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POPULATION HEALTH SCIENCE SUMMIT:
NEW APPROACHES, NEW MODELS, NEW OPPORTUNITIES “FLASH
TALK”
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TRANSCRIPT

Dr. John Ruiz: Good morning, everyone. Boy, how to follow that? That was an amazing discussion. I sat back there, and I just-- my neck is a little sore from nodding so much. It's wonderful to see you all. Thank you. It's a little bit daunting. I didn't write this talk until the middle of the night last night because I wanted to sort of see how the day unfolded, and initially, it was like a couple of specific ideas, and then those were covered, and with brilliant minds, everything sort of comes out, and so I put on my psychology hat around 2:00 AM this morning and said, "All right, we'll go in this direction. We'll go more in a reflective direction."

I do want to just note I'm a member of the U.S. Preventive Services Task Force. I have to just give my quick disclaimer and say that, although I'm a member of that, my views are my own today and not necessarily from that particular group. Overall, we're talking about optimal health for 330+ million people. We've got a room here of about 60. That's a lofty goal. That's a really high bar. I think more than that, what we're really talking about is a culture change, literally infusing a culture change into healthcare, a transformation from treatment and healthcare to health promotion for better health for all.

In many ways, this is reflective almost of what we might think of as a moonshot. There's the classic moonshot, they actually went to the moon; there's the cancer moonshot that is developing; and now we have one on population health. Thank you all for engaging in that. It's a moonshot, and perhaps that's an appropriate analogy because of the loftiness of the goal, the immense benefits to our population that we see stemming from that and that the sort of rallying that that kind of term can call for. As I heard from several folks talking about specific groups, clinicians, researchers, industry partners, it's going to take everybody working collectively to get to this point.

That's another question about, is there an endpoint or are we actually doing not a moonshot but rather an actual culture change where we want that to be just part of the fabric of how we do things from now on, and it's going to be a marathon. I heard proposals for 10 years and then 20 years. It's important for us to think about that, that a culture change is that. It's a longstanding without-end sort of idea. It becomes the air we breathe, so it's a dream, it's an incredible dream, and it has immenseness to it. I've heard murmurings through the room over the last day about the dauntingness of how do we really do that. It's one thing to have the idea, it's a different thing to try and operationalize it.

It's important to recognize that we're not the only ones with this dream. Others have been dreaming this as well. Others have been working on it. Others are farther along. There's an entire healthcare ecosystem; medicine, public health, industry, insurance, policy bodies, community groups that are thinking about these things. We are now coming to that in a very organized way, and APA is doing exactly what APA perhaps should do, which is add governance and structure and leadership to that,

but we have to recognize that there's already an ongoing ecosystem in which we are about to engage. We can think about our voice in that cacophony of efforts.

Healthcare is the largest category of workforce, 20 million people. By comparison, APA is 75,000. There's approximately 170,000 psychologists in the US. 20 million people are engaged in this, and that's probably an underestimate of those numbers, if we think about community level, if we think about lay practitioners, and if we think about invested stakeholders.

In some respects, we want to be proud of our effort, we want to engage in our effort, and we want to have our unique contribution in our effort, but we want to recognize that we're going to be working in a much, much larger arena, and we have to think about, "Is it that we are strong enough to lead that effort or perhaps should we be contributing to the ongoing effort and trying to optimize what's there." Now, I don't know about other folks, but I had a really long pandemic, and I've got kids. Anybody--

[laughter]

Dr. John Ruiz: We had a long pandemic with kids. Who here has seen the movie *Pitch Perfect*? Many-- I'm sure you've probably got kids or something, and you could probably just close your eyes, and without trying or admitting to your friends, you could probably repeat most of the dialogue. As I sat there watching it for the 20th time or whatever, and you start to see things, right? It's like if you're staring at a dot for too long, you start to hallucinate and see things. As I watch that movie now, I think about us, I think about this effort, and that was at 2:00 AM last night. Maybe it was too late for me, but it was-- I began to think about *Pitch Perfect*.

I thought, "Okay, well, what are we trying to do?" If we're going to try and effectively take the existing population in system and begin to push it into this direction, in many ways, it's a *Pitch Perfect* analogy. *Pitch Perfect* was all about-- For the uninitiated, it's like three bucks to rent. I recommend it. It's money well spent. You've got an A cappella group, and an A cappella group is a group that sings without instruments, I guess. There's a couple of important things about succeeding in an A cappella group.

