Highlights from the 2020 Digital Health Promotion Executive Leadership Summit

Thank you, Lorien. And thanks to the panelists on this last session for such illuminating presentations.

So, this brings us to the close of this 3rd Annual Digital Health Promotion Executive Leadership Summit. If we had convened in Washington, DC, where we have met during the last two years—and as we had intended to do so again before Covid-19—we would have enjoyed an evening of cocktails and conviviality atop the Watergate Hotel, as we did last year.

So, I certainly hope we can be back in Washington—in person—next year and that you will consider joining us for the 4th Annual Summit.

That said, there is no question that the contours of our 3rd Summit have been shaped by the rapid and inexorable spread of Covid-19. And if there was ever a time—ever a moment—when a public health crisis has made crystal clear just how important the digital space has become, it is this moment.

And even though we have had to go virtual, I think we nevertheless have managed to accomplish the objectives of this year's Summit. So, to recap briefly, we have sought to:

1. Examine case studies of digital health communication's role in addressing Covid-19, crowdsourcing disease diagnosis, health outbreaks in low- and middle-income countries, health issues affecting children and teens, and other areas;
2. Present cutting-edge research, evaluation, and evidence-Informed best practices from diverse sectors on the impact of digital technologies on multi-cultural and linguistic populations; and
3. Explore scientific, ethical, cultural, and moral issues that the digital strategist, innovator, and driver must navigate in the fast-changing and dynamic digital health communication enterprise.

And to have accomplished these objectives as well as I believe we have—while convening against the backdrop of a national crisis that has been fueled by the convergence of an unfolding pandemic, unprecedented levels of unemployment and economic hardship for a large swath of Americans, and the spectacle of a nation in mourning for yet another black life lost as a consequence of racism—is perhaps that much more impressive.

We could reasonably disagree about what the highlights of this Summit have been—each of us will have our own take-aways—but I want to present just a few of the issues I would highlight:

1. *News or information deserts.* Sonni Efron of the National Press Foundation noted the astounding number of local sources of news that have disappeared nationally. This clearly is not good for democracy. The closure of local newspapers and other news outlets nationally almost makes it necessary that we fill the void that has been created. While anyone interested in access to information in the public commons should lament this, the combination of news desserts and the emergence of misinformation creates an synergistic interaction that amplifies the problem of public skepticism has to worry us. This makes it all the more important that steps be taken to flag misinformation in social media, while at the same time illuminating the great need for media health literacy—points that were driven home brilliantly by Dr. Scott Ratzan and Victoria McCullough in particular.

2. *Disparities and equity in the digital space.* The disparities are not only racial, they are economic and geographic and involve the risk of data access and privilege. In the case of Covid-19, and as Prof. Kadija Ferryman so eloquently pointed out, not only has this Coronavirus pandemic highlighted the deficiencies and limitations of the U.S. public health infrastructure and preparedness, it has revealed how the pandemic is exacerbating the existing health disparities in terms of exposures and mortality. But, apart from this, Covid-19 is now presenting us with an entirely new set of both opportunities and challenges in

the way we have to think about misinformation, and how that is influencing our response in this latest public health crisis.

3. *The ubiquity and the promise, perils, and pitfalls of social media to influence public health*. Social media is giving public health a new opportunity to address and intervene on public health challenges, whether its vaping, opioids, or a Coronavirus pandemic. But as our closing panel discussed, while social media has given us new tools to address an ever-broadening range of such problems, it also creates new problems for us at the same time. These include numerous, thorny privacy, ethical, and social issues that once again bring us back to the dilemma of balancing private right with public good. So, social media has opened a powerful gateway for spreading health misinformation, and it has to be dealt with. My sense—and what I take away from the debate—is that this will require a patchwork of at least three elements: industry efforts to control content, the kinds of legislative remedies Joey Wender described, and better public education that is designed to help people develop the literacy to better evaluate the information they consume and to separate out the potentially harmful content. This is especially imperative in the case of children and their parents who trying to navigate social media with them.

So, as Lorien Abroms, Robert Gold and I wrote in our paper, Promoting Health on Social Media: The Way Forward, in the supplement issue of *Health Education & Behavior*:

> *"Public health historians have argued that creating effective hygiene and sanitation systems was the key public health challenge of the 19th century, and limiting tobacco consumption was the key challenge of the 20th century. Figuring out how to rein in the ill effects of social media as well as harness it by utilizing the data being generated by its ever-increasing use to more rapidly identify diseases and populations at risk are the defining public health challenge of the 21st century."*

So, I want to close by saying this:

First, thank you, all, for participating. We have been impressed with the level of participation and we thank those of you have who already offered positive comments about your experience. I also want to thank our sponsors—The Public Good Projects, SAGE Publications, the Institute for Data, Democracy & Politics, RTI International, and the Milken Institute School of Public Health at George Washington University—for making the Summit possible.

Second, please complete the evaluations. The evaluations are important to us and will inform our planning for next year's Summit agenda.

Third, you can re-experience the Summit by visiting it online. You can view the blogs, presentation slides, and recordings that will be available at the Digital Health Summit site. I know I will be utilizing these materials in my own teaching this coming year, and I encourage those of you who are also teaching to do the same.

Finally, I want to once again thank Elaine Auld and the intrepid staff at SOPHE for the extraordinary effort they have invested in making the Summit a success. And to my collaborating program co-chairs, Lorien Abroms and Joe Smyser, and the planning committee, once again you have my admiration and appreciation.

Until next year, I wish you well. Good evening and keep yourselves safe.

John Allegrante, PhD, LHD (Hon.)
Summit Co-Chair