Introduction to Heartline and Dan Kendall

Welcome to Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, a board-certified emergency physician, physician development coach, and educator.

After years on the front lines, I've learned that real change in healthcare starts within. Each episode invites you to explore the inner work that unlocks clarity and bold leadership, because healing systems through changemaking begins with following our heartlines.

I'm thrilled today to have Dan Kendall with me. He is the founder of Mission Based Media, an integrated digital media company dedicated to engaging, educating, and empowering audiences with trustworthy health information through podcasting.

He leads the health focused platforms, including Health Podcast Network, Health Podcast Summit, and Health Unmuted. His work is driven by a simple belief, the best health information should meet people where they are.

Dan, it's great to have you on the pod. Great to be here. Thank you so much for having me, Andrea. Tell the audience your story. How did you end up founding all these companies and really devoting your life to quality health information through podcasting?

That's a great question. I think I'll just distill it down to a few key bullet points. I spent a lot of time in cars when I was a sales rep and spent a lot of time traveling across oceans and around countries and continents.

So I did a lot of listening on the move. I actually pulled out recently my old 80 gigabyte iPod that I bought back in 2005. And I spent a lot of time listening to podcasts and audio books.

And it was in 2016 that I realized that I was doing a lot of work in this area that's called digital health, but I didn't have anything that I could listen to about the subject.

I was listening to technology podcasts. I was listening to some health podcasts and some business and entrepreneurship. an innovation podcast, but nothing that was really bringing it all together.

So I did a bit of a survey of my potential audience. I saw that nobody was really finding anything that sort of scratched that itch. And I decided to start one.

I didn't know anything about it. I asked a good friend of mine, Dennis in Brooklyn, who is a good friend of mine in college, and he became a recording engineer in Nashville after we graduated.

back in 94 and I called him up and said, Dennis, how hard is it to start a podcast? And he said, it was really easy. I believed him and I started along this path.

So since then, you know, I don't really think that I've ended up here. I feel like I'm just beginning because I feel like the. power of podcasts is really being proven out and the importance of having podcasts available is just increasing every day as what we're seeing happen around the world and around the country and in medicine specifically.

How Dan Started in Digital Health Podcasting

So I think it's really important to be able to create this content and then we've just been able to add different brands and different services to try to address different markets and opportunities.

Why health though? What's in your background? Is there a family member or have you had any health issues that

really makes this important to you? Yeah but actually I came to it from the charity side.

I was working in sales for Siemens back in the early 90s after I graduated from college in the mid 90s actually and I had one of my close family members was diagnosed with a chronic condition and I got involved with the charity because of that and just thought well you know I have some ability to do some fundraising, some opportunity to participate in different events and lend some support for this cause that I wanted to help address for my family member who's still battling that condition.

And I really enjoyed the people I got involved with. It was the New Jersey Multiple Sclerosis Society and I had a meeting there with the president. They didn't know how to take this strange person.

It just sort of called up because I saw a billboard on the side of the Jersey Turnpike and said I'd like to volunteer. They invited me in. I had a meeting with the president of the regional chapter there.

And she got me involved in a lot of different charities and committees and events. And I really liked the people that I was working with. And I thought, how do I blend what I'm doing for a living, which is sales and marketing and relationship development?

How do I do that with people who are really serving a very important purpose, which is something that I care about because of my family member who was battling multiple sclerosis.

And so I eventually just applied for jobs and found a job in medical device. And My career has really been focused there in health and sales and marketing and product development.

Awesome. So what year did you start your first podcast? I started making it in 2015. I had the idea for it. And I did a lot of research. I'm an engineer by training, so I'd like to understand what it is that I'm trying to build.

And I finally set a goal that I would have it launched by the end of the first quarter in 2016. So yeah, that's when I started it. So I want to try to go back to that time, 2015, 2016. It seems like a very long time ago.

So for me, I was graduating residency around that time. In 2015, 2016, did we even use the terms misinformation and disinformation? Were those things?

I don't even recall that being a thing at all. Yeah, me either. And I didn't really research this before we started. I don't know what year that term came to fruition.

The reason I want to spend a little bit of time on this is you're very much focused on bringing high quality podcasts in the health space to fruition and to promote them.

