



**Big Idea Room: Innovation and Partnerships
Programs Success Showcase 2022**

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JOHN WILLIAM PATTON:

Okay, well welcome to the National Association of Chronic Disease Directors' partners in innovation room at our public health showcase that we have annually. It's really my pleasure. Uh, we've had incredible conversations thus far, and I'm glad you're here to join us for our last round of interviews with five very special companies.

Uh, one of the things NACDD does best is find and vet partners to work with, not only for ourselves and our project the CDC generously funds us to work on, but with our state health department members as well, our coalition members, our advocacy members, et cetera. So great hand selected crew to introduce you to today. At the end of every conversation, we're going to have a bit of a speed dating interview session. At the end of every conversation, we're going to put their website and their email address in the chat. So look for that and you'll be able to connect with them directly, but we would love for you to reach out to us as well and have a conversation.

And we will, um, be happy to arrange a call if that's more convenient. Okay. So let's get started. Our first guest today and partner is a long time partner that we've enjoyed working with, Gallup. From the Gallup organization, Dan Foy. Now everybody knows Gallup because they've been around since 1935. Now they're famous for their surveys. But as you're going to find out today, Gallup does a whole lot more than surveys and they take that information from their surveys and they present it in ways that that was unfamiliar to me. So Dan, welcome. Tell us more.

DAN FOY:

Hey, John. It's great to be here. Yeah, I, you mentioned going back to 1935 and, and one of the things that's been really consistent for us since then is that our mission is all about giving people a voice. And over the course of this pandemic and partnership with NACDD, the people whose voices we're trying to amplify and make sure that Chronic Disease Directors and the CDC, and all of our public health partners are aware of are those Americans with chronic conditions who have really faced increased challenges over the course of this pandemic as I'm sure everyone on the call as well aware of. So what we've done is we've gone out and we've conducted quarterly surveys where we've really tried to make sure we're accurately representing the voice of that very specific

population on a state by state level. Um, trying to understand things like their, their health behaviors, how those have changed over the course of the pandemic. Um, their ability to access care, their intention to access care.

As you can recall at the start, that was a big topic of, you know, are people going to get the treatment for the conditions they need? And it's been interesting to see that data move over time. Um, and then just also some of the barriers they're encountering, whether that's cost or fear of being exposed to COVID, um, and the burdens that their conditions are placing upon them.

And then John, as you were alluding to, we've taken all that data and we've put it together in a way that is interactive and open to everyone to be able to access. And so I know you're going to put in the chat here a link to the [chronic disease.org/covid](https://chronicdisease.org/covid) site, which is where you can, anyone on this call can go and view the dashboard and get access to that data.

Um, and going forward, we're going to be updating that on an, on an ongoing basis. So we've actually just been finalizing the questionnaire and some of our recent conversations this month and are getting ready to go back into the field and really see how, how things are changing as Omicron is, has hit and watch this change over the course of the summer.

Um, and then the one other thing we've been doing, you know, as you mentioned, we, we do a lot of different research and in addition to the nationally representative study and the analysis that goes into that, we've also just been helping with some really tactical work around message testing and very bread and butter campaign evaluation work.

So trying to help NACDD understand the nuances of the kinds of messages and health communications that they're putting out there to move the needle on the kind of data that we're tracking. And, and that's been really exciting work, and it's really fun to be able to see the impact of that in real time as those ads go out.

JOHN WILLIAM PATTON:

Yeah. You know, one of the things that I, as you've mentioned, go through some of those, those areas that we've been able to partner, uh, I always thought Gallup, working with Gallup would be a big endeavor, a big, uh, arduous, large corporation, you know, organization. You're incredibly nimble. The kind of service that you've provided us, the ability for you to update certain questions in the survey, uh, has been just shocking to me and so effective because so much of our work, obviously in public health is, is all about timing. So thank you for that. Do go to [chronic disease.org/covid](https://chronicdisease.org/covid) and play around

with the resiliency dashboard. I mean, pull down those, those adropdown menus and slice and dice the data. You will actually be amazed at how much time you spend there, uh, you know, genuinely being engaged with the data. Uh, you mentioned, I love the fact that the Gallup's about giving people voice. So you... tell me a little bit about the center for black voices and how, what you're doing in health equity.

