

2008 ASTMH Presidential Speech

Mindshare: What the Heck Is It? Why Do We Need It? How Do We Get It?†

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Good evening, and heart-felt thanks to Terrie Taylor for her amazing introduction and biographical film. I only wish I had time to thank everyone in the Society who has helped and supported me this year. In any event, you know who you are, and—in the next half-hour—I will try to mention as many of you as I can.

Now to the talk. As all former American Society of Tropical Medicine and Hygiene (ASTMH) presidents know, the ASTMH presidential address is never far from one's thoughts during the year leading up to it. Some presidents read every previously-published speech. In my case, I waited and hoped for inspiration.

A germ of an idea finally came to me last May at an international book expo. Listening to a lecture about children's book publishing, my husband Patrick and I heard the word "mindshare" bandied about. The term was obviously familiar to others in the room. What the heck did it mean?

My next stop was "Wikipedia," which yielded this definition: "Mindshare—or development of consumer awareness or popularity—is one of the main objectives of advertising and promotion." The Wikipedia entry then discussed mindshare's ultimate goal: to maximize a brand's popularity so consumers equate it with an entire category of product.

Hmm, I thought. Is "mindshare" just another cynical Madison Avenue concept? Or could it ever resonate with something larger than, say, a box of Kleenex?

My mind then moved to the best-selling book, "The Tipping Point," in which author Malcolm Gladwell states: "*Ideas and products and messages and behaviors spread just like viruses do*" and "*The Law of the Few says there are exceptional people ... capable of starting epidemics. All you have to do is find them. The lesson of stickiness is the same. There is a simple way to package information that can make it irresistible.*"

My thesis was born. I could think of no organization with more exceptional people, ideas, and information than ASTMH. I decided to explore ways that individual ASTMH members and ASTMH as a Society could consciously pursue "mindshare" in support of tropical medicine and global health.

But first I'll briefly address the second question: "Mindshare—why do we need it?" Last September, David Brown of The Washington Post answered this way: "For starters, global health is a huge growth industry."¹ Brown then cited today's record-breaking student interest in global health, as witnessed by a recent American Association of Colleges and Universities survey. Sixteen percent of member institutions

now offer majors or minors in public health. Furthermore, two-thirds of those schools require fieldwork or research. ASTMH could certainly capture mindshare by partnering with such schools.

An equally important audience beyond academia is the public. For me, the images on this slide—Laurie Garrett's groundbreaking book, "The Coming Plague," Vanity Fair's "Africa" issue, and a recent National Geographic cover sporting a giant mosquito proboscis—epitomize giant leaps in public awareness of tropical medicine and global health over the past 15 years.

Further engaging the public—in particular, voters in developed nations—is reason enough for ASTMH to pursue mindshare. But there is one more target group. Nearly half of the world's population—and the majority of its poor—are children and youth. Can't we—indeed, shouldn't we—also try to reach them?

Now to the third question—"Mindshare—how do we get it?"—and the toolbox. Earlier this year, I read an article about the top 100 advertising campaigns of the 20th century. AdAge magazine's list included "Think Small," (Volkswagen, 1959), "The pause that refreshes" (Coca Cola, 1929), "Just do it" (Nike, 1988), and "You deserve a break today" (McDonalds, 1971).² But the most appealing campaign of all began in 1979 when AT&T decided to counter growing concerns around its possible monopoly. Its agency seized upon Marshall McLuhan's famous tagline, and the rest is history.³ "Reach Out. Reach Out and Touch Someone" is now an iconic slogan in the annals of advertising and beyond.

And so, in the spirit of "reach out and touch someone," I will now propose specific ways ASTMH can do exactly that—thereby capturing mindshare. I'll first discuss how individual members can work through compelling stories and eye-witness accounts, well-chosen words and images, and journalist-partners. After that, I'll explore Society initiatives around educational outreach, our new website, and civic engagement.

ASTMH MEMBERS AND MINDSHARE

Like most of you in this room, I've never forgotten my first exposure to tropical medicine—in my case, as a 21-year-old volunteer in Haiti. Thirty-two years later, I re-lived my experiences while writing an article about malaria for Discover magazine. Here's how it opened:

Limbe, Haiti, July 1972: Another morning at Hôpital le Bon Samaritain—the only medical outpost in a tropical valley with no paved roads, telephone, or electricity. From daybreak, patients filled the crude wooden benches of the waiting room. By midmorning, they also covered the floor. The scene was overpowering: Grandparents with rusty sputum and the rattle of tuberculosis; children with tattered clothes and broken bones; infants with swollen bellies,

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† Presidential address presented at the 57th Annual Meeting of the American Society of Tropical Medicine and Hygiene, New Orleans, Louisiana, December 10, 2008.

flaking skin, and mustardy diarrhea. But one of these children was not just undernourished; she was unresponsive. I noticed her skin tone. Amid the rich brown faces of West African ancestry, she looked pale. Belle, a missionary nurse whose ancestry was pure Iowa cornfield, hurried over. She brushed a hand across the youngster's forehead, gently rocked her neck to check for meningitis, then pulled down her eyelids. They were bloodless.