You have to sing in the right key, you have to resonate with the rest of the group. In many ways, we have to do that as professionals, as practitioners, as somebody who wants to achieve this lofty vision. We have to recognize that there's a broader ecosystem and speak its language, learn its traditions, and then harmonize with that, but make no mistake, we have added value.

There's things that we're doing that nobody else is going to be doing or thinking about. That's the really important part of why we have perhaps distinct fields, why there are so many majors in college. Together, we all add to that final product, and we have an important ingredient to add, and that perspective has to be communicated. We have to do that assertively. Sometimes psychologists will sort of hope that people recognize it, you hope real hard that your science is good enough to make it. We sometimes have to be more assertive in declaring what our added value is.

We have to be loud enough to be heard. We have to have the volume to be heard. 171,000 voices in a sea of 20 million. We're not loud enough yet. We're not big enough as a field. If people talked about education and pipelines, we not only need to train people to think this way, but we need to literally grow our numbers or find other ways to complement our numbers through collaborations, through partnerships to increase the volume of our voice.

I'm not going to judge anybody. Did anybody go to one of the Taylor Swift shows over the last year? If you did, if you did, you may have sung a song, but could they hear you? Could you be heard above the 80,000 people in those arenas? No, but if you start to add your friends and your volume, and now you've engaged your whole section, and now you're all singing, it starts to become audible. We have to think as a field about how do we become a louder voice, how do we raise our volume so that our valuable message can be heard?

The outgoing NIH Director, Francis Collins at the time of his departure went on a show and said the following, I'm going to try and read it here. "You know, maybe we underinvested in research on human behavior. I never imagined a year ago, when those vaccines were just proving to be fantastically safe and effective, that we would still have 60 million people in the United States who had not taken advantage of them because of misinformation and disinformation that somehow dominated all the ways in which people were getting their answers, and a lot of those answers were in fact false. We have lost so much as a result of that."

A couple really important messages in there. The losses he's talking about are deaths. Many of us know people who are no longer with us who did not survive the pandemic, or we know those who are grieving because of those losses. Those losses were disproportionate as we're so often reminded. They did not happen just equally across the population. Remember the terms-- We learned terms like essential workers and other important things that reminded us about the disparities in our country.

Another part of that is this issue-- and somebody raised it earlier, thank you, that we have to be thinking not only of what are the benefits that we want to do and the methods by which we want to achieve those but is the Jets learned on Monday, you got to have a good defense, you have to be thinking about what else is coming at you, and we've radically underestimated that, and we have to be thinking about that, who are the opponents to population health? Who is going to say that that is a terrible idea or present cases against that and how are we going to push back on that? We have to be thinking strategically about those perspectives because they are very real.

Then finally, if the NIH Director had come to the behavioral science community and said, "How do we get more people to do vaccines, to get vaccinated?" Who would they have gone to? We'd like to think it'd be us, the American Psychological Association, but would it have been? Or would it have been another group? If they had come to us, what would our answer have been? Do we have one answer? Do we have a whole lot of opinions and a lot of science that is okay on a good day? We have to be thinking about the clarity of the messages and the continuity and how we're giving that message. Remember, when the vaccines came out, there were three.

All right. There were three vaccines and remember the comparisons, you'd show your car to your friends and be like, "What did you get?" "Oh, I got Moderna." "Oh, good for you." "Oh, I got Johnson & Johnson." "Uh-huh, good luck," and like, you would say these things.

[laughter]

Dr. John Ruiz: Three vaccines, think about the number of messages that we were going to give Dr. Collins if he had come to us. We have to think about the clarity of what we're saying and get behind our best ideas and promote those. The clarity, the simplicity, the conciseness of our messaging has to be improved if we're going to be effective. Any Hamilton fans?

[audience reacts]

Dr. John Ruiz: Right. Man, I'm saying, like I couldn't do a talk without mentioning this. I think what bothers most of us more than anything about this quote is that we weren't in the room. We heard-- we knew where the room was, we were Aaron Burr we were on the outside, we were Salieri, we weren't in the center. We have to become-- we have to get into the room if we're going to have an effect, and we have to argue the value of what we can contribute in that room. We have to become not only creators of our own position, but we have to become part of those other entities and help shape them from the inside.

