:13:52.920
Tara Haelle: And this is also kind of a crazy idea and one of the out of the box people, maybe scientists need to reach out to Hollywood and or someone's going to screenwriting.

1246
03:13:53.700 --> 03:14:04.590
Tara Haelle: Hollywood is a phenomenal way to reach some of those people and actually sort of teach new idea I mean sciences, I mean hollywood's been a leader in everything from reducing smoking.

1247
03:14:05.250 --> 03:14:09.300
Tara Haelle: to racial segregation desegregation It really is powerful and.

1248
03:14:09.750 --> 03:14:20.160
Tara Haelle: There are ways to think about using that kind of media as well, entertainment and television to teach the general public, I mean CSI, is a good example, although well it's a good example didn't do it well.

1249
03:14:20.910 --> 03:14:30.510
Tara Haelle: A good example of what I mean i'm in helping communicate that idea that science is a process, not a body of knowledge, I think that's something that really needs to be conveyed better.

1250
03:14:32.010 --> 03:14:32.610
Richard Platt: German like.

1251
03:14:33.090 --> 03:14:36.480
Jeremy Greene: Oh yeah and so like my comment that tells really nicely with terrorists saying so.

1252
03:14:38.820 --> 03:14:46.980
Jeremy Greene: This is a problem right so it's sort of like the sort of just say no campaign, you know if you teach kids that the first time they use drugs they're going to explode.

1253
03:14:47.280 --> 03:14:55.770
Jeremy Greene: And then, and then they wind up using drugs and they don't explode, you know winds up being not not an effective, you know strategy and so saying science, the body of knowledge and not a process.

1254
03:14:56.250 --> 03:15:03.120

Jeremy Greene: It leads to the screen credulousness with when there's uncertainty to deal with right and the point I wanted to make here similarly is.

1255
03:15:03.450 --> 03:15:10.560
Jeremy Greene: We teach science in this country, as if there's a strict separation between science and social and economic processes or political process.

1256
03:15:10.830 --> 03:15:18.510
Jeremy Greene: And then, if you start talking about science and politics or science and political economy, then you're a relativist right you're exploding scientific truth.

1257
03:15:18.930 --> 03:15:21.390
Jeremy Greene: And you don't need to do that right so like.

1258
03:15:21.840 --> 03:15:34.050
Jeremy Greene: I can say today Well, yes, actually, the structure of clinical trials and the approval system of US FDA does favor large capitalized pharmaceutical firms and generating not you know, knowledge, because there's more financial incentive for it so.

1259
03:15:34.500 --> 03:15:46.560
Jeremy Greene: Fewer people are going to go out and seek approvals for the new under use of a generic drug because they don't get a profit motive now that's a statement of how the FDA is situated in the political economy of knowledge production but.

1260
03:15:47.160 --> 03:15:49.920
Jeremy Greene: That doesn't mean that group actually produces.

1261
03:15:50.280 --> 03:16:00.510
Jeremy Greene: Clinical trials that shows that a generic drug works for an awfully will indication that we shouldn't use it right, nor does it mean that if a group does a clinical trial and showing that a generic drug does not work for an off label.

1262
03:16:00.900 --> 03:16:12.000
Jeremy Greene: indication that we should reject it so there's sort of a baby and bathwater problem here because we refuse to teach science in a social context it doesn't need to lead to relativism, but instead of leads to rejection of the entire system.

1263
03:16:12.600 --> 03:16:16.380
Jeremy Greene: So I think we need to teach that science can be in a social world and still be value.

1264
03:16:17.670 --> 03:16:25.020
Richard Platt: Speaking of bathwater, we talked a very glancingly about the extent to which.

1265
03:16:26.310 --> 03:16:35.100
Richard Platt: Concern about the profit motive somehow tilts the playing field and and that we're where we are in.

1266
03:16:37.230 --> 03:16:41.610
Richard Platt: Trying to control the pandemic, because their fortunes to be made and.

1267
03:16:43.170 --> 03:16:49.740
Richard Platt: How much how much weight, should we should we give to that we haven't really discussed it.

1268
03:16:51.090 --> 03:17:09.360
Richard Platt: In this session i'm interested in your panelists your users panelists about the extent to which that's a driver of just reluctance to say really a booster shot after all that just sounds it just sounds like several billion dollars more for.

1269
03:17:11.040 --> 03:17:21.030
Richard Platt: For for those who are selling vaccine, so I got my booster shot I ran as soon as I saw it, not a problem for me, but.

1270
03:17:22.650 --> 03:17:24.480
Richard Platt: What What should we be thinking about them.

1271
03:17:27.270 --> 03:17:29.280
Tara Haelle: I think there needs to be more honesty about it.

1272
03:17:30.300 --> 03:17:34.350
Tara Haelle: I for years would say you know vaccines are not a money maker it's not.

1273
03:17:34.770 --> 03:17:43.500
Tara Haelle: You know, pharmaceutical companies don't make vaccines to make money, and that is largely true, I mean they're making a lot more money on other types of drugs like stanton's and such.

1274
03:17:43.830 --> 03:17:49.980
Tara Haelle: But they only make vaccines, because they can make money on that is a reality and so it's more about I think we need to.

1275
03:17:50.250 --> 03:17:55.050
Tara Haelle: Be upfront and honest about some of that stuff with the coven vaccine i've had to change that because, quite frankly.

1276
03:17:55.350 --> 03:18:00.450
Tara Haelle: Madonna and Pfizer are making a killing right now, no matter how you look at it and that's just a reality.

1277
03:18:00.780 --> 03:18:05.340
Tara Haelle: And if we look, for example, at the failures of the cic P program that are going on.

1278
03:18:05.610 --> 03:18:16.080
Tara Haelle: And we consider the fact that the you know it's explicitly written into the law that we can't bring suits against pharmaceutical companies which I don't I don't disagree with, we need to keep me to protect the vaccine supply and we do that by.

1279
03:18:16.680 --> 03:18:21.840
Tara Haelle: By you know, making changes for the litigation system but there's not enough honesty about how those systems work.

1280
03:18:22.800 --> 03:18:26.550
Tara Haelle: And I think more transparency, more transparency can also backfire.

1281
03:18:26.940 --> 03:18:31.860
Tara Haelle: I recognize that I mean it's going to get exploited, but I don't think that's not a reason to do it, because when you look at that.

1282
03:18:32.160 --> 03:18:36.930
Tara Haelle: That concerning group of uncertainty people you know there's there there's, the ones who believe the misinformation.

