

**September 25, 2019**

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*In this episode, Taren meets with Meredith Terry, PhD, Director of Behavioral Strategy, MicroMass Communications.*

**Taren:** Meredith, welcome to the PharmaVOICE WoW podcast program.

**Meredith:** Thank you for having me. I've been looking forward to speaking with you.

**Taren:** It's our pleasure. And I want to congratulate you on your promotion. I understand that you have just been named Director of Behavioral Strategy.

**Meredith:** Yes.

**Taren:** That's exciting. So I would love to know how your background in social psychology translates to behavioral strategy in the agency world. I'm really curious.

**Meredith:** What we do at MicroMass is a little bit of a unique approach. We focus on applying evidence-based behavioral science research to change either patient or provider behavior. So I'm really part of a larger team of behavioral science experts. Some of our team have degrees in health communication or health psychology; some have degrees in public health and social work, and we come together pretty much from any field of behavioral science.

Our main purpose is to pull into the campaigns that we build for patients and providers what behavioral scientists have developed and understood about how patients think and feel and behave; what are the ways we can change the way they're thinking, feeling and behaving to really optimize the outcomes they're experiencing.

My background is actually as a social psychologist. So if you took Psychology 101 – if you can think back to maybe courses you took – you might remember that social psychology is the scientific study of how people think about, influence and relate to one another. So I like to think about my PhD being in kind of everyday human behavior; how are people affected by the world around them and how are they affected by the other people in their world?

Social psychologists look at things like, how are people motivated, how do you change their behavior, how do you set goals, how do they change habits, how do they make decisions? All of those are kind of the day to day living elements that social psychologists are interested in, and that's what drew me to this work, is applying that research into the healthcare and marketing space.

**Taren:** That's fascinating. So you went from academia, now to the healthcare advertising field. What was that transition like for you?

**Meredith:** It's been a somewhat bumpy career path, lots of ups and downs, and it's not necessarily the career path that I thought I would get on. So I originally started I got my PhD, and I took a tenure track job teaching at a small school in the upstate northeast part of the country. It was a small teaching focused university; and while I love teaching, and still love teaching and training, it wasn't the right location and job fit for me. So I started looking for other opportunities, and I came across a research fellowship at Duke University.

So I left my tenure track position to take this temporary research fellowship for a couple of years at Duke. It was a fantastic opportunity for me to work with some of the best people in my field who really were doing very interesting research in social psych. My subarea of social psychology is on self and identity. So my interest is basically in how people think about and relate to themselves, what goes on inside their head and how does what is going on inside their head, the way they're thinking and feeling about themselves, how does that affect the decisions they make?

So when I started working at Duke on that research, I started actually looking at how it affects their health decisions. So how does the way we think about ourselves affect how adherent we are, affect our likelihood of following through with what our doctor recommends? How does the way we talk to ourselves, you know, is the voice in our head kind, or is the voice in our head kind of a bully? How does that affect how we engage in health decisions? So that was the research I was working on when I was at Duke, which made kind of a nice jump over from moving from the academic world to the world of applying that research into marketing.

**Taren:** I think that is fantastic and it's truly fascinating. I love that what you say inside your head helps dictate your actions, and we can all be a little bit kinder to ourselves, I think we can agree. But where did your passion for behavioral science come from in social psychology?

**Meredith:** It's a little hard to almost even answer that for me because it's sort of always been there for me. When I was little, my mom used to say that even on the playground, she could look at my face and tell I was looking at the other little kids thinking, 'why are they doing that?' I was just always really curious about people, kind of understanding the whys behind their behavior. 'Why were they doing that?' 'Why were they not doing other things?' I really

couldn't stop thinking about people as a young person. And when I was a child, I thought that psychology was just helping people with mental disorders, right? When we think about clinicians and therapists, or criminal profiling, like you see on TV shows like *Criminal Minds*.

So when I was interested as a young person studying and understanding people, I just assumed I'd be a criminal profiler, that I would help catch bad guys who had some sort of mental disorder. And then I got to college and I started taking psychology courses, and you know, Psych 101 I learned about all of the various different types of psychology that maybe are just not fun enough to be made into a TV program. The very second course I took was social psychology.

