

Insights from the Past, Preparing for the Future

[Announcer] *This program is presented by the Centers for Disease Control and Prevention.*

[Intro] Stuck? Wish you knew more? Well, listen up. The information landscape is changing rapidly, and the communicators of today want the latest and greatest insights for action, fast and at their fingertips. *Listen Up* is a new podcast series brought to you by CDC's Division of Communication Science and Services. In this series, we highlight hot topics with insights from thought leaders, academics, innovators, practitioners, and more. You can learn tips and takeaways that you can use. So listen up and lean in as we share information to help you grow your knowledge base and improve your practices. And don't forget to tell your colleagues about us.

[Betsy Mitchell:] Welcome everyone. I'm your host, Dr. Betsy Mitchell, Director of the Division of Communication Science and Services in CDC's office of the Associate Director for Communication. In today's inaugural edition of *Listen Up*, I'm delighted to have the opportunity to reminisce about all things health communication with guest Dr. Scott Ratzan. Scott has three decades of pioneering accomplishments in the US and globally in health communication, health literacy, and strategic diplomacy. Dr. Ratzan has an MD from the University of Southern California and MPA from the Harvard Kennedy School and MA in communication from Emerson College. Scott is a distinguished lecturer at CUNY Graduate School of Public Health and Health Policy, an adjunct professor at Columbia University's Mailman School of Public Health and has professional appointments at both Tufts University School of Medicine and the University of St. Andrew's School of Medicine. Dr. Ratzan is also the founding editor-in-chief of the *Journal of Health Communication International Perspectives*, which is currently in its 27th year. And these are just a few professional highlights. Scott, welcome. I'm not sure how you find time for all of this.

[Scott Ratzan] Well, thanks Betsy. It's great to be here in Atlanta with you at the CDC, and I'm really looking forward to this *Listen Up* segment.

[Betsy Mitchell] Scott, when we spoke a couple months back, we were reflecting and at one point you held up a copy of the first edition of the *Journal of Health Communication International Perspectives*. Can you tell our listeners what the title was?

[Scott Ratzan] Well, it's interesting that as we reflect back three decades, I put a career together of linking medicine, health and communication. And as such, we wrote first edition of the *American Behavioral Scientist*, and later became the *Journal of Health Communication on Health Communication Challenges for the 21st century*. And even though it was 1994, we knew that health communication was one of the most important areas for making and helping people live better and live full lives.

[Betsy Mitchell] Can you share some reflections on what the biggest challenges the field faced during that time? What were you seeing?

[Scott Ratzan] Well, what's interesting is that we all know the RCT, the Randomized Control Trial that began in 1947. It was the same time that the first doctorate was given in school of communication in the United States. But yet, even over decades, we really did not have a field of health communication. Many people thought that communicating in a health setting would be health communication. But then we knew there was much more of a discipline behind this with theory and practice that came out of the communication field. Some which came out of the fields of public health and of course in medicine as well.

[Betsy Mitchell] And so thinking about the contents of that inaugural journal, what did the edition include? What were scholars of that time focused on?

[Scott Ratzan] Well, it was interesting because we really had a proof what was necessary. If you remember, it was the mid-1980s when HIV was first discovered. And then, you know, the disease of course caused the virus that caused AIDS. And a lot of research was on how we communicate better. Of course, in those days there was a stigma, and if you might even recall, in those years that we were not allowed to say condom or show a condom on television, when Ronald Reagan was president, the CDC put out a public service announcement that had a man pulling a sock over his foot and saying, get the picture. That was the closest we could come, but we knew we needed to do much more to address HIV. And we had Act Up and we had a lot of different parts of the communication field, whether it was advocacy, media advocacy, and other places that were showing that communication was going to be important to get us out of then the AIDS epidemic.

[Betsy Mitchell] Yeah, so interesting to reflect about all the different topics and concerns of that time.