1283
03:18:37.290 --> 03:18:41.910
Tara Haelle: Those uncertain people are the ones we should be targeting and they're the ones that transparency is going to matter to.

1284
03:18:42.300 --> 03:18:51.150
Tara Haelle: I remember when plan dimmick came out, and I did this big piece on it, the person who reached out to me privately was my son's boy scout leader saying thank you, I had doubts about that, and I was wondering.

1285
03:18:51.510 --> 03:19:06.810
Tara Haelle: If this is a science based person who was questioning it and all it took was my my discussing it to for him to feel comfortable knowing okay yeah it's a bunch of bs but um you know transparency could go a long way with those that big fence sitter group in the middle.

1286
03:19:07.980 --> 03:19:09.510

Tara Haelle: Of course, the journalist would say that right.

1287
03:19:13.170 --> 03:19:15.990
Richard Platt: anybody else want to weigh in on this particular topic.

1288
03:19:20.610 --> 03:19:21.240
Richard Platt: Okay.

1289
03:19:22.320 --> 03:19:27.690
Richard Platt: This isn't a lightning round, but what would you put it, what would you put at the top of the list.

1290
03:19:28.770 --> 03:19:33.240
Richard Platt: They have what life is short and the and the needs are great.

1291
03:19:34.980 --> 03:19:35.520
Richard Platt: and

1292
03:19:36.720 --> 03:19:40.740
Richard Platt: Then the National Academy as competent, as it is.

1293
03:19:41.820 --> 03:19:45.690
Richard Platt: is going to have limited ability to to.

1294
03:19:46.950 --> 03:19:49.500
Richard Platt: address all of these things simultaneously what.

1295
03:19:51.030 --> 03:19:52.440
Richard Platt: Would you prioritize.

1296
03:19:54.390 --> 03:19:56.160
Richard Platt: I mean jeremy's your hand up.

1297
03:19:56.940 --> 03:20:04.680
Jeremy Greene: yeah yeah so i'll be i'll be quick i'm not saying this is top of all of in terms of overall importance, but maybe in terms of short term medium term long term goals.

1298
03:20:04.980 --> 03:20:11.340
Jeremy Greene: I think right now is a crucial moment to say well we're at a mayor culpa moment for many social media companies.

1299
03:20:12.150 --> 03:20:17.550
Jeremy Greene: In which they recognize that their complicity in the spread of misinformation and covert has been really been disastrous.

1300
03:20:17.820 --> 03:20:27.330
Jeremy Greene: And so, this is a moment in which, if, as what happened with like 19th century journalism as as journals and got professionalized journalism got professionalized from the inside it developed a set of professional.

1301
03:20:27.690 --> 03:20:38.160
Jeremy Greene: conduct standards and ethics and distinguishing factor, and then you become a key part of that, regardless of which side of the political aisle your journal was on So how could this happen in the social media space.

1302
03:20:38.580 --> 03:20:42.480
Jeremy Greene: And I think the I think the national academies should play a really strong role and saying.

1303
03:20:42.750 --> 03:20:49.260
Jeremy Greene: We want to see a robust set of guidelines and we don't want to just trust you to do your own fact checking we want to externalize set of rules that.

1304
03:20:49.650 --> 03:20:59.550
Jeremy Greene: That the spread of misinformation will be judged by and dealt with and and that's something I really think the lean in on this is a moment in which a lot of traction can be made there great.

1305
03:20:59.790 --> 03:21:01.020
Richard Platt: Sandra hope.

1306
03:21:01.050 --> 03:21:02.610
Richard Platt: you're because your hand up.

1307
03:21:03.570 --> 03:21:05.580
Sandra Quinn: Yes, this things.

1308
03:21:06.900 --> 03:21:25.980
Sandra Quinn: yeah i'm going to go back to the points earlier about trustworthiness, and I think is make two points in and they're Smith and literature and you know that we have right now on sort of what are some of the things we need to do to train researchers to be more effective at recruiting.

1309
03:21:27.090 --> 03:21:39.630

Sandra Quinn: Racial ethnic minority participants into studies Ramona talked about what johnson's been doing and there's, so I think there's much to be said for get.

1310
03:21:40.230 --> 03:21:48.930
Sandra Quinn: Really, changing the ability of researchers to build trust to do that takes training another thing at Texas, a sustained.

1311
03:21:49.290 --> 03:22:00.930
Sandra Quinn: A commitment to Community engagement that is hard to do on just our ones, so it really needs to be an institutional commitment, and I think the one of the other pieces is.

1312
03:22:01.350 --> 03:22:11.400
Sandra Quinn: You know that and we've discussed it earlier but really formal training on communication for scientists, how do you communicate with journalists.

1313
03:22:11.790 --> 03:22:23.310
Sandra Quinn: How to get what does health literacy mean what's that mean how knowing something about risk communication, so that they feel more comfortable and more able.

1314
03:22:23.640 --> 03:22:36.540
Sandra Quinn: To communicate in ways that are more effective than what we've seen, and I would add one more thing to that it's also to for the some of our major institutions.

1315
03:22:39.420 --> 03:22:52.260
Sandra Quinn: The then Director of CDC said in April at the start of the H1 and one pandemic there's going to be a lot of uncertainty, things are going to keep changing we're going to tell you, new things.

1316
03:22:52.620 --> 03:23:08.130
Sandra Quinn: And and just be ready for that that made a difference we didn't hear that so much this time and and it really hurt us, so I think learning how to talk about science as theater to process, it is and engaging communities better.

1317
03:23:10.020 --> 03:23:10.920
Richard Platt: Perfect perfect.

1318
03:23:11.010 --> 03:23:12.870
Richard Platt: Thanks turn you.

1319
03:23:12.960 --> 03:23:13.890
Richard Platt: Do you have another comment.

1320

03:23:14.520 --> 03:23:21.570
Tara Haelle: yeah I really want to reiterate with Sandra just said about formal training for scientists and communication that that can't be over emphasized enough, I mean.

1321
03:23:22.140 --> 03:23:30.030
Tara Haelle: The work that i've seen l&I does institute do, for example, has been like the god's work it's been phenomenal I would say two other things one.

1322
03:23:30.420 --> 03:23:37.260
Tara Haelle: I would love to see a lot of more outreach to people to individuals that can influence others and see the ripple effects that can happen when.

1323
03:23:37.500 --> 03:23:42.450
Tara Haelle: You know, when you train a Community group of leaders and then those Community group of leaders train other people.