DAN FOY:

Yeah. I'm so glad you brought that up. So we've been doing some really interesting work kind of in parallel over the last year. And this is all in-house self-funded work that Gallup's been doing to, to make sure that we're, we're accurately capturing the black experience in America. And so what we did is we took our, our standard research methods and went out and really designed some some new approaches to try and pull in some of the most difficult to survey populations. Um, so the less educated, um, people living in urban settings, people with more challenges or technology barriers, younger Americans, um, and looking to make sure that we're getting really substantial over samples across different races.

So, um, the sample we pull in does not look like the population to begin with. We have about four times as many black respondents as you would in a normal survey, if you weren't to go about doing these methods. And what that lets us do is really start digging into the data at a nuanced level and being able to see things like, um, just the experience of care.

So some of the negative experiences around care, and some of the discrimination that we know is, is still in the system. We're able to isolate and really understand that. Um, but then also some of the signs for hope. So trying to understand, you know, what are the strengths of the healthcare system? What are the opportunities to move forward?

Um, and so it's been really interesting to pull out some of those findings looking at wellbeing and health and those experiences across different diverse population.

JOHN WILLIAM PATTON:

Gotcha. Well, thank you so much for sharing that. Now there just isn't enough time to go through all the capabilities, all the projects, all the ways that the Gallup can, can serve public health and beyond.

Um, thanks so much that you're a mission driven organization. Everybody on this panel is. It's very important to us, um, that, that there you're that way. I'm so glad you're funding that out of your own pocket there Gallup, uh, the voices, um, for, for, for black

health, a center for black voices. Uh, we're going to move right into our next, uh, partner.

It's it's Mike Bird. The company is Raftr and it's spelled R A F T R. And Raftr is a, um, uh, it's a community, um, uh, tool is how I, you know, my vernacular, but Mike do share a little bit more about, uh, how and how it came about who started it and what you've been up to in the, in the higher education space.

MIKE BIRD:

Thanks, John. I appreciate everyone being here. It's a pleasure to be presenting. Uh, we did start out in the higher education space as John alluded to. Our CEO and founder, uh, Sue Decker. She's a former president and CFO of Yahoo and has been on a number of major corporate boards over the last decade. And as her children were going through higher ed, and continue to do so, their experiences brought to light the reality of complex communities and how it can be very difficult to find resources that are often really decentralized. And it can be difficult for people to find, uh, like-minded folks like them to actually connect and find community in these really large spaces.

So Raftr is a strategic communications and community building platform as you said, John. And we have found that there is actually a really strong need for this kind of technology in huge public health communities like cancer patients, like diabetes patients, people who are living, uh, and need support in a lot in a lot of cases from people who are like them.

So we essentially built spaces that are private and authenticated, uh, for these very specific members. We create a place where the social signals within the community can be measured and analyzed, and this can help community organizers better understand their communities and engage with them through a suite of communications tools, which then goes back to reinforcing the community at the end of the day.

JOHN WILLIAM PATTON:

Yeah. And I've said before, I don't think there's a single public health project that I've worked on that didn't involve the need for community building. And, uh, we know that people gravitate towards Facebook pages and Facebook groups specifically. And as you've mentioned, in addition to maybe not having those people's best interest in mind and wanting to serve them up with ads and things, it's just not a safe place to be sharing public health information, uh, personal health information. So, so tell me a little bit more about your security and, and again, how you can, um, take the data and really slice and dice it and get it back to the, to the people.

MIKE BIRD:

Yeah, it's a great point. And ultimately in health, there is probably no greater a need for it in this space to have a place that is really safe and secure.