[Scott Ratzan] Yeah, and I'll interrupt you Betsy, to think, you know, one of the greatest scholars in communication that I was fortunate to meet to know was Everett Rogers -- professor Everett Rogers, who was known for diffusion of innovation. And in that first issue of the journal, he wrote the introduction of why this field is so important and how this was going to be really the place where communication could make the most difference as a discipline. And it was Eve who got me excited then to start the first program -- a master's program in health communication with Emerson College and Touch University a couple years later after we also began the Journal of Health Communication.

[Betsy Mitchell] Oh, fascinating. And as well, during that time, health communication was beginning to formalize as well at CDC. And I remember CDC defining its core competencies and I remember you had a hand in helping CDC's Office of Communication conduct some market research to help shape understanding of these competencies. Tell us about that.

[Scott Ratzan] Well, yes, I mean we were fortunate that CDC knew the importance of communication. And again, it was around HIV and AIDS that I believe Fred Kroger who was in the office there thought to do this right, we need to have appropriate measurement of core competencies, was both through qualitative research from asking people in the field who are already doing it, what they need to know and do. And then also asking employers, is there a

potential beyond the federal government? And this kind of qualitative research really helped set the stage. And then we also had quantitative research on that as well that then supported what we published as core competencies in both the American behavioral scientists and then it helped form the basis for programs at the time, in the 1990s, it was the first joint program between a medical school and a school of communication. But I think now there's, you know, over 50 type programs throughout the United States and globally.

[Betsy Mitchell] It's amazing to see all the progress and the integration of health communication in so many different places. So Scott, you're living in the northeast, you're working there and around the globe, like you, we've all just worked and pushed through the COVID-19 pandemic and are engaged in this complex world of communicating science. As we look ahead, what are the top communication issues or challenges you see communicators needing to manage as they work in their respective programs?

[Scott Ratzan] Well, I mean, it's interesting, Betsy. I mean, yes. You know, right now I live in Princeton. I lived in Boston, Washington near Brussels. I'm originally from Southern California. And the only common currency we have throughout the world, I think is our health. And then if you even think what are the determinants of health, of course there's the social determinants, but there's also the environmental determinants. So I see for this generation nothing more important than climate change and health. And we've already seen how that makes a difference in everything from vector-borne diseases. You know, think about Zika in the last number of years, think about Lyme disease when it used to be only in Lyme, Connecticut and the neighboring states. And we used to joke the only way that people would get Lyme disease would be by car in these places. But now it's traveling all the way up through Canada and a host of states. So we can tell if, you know, there's any other kind of canary in a coal mine, but in this case, right, a vector-borne disease, we're going to see more of that. So I think we need to think about that with everything we do. Notwithstanding, you know, challenges that we have with food insecurity with many of the other social determinants and the whole aspect of health equity, which is another fundamental core of communication.

[Betsy Mitchell] Definitely important topics for our communicators to wrestle with. Given your multi-sectoral work with groups like Johnson & Johnson and USAID and collaboration with diverse and highly accomplished staff around the globe, what are the skills that communicators need to either acquire or enhance to be effective practitioners? What do they need to know and do?

[Scott Ratzan] Well, thank you for asking that question. I mean, I spent a year when I pivoted from the private sector back in the academia to be a senior fellow at Harvard Kennedy School back in the most often Harvard Center for Business and Government. And I say that it was clear that health did not only belong in government, nor only in business, nor in the communities that we live. It rests with every one of us. So I think some of the important aspects are health literacy, understanding self-care, understanding when to seek care, understanding quality care, understanding our role in the community and the multi-sectoral work is very important globally. And what we did publish up at Harvard for this time was what we call MESH, but it means