1324
03:23:42.630 --> 03:23:53.220
Tara Haelle: we've seen so many good examples of that there was a fantastic example in Minnesota, for example, with the public of health, who did training with Somali leaders when that's when the Somali Community was seeing a huge number of.

1325
03:23:54.210 --> 03:24:02.550
Tara Haelle: That scene hesitancy mountain amount of numbers, with mmr and they went straight to the leaders and trained them, and I think there needs to be more of that kind of.

1326
03:24:03.390 --> 03:24:06.240
Tara Haelle: I guess top down bottom up, training and I don't know how to describe that.

1327
03:24:06.600 --> 03:24:16.170
Tara Haelle: And then I would like to see research on three things how that works effectively like how to do that and to do that to scale which is really the difficult part there it gets the scale and the money.

1328
03:24:16.470 --> 03:24:23.910
Tara Haelle: to how to reach influencers including conservative and influencers is that possible, does it work I haven't seen any research even trying.

1329
03:24:24.120 --> 03:24:28.710
Tara Haelle: To see if that's possible maybe it would backfire maybe you invite you know science babe who hates the.

1330
03:24:29.100 --> 03:24:38.640

Tara Haelle: Sorry, was her name that food babe who hates the flu shot to the FDA talk and then she goes and writes about all this inside of me in a backfire but I haven't seen any attempts at that.

1331
03:24:39.510 --> 03:24:47.700
Tara Haelle: And I think if we don't even try to do that we're missing an opportunity and then more research into how we can overcome and obstruct.

1332
03:24:47.970 --> 03:24:54.060
Tara Haelle: The organizations that are manipulating the algorithms and the social media like, how can we overcome those efforts that the Russian.

1333
03:24:54.750 --> 03:25:09.480
Tara Haelle: groups are doing that I can and children's health Defense network or whatever, are doing, you know the big money that's being used, is there a way to obstruct the way that they are manipulating algorithms and the benefits of social media, you know more research into that.

1334
03:25:11.610 --> 03:25:22.710
Richard Platt: Right, I want to make sure that everybody has a chance to to weigh in it's not not required that you that you pipe up during this session but.

1335
03:25:23.760 --> 03:25:26.400
Richard Platt: But if you if you if you have additional thoughts if.

1336
03:25:28.860 --> 03:25:32.730
Richard Platt: i'm not actually calling on you Jay and katya but.

1337
03:25:34.650 --> 03:25:44.760
Richard Platt: To what extent, given that you, you sort of got your finger on the pulse of just how big the problem is to what extent do you think these kinds of solutions are.

1338
03:25:45.990 --> 03:25:49.770
Richard Platt: Have a have a chance to make a make a meaningful difference.

1339
03:25:51.120 --> 03:25:55.890
Jay Van Bavel: I guess I can jump in i'll follow up the last comment, which I thought was good was thinking about how to.

1340
03:25:56.370 --> 03:26:01.920
Jay Van Bavel: People are active information consumers, but we can shape what information they get so maybe this is where the National Academy.

1341
03:26:02.220 --> 03:26:13.170

Jay Van Bavel: could have some kind of relationship with social media they're trying to improve their image, but a problem that was alluded to, is that the algorithms are amplifying the wrong sorts of information and making it spread more effectively.

1342
03:26:13.920 --> 03:26:26.430
Jay Van Bavel: That could easily change so, for example, they I have a former PhD student who worked on their news team and was instrumental in helping them change their their algorithm amplified local news stories which people trust often are highly are much less polarizing.

1343
03:26:27.570 --> 03:26:35.640
Jay Van Bavel: You can do that with scientific information so they can amplify JAMA or New England journal medicine articles or papers that site those incredible ways.

1344
03:26:36.000 --> 03:26:48.600
Jay Van Bavel: And then down rate information that comes from lower quality information sources, so I think it's you get a smarter audience that way, by giving them higher quality information, so we talked about transparency.

1345
03:26:49.200 --> 03:26:54.810
Jay Van Bavel: But transparency doesn't matter if the information doesn't trickle down to most people I think so.

1346
03:26:55.170 --> 03:27:03.360
Jay Van Bavel: That that would be something that could be a technical change, it would be structural and that it could influence the way that hundreds of millions of people get information each day about these topics.

1347
03:27:03.600 --> 03:27:19.230
Jay Van Bavel: So that's what I would do I would approach companies and Google and and Twitter and talk to them about how to work with them to ensure that you the information that's higher quality or the sources that are high quality or upgraded and people's algorithms.

1348
03:27:22.800 --> 03:27:29.340
Katherine Ogyanova: right, then, is a as a network scholar and communications core there's nothing I love to hear more.

1349
03:27:29.820 --> 03:27:39.120
Katherine Ogyanova: than people saying that we need to focus on communication and kind of training scientists to better understand social processes.

1350
03:27:39.450 --> 03:27:45.540
Katherine Ogyanova: it's something that we've been trying to do with computers, and this for a while i'm a computational social scientist and.

1351
03:27:45.840 --> 03:27:52.110
Katherine Ogyanova: The way that our field started was by trying to train us for social scientists to understand computer science.

1352
03:27:52.530 --> 03:28:01.560
Katherine Ogyanova: And at some point, it became clear it be very helpful for people who are going to go on and create the next Facebook, to get some training in basic social science.

1353
03:28:01.920 --> 03:28:07.050
Katherine Ogyanova: and communication, so they can understand you know the social processes that they're dealing with.

1354
03:28:07.680 --> 03:28:20.460
Katherine Ogyanova: Not just a vegan live relate them, but also so they can you know benefit society and so reaching inside communities as both Sandra and Tara already mentioned, I think, is.

1355
03:28:21.090 --> 03:28:30.240
Katherine Ogyanova: Probably the only effective way to go, we we tried in the beginning of the pandemic to run a bunch of different experiments for effective messages and messengers.

1356
03:28:30.630 --> 03:28:38.850
Katherine Ogyanova: And the only thing that came popping up coming back to us is that people trust other people more than institutions, and so you have to find other people.

1357
03:28:39.180 --> 03:28:49.980
Katherine Ogyanova: Who are inside the Community or social ties, who belong to kind of convey your messages and I think that's probably true we talk often about minority communities.

1358
03:28:50.760 --> 03:29:11.820
Katherine Ogyanova: And kind of connecting with them it's fully also true, as Tara was saying about political communities kind of more ideologically fringe communities that there's a there's a point in having those conversations and we don't necessarily always try so that's that's this focus on kind of.

