Communication Matters: The NCA Podcast | **TRANSCRIPT**
Episode 29 – Public Health Communication, Vaccine Rollouts and More

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Participants:
Trevor Parry-Giles
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Christy J. W. Ledford
Xiaoli Nan

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Introduction:
This is *Communication Matters, the NCA podcast*.

Trevor Parry-Giles:
Hello, I'm Trevor Perry-Giles, the Executive Director of the National Communication Association and I'm your host on *Communication Matters, the NCA podcast*. Thanks for joining us for today's episode.

Hello again and welcome to *Communication Matters, the NCA podcast*. Almost a year ago, NCA released an episode of this podcast about the COVID-19 pandemic that in part addressed public communication about the virus. Today's episode of Communication Matters is sort of a follow-up. It picks up on this conversation and we're going to talk to three all-star health communication scholars, Katharine J. Head, Christy J. W. Ledford, and Xiaoli Nan. And today we're going to dive into the how the public health communication about the virus has changed and what insights communication research can offer to the public health communication strategies, particularly as they relate to the COVID-19 vaccine. Let me tell you a little bit more about today's guests. Katharine J. Head is an associate professor of communication studies and director of the health communication PhD program in the School of Liberal Arts at Indiana University, Purdue University-Indianapolis. Dr. Head is also the chair of the advisory committee for the Indiana Immunization Coalition. Head's research in health communication focuses on health campaign design and evaluation as well as how individuals communicate about vaccines and cancer screenings. Hi, Katharine. Welcome to *Communication Matters*.

Katharine Head:
Thank you for having me. It's a pleasure.

Trevor Parry-Giles
Christy J. W. Ledford is a professor of family medicine and research director in the department of family medicine at the Medical College of Georgia at Augusta University. As a health communications scientist, Dr. Ledford seeks to integrate communication principles into medical education and practice, both through theory and the application of mixed methods research. Ledford's research focuses on how patients and physicians can negotiate emerging evidence together. Hi, Christy. Welcome to the podcast.

Christy J. W. Ledford:
Hello. Thank you for the invitation.

Trevor Parry-Giles
Xiaoli Nan is a professor of communication and director of The Center for Health and Risk Communication at the University of Maryland College Park. Dr. Nan researches in the areas of persuasion and health message design as well as the role of traditional and emerging media in public health. Dr. Nan has received research support from the National Institutes of Health, the Department of Energy, and the Food and Drug Administration. And I should have introduced her as a distinguished professor of communication because she was just named a distinguished scholar teacher at the University of Maryland. Hi, Xiaoli. Welcome to *Communication Matters*.

Xiaoli Nan:
Thank you for having me, Trevor. Good to see you again.

Trevor Parry-Giles
So in our first COVID podcast back in March of 2020, I asked communication Professor Matt Seeger about the federal government's communication strategy related to COVID-19 and whether that strategy was effective. And you can probably guess what his answer was. Even at that early date, we were having glimpses of the ineptitude of the federal government's response to COVID-19. So now, a year later, we have a new administration and the vaccine rollout has begun and seems to be gaining some speed. What major changes have any of you noticed in the federal government's communication strategies with regards to COVID-19 and the vaccine in particular?

Xiaoli Nan:
Okay. Well, I think first of all, I think when we talk about federal government, what are we talking about? I think there are lots of spokesperson from the government. So from the President all the way down to city council like for instance. When it comes to the President, I'm not going to be talking too much about this but I think we can all see some sort of differences in how the President communicates about COVID. And so there are definitely changes there. But then when it comes to federal government health agencies, like if we're talking about CDC, FDA, I feel like, I think this

is more of a feeling. I don't think I have the empirical data here. But you can see that I think the internal communication strategies, I feel like I'm seeing more coherent communication coming from the government. And now I think they're being more specific and talking more about action steps and more consistent in their communication that I personally didn't see a whole lot maybe just a couple months ago. And you know, like recently, the CDC rolled out a set of behavioral guidelines for people who have been vaccinated against COVID and that is very helpful and timely.