So at second semester, my freshman year, I took that course and we started talking about topics like self and identity, and health behavior, and prejudice and stereotyping, and aggression and conformity, and all of these behaviors kind of the best and the worst of human nature all rolled into one course, I found really fascinating and I knew in that moment that that's really what I wanted to spend the rest of my life thinking about – that element of why we do things. If you think about the prototypical example of you're driving down the highway and someone cuts you off in traffic, and what do you think when that happens?

**Taren:** Well, we all know what we think, but...

**Meredith:** 'They're a jerk. They're a bad driver. They're so careless or reckless.' We make what psychologists call the fundamental attribution error (FAE), and the fundamental attribution error says that we assume that the behavior a person engaging in is fundamental to who they are as a person, right? They're a jerk; they're reckless. They're a bad driver.

When we cut people off in traffic, we never make that early judgment about ourselves. We tend to see the external circumstances, 'I was late,' 'I was in a hurry.' But when we're making judgments about other people, we don't really understand all of the different environmental and social factors that go into that. Maybe they were really distracted by someone else in the car, or maybe they're running late. Or maybe they're replaying a fight they had in their head with their spouse that morning, it's replaying it over and over again.

When you think about behavior, there's a lot underneath a person that we don't really always understand, and when we look at their outside behavior, it's tempting to come up with a really simple explanation. But social psychology opened my eyes to how many different factors may be intertwined causing that one behavior that we see. So when you think about something even as small as getting cut off in traffic, that's a really small behavior. When you get into the more complicated behavior, like, 'why don't people take their medications that would help them keep, stay or get healthy?' 'Why don't HCPs change their habits and start prescribing a new product?'

When we think about these more complex behaviors, social psychology really opens up the door to understanding the complexity of behavior. And for me, I feel lucky every day that I get to wake up and still think about people and why they do what they do.

**Taren:** That's fascinating. That's a great example of preconceived notions.

**Meredith:** Absolutely.

**Taren:** You're right, they could have been distracted; they could have been lost, but we tend to go right to the negative, don't we? And that's that bully in our head. We need to train ourselves to be kinder in our heads.

I love how you've translated this to some practical areas in terms of adherence, changing physician prescribing behaviors. You've worked on a number of winning campaigns that your input has been integral to the marketing piece of it. Tell me about some of the work that you're most proud of and how some of those campaigns came about.

**Meredith:** I think I've been really proud of the work we've done that has been the best examples of extending that behavioral science. So what we do here is we kind of take a really broad approach to behavior, and from a psychological perspective or from a behavioral science perspective, behavior involves what people think and feel and do. It's sometimes even called the ABCs of behavior, the A – affective emotional elements, the B – behavioral, and C – cognitive, what are they thinking, what are they not thinking. And so when we're looking at changing either patient or provider behavior, it often involves pulling in changing their thinking, their feeling and their actual behaviors.

So what I've been really proud about is when we've been able to take strategies that have been well established in the academic research and bring them in and make them work in the regulated world of pharma marketing. For example, mindfulness is something that's gotten to be very popular. I don't think you can go too far into a bookstore or scrolling through the Amazon book recommendations without seeing a lot of books about mindfulness. It's on TV, there's a million mindfulness apps.

Mindfulness has been studied for dozens of years and has been shown to have really significant benefits to health – both general physical health and also mental health in terms of reduced anxiety and reduced depression. And we've been able to take strategies that the evidence has shown us are very helpful in helping patients manage day to day, pull them into campaigns, whether that's a CRM campaign, which is sending people emails with mindfulness instructions, or resources on a website, or in a starter kit for patients that are starting a new product that help them learn this skill.

If you've ever tried to engage in mindfulness or meditation, you may have heard it described as being simple but not easy. It should just be easy, right? It's just sitting there and focusing on your breath. So it's really simple, but it's actually not easy. Our brain starts to wander and it becomes a skill and a practice of being able to control your attention when you're trying to be mindful. So it's not as simple as just telling a patient, 'You should relax or take some time for you' or 'Try mindful breathing.' They actually need a little bit more help to learn how to do that skill.