Multi-Sectoral Engagement for Sustainable Health. So how do we get all sectors to engage? And I say that working in an academic field now where I can look across, and I do also work in the business field with a business partner group, US Council for International Business to get business involved in health. And what we found is so important is that survey after survey continues to show that business is the trusted source for information. And if business is the trusted source, and frankly I know sitting here in the CDC headquarters, unfortunately, at least over the last year with the Edelman Trust barometer measuring businesses moved up and government entities have moved down. And that's nothing to do with necessarily CDC per se. It's maybe the social determinants or commercial determinants of what's happened with the political wins. But we need to have trust and we need to have all sectors engaged in firing on the same cylinders, if I can use that metaphor. And the only way to do that is to have people that are trained or to even think differently. So to answer your question very specifically, people need to have negotiation and leadership skills. It's not the people in all respect to the important epidemiologists and the analysts that are at the background of the work that we do. But we need leaders that have vision that are able to motivate individuals and communities and work amongst teams and also articulate that vision publicly. Many times it's in front of a camera, a microphone, and now of course with social media, many people are their own journalist or their own communicator. So we need all of those skills and they need to be done with a science-based to them as well.

[Betsy Mitchell:] And so thinking about this area of leadership development and strategic thinking in that way, are there any courses or books that you've encountered that you would recommend as a place to start in this area?

[Scott Ratzan] Well, gosh, thank you for asking me. I co-direct a health communication for social change program at CUNY School of Public Health now. And we've tried to build on the core competencies you talked about that we first discovered at CDC or with CDC decades ago. And some of those are media and health literacy of being able to have skills-based training. We use a number of different books, but you know, a lot of people learn now with short form and understanding narrative and developing their own podcasts or ways of interacting. So I don't want to point to books per se, but I have like to bring in others from different fields that are not only communication or behavior theory-based, but are people that look at things politically and from the social area. So say for example, Anne-Marie Slaughter known last is when she was dean of the Woodrow Wilson School at Princeton and formerly from the State Department -- Associate Director of policy and now CEO of the New America Foundation. She wrote a book called *The Chessboard and the Web*, and basically reminding that we don't work in two dimensions with a chessboard where we have all the strategy that we could figure out. We now have a web and network of how we communicate. So we have to figure out ways where we can curate information, we can communicate information, we can have information with clarity and so forth. And I think that's a very interesting book for people to read and to think about it from the perspective of how they could apply it into the work that they do with communication and realize that nothing we do is independent of the politics in the world that we live in. So I'm all for, you know, bringing this together. We called our program Health Communication for Social Change, that some people would say, well, health communication is just when a doctor is talking

to a patient. We know it's no longer just doctors that deliver healthcare. It's clinicians, it's other intermediaries, the FDA speak, the learned intermediary, right? The pharmacist, someone who's got the training or a license. But I think what we need to do is have everyone trained or to think about what they're communicating for the health and wellbeing of themselves, of their families, of their communities, and ultimately for society.

[Betsy Mitchell] Yeah. The point that you're making about effective communication of science, taking our data, our guidances and ensuring that the public can understand and act on what they're seeing and hearing is so important. And I really appreciate the idea of including diverse perspectives and lenses and multidisciplinary efforts to arrive at the best communication. So that's a great point. Scott, as a communicator, I know the importance of documenting history, publishing, research, insights and innovation. Putting on your hat as the editor-in-chief for the *Journal of Health Communication International Perspectives*, how is the publishing industry adapting to our information culture of we want it now. Actually we wanted it yesterday. This feverish want for immediacy in information dissemination.