And I think we need this kind of timely communication coming from the government agencies. Although I think because of some of the miscommunication that we saw earlier during the pandemic, I think there's a lot of trust that needs to be built back. Even with CDC, like I think, I've seen people saying, oh, here we go again. Like here are the guidelines and how much do we trust this and like are they going to revise these guidelines again? So I think these are all the issues that are lying ahead that sort of need to be addressed. Finally, I just want to say one more thing. I'd like to see a change that has not happened. That change is that I would love to see like a national vaccine public communication campaign. And even though like everyone I think from the President down to these health agencies, everybody's saying positive things about vaccines but I think we need a more systematic approach to this and develop a national campaign geared towards different audiences and with different appeals, certainly not like one size for all kind of campaign. But if we can have more of a systematic approach to vaccine communication, I think that is much needed now. So I'm hoping to see more of that in the near future.

Trevor Parry-Giles
I've been struck by how it seems that the lack of a coordinated federal response separate from, of course, the vagaries and the problems with the Trump administration but it all seemed to get trapped into this federalist problem. Right? That we have a federal system. We have 50 states. We have all these counties. We have all these cities. They're all kind of doing their own thing. And do you have any sense of that? Is that just my political nerdiness saying that that's the issue here or was that a real source of the problem do you think?

Christy J. W. Ledford:
I can speak to that a little bit clinically. So one of the interesting nuances here is how vaccination is traditionally part of the healthcare provision system, which like it or not, the United States is often connected to your insurance and often insurance stops at state lines. So this question of how do we vaccinate everyone across the country, across county and state lines is a very complicated question of health delivery. We're seeing that where I am. Our medical university sits right on the border of Georgia and South Carolina. And so we have both employees and patients who live in different states and there's lots of confusion and uncertainty even just around that. So I can't imagine from a federal level how difficult that is when I see it with just two states competing

for resources and lots of mixed messaging because they have different tiered systems. So that call for consistency is needed because our patients are certainly confused by what if I live on this side of the line but I work on this side of the line. Which state’s rules apply to me? And since we're not using insurance providers yet to cover vaccine costs, it's not a clear answer because it's not about well, where will your insurance pay which is frequently what drives that decision.

Trevor Parry-Giles
So we've got this federal problem and we've got this insurance economic problem. And then you've even noted in NCA's online magazine Spectra, Christy, that we also have a potential analog problem. Right? You've written about how there were a lot of attempts to compare COVID-19 to the flu. What's wrong with that comparison? Why didn't that work and is it a harmful comparison?

Christy J. W. Ledford:
Right. So I think this is an excellent communication question. Right? Why do we use comparisons to try to communicate complex ideas? I think in the beginning, the people who are trying to communicate what COVID was were just kind of grasping at it. We didn't know what it was. So how do you communicate this is something we don't know much about? So rather than going that way, they tried to say let me find something that's familiar. And so they went with let's find something that's symptomatically familiar so that we can help them identify the symptoms and what that's connected to. The failure there and what we see in Peter Sandman's work is that familiarity actually reduces people's perceptions of risk. So the more familiar the risk became, the less risky they saw it. So I think that's really where the failure was. I don't think it was a single person's failure. It was this emergency, we need to communicate this, and it was a low-hanging fruit. So I think the question is what do we compare it to now? We need to really communicate better comparisons of how complex the disease is. Maybe we need to compare how communicable it is. Maybe we need to compare how differently it works in every person's body. Those are constructs the different comparisons could achieve. I've recently been talking to our team about can we use tuberculosis and latent TB as a comparison for understanding the symptomatic/asymptomatic question. Many of us are walking around with latent TB and we don't know it. You only get tested for it if you enter the healthcare system for some reason. It's this asymptomatic thing that's around us that people don't know about. So we just need to ask these communicators, what are we trying to communicate, why are we choosing a comparison, and then really go down that path and think critically about the audience centeredness of the comparison.

Trevor Parry-Giles
Right. Don't you think though that maybe using TB would be a little frightening? There's something about the flu that is comforting. I mean the flu is, even though it's a bad thing and people die from

the flu, a lot of people die from the flu, it's at least something we think we can manage. I don't know about TB.

Christy J. W. Ledford:
We actually manage it pretty well.

Trevor Parry-Giles
Yeah, yeah. I suppose.