1359
03:29:12.840 --> 03:29:24.120
Katherine Ogyanova: On going through intermediaries inside communities and trying to convey messages that way in the focused on communication training, I really think those are those are key those are very important.

1360
03:29:25.290 --> 03:29:29.010
Richard Platt: Right, I see robin's hand up and then wins.

1361

03:29:30.450 --> 03:29:38.220
Robin Vanderpool: Yes, thank you um I just want to make three quick points and I think that you resonate across all the different comments that have come in so far.

1362
03:29:38.580 --> 03:29:43.800
Robin Vanderpool: So a little bit of this reminds me of a few, you know few years back with the tobacco industry.

1363
03:29:44.460 --> 03:29:57.420
Robin Vanderpool: Right and we're finally everything was kind of laid out to bear in the public domain of the public, the tobacco industry documents or strategies or tactics their approaches and I think it fundamentally changed.

1364
03:29:58.830 --> 03:30:04.500
Robin Vanderpool: Now it's tobacco cell problem absolutely yes, are they have they reinvented themselves over the years, yes.

1365
03:30:05.520 --> 03:30:11.340
Robin Vanderpool: But there was at least a sea change for a moment and and thinking about how.

1366
03:30:12.900 --> 03:30:16.080
Robin Vanderpool: There is manipulation behind the scenes, there is a cost.

1367
03:30:17.790 --> 03:30:25.530
Robin Vanderpool: You know motivation there but, but it was made public, and I think, even if you think about campaigns, like the truth campaign.

1368
03:30:26.070 --> 03:30:32.070
Robin Vanderpool: and others that really set out to focus on youth and raising their knowledge of being you know.

1369
03:30:32.610 --> 03:30:40.860
Robin Vanderpool: Targeted and manipulated and and you know really the just kind of deceptive methods that were being used to reach.

1370
03:30:41.160 --> 03:30:49.410
Robin Vanderpool: different population groups with tobacco advertising and messaging and products so anyway, I just wonder if there's lessons to be learned from any of that so that's one thing.

1371
03:30:50.190 --> 03:30:56.970
Robin Vanderpool: The second is again going back to health equity and health disparities, I think we haven't probably even talked enough.

1372
03:30:57.480 --> 03:31:06.360
Robin Vanderpool: about how a lot of the work that's all focused is all in English, and we have different languages, different cultures.

1373
03:31:06.900 --> 03:31:27.030
Robin Vanderpool: and different platforms, where none of that is being moderated or monitored or corrected or you know even know, we have no pulse on our finger on the pulse of what's happening among for misinformation and when it, particularly when it occurs and more language can coordinate.

1374
03:31:28.080 --> 03:31:35.070
Robin Vanderpool: You know videos and images and graphics and text and because that's a whole other world that we we haven't even touched on today.

1375
03:31:35.610 --> 03:31:45.870
Robin Vanderpool: And how that can impact trust in science and public health, and then, last but not least, again just coming from the Federal Government and a cancer research organization.

1376
03:31:46.260 --> 03:31:52.050
Robin Vanderpool: is really at the end of the day, can we, you know, can we also think about these downstream effects.

1377
03:31:52.710 --> 03:32:05.670
Robin Vanderpool: Of all of this environment that we're talking about in the downstream effects on our health, our mental health and our physical health, and I think we would be remiss if we don't you know, keep those those long term outcomes in mind.

1378
03:32:07.980 --> 03:32:09.150
Richard Platt: Quinn, and then Ramona.

1379
03:32:10.470 --> 03:32:16.050
Gwen Darien: um so I just want to take us back a little bit to the earlier parts of the day.

1380
03:32:16.950 --> 03:32:27.150
Gwen Darien: and be I think Ramona and I are the only people who are still on who's spoken the earlier parts of the day, but I want to go back and just encourage.

1381
03:32:27.780 --> 03:32:36.660
Gwen Darien: That encourages not to just step right into things with with changes and with incremental changes and action items and not.

1382

03:32:37.260 --> 03:32:47.400
Gwen Darien: not attend to the kind of root causes not attend to re centering list actually started Center you're on to not reset during this we talked about trustworthiness and trust.

1383
03:32:47.850 --> 03:32:54.030
Gwen Darien: We talked about a lot of other things and we don't have to do things can we can do things simultaneously, we can.

1384
03:32:54.360 --> 03:33:03.540
Gwen Darien: Look at some of these changes that we can make, while also going back and reframing listen we and looking at through the lens of people who are.

1385
03:33:04.500 --> 03:33:07.230
Gwen Darien: People in communities who've been traditionally marginalized.

1386
03:33:07.650 --> 03:33:18.180
Gwen Darien: And i'm not just make this about what we're going to do within this room, but also go go out go into the Community go where people are and really, really listen.

1387
03:33:18.570 --> 03:33:26.310
Gwen Darien: On so Lisa also said in her cover in her remarks that we had to slow this thing down a little bit, so I think that.

1388
03:33:26.580 --> 03:33:32.490
Gwen Darien: A lot of us feel like we are at a kind of moment of reckoning, and that there is the time is now.

1389
03:33:32.790 --> 03:33:48.060
Gwen Darien: But the time is now doesn't mean that we have to take immediate action, the time is now that we can really take some considered action and really learn about and learn more about what we need to do, rather than just jumping into always jumping into solutions.

1390
03:33:49.140 --> 03:33:57.690
Ramona Burress: I, like everyone consider it intentional action right, and I think that goes to what I heard Sandra mentioned earlier and Tara as well too and Sandra.

1391
03:33:57.960 --> 03:34:02.040
Ramona Burress: I just wanted to give kudos University of Maryland because that's another one of my partners.

1392
03:34:02.490 --> 03:34:12.480

Ramona Burress: With their patients program right so not only are we going into the Community and reaching a community but we're identifying who those subject matter experts so we've got this pool of patient, you know.

1393
03:34:12.750 --> 03:34:22.170
Ramona Burress: who've been working as peers doing health education in a Community so now we're not only using them to be that education source for the broader Community for we're flipping it now.

1394
03:34:22.380 --> 03:34:31.620
Ramona Burress: And having them be that educational source to institutions to researchers to clinicians again talking about the the bi directional and a shared responsibility that we all have so.

1395
03:34:32.070 --> 03:34:42.450
Ramona Burress: Again kudos University of Maryland super excited to be a partner in that space, but I think again empowering communities, while we're in there, given education and given access that's another key component.