[Scott Ratzan] Well, Dr. Mitchell, it's great that you've called this *Listen Up*. And *Listen Up* means we need to first be able to listen to our audiences and understand them and then figure out ways that we can communicate better to help them make the appropriate decision. And I say appropriate because it needs to be appropriate to their ethical context, to their social context, to their cultural context, as well as their other context of how they want to live their lives. So whether we're in Atlanta, New York, Geneva, pick a city in the world we shouldn't be dictating. We should have more ways of people engaging. And what we've tried to do with the *Journal of Health Communication* over the years is one, listen, but because of the nature of an academic journal, it's sometimes trails of what's really going on in the world. So as I mentioned, we began the journal during the AIDS crisis. So it would be no surprise that there was a lot of communication articles that would come in that were related to dealing with AIDS, a lot of with stigma and how it was communicated and how we dealt with uncertainty and the risk communication aspects of people. One, wearing condoms. This was before we had antiretrovirals before people even understood some of the modes of transmission. And then what we've seen over the years, we had a lot of anti-tobacco work, right? So when you had, some of this was funded by CDC Legacy Foundation, all the others we saw also changes there. And the field has moved quite a bit from this doctor-patient relationship. While that's important to the broader public health environment and looking at all the different ways how behavior and social change theories make a difference. And I would say notwithstanding, you know, the US has been very, very important. US government has been very, very important in shaping the field of health communication. When I was at USAID at the -- sons old now the turn of the century. But I was there from, you know, 1991 to 2001. And that was the time when we were reauthorizing the global health communication work, which, you know, had authorization and congress and is now on its sort of fourth iteration from this AAD document. Sort of five year cycles, there was a lot of research that we had to put behind of why health communication was making a difference around the world. We knew that radio work at this time of the turn of the century, less than half of the world's population had ever made a phone call. Not that half the world didn't own a phone, they just never had a, a phone call at all. So we knew we needed radio, we needed billboards, we

needed ways of fostering dialogue at the local level. And the field started to also show that in the articles that were collected from the evidence that was gathered, the data around the world and more people were getting trained in health communication and doing their doctorates and so forth on it. So I think a lot of this, the journal has been able to, as I said, trail, but I'll also take the liberty if I may, Dr. Mitchell, to say that the journal likes to lead. So we have special issues and fortunately we have had 16 different special issues that have been funded by all sorts of groups from UNAIDS when they had a new communication strategy to actually CDC on the risk communication around anthrax to AHRQ when they were doing work on health literacy to USAID on polio communication to a variety of others that have been academic and so forth. And that helps us curate some of the ideas and future thinking that can then help translate into good public health practice. And that's our hope of what we continue to do with the journal. And I think it's the driving force of -- I should say I've been the editor-in-chief, but we've got a 50 plus editorial board and I think we've counted, we have well over a thousand authors who've contributed to the variety of articles, the thousands of articles over the years.

[Betsy Mitchell] A great point. And one thing that there's a lot of reflection around is when we think about risk communication, be first, be right, be credible, we sometimes see this tension between being right and first and losing credibility and not moving as quickly. Have you received feedback about this sort of tension with scholars? And again, in the context of digital publication and things, and then perhaps other outlets being more cautious? Are you seeing that concern?

[Scott Ratzan] Well, absolutely Betsy, if I can say, you know, I'm trained, you mentioned the background. My undergraduate at Occidental, I was at the same time as president Obama. And ironically, you know, it shows that there's certain different fields. I was studying rhetoric, he was obviously doing political science and other pieces. But in rhetoric, the basis of ethos, pathos and logos, I think still holds to today that ethos is the ethics and the credibility of the source, pathos of the emotions and logos being the logic or the evidence that's there supporting these arguments. And these basic parts of how we communicate or persuade are really key. And I think what's unfortunate today, what's happened is we've lost the ability for the intermediary who used to have the ethos, whether it be, you know, Walter Cronkite on the evening news or traditional news sources that wouldn't have a 24/7 need to get information out as soon as it's out there as breaking news. And as such, we've lost some of the ability to have the checks and balances that are necessary. The other part of this, of course, the emotional arguments, the pathos have won out even more because we're able to have credible or credulous materials that are -- that oftentimes are not true or mis or disinformation, which we can get into later. And then, you know, the logos of the evidence, and I think that also talks to the latest challenge that we have in public health and health communication is that we have these big companies or small companies or anyone who's doing research that wants to get either their name or their product or their discovery out in the public. And many times this happens without having a peer reviewed journal, without having a pre-print release by press release, or worse, the CEO goes on and says, you know, we have a vaccine that's 100% effective. Which, you know, we know we wouldn't have been saying that on the COVID vaccine as one of the CEOs of one of the companies said. If we had looked at the full evidence, we wouldn't be releasing studies that sometimes have eight

subjects or 20 subjects. So we have some issues that are there. I don't know how that we can self-police this. We should, I know that you people have said this in major publications that we can't, you know, have this kind of breaking news when it comes to health and science, but yet we have to figure out a way to work on that. And I think that's a challenge for all of us as health communicators.