Christy J. W. Ledford:
Trevor, that's the exact point. Right? Do we want to communicate that it's manageable? Do we want to communicate that it's survivable? Those are all things when we're choosing that comparator, what we should think about. What are these connotative definitions or images that people have walking around in their head that we may be unknowingly telling them this disease is like?

Trevor Parry-Giles
Interesting. Now at a more local and state level, Katharine, you've done a lot of research about health campaigns and specifically with the Indiana Immunization Coalition, how all of this is working at a local and state level. I know in Maryland, there's been a lot of consternation about the local or statewide activity with regard to vaccinations and the efficiency or inefficiencies of the system. Could you speak to how state and local health campaigns differ, how they work how, they're addressing the pandemic and the vaccination questions and the rollout a little bit from that perspective, from that on the ground perspective?

Katharine Head:
Absolutely. Since the vaccine rollout is mostly being handled at that state level, I would say that most states are doing a pretty good job on the logistics side of things. Christy mentioned, of course, some of the difficulties there. But there are systems in place for people to sign up to get vaccinated whether that's online or they call a number. States have clearly communicated who is eligible for each vaccine. Of course, that comes with some of its own difficulties but that's been clearly communicated, clear information about cost, insurance. And that's all been done really nicely. But vaccines are not a build it and they will come situation for all individuals. Vaccine promotion takes heavy long-term investment in communities particularly those that have high levels of vaccine hesitancy or maybe have distrust of certain parts of the medical establishment or vaccines in particular. And we've unfortunately seen less of that, particularly at the federal, state, and local level. So in all that discussion of supply and demand, I think we've over emphasized this supply side of the conversation and underemphasized the strategies we need to employ to ensure that we do have high demand. And there are a lot of communities in the United

States who are suffering disproportionately from COVID infection, hospitalizations, deaths. And these people would benefit most from vaccination, from good vaccination campaigns in these communities.

So I think as we think about the vaccine rollout, we have to start thinking about vaccine promotion. If we're going to approach this from an ethical and equitable vaccine distribution approach, that has to include making sure we're doing vaccine promotion and building vaccine confidence in our communities that are particularly hardest hit. I would also just like to add from a communication perspective, I think this is important to point out and Christy alluded to this earlier, perhaps the most complicating factor in this vaccine rollout has been that we've almost completely removed primary care from the equation. Individuals who are ready to get vaccinated call the number, go to the website, sign up, go get to their appointment. But they're going to a place maybe they've never been before and the person vaccinating them is a stranger. Good, I'm so proud of those people. Good for you for rolling up your sleeve and doing that. But we know, our research shows across all vaccines, across almost all populations that a strong provider recommendation, a trusted healthcare provider recommendation is the number one predictor of vaccination to our vaccine hesitant. And we've removed that from the equation thus far. So we are missing a lot of people in these first few months of the rollout. We're so excited about the numbers that are coming in but we're ignoring the numbers that aren't coming in.

Trevor Parry-Giles
Yeah. Xiaoli, you've done a lot of work with vaccinations and vaccination campaigns particularly with marginalized groups. What can we do? I mean what can the communication do aside—I think Katharine's right on the money with regard to the primary care notion and the ideas that primary care physicians are trusted and that people will be more likely to be vaccinated but there's still a lot of hesitancy. And the cruel irony is that that hesitancy is in groups that are disproportionately affected so negatively by COVID-19. What can we do? What can we do to solve that? What does your research tell us that we can do to solve that?

Xiaoli Nan:
Yeah, I'm going to have to echo a lot of what Katie said. I'm going to add a few more points. But this is really a great question and it has to do with some of the research I'm working on right now. But first, I just want to say that trust really is a very important factor when people make decisions about vaccination. So I mean in past research including someone my own, we've shown that trust in medical establishment is a reliable predictor of vaccination intention. And this actually is the case for people of all backgrounds, not just those from marginalized communities. Right? But when it comes to medical establishment, I think, I like to really tease things apart and what we are talking about when we are talking about a medical establishment, we're really talking about two things. One is trust in healthcare professionals like doctors, physicians and the other is trust in

institutions like CDC, federal government, and all the institutions that just mentioned. Now in general, people trust doctors. We don't need to do a lot about that. People just trust doctors and they in general listen to their doctors. So there is really not a lot of trust issue there. The trust really is that the, where the problem is the trust in institutions. These are institutions like even including science itself as an institution. Like people are starting to not trust the scientific process. I think there's certainly a lot of skepticism to what institutions like FDA, CDC, even NIH. So this is pretty, it's very disconcerting. But distrust in institutions is especially high among black communities. So that is something we need to work on.