1396
03:34:45.840 --> 03:34:54.060
Gwen Darien: Understanding what's important to them not just taking it for the from the framework of what's important to us understanding what patient want patients want.

1397
03:34:54.750 --> 03:35:13.200
Gwen Darien: How to alleviate those burdens that alleviate burdens of the Community so um I think it's it's definitely bi directional and it also a lot of what we need to do begins in the Community, and I, you know I speak as a patient advocate and a pig and a cancer survivor and on and.

1398
03:35:14.250 --> 03:35:27.660
Gwen Darien: Then i've seen this all evolve over a number of years how we how we actually on how we actually work together in a way that's most effective most intentional and really put the patient at the Center on the patient and communities of the Center.

1399
03:35:28.350 --> 03:35:33.840
Ramona Burress: Well i'm glad you said that because I feel like those old commercials the hair club for men, and not only the President, but i'm a client.

1400
03:35:34.260 --> 03:35:35.490
Ramona Burress: But that's how going and I.

1401
03:35:35.490 --> 03:35:43.170
Ramona Burress: met, to be honest with you, yes, so i'm a breast cancer patient as well to a metastatic breast cancer patient, and in my journey as a patient.

1402

03:35:43.440 --> 03:35:49.890
Ramona Burress: Clinical trials were never offered to me and that's even though i'm credentialed as a pharmacist, even though I have good insurance I make good money.

1403
03:35:50.160 --> 03:36:04.740
Ramona Burress: And I go to a nci institution and I found my own clinical trial through clinical trials.gov only because I knew to go there, so again when we talk about access and barriers and why under representation is there it's just not one issue it's a broader systematic issue.

1404
03:36:06.360 --> 03:36:08.820
Richard Platt: So it needs to be said that.

1405
03:36:10.050 --> 03:36:31.200
Richard Platt: it's really easy to to give advice about what a good strategy would be and I just want to call out the fact that the several of you who have participated here have actually demonstrated how investing a lot of time and energy has has really paid off and.

1406
03:36:32.970 --> 03:36:33.870
Richard Platt: it's it's.

1407
03:36:35.100 --> 03:36:42.270
Richard Platt: It reflects what I I think fits into this schema that jeremy's suggested, which is.

1408
03:36:42.780 --> 03:36:55.020
Richard Platt: We should be thinking about what we what could make a change in the next few months, but we certainly have to think about the long game and and you've really been talking about what the long game needs to be and.

1409
03:36:56.040 --> 03:37:01.230
Richard Platt: will never be successful, the long game, unless we start working on the long game now so.

1410
03:37:02.730 --> 03:37:13.710
Richard Platt: I think that i'll give I don't Michael you're going to give credit to the to the team who organized this meeting, but I just want to call out the.

1411
03:37:14.910 --> 03:37:29.010
Richard Platt: sort of the the thought that went into sort of bringing to the for these these different threads all what you're going to make a difference here are there other hands if if not.

1412
03:37:30.570 --> 03:37:35.160
Richard Platt: we're I think we're within striking distance of being able to begin to wrap up.

1413
03:37:39.570 --> 03:37:41.760
Richard Platt: rick you're a Co owner of this session so.

1414
03:37:42.870 --> 03:37:44.520
Richard Platt: what's what's your take.

1415
03:37:45.780 --> 03:37:54.240
Rick Kuntz: Well, I think the last session was probably what we're doing now in asking for recommendations for the National Academy rick that's some really good ideas, obviously.

1416
03:37:55.530 --> 03:38:00.690
Rick Kuntz: And I mean i'll just throw a few things out while people were thinking about some final comments we make before we adjourn.

1417
03:38:01.800 --> 03:38:09.210
Rick Kuntz: What I learned today was just really solid evidence that the misinformation social media and cable channels it's not going to go away.

1418
03:38:10.290 --> 03:38:17.670
Rick Kuntz: That polarization is here to stay and this is a call to action, we have to do something about this, because the consequences so far have not been good.

1419
03:38:18.270 --> 03:38:25.710
Rick Kuntz: And so I think we do have to do make some big moves and I think you know inclusiveness, I think, was the major theme.

1420
03:38:26.550 --> 03:38:35.310
Rick Kuntz: We have to be able to get people involved so they're not only exposed to understand what the questions are in science and and how we can solve it.

1421
03:38:35.670 --> 03:38:51.990
Rick Kuntz: But it get exposed to the methodology and the rigor of science, so that they can understand that the truth is actually being derived in scientific methodology and not from here saying so, if there are ways that we can think about ideas to get more inclusiveness.

1422
03:38:53.010 --> 03:38:57.960
Rick Kuntz: Patients at every level that we've been talking about throughout the afternoon I think will be will be critical.

1423
03:38:59.190 --> 03:39:09.960
Rick Kuntz: I think, on top of that is going to be, how do we continue to differentiate science from misinformation again by exposure education and others to.

1424
03:39:10.650 --> 03:39:16.680
Rick Kuntz: Just demonstrate the fact that there is one truth and the truth comes from scientific methodology that reduces bias.

1425
03:39:17.640 --> 03:39:29.490
Rick Kuntz: We still have a lot of work to do, I mean there are many physicians they still don't know the difference between correlation and causation so we're starting to get some very sticky questions being asked about health, especially with the pandemic like.

1426
03:39:30.720 --> 03:39:42.090
Rick Kuntz: I think that we need to really work on understanding how to again improve inclusiveness and get more people understanding, not the statistics but understanding that there is there's a.

1427
03:39:42.990 --> 03:39:54.450
Rick Kuntz: Positive scientific methodology with rigor that results in the best answers to questions that are sticky and not by hearsay generated in social media.

1428
03:39:55.140 --> 03:40:03.420
Rick Kuntz: So that's what I took away from today's meeting and I was glad that we have such good data that demonstrated all of those factors, especially the runaway.

1429
03:40:04.200 --> 03:40:14.160
Rick Kuntz: issue of misinformation is going on right now that really makes us feel like we should do something very quickly to combat this this out of control runaway train.

1430
03:40:15.840 --> 03:40:28.740
Rick Kuntz: So I want to just finish up with any other comments anybody else wants to make on that, and you know or the conclusions that Richard i've made on track should, are there any other things we should be thinking about again.

1431
03:40:29.700 --> 03:40:42.810
Rick Kuntz: We really want to communicate to National Academy of Medicine, you know what this this disparate and broad group of of of participants really feel is needed for next actions.