And I would say some of the most popular podcasts out there right now do the opposite. They have a lot of misunderstanding out there. And I'm guessing you've thought a lot about this.

Why are those so alluring and draw such big audiences? What's your thoughts on that? Back in 2013, I was at a conference not far from where you were living there for a while in San Diego, USC.

I went to a conference that was the center of her body computing conference. That was led by Dr. Leslie Saxon and Dr. Saxon's brother is a Hollywood director.

And at this one day body computing conference, I heard for the first time the word storytelling in healthcare. And it really hit me strangely. I thought, why is there a director, a Hollywood director here?

in LA, USC, talking about storytelling and healthcare. And then I realized that most of my career had been around telling stories. It had been taking technical information from engineers and scientists and researchers and trying to relay that into a clinical setting or taking technical information that needed to happen or about the way that operating rooms worked or the hospital infrastructure worked and trying to relay that information back in a way that

people would understand it in the technical development process.

And I thought, okay, this really resonates. So I think that misinformation, the people who are sharing it are better storytellers. And maybe it's the subject matter.

Maybe it's more fantastical and we want to believe it. Maybe it's just more entertaining. I think that's part of the problem is that when we talk about high quality, evidence-based human centered content, we often think about boring conversations with two people just going through and having a conversation at a level that doesn't necessarily relate or connect with the common concerns that people are having on their drives to work and around their kitchen tables and in their homes and in their lives.

So I think that's part of the reason that these other platforms, these other thought leaders in their own right had been so successful in developing an audience around these different topics.

So many people listening may be thinking about starting a podcast. What would be your advice to somebody, especially right now? I mean, there's podcasts, they're just everywhere.

Why Health Information Needs Better Storytelling

I've even heard like some PTAs have podcasts now. What's some things people should consider before they dive in? So I think that they should definitely think about how they're going to do it in terms of who are they going to serve.

I listened to some of your episodes most recently in preparation for this conversation, and I heard you talk about the fact that you were trying to scratch your own itch sometimes.

You were asking questions that were trying to fill your cup and find the resources that you were looking for. That's exactly why I started my podcast back in 2016. I wanted to understand more about this new world and new term of digital health and how people were sort of scaling those cliffs of innovation.

So I think people really need to think about who are they serving in terms of creating content? How do they want to affect that soft tissue between people's ears and a positive way to create a more empowered, more educated consumer?

of their own healthcare or healthcare for their family or for the community, the people that they serve in their role as professionals. So that's number one.

The second thing is just to resolve to start. There has never been a better time to create a podcast. And yes, there are numbers out there about how many millions there are and how many people don't get past seven episodes or how few people get to a hundred episodes.

But if you really want to create something, I don't think it's a binary decision about whether you do a podcast or don't do a podcast. I think it's really a question of what kind of podcast do you want to have?

You could just do three or five or 10 episodes about a particular topic. What are the things that you're most passionate about, that you're most curious about, that you would just find yourself being drawn to as you're sharing it with other people?

And how can you create a small mini series that just sort of captures your ideas here in the end of 2025? These are some of the things that I'm seeing around this particular topic.

Or as we start 2026, here are six episodes around this certain thing. And that puts something out there that you can then just market. You don't have to do one a week or one a month.

I think that creates just a cognitive load that makes people never want to really start. And I think that if they just sort

of take off that say, what are three or six things that I want to share?

Not who do I want to talk to? But really, what do I want to share? How do I want to serve the listener? Because if you look at the people that you know, or the people that you want to talk to, and then try to reverse engineer it to how do I get them to say stuff that's going to be interesting for an audience, that's the wrong approach.

I think the approach needs to be, who do I want to serve? What information do I want them to have on their journey of transformation? From minute one, where they start listening to a podcast, to the final minute of the episode, what transformation do I want them to have in terms of knowledge, understanding?

And then how do I find the right people to be able to serve that transformation for that audience member? And that might not be somebody that you know already.

And you might find that the person that you know might be a wonderful expert on it, but might not be able to deliver that message and tell that story in a way that's really going to have that impact to that listener.