[Betsy Mitchell] But you would probably agree that there's this need to find a sweet spot of waiting for certainty and being absolutely sure of our data and science versus sharing what we know and what we don't know and perhaps providing more information earlier in a process.

[Scott Ratzan] Well, Dr. Mitchell, it's not an either or. And I think that's also the challenge that we have with our journalists of today. It's right or wrong, it's black or white, it's God or devil. We have to figure out ways of incrementally giving people the information when that's all we have. And we need that with a credible source. That's why the credible source and trustworthy nature of the communication is most important. And I'm doing everything I can to help the institutions that we have get better and get stronger and be trustworthy. And sometimes that might mean organizing things differently, changing how we do things. I'm not the only one saying this. The Bretton Woods institutions that were established after World War II, Helen Clark and the WHO Independent Panel on Pandemic Preparedness said our current institutions failed us. They were organized differently for a different time. Now she was speaking on the global piece, but we know that, you know, continuous quality improvement that we would have in a business or health side, we should do the same also in our government side. I know we do. I'm not saying not, but I am not for holding and hiding the data, but I'm also not for making it so transparent that it doesn't have the right checks and balances that are necessary. And I'm not saying the peer review process is perfect either. There's internal peer review, there's intramural and extramural review that we do of our grants and other mechanisms that we have, but we have to also get the right people. And sometimes a Delphi process or wisdom is the kind of way to interpret data when we don't have time to wait for an RCT or some other trial, that's going to take too much time. So I'm answering a long way because it's complicated, but we also need to have the health literacy that people understand the incremental nature of science.

[Betsy Mitchell] That's a great point.

[Scott Ratzan:] Yeah. And you know, just think of statins. People didn't even know -- at least when I was growing up, we knew foods had cholesterol, they were fat or they weren't bad for you, but nobody knew their cholesterol level. And then we started to say, okay, know your cholesterol level and we had some first generation statins that will lower it and time went on. You know, we have many generations of them and generic ones that are inexpensive and we made, you know, we've lowered hypercholesterolemia, we've increased a lifespan of people in the United States and frankly globally on this and some other medicines that have made a difference. And we need to have that health literacy and we need to have the same with vaccines. We need have vaccine literacy that we could think how many people, if we had the appropriate number of women and girls and boys as well in terms of HPV, what that prevents later on. But it doesn't have the immediate effect. So we need to remind people of how health is both an

investment, not a cost. And we could have value and values-based healthcare in everything that we do.

[Betsy Mitchell] Great points. So thinking back as we were talking about the journal and publishing and looking for opportunities to get important science out there in the world, what tips do you have for communicators who might want to get their research published?

[Scott Ratzan] Well, you know, the interesting thing with our journalists, you know, we get almost, you know, 800 to 1000 submissions a year. And I think the field of health communication, you know, the top journals were less than 15% even after multiple revisions, you know, get published. Now we're not the only people that publish health communication. In fact, when I write some things I'm happy or wanting them to get another mainstream publication. So what's the New England Journal of Medicine on the need for better communication to address vaccine literacy or vaccine hesitancy rather. The, you know, nature we've been trying to get with nature medicine and others, the importance of communication and as we move past COVID.

[Betsy Mitchell] So consider the best fit for the content that people are working on.