Uh, so people can come through through authorization codes, through a certain authenticated, uh, email domain. There's a bunch of different ways ultimately they need to gain some kind of an approval from community administrators. There's the layer of, um, moderation and access controls that we have built in.

So that while we could have very large groups, we can also have extremely intimate groups as well within the platform, all living under the same umbrella. And to your point, John, uh, the big general social networks, don't typically have the average cancer patient, as an example in mind. Uh, I can give you sort of a personal example.

My mom actually was a breast cancer survivor for about 20 years, and it was incredibly important for her to find her community as a survivor, which really came in the form of a dragon boat team. Um, and so creating spaces for these groups to come together and share in these really, really intimate journeys, uh, is a huge, huge opportunity for us to be able to add value to the public health space that we think we can really do and, uh, we think we're well suited for.

JOHN WILLIAM PATTON:

Thank you so much for sharing that, that personal note. Uh, I can't imagine anybody on the call who isn't putting their thinking cap on and thinking this is, uh, you know, a hundred different applications to build community, secure communities. Um, share it, uh, you know, invite people into it and then track along the way as you move, let's say through diagnosis or, or, or risk factors and diagnosis and treatment, and then, uh, survivorship.

But it's, it's diabetes, it's pre-diabetes, it's cancer, it's arthritis. Oh my goodness. So, um, we look forward to the work that you're going to do with us and thanks so much for joining us and everyone go into the chat there, see RAFTR.com. Mike, there is his email and, uh, thanks again for joining us. Okay.

We're going to move right in. We're just speeding along here. Our next guest is Eran Kabakov with Docola. So Docola, it's important to, to let you know is D O C O dot L A. Okay. So that's the website address is not a .com or.org .la. Um, it's a care communications platform. Eran explains it better than anyone, but to me, it's a place to

get information for patients and a place to get information as a clinician. Eran is a clinician. Tell us about Docola.

ERAN KABAKOV:

Thank you. Yes, Docola is a care communication platform that really enables clinicians to have conversations and share information with patients after, before and after a physical or telehealth experience. Um, it is, there's a lot of information that is available out there. It's very difficult to make it actionable within the healthcare environment because of privacy because of technology.

And what we do is we enable, uh, organizations to really have a, uh, population health tool in the form of, uh, communication. And one of the, you know, one of the things that came to my mind as we were doing the previous session was, you know, you, you have a great website at, uh, your health beyond COVID-19 that you've put together.

And I know that Jose is a big part of it. Um, well, as a clinician, I can tell my patients to go there, but I don't know if they did. Uh, with Docola, I can take this website. I can embed it into my account, bring it into my account and e-prescribe it to a patient and track participation. I can actually see that the patient went there.

Right? They accessed it. Um, and so we do that, you know, I, I definitely would love to do it with your help beyond COVID-19, but also we do it with conversations about cancer, where clinicians are not able to prescribe those directly to patients and track participants.

JOHN WILLIAM PATTON:

Yeah, and that's super important, uh, as is everyone on the call understands. You work very hard to develop great tools and products, but then getting them out is always a challenge.

And certainly, we haven't talked on this yet, doing it cost-effectively. Well, there's nothing more cost effective than the worked with Docola because it's absolutely free of charge for patients and for clinicians. Tell me a little bit about that and your mission.

ERAN KABAKOV:

Absolutely. You know, I'm a healthcare provider, I've been in healthcare for over 30 years.

Um, it was, it's a mission for us to, to make information accessible. Uh, we are very unique in the sense that we we're creative about how we make we, we, we create revenue and we do that outside of what we consider sacred ground of conversation between the clinician and the patient. So, uh, you know, whether, whether you were involved with a community health clinic or, uh, an individual provider who needs to share information, we don't want a fee to be the deciding factor, whether they can have a great support for the patient.