So definitely start, think about that listener. Think about how you want to create that mini-series or those first five episodes and go from there. Yeah.

The other thing I think about for educators out there is if there's an area that you always get questions about, and maybe you're tired of always having to like say the same thing over and over again, podcasts can be a great way to distill that wisdom.

And so a lot of times now I'll be like, you know, I have a great podcast on that. Why don't you take a listen to that and then let's have a conversation afterwards so we can really get into things that weren't addressed there.

And that's been fantastic for me. Yeah, I think it's a great approach. There's a term that you said earlier that I want to unpack. And it may sound silly.

What is digital health? I feel like as a doctor, I should know this. But I also feel like the landscape is changing quite a bit. So can you break that down for us?

Sure. I'm happy to break it down and I'll actually use it as example of how you can try to identify your audience. So I've been involved in health technology for decades now, and it used to be called originally just health IT, health information technology.

And then it sort of became e-health as people started to think about, well, it's just not all these big servers and software programs. It can be sort of e-health, it's more nimble.

And then mobile phones came out and then it sort of evolved to, well, maybe we can use mobile phones. Why don't we call this mHealth? So I've been involved in all these sorts of transformations.

Of course, telehealth has been around actually for a really long time, for decades back to Australia, decades ago, I think in the fifties with actual telephones.

But the sort of terms have come around and then finally we sort of arrived at this term of digital health to sort of encapsulate all the different things.

And I heard on one of your previous episodes, you were talking about measuring your heart rate variability. and the wearables that you use for that. Well, there's so many different sensors and our mobile phones.

I developed products back in the days when you actually had to specify the types of buttons that you wanted products to have.

Advice for Starting a Podcast

Now we're things behind a piece of glass and it's all software based, but it's connecting with Bluetooth and other wireless systems to be able to connect to different devices.

So you have environmental sensors, wearable sensors, implantable sensors. My oldest daughter has type one diabetes. She benefits from some of this technology that she's able to wear that's able to then connect to her phone, is able to then connect to the cloud.

So it's all these different things that either out of convenience or necessity, we're able to connect and get data and then run algorithms and analytics to be able to keep people, their parents or family members and their health professionals involved in their care.

Thank you. That's very helpful. So it's a really big tent of things that fall under the digital health space. It is, but it wasn't always that way. And actually, so when I started my podcast in 2015-16, when I launched it in 2016, digital health was a real niche.

There wasn't really, just to your question here, 10 years later, nearly, there weren't a lot of people that were talking about it. And that's why when I went to Apple iTunes at the time and put in the term digital health and I put in digital in quotes and health in quotes and I put it all together and nothing was coming up.

I thought this is crazy. How can nothing come up or something that I'm working on every day and working with these amazing thought leaders and developers and scientists and clinicians that are using and creating this technology, how can nobody have created a podcast around this or even have it be a topic of one of the podcasts that exists?

But it wasn't. So at the time for me to start a podcast, number one, I called my podcast, Digital Health Today. So that gave a real ability to attract an audience because people were searching for that term.

And it also was fairly niched. It was really something that people knew, well, there's healthcare, there's health IT, there's all these different things, but digital health is sort of this new world of how do we connect devices and watches to phones and heart rate monitors and blood pressure cuffs and glucose meters and all these different things.

So it was a niche then, but now it's a very broad term as you just described. So now it's niching down even further. So now AI podcasts around healthcare are more niched and it's around specific types of sensors or specific types of technologies within this overall structure of digital health, even digital therapeutics, which used to be fairly niche, is still now very broad in terms of some of the things that are included inside of digital therapeutics.

So it's really important to identify that niche audience because you don't need to have the sort of numbers. that some of these celebrities, these podcast celebrities that I won't name, some of them benefit from.

You don't need to have those sorts of large numbers to be effective. You can just really identify that few hundred people that really need to hear the sort of information that you're sharing.

And those are the people you're serving and that you're thinking about when you're looking at the camera and having a conversation with your guest. What I love about podcasting is as you're talking, I'm thinking about a problem that I encounter and how we could fix it.

So one of the things we do in the emergency department, there's many things, but you know, I've thought for years that you've got a captive audience, right?