Now I guess the natural answer is that, okay, let's try to cultivate trust and improve trust in institutions. Can we do that? But my sense is that we're right in the middle of a pandemic. I don't think we have the time to build that kind of trust because the trust develops over time like decades, years and decades. So I'm not sure there's a lot we can do to get people to trust science more, to get people to trust CDC more or the medical establishment more. So I think maybe we should try to build upon people's trust in other sources. Right? So doctors are one thing. But there are also other sources that people trust and we know that the black community or marginalized communities in general, they like to live in sort of tightly knit communities. And what we can do is try to reach out to messengers from that community, people that community really trusts. And these could include like community leaders, teachers, pastors, health educators from that community. So these are people that go to the same grocery store as you do, like living in the same community and go to the same library. So you feel like you have a lot of trust in those individuals who are living right next to you. And so I think doctors and professionals and they certainly, we have a lot a lot of trust in them. They are great messengers. But I think don't forget about people who are in the community like pastors, those teachers who we place a lot of trust in. I think this kind of trust is very, very strong especially for marginalized community. They tend to live together and really bond together. So I think we should try to harness that kind of trust.

And the other thing is that I think we should try to, I think when we talk about black people in terms of their hesitancy, certainly it's kind of justified based on their historical experience. But I think some recent data coming out showing that actually, the hesitancy is not that high. I think most African-Americans or black Americans, they're fine. They're eager to get the vaccine. And so if there have been people like black Americans who have received the vaccine, we should encourage those people to speak out and to tell other peers and tell other people that they have been vaccinated. So this is a way of set up some sort of social norm that, okay, hey, it's okay. I'm black too. I get vaccinated and things turn out to be fine. So I think this kind of social norms can be extremely powerful. So this is the next thing we can work on is not only harnessing sort of trustworthy spokesperson but also this kind of peer-to-peer or word of mouth kind of approach that even average individuals, once they have been vaccinated or intend to get vaccinated, if they

can talk to other people, their friends and family about it. And that is a powerful sort of social norm kind of approach that we can take advantage of.

Trevor Parry-Giles
It sounds like the data that you suggest that says that people in marginalized communities or underrepresented minorities are more likely to seek the vaccine and accept the vaccine than we're led to believe, I'm thinking this sounds like a misinformation problem from the mainstream media's narratives. The mainstream media really likes to promote this kind of narrative view that these folks are hesitant to get the vaccine and—

Xiaoli Nan:
There is no doubt that they are more hesitant.

Trevor Parry-Giles
More hesitant. But the narrative is that they're generally hesitant and you're suggesting that that's not really the case. That's interesting.

Xiaoli Nan:
The data is really only a minority, a small minority among black Americans who are hesitant. But they are hesitant for a variety of reasons.

Trevor Parry-Giles
Sure, sure. Well, and the other problem is that those same communities, be they Latinos or native communities out West or even not out West but all over the country and African-American communities, they're the ones facing the biggest barriers to access to the vaccine. It's becoming more and more of an issue for them as they move ahead. A public health official looking into that kind of situation and the nature of misinformation and misunderstanding about the COVID vaccine, Katharine, what should they prioritize? How should they confront, they've got this supply and demand issue, they've got this hesitancy within the vaccination community, they've got misinformation out there. What's a local public health official to do?

Katharine Head:
Yeah. Vaccine misinformation is definitely in the room. It is with any vaccine. But it has been particularly pronounced with this vaccine. We've have this unprecedented situation where we've never had a vaccine that has been so closely monitored by the public and the media and how quickly it came out and the use of Operation Warp Speed which whoever decided on that gets a F in their communication. As Xiaoli was talking about, vaccine confidence really comes from sort of three sources. We sort of trust our doctor and where we go get our vaccines. We have to have trust in the vaccine itself. Do we think that it's safe? Do we think it's going to have side effects? Is

it going to last? And concerns or confidence about the policies and systems around vaccine production and distribution. So it's really important for local on the ground people to understand what are the concerns of their communities. We kind of joke in the vaccine world, don't introduce concerns that people don't have. Right? I'm keeping seeing a lot of messages about the vaccine will not change your DNA. Okay, great. That's important and that was a concern for some people. But why is that part of national messaging? You're introducing a new concern that a lot of people had never even thought of.