So what we do is we create campaigns where we pull in these strategies that have been shown in the behavioral science field to be effective into a program that pharma from its regulated perspective is okay with, and that way, we can really get the best of behavioral science into the hands of patients.

**Taren:** That's fascinating. And so what has been some of the most successful campaigns that you all have executed on behalf of clients?

**Meredith:** What makes a campaign really successful is when we address a couple of things: one, really, I think it starts with truly knowing the patients and providers. So knowing what they need. Marketing is really only effective when you truly understand your audience; and as we've been talking about, human behavior is really complex. If we're talking about a really simple decision, like what brand of pickles to buy in a grocery store, that's a pretty easy challenge.

When we're going into something more complex like adherence or what a patient needs to do to manage day to day in terms of going to the doctor's appointments, managing their side effects, the day to day of living with their condition, those behaviors are a lot more complex. So behavioral science allows us to pull in an additional set of data into patient journeys into market research to really create a broad way of really understanding the patient. For us, it really starts with understanding the patients or providers.

The second, I think, key element to building an effective campaign is breadth and flexibility. Patients are complex; people are complex. And so a great campaign is not going to have a one shot solution. You need to have a solution that's broad and flexible enough to address the different challenges that patients are going to have throughout their experience – the different challenges they're going to have even day to day. I see a lot of campaigns out there that do a great job with patient education but fall short when it comes with helping patients with some skills they may need, or the self-efficacy they may need. So a lot of dosing regimens, for example, are very complex; or an injection setup or route of administration can be very complex.

It's great to have clear instructions that help a patient know those steps, but you also want to go a step further. Do they feel confident that they can do that? Can you build their confidence?

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Can you build their ability to cope more effectively with stress? When the problem or solution is complex, you need a broad and flexible set of solutions to be effective.

The last two things that I think are really critical when building an effective marketing campaign, the third is balance. So when I think about balance, I think primarily a lot about all of the shiny, flashy new techniques and tactics; and there's chatbots, and maybe we should text people, and what about social media, and all of those things are great and can really be a way to engage patients in a new way.

But I like to make sure on the campaigns I work on that we're not just chasing a shiny object because it's shiny and cool. We want to make sure that just because it's new, it doesn't automatically get involved in that solution set, really combining the new with the tried and true so you have approaches that you know work is the balance between going with what works but also pushing the limits and finding those new strategies over time.

And then finally, I don't think any of the work that we do successfully gets done without successful partnerships. We've been lucky internally at our company to develop really great working relationships with each other and bring together creative team members and strategists and my team on the behavioral side, and the account team to all work together to create campaigns. But successful partnerships also include working well with our clients and working well with other agency partners that we work with. I think the best work we've done has been able to be successful in making sure that we're all working towards the same goal.

**Taren:** Fabulous. You identified a couple of trends – mindfulness and looking at chatbots and social media. But if you were to put on your thinking cap and look in your crystal ball, what do you see really changing the marketing dynamic in the next couple of years?

**Meredith:** I think it's a great question, and frankly, I'm kind of fascinated just to watch myself as the dynamics change. The role of marketing is new to me. So I have been in this role about six years, but I came from a purely academic background. So it's been fun for me to watch even though they're over the last six or so years, how things have changed. I think we're seeing a lot of data and a big focus on data. My hope and concern moving forward is just to make sure that we're using that data purposely, that we're being thoughtful about data. Sometimes there's so much data, if you don't do anything with that data, it just goes to waste.

So I think what we'll see is a continued focus on data, but really an element of what are we doing with that data and how are we telling a good story with that data. So when we're thinking about data and clicks on a website or downloads of a file that we sent someone, what's also important though, is remembering that there are people behind those data click points, and what is the story that those people are hearing from us, and what is the story we're telling them

with the campaigns we're building. So I think data is important, but also making sure that that data fits with a story that's going to resonate with patients.