So they're in the waiting room. They're sometimes in a bed. Maybe they're waiting to get admitted. Maybe they're waiting for their diagnostic tests and some of them for the first time are very suddenly interested in their health or their family member sitting there is suddenly very interested in their health.

They want information and we only have so much time. with them and maybe they're lucky and they get to go

home that day. And we send them with these terrible patient written instructions, which there's been many studies published that essentially nobody reads them.

I'm envisioning healthcare systems on their discharge instructions linking to quality podcasts. You've just been diagnosed with type 2 diabetes and some of these healthcare systems actually have podcasts or their doctors working for them have podcasts.

I'm thinking right now, that's such a missed opportunity. Do you have any reactions or have you heard anyone talk about that before? Yes, and it's almost like I asked you to ask me that question because that is something I'm hugely passionate about.

Exactly that problem of how do we give that information to affect that person when they leave that clinical encounter or when they first have that curiosity.

So the story behind it for me was I've worked in healthcare for decades. I've had people in my family who have had chronic illnesses and various diseases that they've had to address, cancers and so forth.

But when my oldest daughter was diagnosed with type 1 diabetes, that was the first time that I found myself permanently on the other side of that healthcare encounter.

And she was 11 years old at the time. I'm embarrassed to say I worked for a diabetes company for four years. I launched clinical trials. I designed user manuals.

I designed user interfaces. I did FDA submissions. I worked for this small company out in San Diego and helped them do this innovation with this Bluetooth connected blue commuter.

But I knew very little about how to address this disease when it welcomes itself into your family. And the healthcare team was fantastic. They gave us a lot of information.

They were very supportive. But a lot of the information that I actually needed on a day-to-day basis, I struggled to find. And I spent hours and days looking on websites and downloading PDFs and subscribing to newsletters and joining Facebook groups and doing the 5K run and getting the JDRF.

JDRF at the time now is Breakthrough T1D. getting their information sent to me.

What Digital Health Means

But it was really the person-to-person encounters that really helped me so much in understanding how do I take care of a preteen child with this condition and how do I address it when we have to get her home from the hospital and get through the first night and her blood sugars are all over the place.

How do we get her back to school safely? Can she take swim lessons again? What do I do when I go to that birthday party and the mother of the child helpfully brings a bag of carrots for my daughter because she doesn't think she's allowed to eat cake?

And how do we handle these sort of stigmatizing events in a real parenting mode? And I realized that while there are great podcasts out there like Stacey Sims, Diabetes Connections, at the time when my daughter was diagnosed with diabetes, Stacey Sims, who's now a friend of mine, she was on episode like 187. And I wasn't ready to listen to the story about how someone climbed Kilimanjaro and kept her insulin from freezing.

I needed to know how do I get my daughter back to school? How do we integrate our lives now around this new reality? So I actually had the idea, and this is why I think you're a plant here, to create something that I call Health Unmuted, which are not the sort of podcasts that you and I focus a lot on, which is, you know, here's an episode, here's a guest, here's a topic, but really here's a mini-series.

Welcome to your condition. We're going to fly alongside you and give you the basic information so you don't have to go to the World Wide Web and trust that Google is going to give you that result or even now with AI, you're trusting those AI results.

So the series that we've developed here for Health Immuted, you mentioned it at the top of the introduction. our mini series, 5, 6, 10 episodes that take people through and say, let's explain what this is.

But importantly, not here's Dan's experience with it, but really here's the problem. And this is how it affected Dan. And this is how it affected this person.

Here's all the different stories. So these are really audio documentaries that can share the aspects around what people want to learn about that condition, not about my experience from the beginning to the end.

But really around that part of their journey, that first step, what is type 1 diabetes? Did I do this to my child? Is this because I gave her too much sugar?

Is this inherited? Did I cause this? To the next piece of, here's how your other family members could get screened. Here's the sort of technology that's available.

Here's what insulin does. Here's how carb counting works. And all that information was given to me in paper format when we left the hospital. But it was all paper format.

And then I had to not only be the expert for my daughter, but I had to be able to relay that information as an expert, having only heard it once from the health care team, now reading these documents.