1432
03:40:56.640 --> 03:40:57.030
Rick Kuntz: well.

1433
03:40:58.560 --> 03:40:59.130
Rick Kuntz: you're saying.

1434

03:40:59.820 --> 03:41:01.350
Gwen Darien: Wait do you want us to say something.

1435
03:41:03.360 --> 03:41:04.710
Rick Kuntz: About that yeah go for it.

1436
03:41:06.420 --> 03:41:07.710
Gwen Darien: No, I just um.

1437
03:41:09.060 --> 03:41:22.020
Gwen Darien: yeah I think that was a very I think it was a very good summary, but I also would add to bringing patients into the fold is is my built a table metaphor earlier, so we don't just have to educate.

1438
03:41:23.250 --> 03:41:37.950
Gwen Darien: educate patients about science, but we have to educate scientist about people and communities, so I think it's think we really have to make that core um and then the other thing I was into that we didn't mention at all was the.

1439
03:41:39.210 --> 03:41:53.940
Gwen Darien: Was the lack of the lack of consistency, consistency and how race and ethnicity is measured in clinical trials and how different labs interpret race and ethnicity, and I think that's a really that has to be that has to be a really critical.

1440
03:41:54.870 --> 03:42:04.860
Gwen Darien: Part of this if we're looking at it, for, in terms of clinical trials and you know identity is mutable is is not is mutable and things change all the time and.

1441
03:42:05.910 --> 03:42:14.250
Gwen Darien: You know my dad's Iranian I really identify as Iranian and up until the past year or so there's never been something where you could say Middle Eastern slash.

1442
03:42:14.670 --> 03:42:25.050
Gwen Darien: North African on any kind of demographics and so it's um, so I think that there are people or people make make a.

1443
03:42:25.470 --> 03:42:33.000
Gwen Darien: make decisions just based on looking at you, we know that, but I think the way that race and ethnicity is a demographic.

1444
03:42:33.990 --> 03:42:46.860
Gwen Darien: Information is is is captured in analyzing clinical trials, is also an area to be to look at and there's a big project going on in the NIH with this now I think they're about to launch it and.

1445
03:42:47.880 --> 03:42:49.710
Gwen Darien: and bring people into that.

1446
03:42:51.090 --> 03:42:53.820
Rick Kuntz: Thanks so much for making that point i'm glad you brought that up, so we can.

1447
03:42:54.300 --> 03:42:56.070
Rick Kuntz: really understand the importance of.

1448
03:42:56.160 --> 03:42:59.040
Rick Kuntz: More social science on our side as well, no.

1449
03:43:00.660 --> 03:43:01.470
Rick Kuntz: Other comments.

1450
03:43:04.290 --> 03:43:14.520
Jay Van Bavel: I see one other thing about polarization that concerns me I didn't catch it coming up is the push for vaccines and vaccine mandates part of the argument.

1451
03:43:14.910 --> 03:43:20.730
Jay Van Bavel: Is that we've been doing this forever, I mean I remember having vaccines as a kid from at school, from public health nurse.

1452
03:43:21.210 --> 03:43:30.180
Jay Van Bavel: And then I saw recent poll suggesting that now, this has reduced support among Republicans for vaccine mandates on other vaccines unrelated to coven.

1453
03:43:30.720 --> 03:43:36.570
Jay Van Bavel: And so, when you have an environment where people's identities and it's politically charged like this.

1454
03:43:37.110 --> 03:43:47.280
Jay Van Bavel: The type of logic that would normally resonate with people to get them on board could actually have unintended backfire consequences and part for the way that I described polarization it's.

1455
03:43:47.760 --> 03:43:55.080
Jay Van Bavel: it's anti it's negative you do the opposite of what the other party is suggesting you do so, I think that there's like i'm.

1456

03:43:56.010 --> 03:44:03.720
Jay Van Bavel: There and there's certainly someone mentioned in that there's certainly anti baxter's on the left below are there for other vaccines and traditionally they were there all along, but.

1457
03:44:04.290 --> 03:44:09.690
Jay Van Bavel: um but there's these other second order consequences that I think will persist potentially past.

1458
03:44:10.260 --> 03:44:20.670
Jay Van Bavel: Past the this pandemic and might have consequences for states and municipalities and school districts rolling back then maxine maxine vaccine mandates and other types of.

1459
03:44:21.180 --> 03:44:24.480
Jay Van Bavel: Public Health interventions that are have been quite quite well established are very safe.

1460
03:44:24.840 --> 03:44:36.630
Jay Van Bavel: In part, as a consequence of the way that the rhetoric and the polarization of the current pandemic has unfolded, so I think that there's might be some like second order potentially big problems that come of this.

1461
03:44:37.080 --> 03:44:44.040
Jay Van Bavel: Even if we unless we figured out how to think through it so that's just something on the horizon, that i've seen some data in it concerns me.

1462
03:44:46.680 --> 03:44:50.700
Robin Vanderpool: This is Robin and I would, I would also add, for us to continue thinking about.

1463
03:44:51.120 --> 03:44:58.860
Robin Vanderpool: The next public health crisis is just around the corner, whatever it is, whether it's another infectious disease pandemic or.

1464
03:44:59.610 --> 03:45:14.880
Robin Vanderpool: Some other you know again public health crisis that we see, and so, how it always seems we're behind the curve always seems that way, and so, how and what and we are it's often cliche you know why are we learning our lessons now to prepare for the future.

1465
03:45:15.930 --> 03:45:25.320
Robin Vanderpool: Or what you know why can't we be more proactive versus always reactive and I don't know the answer to that um, but I do think, whatever we are learning right now.

1466
03:45:25.890 --> 03:45:39.180

Robin Vanderpool: In this space at this time has to help us be better prepared for whatever is coming next because you know climate change prime example um you know there's there's there's other things coming.

1467
03:45:40.260 --> 03:45:47.220
Robin Vanderpool: If not, multiple I had to be a you know scare everybody, but it will happen it's just the course of nature.

1468
03:45:49.410 --> 03:45:54.390
Rick Kuntz: it's a really important comment that we did we're going to have another disaster in the future.

1469
03:45:54.810 --> 03:45:56.490
Rick Kuntz: We need to develop a framework to be able to.

1470
03:45:57.120 --> 03:45:58.980
Rick Kuntz: Stand up to this not have this repeat itself.

1471
03:46:00.930 --> 03:46:10.320
Jeremy Greene: And I would build into this feat, we know we're talking a lot about the problems of communicating science, or you know, inclusion and diversity and scientific research and we've talked a bit about.