I also want to talk about Xiaoli's great idea about using community organizations. And this is what we do in community-based communication work a lot but it can be particularly powerful right now. As public health officials encounter these concerns with their patients and their constituents, they can craft messages around these issues with using testimonials from trusted members in the community, social media posts, those sorts of things. I'm working with our Indiana chapter of the Red Cross and they have developed this Vaccine Confidence Coalition of all these different leaders and they're using their connections with non-profit organizations across the state to have those organizations be a trusted source of information to hold community conversations. And so like Xiaoli was talking about, kind of piggybacking off of the trust of those already established community leaders. I think we also have to remember, and as communication scholars, this is not a surprise to us, is that people consume media differently. For example, we know that liberals and conservatives tend to consume different media sources and there are certain media outlets within different maybe racial and ethnic minority groups that are trusted that other groups don't read or consume. So we really have to think about our medium, is the message, Marshall McLuhan lesson that we have to think about the channel we're using to reach people and really picking targeted media outlets.

And then finally, I would just return to the idea that, again, a lot of vaccine hesitancy and misinformation is addressed at the primary care level. It's at those conversations with our pediatrician, with our primary care provider, or with just a trusted nurse at the local health department where we typically go get our vaccines. And so we have to respect the role that those people play in this endeavor of getting people vaccinated and figure out how to bring them into the fold.

Trevor Parry-Giles

Yeah. We're sort of ping-ponging between the local, the state, the national, the neighborhood, and I'm going to go back now to the national. I think we've all sort of become consumers of COVID news and what that leads to is a sort of probably a fandom when it comes to these various public health talking heads that we see on the news. And there's probably no greater talking head or container of all expertise than Dr. Anthony Fauci. And Christy, you're sort of an expert on expertise and how expertise works in health communication and health communication campaigns. I'm

wondering what your sense of Dr. Fauci's role. I noticed that the Biden administration is quick to say he is the chief medical advisor. I mean they're really putting a lot of stake on those shoulders of Dr. Fauci's expertise. Do you have any sense of how important he is and what role he plays in our evolving understanding of COVID?

Christy J. W. Ledford:
So one of the most powerful statements that Dr. Fauci has made was in January when he said I can now say in public that we don't know and that's okay to acknowledge the uncertainty around this disease. And that is so powerful for an expert to say. We don't know the answers right now. We are looking for answers. And that's a critical part of negotiating emerging evidence together with our public and our patients is that we're only as expert as the science allows us to be and this is emerging science every day. So this is a tough spot for being an expert. Because we all know, we've all completed a lot of training, the more expert you become, the more you know what you don't know and that's not generally the public's perception of expertise. So especially in the first six months of the pandemic, what we really saw was the public just really having a desire for certainty, answers, just tell me what to do and we'll do it. And at that point, the administration was making choices that were reinforcing, we're going to say something and that's going to be the answer. But science was moving so fast. We could tell you today that there were a lot of scientific results that were not right. And so that really puts that question of trust in center stage. If I listen to the experts for the first six months and they had it wrong so many times when they told me they knew the answer, why should I trust them now? So Dr. Fauci, absolutely. And we're doing qualitative interviews right now with the hesitancy and the rollout in our own community and we're hearing his name again and again. He's still a real hot shot and people are listening to him.

What's been very interesting to us is in our local community, there have been some local celebrities created and they're local public health officials. People know the names of public health officials that they never knew the name of a year ago. And it's exciting to see and I think that can make real headway in our local communities, that as the more we put local expertise in front because they're more likely to trust them in the long run and when new things happen, that's who they'll seek out. To Katie's point, I cheer every time she says primary care. I'm just going to go ahead and say family medicine, absolutely, we need people to be seeking out their family physicians and the perspectives their primary care because they trust them. But we also need that to be, but also your primary care doc is not the expert that Dr. Fauci is. He's dedicated his entire career to this and that we should put some real value in what he's done and studied. So let this be a conversation with your personal physician but also listen to what the national level experts who have invested the time and energy and education and resources in this science, what they're finding and what we should be doing.