And now I need to be the one explaining this to the babysitter or the grandparents or the parent that's having my daughter over for an afternoon. So really having that audio component, I think is a very important thing.

And I'd love to speak to any of your audience or you after this call to talk about how we can create more of these sorts of miniseries to help people through their conditions.

Yeah, absolutely love that. And these mini series, are they only in English? Do you have any other languages? There are only in English that we haven't done enough of them.

We've only done about five so far. We've done two on Alzheimer's, one on Parkinson's disease, one on COPD, and one on preventing type 2 diabetes. But we'd like to do more of them.

To be really candid here to your whole audience, I'll just put it out there. We've really struggled on the funding model. Who pays? Because the last thing I want to do is put a price gated piece of information out there.

This needs to get into people's ears. They need to be able to access it. And we've had nonprofits support it. We've had grants that nonprofits received around the sort of mission of educating people.

And they've passed it along to us. And I had one organization say to me, hey, we're spending money with Mark Zuckerberg and Elon Musk advertising on Twitter and Facebook.

And all that is a thumb flick away to get right past their ads. And they said, what we love about what you're doing with this audio content is that it exists forever.

and it can really attract people and connect with them. We can have diversity of voices. We can protect patient privacy. We can ensure that potentially stigmatizing topics are addressed while maintaining the confidentiality and privacy of the person speaking.

We'd love to do more. We'd love to do it in Spanish.

Using Podcasts for Patient Education

And this is where, with all the different production tools that are coming out that are using AI, not to create AI-driven stories, But to make production of podcasts a lot faster than it was five years ago when I started this initiative of Health Unmuted, that's something that we're looking at.

How can we lower the cost of production so that we can make these sorts of pieces of content much more efficiently and really share real human authentic stories with a healthcare team, the myriad people that are involved in a healthcare journey.

getting the nutritionists, getting the exercise therapists, the speech therapists, the swallowing therapists, the doctors, the sort of different specialists, the radiologists, the pharmacists, getting all their voices compacted into a multi-episode mini-series around these topics.

That's really our goal. I mean, it's just brilliant. And I'm just thinking about when I had my right proximal humerus fracture at the beginning of the summer.

And you would think as an ER doctor that I would know a lot about it. And I mean, I know a lot about it in the first 24 hours, but then I was completely lost and the rehabilitation is quite significant.

And thankfully I had another doctor friend that had the same injury and she was able to text me on a daily basis what I should be expecting and things I could do to take care of myself that frankly nobody else told me.

I love my orthopedic surgeon, I love my OT, but there were things that she told me to do that were really helpful. So I just think that this is so important.

And it makes me think a lot about, I'm going to do a call back to an episode with Susanna Fox. Do you know Susanna? I feel like you two need to be best friends.

I know of her, but I've not had a chance to meet her in person yet. Susanna is amazing. And she wrote this book called Rebel Healthcare. And her premise is that, you know, the patient led movement for healthcare is super important.

And this idea that as much as doctors know, healthcare professionals know about conditions, there is a gap. You know, like what you're describing, like, you know, the doctor's able to describe how much insulin your daughter needs, but actually implementing and the connective tissue, how this actually unfolds in your life.

It's really more of a patient perspective. And so Rebel Healthcare talks about bringing patients off the bench to be more participatory in their own healthcare.

And so because of talking to Susanna and the research that she's been a part of, you know, one of my first things now when patients get a serious diagnosis or even though, you know, it's not life threatening, but no diagnosis is good.

think about joining a patient support group because Susanna's research has shown that they're actually very good. It's very rare. When mis or disinformation shows up in patient support groups, it's largely sorted because there's moderators and the patients in there are so focused on having good information.

And then some of the groups have healthcare professionals participating that are also monitors. So Anyway, I'm manifesting that you and Susanna do an episode together and connect because they see a lot of synergy there.

As we start to kind of wind down today, I want to zoom out a little bit and maybe have you reflect a little bit on where you think healthcare is going, what we need, and how you're impacting the system.

we could be here for another whole part two of this. So let me try to be as succinct as possible. Please interrupt me

if I go on too long. But I think what we have to do is keep talking to be really candid.