1472
03:46:10.950 --> 03:46:20.160
Jeremy Greene: You know I think you know Ramona and Lisa have brought up questions if you had to include diversity of people participating in scientific careers as.

1473
03:46:20.160 --> 03:46:20.520
well.

1474
03:46:21.570 --> 03:46:27.960
Jeremy Greene: But there's this real challenge seen about the politicization of public health, we have not talked about attacks on public health.

1475
03:46:28.290 --> 03:46:35.160
Jeremy Greene: personnel or the incredible depopulation of public health offices that has happened as a result of the failure of.

1476
03:46:35.430 --> 03:46:41.430
Jeremy Greene: The Federal Government and the most data governance to shield and support public health officials in this process.

1477

03:46:41.820 --> 03:46:51.150
Jeremy Greene: So, to the extent that we talked about the intersection of science medicine as part of public health, you know what can we do through this conversation, what can the National Academy of science, engineering and medicine do.

1478
03:46:51.510 --> 03:47:00.270
Jeremy Greene: To help insist on a full throated defense of support a science based public health and public health officials that which it was just a shameful lack.

1479
03:47:00.720 --> 03:47:09.750
Jeremy Greene: Not just lack of support, but active undermining So what did I just want to point that out, because as follows consequentially right from a rock just saying.

1480
03:47:12.270 --> 03:47:12.870
Rick Kuntz: hey JEREMY.

1481
03:47:15.480 --> 03:47:16.140
Rick Kuntz: Other comments.

1482
03:47:25.230 --> 03:47:33.360
Katherine Ogyanova: I think, someone said that already, but just to highlight it again this idea that people have quite low tolerance for uncertainty.

1483
03:47:33.780 --> 03:47:46.860
Katherine Ogyanova: And so, one of the things that we need to communicate better is science as a process versus science sciences, a set of facts that we already know in advance of everything else that's going on.

1484
03:47:47.370 --> 03:47:57.000
Katherine Ogyanova: Because one of the sources of distrust in institutions recently during the pandemic was this shift in our in communication about what people are supposed to be doing.

1485
03:47:57.450 --> 03:48:05.340
Katherine Ogyanova: And that caused a lot of a lot of challenges in, not just in one Community but across the board.

1486
03:48:05.760 --> 03:48:15.810
Katherine Ogyanova: People are not used to getting instruction science changing science evolving and so we're not we're clearly not but not communicating that quite well enough that.

1487
03:48:16.500 --> 03:48:29.670

Katherine Ogyanova: Science is just the best explanation that we have at the current moment and tomorrow is another day, so I think several people talked about this, but it's something that's important to learn how to deliver and communicate.

1488
03:48:32.400 --> 03:48:34.860
Rick Kuntz: You know I think that's a really important point, and I think it goes to.

1489
03:48:35.670 --> 03:48:52.710
Rick Kuntz: robin's coming in the comment about the need for more social science, I think your comment that people want things to be binary they want to know the answer all the time and not and not tolerate uncertainty is something that we also have to process in any of our solutions is that.

1490
03:48:53.970 --> 03:48:56.040
Rick Kuntz: Either how we communicate that uncertainty is all right.

1491
03:48:57.120 --> 03:49:01.440
Rick Kuntz: Or how do we try to avoid the conveyance that science is uncertain.

1492
03:49:07.530 --> 03:49:08.430
Rick Kuntz: And the other comments.

1493
03:49:15.930 --> 03:49:16.320
Rick Kuntz: rich.

1494
03:49:17.430 --> 03:49:18.090
Rick Kuntz: anymore say.

1495
03:49:19.620 --> 03:49:23.730
Richard Platt: it's time to declare victory spin it to this has been a wonderful of.

1496
03:49:24.840 --> 03:49:26.190
Richard Platt: session there you know we.

1497
03:49:27.450 --> 03:49:31.530
Richard Platt: have to tell you, personally, I was a little concerned that we scheduled for hours with no break and.

1498
03:49:33.330 --> 03:49:33.600
Richard Platt: But.

1499

03:49:35.400 --> 03:49:50.670
Richard Platt: But, but we clearly would have talked right through it if we had had scheduled one, so I sure want to just express my own thanks to all of you for making this such a successful and useful discussion.

1500
03:49:53.190 --> 03:49:56.640
Richard Platt: and Michael I think it's time for you to take the reins.

1501
03:49:57.000 --> 03:49:57.420
And we'll.

1502
03:49:59.070 --> 03:50:05.820
Michael McGinnis: One cannot do justice in any way, shape or form to the richness of the conversation you folks are.

1503
03:50:06.870 --> 03:50:13.620
Michael McGinnis: Really extraordinary and in the skill of our facilitators and chances well.

1504
03:50:15.060 --> 03:50:26.550
Michael McGinnis: I did jot down a few things that I heard about the basic assumptions that we're engaging and about the some of the possible actions and i'll just.

1505
03:50:27.990 --> 03:50:30.450
Michael McGinnis: pull not quite arbitrarily but.

1506
03:50:31.890 --> 03:50:36.060
Michael McGinnis: possibly more arbitrary than it should be from the myriad.

1507
03:50:38.640 --> 03:50:46.380
Michael McGinnis: insights and wisdom elements that you've shared on the assumptions front it's very clear.

1508
03:50:47.520 --> 03:50:50.730
Michael McGinnis: that we need to start.

1509
03:50:52.500 --> 03:50:55.230
Michael McGinnis: With the understanding that help people learn.

1510
03:50:56.940 --> 03:51:07.770
Michael McGinnis: Is is critical and understanding the learning process really is the the beginning point of everything we do most people do understand that science is iterative.

1511
03:51:08.730 --> 03:51:27.780
Michael McGinnis: But they may not understand how that plays out in any individual circumstance, so we have to be thoughtful about how it's translated strategies vary by the proximity of the message to people's daily lives, hence the difference between.

1512
03:51:29.190 --> 03:51:35.760
Michael McGinnis: distrust in biomedical science in some cases are myths and biomedical science and other sciences.

1513
03:51:36.810 --> 03:51:47.370
Michael McGinnis: it's really in some ways, about balancing four elements truth uncertainty myth and where people are in their lives.

1514
03:51:48.960 --> 03:51:49.560
Michael McGinnis: and

1515
03:51:51.600 --> 03:52:00.750
Michael McGinnis: We heard clearly that it's important to repeat the truth and not the myth as we're trying to message mocking is not a viable strategy.