As folks were noting the NIH is redoing its behavioral sciences and there's opportunities to push an agenda, there's opportunities to be that entity, and so we have to be thinking about that. Folks may remember the old story of Oliver Asking for More, we can't be Oliver all the time. At some point, we need to control the bowl. We have to get in there. There are positions. The US Preventive Services Task Force has 16 people, it's 14 MDs, one nurse PhD, and me the psychologist. There's no rule that says there has to be the balance.

They have the power of Congress, they passed recently guidelines about anxiety and depression and suicide, and now anybody in the nation can go and get screened for those, and that's a covered service. If there were more psychologists, there would be more topics like that being addressed. You have to become part of those systems. There's Community Preventive Services Task Force, there's the ARPA-H as some people may know about. ARPA-H is literally building their workforce right now.

Program managers, they're going to hire 100 program managers, I think they've hired like 10, there's 90 positions open. The program managers will build contracts to then pursue these ideas with a massive budget behind them. We have to be thinking about who are people that can fill those positions, how do we actively and aggressively support them to get those positions. That way, we can be controlling the funding that we're all here talking about today.

We have to train our folks to fill those positions, and we just did this exercise about who here was trained in community methods, who here is trained in policy on behalf of the field? We have to be thinking about that, and we have to begin to develop a culture of infusion or silo right now in many ways as a profession where we're in our own building, we're in our own community, we're in our own journals. We have to be thinking about infusing ourselves across all the disciplines in order to create the culture change that we desire.

Now, again, one of the things, I was sitting there last night, thinking about, is that folks talked a lot about feeling overwhelmed by the enormity of this task, and I borrowed this from Dr. Evans about what it is that we're actually talking about doing, and you can hear specific examples in the questions earlier, but when we think about population health, where we say, What? We're embracing the role in public health effort. Why? To advance our priority of optimal health. Who? All of us, and that's the really important point, it literally has to be all of us. A moonshot was achieved not because they were moon scientists but because the person who-- I don't know what they're called.

[laughter]

Dr. John Ruiz: Psychology major. I feel okay about that, but the person who made the screws had to know that they would hold up in zero gravity, and so they got a metallurgist, and the metallurgist brought their thing, the screw guy brought his thing. Is the paint going to come off? And it looks terrible on TV as it reenters. Brought in the paint team. We have to be thinking about that, we have to use everything we have and galvanize them all in a unifying direction. We have to harmonize

that, and we have to do it, we have to address our populations across our social-ecological models, across the lifespan. Oh, I didn't know it was going to do that. Well, that was nice.

We can think about this practically and maybe this is where the relief in that overwhelm feeling comes from, is that it's that aggregate of our efforts that are going to achieve our outcome. If a clinician out in the field promotes health with two or three people, and others in their partnership do the same, that's going to add up. If two or three of us go out and rallies for a policy, and then that policy comes across, that's another step in the right direction, and this is a long game, it's a 10-, it's a 20-year effort, and the aggregate of those efforts over time is where the goal is. We don't have to achieve this tomorrow.

We don't have to-- There's no single R01 that's going to magically make all this happen. It's going to be that culture change of persistent effort at the individual person level that helps us to get to these places. All of you came here-- Well, many of you came here from far away, some of you local, and when you do that, you make a commitment to try this, and the other concern I heard in the audience, in our groups was, "I don't want this to just be another paper I write and another meeting I attended," and then a year goes by, and you're like, "What was that?" Your kids are like, "Oh, you missed this or that," you don't want that.

All of us want something else. All of us want to have our moment, our contribution. CVs are our collections like books on a shelf, it's the things that you've done. What's the one bottom line for you? What do you want that to be? Importantly, all of us here-- I think I said this at a recent meeting. Any Elves here? Any *Lord of the Rings* Elves, immortal folks in the audience? If you are, kudos, congratulations, but the rest of us have a shelf life, we're going to be here for a time, sorry. I'm the health guy, I've got to say that.

We're going to be here for an amount of time and then it's going to be our turn to vacate our position and move on, and you have to think about responsibly who is going to fill your spot, who are you training, who are you bringing in? That's the legacy, that's the 10-, 20-year plan, that's the sustainability part of it. That's it. Thank you guys very, very much. Wonderful to see you. Thank you.