At the beginning of this year, I was extremely concerned about what was in store. I saw already having worked in healthcare for decades, the amount of challenges that have been faced by people like yourself in the healthcare setting.

And I, understood the potential ramifications around some of the agenda that was going to be put into place at the beginning of this year. And unfortunately, we've seen so many cuts to funding across research, across Medicaid, across hospital systems, across universities.

We've seen just people that I'm in contact with personally who have said that they're not doing their research or not applying to go to the US because of some of the things that have happened.

There are people who are not traveling to the US, people who are afraid to leave. We're just seeing so many terrible things that are coming into effect here.

in the US specifically but I heard your episode recently with the two folks from Australia and how they were saying that they're also seeing unusual things happening down there.

So we're seeing it across North America, we're seeing it across Europe and even as far afield as Australia and I'm sure other parts of the world. So I think we have to keep talking.

And I think that's part of the reason we just did this health podcast summit. It is an evergreen online event that we want people to be able to go access.

We had 37 sessions with 42 different speakers from across healthcare, really around the world. People from as far as Vancouver to Sydney, the long way around across all of the continents, across Europe.

And we had people who were tuning in from all the different continents. And we wanted to have this to be able to amplify, elevate, and demystify the use of podcasts.

And one of the things that I learned is that there are a lot of great shows out there, a lot of great content creators that I never knew about. And I've been doing this for 10 years and listening to podcasts for 20 years.

And there's just so much information out there. We have to keep the conversation going. And the long form podcast really allows information to fill the times and spaces between activities and places.

So we can get this information in when people's hands are busy, but their mind is free. And we can have long form conversations that's much longer than an Instagram reel or an Instagram story or YouTube short, or even as Dr.

Aaron Carroll from Academy Health talked about in his very opening talk during health podcast summit, It's even more effective than in a traditional media clip where he might be invited on for three to four minutes on a traditional sort of news segment.

And he can't really engage fully in the depth of the information that's necessary, the background. And then I was also able to meet people like Brenda Adekari, who's doing a fantastic show called, Why Should I Trust You?

That isn't talking about misinformation or disinformation, because the thing about misinformation and disinformation is a lot of people believe that it exists.

We just think that someone else is sharing it. And so we question the source. So the question is, why should you trust somebody? And how do we develop that trust?

And that's why conversations have to happen. And it's not going to show up on your Instagram feed. It's not going to show up in that quick clip that you're seeing on a news channel or a news app.

It really is going to be about that drive, that commute. that exercise, that dog walk, that kitchen dinner preparation or meal prep that you're doing that allows you to go deeper into the sorts of conversations like what you're creating across your podcast.

So I want to see more people do it. I'd invite people to come and take advantage of the sessions that are available at healthpodcastsummit.com. They're all free.

They're all online. We will be publishing as a public. podcasts as well, but just do start sharing voices, finding voices that resonate with you and sharing those with other people in your circle so they can also have the opportunity to learn from others.

Tell us about the health pledge that you're asking people to take. Thank you for asking about that. So again, earlier this year, I was thinking, how do people know what misinformation is?

Health Unmuted and Funding Audio Mini-Series

Because again, in conversations that I've had with family members and friends that have different perspectives, different news sources, different colors or parties or whatever that they support, We all agree that misinformation is a real problem, but then how do you know who to trust?

And part of the issue is that a lot of people who have letters after their name and are introduced with things like professor or doctor or the word expert before their introduction, they also are not necessarily sharing information that you would want to have people put into practice.

And so I contacted a lot of different organizations, like the Coalition for Trust in Health and Science and the Coalition for Healthcare Communications.

And I said, what are you guys doing to sort of create a standard or a pledge or something? I was motivated by the World Economic Forum's Zero Health Gaps pledge that my company signed up on a couple of years ago.

And I thought, how do we create some sort of pledge that creators of content can say, these are the standards that we think should exist and that we should all hold ourselves to account.

So there's not like a certification, there's not like an audit, but we do have this on the health podcasts summit website. There's a health content integrity pledge that we would love people to read through.

There's just seven points in there. And really they should not be controversial at all to say that we're gonna disclose if we have financial interests.