JOHN WILLIAM PATTON:

Yeah, that's just so important. On one of our last conversations, you talked about the rise in tele-health. We all know that, uh, thank goodness it's it's come of age, but often the case is that because we're not in, in, in, you know, standing in front of our physician, they can't hand us a brochure anymore. But what they can do is they can send us to the website and not just the website, but as you said, to embed in there and e-prescription for education, and then they can disseminate it to their patient population.

Um, thank you for all the work you've done on our cancer work, to get out, uh, CMEs, but also give out the, the, the conversation simulations that we develop for patients. Any, any last comments you'd like to make about your work and the intersection of.

ERAN KABAKOV:

Uh, no. Uh, you know, we're so happy to be part of, uh, of this event and be part of the community that NACDD is putting together.

Uh, I really, uh, would ask the listeners to get in touch with any one of these, the companies here today and have a further conversation to see how we can help.

JOHN WILLIAM PATTON:

Fantastic. And, and, you know, I've said before, when you, when you interface with one of these mission-driven organizations, one of these mission-driven vetted partners of NACDD, you'll end up probably connecting with other partners here, uh, because that's how we just amplify the work that we do.

So thank you, Eran so much for your work

ERAN KABAKOV:

Thank you.

JOHN WILLIAM PATTON:

And, uh, we'll look forward to more conversations. So our next guest on the, on the program today is Jose Lopez Zamorano and he is, I'd say a celebrity. He's very humble. He would never say that, but he is a radio and television personality. Um, I want to introduce him to you, um, and, and have him tell you about the radio network that is part of Hispanic Communications Network and so much more. Welcome Jose.

JOSE LOPEZ ZAMORANO:

Thank you, John, for your kind introduction. Actually, I want to say that I don't come from the world of hosting shows. I'm a real journalist. I have been, I was for more than 30 years, foreign correspondent, bureau chief. And now of course I'm a radio host probably by accident, but I'm very proud to work for HCN, uh, La Red Hispana., because you know, it's not only about our humble beginnings, that our founder, Jeff Kline, started this with the idea of sharing with the American public, you know, the roots of traditional Mexican American culture in Las Trampas, New Mexico. So out of making kind of homemade videos, it came this company and now 40 years later, we are the, uh, the largest US producer and syndicator of Spanish language, public interest, and intro and educational content for, not only for traditional, but also for digital media. So organizations really rely on us to talk about issues that impact disproportionately our Hispanic communities. So we're very proud of that. And also because as part of the company, we also have the other phase, the non-profit side, which is La Red Hispana, kind of, you know, the Hispanic community relies on us to improve their quality of life. Give, get information, resources, very important. Everything is for free. We don't charge everything we produce is with our own money. And we have a characteristic that make us kind of unique in a way, because we have our own built in network of affiliates. So if you want to work with us, we can guarantee that a hundred plus radio stations, and now also television stations can broadcast the content, the messages you want to get across, you know, and we can tell you how many impressions, clicks, whatever, because we're working now not only on radio, also in digital social network platform. So that's kind of where we are. And because of that, I'm really proud to say that we are so happy and proud to work with NACDD, especially in the last campaign because when I was seeing the, uh, you know, the, uh, the creative brief and everything, it was like jeez, they were thinking, I'm the perfect target on this one, you know? I am a not so young Latino, uh, I have chronic disease, I'm a caretaker. I just recently had a colonoscopy in the middle of the pandemic. So I participated from the strategy, the creative, the production, and I was the, you know, the star of the video next to my grandson. We happened to be, you know, in my house during that time. So I'm really surprised it's going to be a very memorable experience for me, but also not only because of that, but also because we really want to make a difference in people's lives. HCN, La Red

Hispana, is about being authentic, real stories about real people that can change lives. And we, that's the mission we have every single day, not only we think about a client but, you know, a mission, a concept, a campaign, it's about that. And we always try to put our hearts into everything we produce. We always try to be truthful to what we believe in.