Trevor Parry-Giles
When we talk about this notion of trust and expertise and these sort of public health celebrities that have grown up both nationally, internationally, and locally, missing from that I think are public health communication experts. I haven't seen a whole lot of people out there talking about how we're talking about COVID-19. And a year ago, Matt Seeger on this podcast was lamenting that that the administration at the time was ignoring the work that he had done for the CDC on a pandemic response sort of manual that exists and he was very frustrated with the ineptitude of folks in the government at the time. What should they be learning from those of you who study health communication. If you had to say there are three things that public health communication can teach all of these important people, what would those three things be?

Xiaoli Nan:
In Biden's COVID task force, if I remember correctly, I know when the list first came out, we all realized there's no social science or communication expert on that task force. It was very, it's like a glaring kind of gap we saw. I think so far, I think we will be amiss if we don't really talk about the real elephant in the room. Katie, I know you use this term.

Trevor Parry-Giles
We got a lot of elephants going on.

Xiaoli Nan:
But I think the real elephant, you talk about misinformation but what is the driving force? We haven't really talked about politics, the role politics plays in people's responses to COVID and in their acceptance, misinformation. And when we talk about Dr. Fauci, I was going to say something controversial. I don't know is that okay. Because we all love Dr. Fauci for sure. I mean he's just so legendary. But he is a great messenger for Democrats, for people who believe in science. And these other people, we don't need to work on. Like were running, rushing toward the clinic or pharmacy to get the vaccine. The ones we need to work on, if you look at the data, the most troubling trend right now is really the partisan divide in vaccine acceptance. It's not racial divide. It's not age difference or any other kind of differences. The most striking difference is between Democrats and Republican. And Democrats, of course, being more accepting of the vaccine and Republicans are much more hesitant. So that is really a critical issue. How do we persuade hesitant Republicans or people who endure sort of conservative ideology, how do we bring them along? How do we sort of nudge them into getting vaccinated? And there is a recent study actually that came out. I forgot where it was published. Maybe it was not published yet. That actually shows by using Dr. Fauci, if messages directed toward conservatives, we make them more hesitant. We make them more resistant to getting the vaccine. So talk about terrible communication strategy. Like we always thought, okay, Dr. Fauci, nothing can go wrong with it. But when it comes to communicating with conservatives or people who don't necessarily are in

the left sort of spectrum of the politics, I think we need to think twice about bringing these big guns to communicate with them. You definitely need to use messengers who maybe are in a conservative camp, people who endorse a similar ideology. I think that is very, very important, really taking into account this political kind of dynamics surrounding this pandemic. I think it's going to be very important as we move forward to try to get people vaccinated.

Trevor Parry-Giles
Okay. So that's one thing that we should be thinking about in terms of what public health communication has to offer to understanding or getting us out of the COVID thing. Anything else? Any other suggestions that public health communication can do can make a difference? Katharine, what do you think?

Katharine Head:
Yeah, absolutely. First of all, I think it is a little sad that we have not been invited to the table very much. I think that will change as we get closer to general population roll out of this vaccine and people are wondering why isn't everybody getting vaccinated. I don't understand. I mean if you look at annual flu vaccine, less than 50% of U.S. adults get the flu vaccine every year. So to think that we're going to get to 70% vaccination for a two-dose vaccine—I know we've got a one dose now—within a year is pie in the sky thinking. And I don't mean to be negative. I'm just being realistic. Because we study this. We know this. I would say when they do invite us to the table, we can come excited to work because we know what to do. We are experts at audience analysis. To Xiaoli's point, we can understand what messaging and promotion and strategies are going to work with different groups. We have theories to help guide us to design interventions to hit these target points. I had conducted a nationwide survey back when COVID was first starting and we assessed vaccination intentions and they were pretty high at that point. And one of the strongest predictors was perceptions of severity and susceptibility. We know in communication using emotional fear appeals and really playing into the importance of having something that can alleviate severity and susceptibility is important. And that's just one example. But we have lots of theory-based approaches and evidence-based approaches to design these messages and to design these campaigns. So when they are ready to listen to us and to hear our expertise, which I think is coming soon and I'm being a little bit glib, we will be ready to work. We have the tools in our toolkit to do this work.