We just saw some announcements by RFK and by Dr. Oz that affects an organization that Dr. Oz has a financial stake in, and that was not disclosed. So how do we make sure that as an industry of content creators, how do we make sure that we expect that some of these things should be disclosed publicly during the conversations and not have to go search for it or find it through some other thing?

How do we make sure that we keep an open mind and disclose that, hey, if the data change, we may reevaluate this or just even take ownership for miss speaking.

I said 3.3. It was supposed to be 3.9 or 33% or whatever. I misread or I misspoke. So how do we do those corrections? So yeah, I invite people to go to Health Podcast Summit.

There is a Health Content Integrity Pledge there. And it really is around all aspects of content. It's not just podcasting. It's around anyone who is creating any sort of content to say that these are the sort of principles that we want to hold ourselves accountable to.

I love it. And I'm proud to say that I've taken the pledge. So. I am glad that you have. And we just, we're going

through the other day to update all the signatories.

So we want to have more names in there. We've got about a dozen so far, so we want to have more people. We'd love to have hundreds of people and we will list you on there when we publish that shortly.

That's great. Well, all the listeners of this podcast, you can take that pledge as well. So we'll have that link in the show notes. I want to move into the rapid fire.

What's one book that's changed how you think about leadership or systems? Oh man, Leadership and Systems. There are three books that we talked about. We talked to the authors at the Health Podcast Summit, and I recommend all three of them.

It isn't so much around leadership and systems. It's one in particular by Steve Pratt. He spoke on the second day of Health Podcast Summit. He's a Canadian content creator up in Vancouver, and he has a fantastic book called Earn It.

And it's really around how do we make sure we earn people's attention and his wife is a doctor. And we talked about how you can use storytelling and creativity to make sure that we're engaging all the senses and ideas of our audiences.

So highly recommend people take a read of that to understand how they can create content to create more good to the world. I love it. I'm going to add that to my list.

What's a quote or a mantra that you return to when things get tough? I know I told you something when I filled out your form. I'm not sure if this is going to be the same thing, but one thing that I didn't choose my university because of this, and I didn't really appreciate the value of it when I went to school at Virginia Tech, but our motto is Ut Prosim, which is that I may serve.

Patient Support, Trust, and the Health Content Integrity Pledge

And they have eight pillars, brotherhood, prosim, loyalty, leadership, service, honor, duty, and integrity. And those are the eight sort of principles of graduate or students at Virginia Tech and this idea that that you can serve.

And I think when I've looked back on my life and I've looked back on the impact that I've had or the connections that I've been able to help facilitate between people who are looking for solutions or looking for people looking for ideas.

It's really come about, even what I've done here with podcasting, it's really come from an attitude of service. How do I serve this problem, this opportunity, this person, this challenge, and add some value in some way that will help get them to where they want to go or make sure that this is no longer an issue.

So utterism is something that I often think about is how can I serve the world and to the people I encounter. It's beautiful. And that's really a testament to Virginia Tech.

I mean, I can't think honestly of what the motto or what the values were of some of my higher education, other than when I went to the uniformed services university for my master's, which kind of makes sense.

The military very service driven as well. The last question I want to leave listeners with and think about is what's giving you hope? We talked about some hard things today.

We talked about misinformation and where we started at the beginning of this year and that unfortunately we are seeing our patients, our colleagues affected by the decisions happening right now.

So leave us with some hope. I think for me, the hope is that we're still talking and I think we need to do more talking. And we are really facing a lot of problems.

Again, going back to Dr. Aaron Carroll's opening conversation at Health Podcast Summit We all acknowledge that there are a lot of problems in healthcare and a lot of things are being torn down right now and I heard Secretary Pete Buttigieg and he was talking about the fact that these things that are being torn down, yeah, it's horrible.

A lot of us think that it's horrible the way things have happened with the cuts and the research and universities and free speech and these sorts of things.

We can agree that those are problems but the bottom line is If we had to build those things today, we probably wouldn't build them the way that they were envisioned back in the 50s or 60s or 70s.

So the good news is there's going to need to be a period of rebuilding. The challenge is we need to keep talking because we need to address these problems and we shouldn't line up nose to nose around the problems.