We don't take issues that we don't believe in. We're really, you know, very committed to social change. Positively impacting communities. That's why we do my show, Bienvenidos a América, which is a weekly call-in show for free legal advice about anything you want to know about. Immigration, adjusting to live in the U.S., health issues. I kind of incorporate a small brief section every week on health because it's important now for our community, which has been really so disproportionately affected by the pandemic, all our essential workers. So I'm really happy to be invited and to be next to this group of amazing professionals.

JOHN WILLIAM PATTON:

Well, it's just such a pleasure to have you.

And there's so many things you just mentioned that, uh, I want to highlight really briefly. YourHealthBeyondCovid.org. So everyone listening, please jot that down. Easy to remember, your health beyond COVID dot org. And up in the right top of the website, you'll see a button for espanol, it'll, it'll not just translate, and this, which I love so much about Jose and his team, is that it's a trans creation.

It's a absolute, culturally sensitive adaptation through and through. And that was super important to us, but, you know, we were doing our work and planned to do the Spanish speaking site, but it was through Jose's insights that maybe we were kind of missing it in some of the videos. And that's what led us to develop a new one.

And like you said, he was the perfect candidate. And so we put him on, on camera and he just, he has a very, very moving message, um, a message beyond, uh, the getting your, your cancer treatments, but, but who you're doing it for. Uh, so I just love the fact that we've been partnered up with, uh, HCN, Hispanic Communications Network for a number of years now.

Um, they were, they were truly, um, we've changed everything we do. And I hope that everyone working in public health translates and trans creates their work, into, um, you know, the culture and sensitivities of the Spanish speaking community. Thank you, Jose. Any last comments?

JOSE LOPEZ ZAMORANO:

Well, no, that's a great point John, because, you know, we don't do translations. One of the most important aspects of our work is that we really kind of do stuff that resonates with our community.

And that has to be not only, it has to be not only culturally relevant, linguistically relevant, but also written and presented in a way that is at the same health literacy level of our community. Otherwise the best message, the best concept will not get across. And to me, that's such an importance, you know, that we put in all the work we do in the United States, because that really makes, we know that for focus groups, that really makes a big difference.

And we're so happy to partner with NACDD and other organizations because we believe that by being very culturally sensitive in that way, we can really make a difference for the people who really we care about.

JOHN WILLIAM PATTON:

Well, you are making a difference in, and it's really profound. We thank you so much. I encourage everybody to reach out to Jose, reach out to us.

We'll make the introduction. We'll set up a meeting and we'll, uh, we'll get cracking on the work ahead of us. Thank you. And thanks for joining.

Our last guest today is Rob Cherof with Rocket Camp. So if you go to Rocket Camp's website, uh, we're going to talk about what it says right there. Um, Rob started this, he is a genius in advertising marketing communications, but I'll tell you this.

He's an incredible listener and that's why Rocket Camp has been so successful with the work that they've done. Thank you, Rob, for joining. Tell us about the organization.

ROB CHEROF:

Anyone who calls me a genius, I'll listen to.

JOHN WILLIAM PATTON:

So when you get to your website, it says, ignite your brand. Okay. Now we know there's a connection to rockets and ignition, but, but tell me about what a brand is and what it means to you outside of the marketing world.

ROB CHEROF:

Yeah, I think it's just an easy way to get started in talking about communications.

A brand is what people say about you when you leave the room. So it's not what you write about and talk about hours on end. It's the residual thing you leave people with. And, um, that's hard to get to. And we help brands, NACDD, various programs, all these things are brands. And we help them get to that core message that they're trying to convey.

Um, the specific things we do, strategic communications. So of all the things you can talk about, what should you talk about? And we help the various programs and organizations figure that out. And then we help bring these brands to life. So one, what's the core message? What is the purpose of it? Not what are all the things you can do. At its core, what is it's, what is its reason for being and what does it want to leave people with? So we'll help different groups come up, um, with those messages. But we tell stories too, and, um, you said something on the last go around and I wanted to come back to it and it's just bringing the humanity out of the stories.