Christy J. W. Ledford:
I think the theme there is that we aren't a monolith, that even if we try to do federal messaging, it shouldn't be a single federal message. It has to be a message that is tailored and targeted to the audience and that as communication scholars, one, we have the tools in our box to do that segmentation and do that tailoring but two, I would even push methodologically to what Katie said earlier, that we are well educated and well experienced in community engagement and community

engaged methods. And that's what's going to make the difference long-term. In our community, we're already hearing that this has gone so well especially among underrepresented minority populations. But now are you going to go away again? Are you going to leave us alone even in the midst that we know we have disparities in diabetes? We have disparities in hypertension? Why was COVID different? Why don't you stay here? So we see COVID, one, as a catalyst to promote community engagement and to create those relationships that will stay the course. We hope that this is the beginning of a better relationship with these communities and then it can only get better from here.

Trevor Parry-Giles
We're taping this on the anniversary of when Sanjay Gupta, another public health professional or a celebrity, when Sanjay Gupta declared that the COVID thing is a pandemic on CNN. And this is the one-year anniversary of that. CNN's been making a big deal out of that all morning. So I'm going to ask you now to look into your crystal balls and say on March 9th, 2022, what are we going to be talking about? How are we going to be talking about COVID-19? What are the public health messages going to be in 2022? And there's no expectation here that we need to be falsely optimistic or anything. I'm just curious. Could we have even predicted where we would be today a year ago and where are we going to be in another year? What are we going to be thinking about COVID-19?

Christy J. W. Ledford:
Yeah. So I can tell you a year ago, no, because I can even tell you in April and May when we were writing the studies that I can give you citations for now, we thought this isn't going to be interesting to editors because this will be such old news by the time this paper comes out. And I'm sad how wrong we were. But this is how we're looking forward. We're honestly trying to learn from this to prepare for the next pandemic. It's going to happen again. How do we do some rapid learning for what we're in right now to make sure we're ready next time? Because even though the administration had a plan, it didn't happen. How can we be prepared and how can we be prepared as a public health, as society, and how can we work together to be ready when it comes?

Trevor Parry-Giles
So hopefully in a year, we're sitting here talking about what the next pandemic will look like whenever it comes. Right? Hopefully, we're not in the middle of another one.

Xiaoli Nan:
I think in a year, things will probably get back to normal. Schools will be back. But I think we'll still be doing some social distancing and some of us will still be wearing masks. I know I will probably wear masks for a couple months more. But my money actually is on that we, I mean beyond that one-year frame, maybe after one year, I think people are very forgetful. Like I think we might just

forget about the pandemic and just life goes on like nothing has happened. And then we will be poorly prepared for the next big one. I don't know why I think so but it's just the way I feel about how human mind works. Like we were warned about pandemics like many, many, many times before this happened last year. And Bill Gates gave a big speech or gave a big Ted Talk about pandemics and there was like SARS outbreak and H1N1 outbreaks. And we all know this is going to happen. Somehow we never got ready for it. This time, it got us. I think we were in deep trouble. But I think once things get better, I think we have this tendency to really forget about past pain and really trying to enjoy the moment and not try to prepare for the future. The technical term is called the delay discounting which is whatever that happens in the future doesn't really concern me like in the present. So I don't know. I think it could be in a year, we will really become more oblivious and then get back to normal and not thinking about it which is wrong, of course. And I think in the very least, we need to develop some kind of communication playbook. Right? So that is ready for deployment as soon as the next pandemic hits. So that's the least thing we can do but somehow I don't feel too optimistic about it.

Trevor Parry-Giles
Matt Seeger a year ago was saying we have the playbook. CDC has the playbook. They just didn't pull it off the shelf when this thing hit. And you might be right. We might just go back into a state of collective amnesia. That's what those of us who study memory and things call it. Right? We just kind of selectively forget. Okay. Katharine, you got a half full kind of scenario maybe?