[Scott Ratzan] Yes, absolutely. But also Dr. Mitchell, what we like to have for our journalists, something that has a communication focus in it. Either a theory-based with communication or some recommendations on how we can integrate this whether in the practice of health communication policies that will support health communication and perspectives of how we can, you know, push this field forward of using the multitude of technologies that we have and employ them in ways that make a difference. And I say that because, you know, I worked with HHS and CDC and others on Text4baby and that was the first stage-base -- text-based system where pregnant mothers could opt in and they would get stage messages developed through the CDC and others who form...

[Betsy Mitchell] I've worked with that program too. It's a great one.

[Scott Ratzan] Yeah. But I'll tell you it was not easy because where's the evidence that this is going to work? Show me the trial, show me the piece. And I can tell you the same thing. When I tried to take this globally with USAID later supporting, it was called MAMA, the Mobile Alliance for Maternal Action. I remember that the acronym is was aptly fit, but we had to convince USAID that there is evidence that it works. And a lot of these groups that are population-based that want to see numbers don't always have the belief in taking some risks. So our journal would like to say, okay, if you have a core idea and you can make a plausible piece of suggestions, that will be whether evidence or theory-based or why we need more heuristics around that. So it's both the epistemological or ontological approach, we would like to see it. And I think young researchers should be helping set the future of what this field can be. And I'm a believer that the horizon is broad and the impact is grand.

[Betsy Mitchell] Do you ever have academics or prospective writers reach out to the journal just to get a sense of themes or areas of interest for a particular calendar year? Is that appropriate?

[Scott Ratzan] Well, in our journal we have special issues and we put call for papers out. So I think that people should always look not only in our journal but others when there are calls for papers, that means the editor is either trying to curate or get some articles in that particular part of the field. We sort of -- early in the field we did that, we had more invitations to do and so forth. But now I can say we're more mature journal at 27 years into it. So rarely does that happen for general calls. However, for example, we just had a call for papers on the social behavior change activities of new ideas that also link with the Social Behavior Change summit. We're doing something on health equity with no one left behind. Lessons learned from the COVID pandemic for health communication. So I think people should always look through your other social media feeds. It should be on LinkedIn. I mean our journal, we have a LinkedIn site, I think 6, 7,000 people and we post some articles. All of them don't go there. But I also give the opportunity for researchers to write back and then you can see if there's an article in that area. That's one thing.

[Betsy Mitchell] That's a great suggestion. And I wouldn't have thought of LinkedIn and connecting that way.

[Scott Ratzan] Yeah. Well we've tried that and they're also -- I sometimes monitor it. We have managing editors and I have a former national library of medicine editor who posts different things from different fields or different journals that are linked to health communication. So I think we need to have a better community around that. I know the Society for Health Communication is also, you know, developing ways of reaching out with people. There's lots of ways that I think we want to have a better social media presence with our journal. We like to have video abstracts eventually we like authors to be able to put their data sets available for others to see. You know, particularly a lot around communication campaigns, I know we're reviewing some articles and that are on some of the communication campaigns or activities during COVID. Well it's one thing to just report on them. It'd be also nice for people to be able to share and see and have a dialogue. So we've actually created a sister site. We're just starting it. It's called jhimpact.com. So how the journal articles have impact for the field and that will give people an opportunity to electronically publish. So to answer your question, also, in a long way, a junior researcher who might not have full peer reviewed strong empirical data that they want to submit a full article, you know, might be able to write some things for JHC impact or other areas.

[Betsy Mitchell] That's great. It's so nice. I know a lot of our community is always looking for ways to share their data and acquire more references and things for their CV. So this is great. So I would be remiss if I didn't close by asking you, as you look out over the next decade of health communication, what does the title of the next journal cover read?