"Paper white! Hemoglobin's way down. Add fever and coma. What's your diagnosis?"

Vivid eye-witness accounts from the field capture hearts and minds; share them! ASTMH members can also be real-time "citizen-journalists." I first learned this term from an article published last month after the terrorist attacks in Mumbai.⁴ Even before the New York Times piece ran, however, several ASTMH members served as *de facto* citizen-journalists after the post-election violence in Kenya.⁵

In the field, we also have access to pictures that tell powerful stories. Who does not know this iconic image of an African man blinded by onchocerciasis being led by a young boy with a stick? Here are two more from my personal archive: a woman on a remote Philippine island who waited 10 years before seeking care for an enormous tumor, and children in Manila mourning the death of another child. Students seeing these are transfixed.

Images can also move us. While unpacking boxes in our new house a couple of months ago, I came across this Pulitzer prize-winning photo of an emaciated Somali child being stalked by a vulture. Where did it come from? I asked myself. Then I remembered Rick Fairhurst, an ASTMH member currently based at the Laboratory for Parasitic Diseases at the National Institutes of Health. Here's what he e-mailed back:

"Yes, I did give you the photo for a UCLA talk to inspire students to consider tropical medicine careers. The photo made a huge impression on me, and I often tear up at it. I always carry a copy of it with me on my laptop while traveling and desktop at work. It reminds me what my life is all about, and has done much to keep me focused."

What about strong, well-chosen words in the form of op-eds? I'm convinced every ASTMH member has at least one op-ed inside him or her. But first let's be clear. Op-eds are not for the timid; they must express an opinion! They should also be conversational, polished, and free of jargon. Stick to published guidelines (700–800 words), use emotion as well as facts, and try to close with one or more clear, strong solutions to the problem you have laid out.

On the subject of medical memoirs, I'd first like to thank Barney Cline for giving me an all-time great—Axel Munthe's "The Road to San Michele"—which describes a cholera outbreak in Naples, an earthquake in Messina, and much more. This book is still in print 70 years after its original publication. What does that say about modern hunger for true accounts of human struggle and medical witness?

While speaking of books, I would also like to acknowledge important professional works authored and edited by ASTMH members, from Weller, Walker and Guerrant's "Tropical Infectious Diseases" and Mary Wilson's "A World Guide to Infections" to the recently published "Forgotten People, Forgotten Diseases" by Peter Hotez and "Immigrant Medicine" by Pat Walker and Elizabeth Barnett. I also

want to honor the incomparable wisdom and wit of Bob Desowitz's books and essays. A final example of a perfect collaboration between an ASTMH member and a fine, popular author is "Mosquito" by Andy Spielman and Michael D'Antonio.

Let's move on to collaborations with mainstream journalists. Ten years ago, these words summed up a UCLA colleague's view: "*The public is poorly served by the coverage of medical science in the general press. Journalists and scientists share responsibility for accurate communication to the public.*"⁶

Since then, I believe scientists and journalists have made progress, but we at ASTMH can do even better. For insight, I solicited thoughts from four veteran reporters who have either attended our annual meeting or served on our Communications Award committee.

Jon Cohen, Science

"The real problem is making readers care about diseases (they think) have no direct impact on them. To get over this hurdle, it helps to visit a place with a high burden of disease. It's really Journalism 101. Show don't tell. Highlight problems and solutions. Explore both the significant and the interesting."

"Reporters often have the most trouble with the science. My basic rules are: 1) fear no information 2) try to know everything 3) never shy away from asking questions—then use as little of the information as necessary to tell an accurate story."

Susan Okie, MD, The New England Journal of Medicine, The Washington Post

"Many of the organisms are fascinating, with amazing body forms and strange life cycles. Have good diagrams and art to help journalists describe them vividly. Offer film clips, photos, and micrographs to accompany the story. Or try to get the journalist to visit the lab."

(Okie on "source-journalist" relationships) "The best relationship is one of mutual trust that lasts over years. If you find a journalist you respect with a sincere interest in your subject, try to cultivate that relationship. Be generous about suggesting papers to read or experts the reporter might wish to talk to."

Donald McNeil, Jr., The New York Times

"Normally, I look for stories about people, rather than just about bugs. Hero doctors is good. Heroic patients is better. I try to get to the scene myself ... but budgets are tight these days. This is my biggest frustration."