I think we also have to consider that at a generational level, the country is changing and we have kind of the older generation moving through and the younger generation that's come fully digital from the get-go. And so the different generational makeup – and this is where I think developmental psychologists are probably having a fun time with all this data as well – that generational makeup is changing. Baby boomers aging out, younger people coming on board, and that's going to shift and affect how people want to engage with information.

My third trend, and this is more what I'm hopeful for than what I'm seeing, is an understanding of the difference between pop psychology and real actual good psychological science. So what's very interesting for the psychologists out there is we feel like we have one of the only fields where everyone is kind of a lay psychologist. Everyone thinks they have good understanding of human behavior. Everyone thinks they know what motivates other people and how to change them. It's the only field of study when you tell someone what you do that they respond with, 'Oh, I know how to do that.' No one tells their optometrists that they know the secret to understanding how the eyeball works. But when you're a psychologist, people always have their own theories. They think, 'Well, that's just because men are less emotional than women', or 'That's because people always want to be motivated by external rewards,' and they just develop over time lay theories.

So what's really interesting is we spend a lot of time talking with our clients, and even internally, about how do you tell what's real and true about human behavior, and how do you tell what just sounds good? You may have heard it takes 21 days to make a habit. Have you ever heard that?

**Taren:** Yes, ma'am.

**Meredith:** Yeah. So that's a real popular saying that goes about, and it's not based in any sort of actual science. So when it comes to making a habit, it can take somewhere between a couple of weeks, maybe two months, and it can take upwards of a year. It really depends on the habit. Is it something easy, like every morning when I wake up, I want to drink a glass of water. Well, that's easy. I want to get a little more water in and I want to stay hydrated. Maybe just set a reminder in your phone, and maybe after a couple of weeks, that's second nature to you. But if the habit is something more complex, like going to the gym every day, there's a lot more that can get in the way.

So there's a lot of little tips and facts about human behavior floating around that aren't very well based in the psychological sciences. So what I'm hoping we see as behavioral science and marketing kind of continue to merge is a better understanding of the difference between real

science and pop psychology and what's out there that just kind of sounds good. I like to tell people that you can probably always describe the problem in a couple of sentences. Maybe in 30 seconds, you can describe the problem. But if anyone's describing the solution to you in 30 seconds, it's probably an oversimplification.

And then I think finally, what may be last is keeping up with the tremendous scientific advancements. So especially working in the healthcare field, therapies are getting more and more targeted, more and more scientific. We're seeing these tremendous leaps and bounds on the scientific advancement side, and there's still a lot of behavioral science untapped. So I hope the final trend moving into the next 10 years in marketing is that the marketing keeps up with the tremendous advancements that the scientific side is keeping up with it.

**Taren:** It's fabulous and it's fantastic. I'm so fascinated – I can't believe you debunked my 12 day habit saying. That is hilarious. I always believe that to be true.

**Meredith:** Well it sounds good. It sounds easy. If the solution is super easy, there's probably something more there.

**Taren:** Let's switch tracks for a second and let's talk about your leadership style. How is it that you manage your teams at MicroMass, and how would you describe yourself as a leader?

**Meredith:** I think leadership is critically important to the success of a team. And you can think of two different types of leaders – you can think of sort of formal leadership, and then just the leadership that different people play on a team, when someone just steps up and really plays an important role on a project. For me, leadership can be either of those two elements: either working directly in a mentorship or management of someone, but also working just on a project and trying to help guide the direction of the project.

So when I think of leadership, the things that are most important to me is that everyone on the team or everyone I'm working with is contributing whatever is their best to the project and to the work we do. So we work with a very diverse set of teams and we work with also a very diverse set of personality styles, and I never think that everyone should have to do it the same way. I want everyone to find their best way to live out their sort of best work. For some people that might be really speaking up a lot in meetings. And if it's not, if someone's more of an internal thought processor, that works as well. I want to make sure that everyone is bringing to the table in a way that works with their personality, their best work.

So I think that leaders within an agency really can play a critical role even in those more informal settings and meetings in shaping and developing the team. But to do that, and this is a key thing I think about a lot, really requires honest communication and feedback. So I think there's a big misstep with a lot of working relationships in that people don't always give feedback to each

other. They might give encouragement; they might after something say, “That’s great,” or they might tell someone what’s wrong with something or what they should fix. But they don’t necessarily give feedback in a deep and meaningful way.