1516
03:52:02.130 --> 03:52:14.760
Michael McGinnis: As important as the message is the messenger obviously and a portion of the population will actively resist under almost any circumstances, and we need to understand.

1517
03:52:15.360 --> 03:52:28.680
Michael McGinnis: Who, and why they are and and account for them in one way or another, so there are many, many other assumptions that you laid out as sort of givens where we.

1518
03:52:29.730 --> 03:52:32.910
Michael McGinnis: that we need to keep in mind in terms of actions.

1519
03:52:36.420 --> 03:52:42.630
Michael McGinnis: i'm a little reluctant to talk about actions with a group that is so.

1520
03:52:45.030 --> 03:52:53.310
Michael McGinnis: wise and insightful experience with respect to actions and communication, maybe i'll start with the notion that we need to elevate.

1521
03:52:54.360 --> 03:53:01.200
Michael McGinnis: Communication science in many ways the national academies should understand and act upon the fact that.

1522
03:53:02.400 --> 03:53:14.760
Michael McGinnis: communications is the basic science of societal progress and engage the issues much more systematic way and in a structured fashion.

1523
03:53:15.840 --> 03:53:29.190
Michael McGinnis: or near term strategy clearly has to be focused on topics that we have to engage in order to counter myths and be topic specific at some fundamental level.

1524
03:53:30.060 --> 03:53:45.270
Michael McGinnis: While we also learn along the way, and and steward the longer term issues as well the the longer term elements of how we build a learning society, how we develop literacy.

1525
03:53:46.530 --> 03:53:47.220
Michael McGinnis: As a.

1526
03:53:48.540 --> 03:53:53.070
Michael McGinnis: As a fundamental asset and not not a detriment to society.

1527
03:53:54.750 --> 03:53:56.940
Michael McGinnis: In in this respect it.

1528
03:53:58.080 --> 03:54:02.880
Michael McGinnis: it's clear that we have to do better within the academies to capture.

1529
03:54:04.050 --> 03:54:10.890
Michael McGinnis: The lessons learned from our various discussions we had referenced the two or three related discussions just in the last.

1530
03:54:11.940 --> 03:54:16.140
Michael McGinnis: Several months at the academy's have sponsored and.

1531
03:54:17.220 --> 03:54:24.000
Michael McGinnis: it's totally time for us to be a systematic as we can, about gathering those lessons learned.

1532
03:54:25.140 --> 03:54:29.280
Michael McGinnis: In effect, to begin to assemble the tools chest.

1533
03:54:30.510 --> 03:54:40.800
Michael McGinnis: The the what we're learning about the essentials of what to do and what we're learning about the essentials of what not to do as we seek to.

1534
03:54:43.020 --> 03:54:49.560
Michael McGinnis: To improve the the application of the tools we have.

1535
03:54:50.670 --> 03:54:54.180
Michael McGinnis: Part of that requires us, possibly to.

1536
03:54:56.010 --> 03:55:07.560
Michael McGinnis: More formally engaged the notion of the taxonomy of links between audiences tools and crafts people involved or the messengers.

1537
03:55:08.670 --> 03:55:09.060
Michael McGinnis: But.

1538
03:55:10.980 --> 03:55:20.940
Michael McGinnis: Building that matrix is going to be critical and i'll bet the number of you have done it yourselves and so we'll have some good starting points on that count.

1539
03:55:22.050 --> 03:55:23.040
Michael McGinnis: and similarly.

1540
03:55:25.470 --> 03:55:31.140
Michael McGinnis: will want to maintain a living repository of.

1541
03:55:33.180 --> 03:55:39.450
Michael McGinnis: of what we are learning about audiences about tools about those who are.

1542
03:55:40.590 --> 03:55:51.780
Michael McGinnis: wielding those tools that can be a resource and by living, I mean this is we're fast we're we're far past the time when.

1543
03:55:53.340 --> 03:55:56.700
Michael McGinnis: repositories are in stacks and libraries.

1544
03:55:57.900 --> 03:56:03.180
Michael McGinnis: But clearly, we have the opportunity for a network living repository that.

1545
03:56:04.470 --> 03:56:12.840
Michael McGinnis: We need to work with our colleagues so on thinking more about the notion of building networks of stakeholder organizations.

1546
03:56:14.610 --> 03:56:24.480
Michael McGinnis: Of message messaging activator is, if you will, the notion of training people to go out in different circumstances and carry messages So those are both.

1547
03:56:25.530 --> 03:56:49.830
Michael McGinnis: The notion of change processes and change agents that have to be part of our lexicon as we engage these things, and as we do for any field of science, as we try to nurture and stewarded the ongoing issues of rallying of refreshing and sustaining will clearly be important.

1548
03:56:51.270 --> 03:57:12.660
Michael McGinnis: And most important is our ability to continue to draw upon your wisdom and to ensure that, as we do, we express the kind of gratitude that that you deserve and and you have a certainly for what you've brought here so we'll look forward to continuing.

1549
03:57:14.100 --> 03:57:23.970
Michael McGinnis: To engage on those issues, we invite you, and urge you to continue to have your comments and suggestions coming in.

1550
03:57:25.230 --> 03:57:41.670
Michael McGinnis: To us, and we'll try to fit them back as we get them will develop a summary, we use this we term very casually the people who will be developing the summary and trying to do a much better job of capturing the key lessons are.

1551
03:57:42.750 --> 03:57:47.280
Michael McGinnis: Those who have pulled this together and i'll give special.

1552
03:57:48.450 --> 03:58:01.470
Michael McGinnis: kudos to Laura Adams, a special advisor to the Academy elaine Fontaine newer mad associate program officer Asia Williams, will you see the names they're like coachella Ellis and Lester.

1553
03:58:02.760 --> 03:58:05.250
Michael McGinnis: Deep thanks to each of them.

1554
03:58:07.410 --> 03:58:19.950
Michael McGinnis: Equally deep thanks to each of you, and of course robust applause for two co chairs thanks very much to be continued stay in touch the will.

1555
03:58:20.160 --> 03:58:21.120
and stay safe.

1556
03:58:23.160 --> 03:58:24.090

Gwen Darien: Thank you.

1557
03:58:24.150 --> 03:58:24.660
Michael.

1558
03:58:26.190 --> 03:58:28.320
Robin Vanderpool: hi everyone, thank you.

1559
03:58:28.650 --> 03:58:29.790
Jeremy Greene: It was a wonderful conversation.