(McNeil on what makes a great story) "I don't do 'Happy Birthday, Diarrhea' stories. Ever since Dec 1 was declared World AIDS Day, every other disease jumped on the bandwagon. It killed the novelty. 'We need more money for our worthy cause' is not a winning angle either. 'I bet you've never heard this ...' is a winning story angle."

John Donnelly, The Boston Globe, Kaiser Family Foundation

"My two cents? There are a dwindling number of global health journalists out there, and everyone knows who

they are. Specialists/scientists should reach out to those whose work they respect. Scientists also need to join the conversation: comment on blog entries, e-mail journalists about their pieces, get into a dialogue somehow.”

Finally, ASTMH members should also be aware of journalism fellowships focused on global health, such as the Nieman Program at Harvard, the Massachusetts Institute of Technology Knight Science fellowship, and the Kaiser Family Foundation fellowship. Graduates of such programs can become our life-long partners in pursuit of mindshare, as can local journalists and photographers in the field. Overseas, there is also a rising tide of investment in public interest media by major funders like the Gates Foundation and the Ford Foundation, which should further fuel the growth of journalism in developing countries.

Bottom line: be pro-active, seek professional communications partners here and abroad, and your ideas and knowledge will disseminate far beyond traditional scientific audiences.

HOW ASTMH AS AN ORGANIZATION CAN CAPTURE MINDSHARE

This year, ASTMH launched several projects designed to increase “educational mindshare,” starting with its “Global Health Career-Night-in-a-Box” initiative. Past-president Tom Monath deserves special credit for first proposing a riveting, one-hour biographical video—“Karl Johnson: Life and Legend of a Tropical Virologist”—which now serves as the centerpiece of this evening of tropical medicine outreach at schools of medicine, veterinary medicine and public health in North America. Thanks to a generous bequest from the Barbara and Herman Zaiman estate, ASTMH is now expanding this program to additional members worldwide who can guarantee an audience of at least 10–20 students or trainees.

Dr. Zaiman’s unparalleled slide collection—“A Pictorial Presentation of Parasites”—has also been placed on the current ASTMH website.

This leads me to our new, improved website, to be unveiled in 2009. As you can see from this animated promo, the team at Sherwood has done a fantastic job of creating a modern, engaging interface with the world. In the coming months, they look forward to your feedback on the new website as well as member-contributed photos and breaking tropical medicine and science news. Before long, ASTMH may even venture into the 21st century world of social media!

A re-energized ASTMH policy and advocacy program, led by Past-President Kent Campbell and Executive Director Sally Finney, marks a final milestone in pursuit of civic mindshare. Over the past two years, our government affairs colleagues at

Drinker, Biddle, and Reath have laid essential groundwork, 10 ASTMH leaders have visited 71 Capitol Hill offices, and, in June 2008, Past-President Mike Levine testified before the Senate Appropriations Committee on Defense regarding ongoing support for malaria research. In the same time period, Congressional staffers have also soaked up information about neglected tropical diseases, global health workforce issues, and myriad other topics within our Society’s expertise. Following this spring’s Washington, DC, visit, I was even called to Henry Waxman’s Los Angeles office for a one-on-one discussion with the Congressman about tropical and domestic infectious diseases.

Coming soon, ASTMH’s investment in “Cap Wiz” website software will enable many more ASTMH members to engage electronically with their elected representatives on specific issues of vital importance to our Society’s mission. Stay tuned!

CONCLUDING THOUGHTS

In closing, I’ll return to “The Tipping Point.” *“When people are overwhelmed with information and develop immunity to traditional forms of communication, they turn instead for advice to the people . . . whom they respect, admire and trust.”* You are such people. Thank you for letting me serve as your president this year.

Received January 2, 2009. Accepted for publication January 3, 2009.

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REFERENCES

1. Brown D, 2008. *For a Global Generation, Public Health Is a Hot Field*. The Washington Post, September 19, 2008.
2. *Ad Age Advertising Century: Top 100 Advertising Campaigns* [cited January 12, 2009]. Available at: <http://adage.com/century/campaigns.html>.
3. *Bell System Advertisements – Human Desire to Communicate with Others* [cited January 12, 2009]. Available at: http://porticus.org/bell/bellsystem_ads-1.html.
4. Stelter B, Cohen N, 2008. *Citizen Journalists Provided Glimpses*. *The New York Times*, November 30, 2008.
5. Feikin DR, Hamel MJ, Breiman RF, Mermin J, Vulule J, Laserson, KF, 2008 An occasion for pause and reflection—challenges to public health during times of instability: a report from the Centers for Disease Control and Prevention and the Kenya Medical Research Institute on the post-election violence in Kenya. *Am J Trop Med Hyg* 78: 695–696.
6. Shuchman M, Wilkes M, 1997. Medical scientists and health news reporting: a case of miscommunication. *Ann Intern Med* 126: 976–982.