Katharine Head:
Maybe. I think I'm going to be a little more kind of philosophical in my answer to your question. I think this will change the way we think about public health and perhaps more importantly, it'll change the way we think about social connection. There's a lot of talk these days and in the lead up to the pandemic and then today, for example, how divided people are along political ideology, along gender lines, along racial lines. So we've got all this division happening and then we're hit with a pandemic that asks us to further disconnect from one another, literally, physically disconnect from one another. And yet at the same time, I think it taught us how connected we are. We learned terms like flatten the curve and herd immunity became a popular term that everybody sort of understood. It made us sit down and realize how connected we really are as a human race. And so I'm interested to see the communication scholarship that emerges from this time and in the next year, in the next couple of years as we recover. I'm interested to see the scholarship that our people can contribute around this idea of social connectedness.

Trevor Parry-Giles
Okay. That's a great place to sort of wrap things up I think, our predictions for the future and a year from now we'll be talking about—well, we may not be. If Xiaoli's right, we're all going to forget about it and we'll talk about something else. But if Christy and Katharine are right, we're going to

be talking about public health and the ways in which public health operates and how public health communication can reinforce our sense of social connectedness. I like that. That's a positive note on all of that. Thank you so much, this has been great, for joining me on this rather unpleasant anniversary but at least an anniversary that marks the beginning of a new future with regard to COVID-19 and the public health crisis and public health communication crisis that we've been facing. So thank you so much for appearing today on *Communication Matters, the NCA podcast*. And listeners, thanks again for joining us with *Communication Matters, the NCA podcast*. I hope that this episode has offered some insight into how we as a nation and a world have been communicating or not communicating about the COVID-19 pandemic. And I also hope that you and yours stay well as we continue to navigate this lasting public health crisis that has faced the United States and the world for this past year. Stay well, stay safe, and stay healthy.

In NCA news, as a reminder, submissions for NCA's 107th annual convention are now open. The convention will be held November 18th through the 21st, 2021 in Seattle, Washington. And the theme Renewal and Transformation focuses on how we can engage in the essential tasks of restoration and change. The COVID-19 pandemic, economic strife, political turmoil, struggles for racial justice challenge us all as communication scholars, teachers, and professionals to consider why our contributions matter now more than ever before. So read the full call for this year's convention at natcom.org/convention. And be sure to complete your submissions by March 31st, 2021 at 11:59 PM Pacific Daylight Time. Also, in NCA news, Arizona State University's Transformation Project and NCA invite you to the #AltAC in Comm virtual workshop series which focuses on careers beyond the academy for PhDs. Join us on April 6th, 9th, and 13th for conversations with top communication professionals and researchers. Register now for the first workshop entitled #AltAC: From Academy to Industry to be held on April 6th from 6 to 8 PM Eastern Daylight Time. The workshop features Dr. Christine E. Kiesinger and Dr. Eric D. Waters. So visit natcom.org/Alt-AC-Day1 to register. That's natcom.org/Alt-AC-Day1 to register.

And listeners, I hope you'll tune in for the next episode of *Communication Matters* which will explore the effects of the COVID-19 pandemic on the four regional communication associations: Central States, The ECA, Eastern Communication Association, Southern States and Western States. Representatives from all of the regionals will join the podcast to discuss how COVID-19 has affected conferences, member services as well as how these associations have resiliently innovated during the pandemic. So join us again for the next episode of *Communication Matters, the NCA podcast*.

Be sure to engage with us on social media by liking us on Facebook, following NCA on Twitter and Instagram and watching us on YouTube. And before you go, hit subscribe wherever you get your podcasts to listen in as we discuss emerging scholarship, establish theory and new

applications, all exploring just how much communication matters in our classrooms, in our communities and in our world. See you next time.

Trevor Parry-Giles:
The National Communication Association is the preeminent scholarly association devoted to the study and teaching of communication. Founded in 1914, NCA is a thriving group of thousands from across the nation and around the world who are committed to a collective mission to advance communication as an academic discipline. In keeping with NCA's mission to advance the discipline of communication, NCA has developed this podcast series to expand the reach of our member scholars' work and perspectives.

Conclusion:
Communication Matters is hosted by NCA Executive Director Trevor Parry-Giles. The podcast, organized at the national office in downtown Washington DC, is produced by Assistant Director of External Affairs and Publications Chelsea Bowes with writing support from Director of External Affairs and Publications Wendy Fernando and Content Development Specialist Grace Hébert. Thank you for listening.

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