[Scott Ratzan] Wow. Well the journal -- our subhead is International Perspectives. When I started in the '90s, we probably should have called it Global Perspectives, but it's too difficult now to re-register the ISBN number I suppose, or whatever it might be. And I think everything that we're going to do is global in scope. But I also think we're at a new age with mis and disinformation that we need to deal with. We're at a new age where we have to create trustworthy, credible sources that are not only in the institutions that we've built and we've had

since we've grown up with, but also with the new institutions that might be more in the private sector. And, you know, we have to be aware of the democratization of information and of health decisions. So I think Dr. Mitchell, we should stay with the field that you have your PhD in. I think we should keep calling it the Journal of Health Communication. I have used the term health diplomacy quite a bit because I think that is yes. How we communicate amongst not just countries diplomacy has been thought of statecraft or when states communicate, but every company needs a health diplomacy strategy because they have to figure out, as we saw with COVID, right, what would happen with not only movement of people, but movement of the vectors and the microbes, and then how that affects the supply chain and so forth. So I do think the field health communication is the right place for it. I think health literacy, health diplomacy, and the other areas that support our ability to have dialogue, debate, deliberations to come up with best outcomes is something that we all should strive for. And I'm hoping to see, and many of the listeners here are welcome. I think you asked to write the editor note, it's not ever a bad thing. Have a query, is this right? And you can sometimes get some feedback from the editor on an abstract or just to think about some titles or articles that could be curated. And you know, that's oftentimes it turns on a light bulb, so to speak, or an area that, wow, we didn't think about things that way. And digital health is going to change the way we communicate. But I'm old enough to remember, or at least, you know, we used to have fax machines. Some people still do actually, the health field is somebody oldest on that. But one time, almost all of the communication devices that we've had have not been replaced, but have been added with the new technologies. So we still have postcards. The only one that's really gone is the telegraph. We still have communication with television and radio and I think we will have social media and internet and all of the variety of pieces, but we need to use all of those together and how we create a movement of the importance of communicating around health with a strong ethical framework and a compass that uses evidence appropriately and efficiently and effectively for overall health and wellbeing. And, you know, that's my hope that we see that and –

[Betsy Mitchell] Feels very optimistic and something that we're all yearning for optimism and synergies and learning.

[Scott Ratzan] Yes, I'm never really the half empty person. I think we can keep filling that glass. Yes, sure, we can do better. The theme of my Harvard fellowship was getting past Sisyphus. And Sisyphus kept pushing that rock up the hill and he was condemned to immortality, but he supposedly was punished by pushing that rock up the hill and never getting into the top and pushing it up again. But Camu wrote about the myth of Sisyphus and saying it's really not a myth that he's unhappy, that he's happy pushing that rock up the hill again and again. And if we're trying to push the rock up the hill to make a difference for health, I think it's a worthy task that we could keep doing. Sometimes that rock's going to be huge and it's going to take -- and always will probably be too big for one person. It's going to take many, many, many Sisyphes, I can say that. But we also have to realize that, you know, even if we ever did get it to the top, there'll be another challenge that will be the next hill out there and the next one. So let's use as evidence-based. Let's use the communication foundations that we have to make a difference.

[Betsy Mitchell] Well, Scott, it's been an absolute pleasure and I'm happy to be rolling the rock up the hill with you. Thank you so much for joining us today.

[Scott Ratzan] Well thanks, Betsy. Now that I can't think of no better person and no better place to be than with you here at CDC headquarters. And I can congratulate you for the work that you've done in launching *Listen Up* and the Office of Associate Director of Communication and your work as Director for the Division of Communication Science and Services, it's just terrific to be part of this inaugural podcast. And, you know, hope we have the opportunity to hear some of these in the future, maybe beyond the CDC walls, if I could say that or however this is going to be disseminated over computers or other ways. So thank you very much for having me.

[Betsy Mitchell] Thank you, Scott. See you again soon.

[Scott Ratzan] Thank you. Looking forward.

[Outro] Findings and conclusions in this discussion do not necessarily represent the official position of the Centers for Disease Control and Prevention. We hope you enjoyed this podcast. You can find past episodes of *Listen Up* archived in the CDC Public Health Media Library.

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