We talk about "public health." Public. What's public? It's people, and we want to get to the humanity of it. And so we tell stories from the perspective of program champions, who's running the program, who's on the ground making it work, and those who are impacted by it. A really good example was last year when we helped you all with the cancer group, um, when they were, they were celebrating the 30th anniversary of cervical and breast cancer screening.

We went around the country and interviewed, um, five or six people in each of many states and territories. Navajo nation, Alaska, Vermont, South Carolina, Washington state. But we talked to people who were running the program, implementing, and then those affected by it. And they talked about how this was a real life changer for them, not just lifesaver but changer because they were able to do so much more by detecting cancer early.

Um, the last thing we do is we make stuff, whether it's an ad campaign or brochures or logos, um, or just really fine tuning, um, communications. And we do that in a variety of forms and fashions.

JOHN WILLIAM PATTON:

Gosh. Well, I, you know, I have to go back to something you said. It's, it's about this storytelling. It's actually, um, what you do, whether it's a logo or a brochure or a video. You're telling a story.

And what I love about stories is that it's the age old communication mode. It's memorable and it's repeatable. So if we want our message to be carried to our friends and family and community, we have to be telling a story. It has to be that way. Another thing I love that you say is you're a strategic communications company.

Um, a lot of people on the, on the, on the call today probably have, uh, worked with various media companies and that kind of thing. It's great. And, I gotta say, some of them are fabulous, but then there are, there are a lot that are just dime a dozen. They're not strategic communications. Tell me just, you know, briefly, if you can, um, about a strategic example. You know, how you approach perhaps the 30th anniversary of the, um, early detection program or the inclusive communities program that you've done with us or anything, how you start with listening.

ROB CHEROF:

Yeah. I mean, well, you just answered the question. We start with listening because the first thing we'll ask is tell us about the program. And whomever we're working with will tell us all these wonderful things, but it's just a Wikipedia, if you will. They're too close to it. And it takes an objective point of view to really listen and figure out what's going on there that we really want to, uh, feature. So for cervical and breast cancer screening, what we realized was there were two key pieces to the story. It wasn't how many people we reached. That's great. Statistics really provide necessary evidence. But what we determined was this was about intent, starting 30 years ago. We're going to reach people who wouldn't have been reached otherwise.

And then it's about impact. And impact was, um, aggregated. How many people have we reached? What, how far have, have we cast our net? And what does it mean for a specific people or a specific group? Great little example. Navajo nation didn't have a word for cancer. And just in the way it was translated, we had to, well, we didn't translate it.

We let them describe how they were able to communicate it, but describe it in a way that you knew not only, hey, they, they solved this problem, but if these people care that much, there's something bigger going on. And that's, that's the whole, their community's health. And we were able to take that and feature it in the video.

And it was, it was striking how powerful that was to hear them talk about these programs.

JOHN WILLIAM PATTON:

Well, you know, I know your goal isn't to make people cry, but when you do your work as well as a Rocket Camp does, people do cry. And again, that means that it's hitting the, it's hitting the mark. Well, thank you so much for, for sharing.

Um, again, uh, thank you everybody. I thank our entire panel today. I just want to remind everybody that, uh, we, we had the chance to hear from Gallup, Dan Foy, with Rafr, Mike Bird, with Docola, Eran Kabakov, Jose Lopez Zamorano with Hispanic Communications Network and Rob Cherof with Rocket Camp. Sorry to be so fast.

But I just love the fact that we were able to, to talk to so many people today. NACDD has a lot of partners, but these are some of our very favorites. And we're just so grateful for them and the expertise that they bring to our work. So I look forward to staying in touch with everyone on the call and helping connect them and their work to our partners.

Thank you all. And have a wonderful day. Thanks for attending the public health showcase.

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