We should load up shoulder to shoulder and stand with each other. And as Americans, as citizens of the world, I get a little emotional when I think about this, sorry.

We have to understand that people are not our enemy and we can debate ideas and we can use our voice. And that's part of the reason I feel so strongly around podcasting because we need to expose ourselves to other ideas.

I used to be much more conservative as a young adult and as a young person. And I intentionally challenged myself to try to make sure that I didn't just get caught up in the Rush Limbaugh world of radio and I listen to and read books and watch movies that challenge my thinking.

And I still do that. Although my ideas have evolved a lot over the past 20 or 30 years, I still try to tune into things that are being espoused and articulated from people that have different views to what I have.

But I think we just need to keep talking because the people are not our enemies. We have to fight these problems and we're not going to do it if we're fighting with each other.

We have to work together to solve these problems. Yeah, absolutely. That's definitely, I think a great place for us to end on. And, you know, I think it's been very interesting.

I'll just say briefly that I moved to Florida and a lot of people have given me a hard time about it and essentially kind of accused me of moving to a red state and why would you ever leave California?

And I loved living in California and I love a lot of parts of California and frankly, the public policy. But I've also had this thought that maybe I've been living in a bubble.

Healthcare's Future, Hope, and the Power of Conversation

And I'm certainly not going to give up on my values, but to be around people that think differently and have a different worldview and try to think about how we can connect with them.

That's what I'm challenging myself to think about right now. My values haven't changed. Yes, I live somewhere else and I'm going to hear different opinions regularly now, but I'm thinking a lot about, along with talking, listening, and trying to see where that common ground is.

Honestly, that was my takeaway as I was trying to rationalize the decision that the country made on the morning of November 6th as I was looking back and I thought my initial thought was I need to listen more because I am not hearing what people are hearing if this is the direction that the country has decided to go in.

And so that's what I've been trying to do. And, you know, again, to go back to Dr. Aaron Carroll, this is why his talk was the keynote talk at our virtual health podcast summit.

You know, he talks about the various reasons why people don't change. And I think a lot of us who try to focus on

science and evidence, we tend to think, well, if I just say my message more clearly or louder or more frequently, then eventually people will believe.

And it's really, it could be just as simple as people don't necessarily like you, or they don't like the idea of changing. So really, we just sort of need to accept some of those things and just understand that, hey, we need to be able to talk to each other and carry on conversations.

A lot of us are doing it in our families, in our family situation. We're doing it in our states, in our jobs, and we just need to keep talking and understand that we're all people and we may disagree, but we need to be able to work together on these problems and not fight with each other.

Amen to that. How can our listeners connect with you? I welcome anybody to reach out to me on LinkedIn. They can find me there. You can also go to Mission Based Media, and you can also subscribe on Health Podcast Summit.

You can find me through Health Podcast Network, through Health Unmuted. Digital Health Today is still a viable website, so you can still go there as well.

And if any of your listeners, I prefer this not to be on your website, but if any of your listeners want to reach out, they can reach out to me directly on email at dan at missionbasedmedia.com.

Wonderful. Thank you so much, Dan. It's been an absolute honor and privilege. And I thank you for all the mentoring and support that you've given me and all the health podcasters out there.

Closing Remarks and How to Connect

I'm so excited that you're doing this and thank you very much for the honor and privilege of being a guest on your show. I've listened to you for years.

I admire what you're doing and keep up the great work. Thanks for having me. Thanks for listening to Heartline, Changemaking in Healthcare. If you're ready to deepen your own inner work or want to bring these conversations into your organization, visit andreaaustinmd.com.

You'll find resources and ways to connect with me for coaching, speaking, or consulting. Don't forget to subscribe, leave a five-star review, and share this episode with a friend or colleague.

Until next time, keep following your heartline. This podcast represents the views of the host and guests. It does not represent the views of any entity we work for or with.

It is also for informational use only and does not replace any professional advice, including medical or psychological. If you are interested in unlocking your true potential, reach out to me.

If you're an organization interested in supporting the wellbeing of your people, I'd love to connect on innovative solutions. Schedule a strategy session at andreaaustinmd.com.