So what I like to do is draw on the background I have in behavioral science because it does address things like how you motivate others, how you change their performance and their behavior. So I like to sit down with people and actually not say, ‘here’s what you should do,’ or just give them a blanket ‘here’s what’s great.’ But instead say, ‘hey, I have some thoughts. Here’s what I noticed. What do you think about that,’ and engage in more of a conversation. It’s a little bit different for people. Sometimes people just want to hear, ‘Well, tell me what you want me to fix,’ and what I want to say is, ‘Well, let’s talk about why we did certain decisions and what we think the impact would be,’ and get to a place where we both agree on the best plan moving forward.

So it’s kind of neat because I get to take on the behavioral science role both in the external work we do, but also internally in how I work with the people I work with every day. I think when you think about trying to reach our company’s objectives, because at the end of the day, we’re trying to do our best work as a company and move that company forward and do the best work for our clients that we can, that big picture is also really important.

So I like to also keep kind of a high level bird’s eye view of where are we going. And in my role as director of behavioral strategy, I do work on the day to day of some accounts, but the second part of that role is also to do that – to sit and look at a high level across the agency what behavioral strategies are we using? How do we move these ideas forward? When a new challenge pops up, how can we pull from behavioral science evidence to solve that challenge? How can I kind of support all of the teams to do the best work from a behavioral science perspective?

And then third, I think for me, good leadership is really about being upfront about what is important to you and what you value. So the teams I work on know that for me, I prioritize behavioral science and evidence as a way to make decisions and guide strategy. I don’t just say something because it sounds good, and I’m not comfortable with saying something unless I can say that I feel confident that it’s true. So they know when they come to me that I might come back with, “Let me get back to you,” but I will come back with an evidence-based rationale for why we’re doing what we’re doing.

And then I think it also for me goes beyond the basics. I like that in this role I get to push and kind of stretch the boundaries and that we’re actually creating campaigns and resources that will help patients with what they really need and that we’re not going to settle for what’s been done before and what’s easy. So when the people I work with see those two factors in me – they see the sort of obsession with behavioral science and the desire to push and try new things,

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that shows them the direction that I want to take things and that's easy for them, I think, to want to get on board with because it creates an exciting work environment for our projects.

**Taren:** That's fabulous. Do you apply those same techniques when you're working with clients as well? Because I would imagine for some clients, this might be untested territory, this behavioral science approach. So is there some education involved, and do you apply the same kind of management and leadership techniques when you're dealing with clients?

**Meredith:** It's a great question. I think the working relationship with clients is a little bit different. So when we're working with clients, you're right, there's absolutely some education about behavioral science as a part of that. One thing that really helps them is understanding kind of what it means outside of all of the evidence in everyday conversation. So it's finding an analogy that really works. It's finding an example that really works that makes it make sense to them. Because if they didn't take any of these background courses in behavioral science, they may not understand really the concepts we're talking about.

Once they understand the concepts we're talking about, then I like to go back to behavioral science evidence and say, 'we're not suggesting, for example, mindfulness to you because it's cool and it's neat, and Oprah talked about it on her last show. We're talking about mindfulness because in this study of cancer patients, and there were thousands of cancer patients in this giant meta-analysis, those that have been trained in mindfulness were statistically less likely to be anxious and depressed, and statistically more adherent over the long term in their medication.'

So when they both understand the concepts and then see the relevance to their brand objectives, that creates kind of a merger at that point in their heads for them really getting excited about behavioral science. And that's what I try to do. I do work a lot on the new business side talking with our new business team, talking with pharma companies about what it is like to apply behavioral science.

I think a lot of companies are interested in this because for a lot of companies, they're really doing this because they want to improve patient outcomes. They have the drug that will help patients live longer lives, and behavioral science can allow them some strategies to help them have better lives and support those adherence goals in the long term. And so from that perspective, it really becomes a nice flip to what they want to do. It seems like it's two different things, but it really can be thought of as two sides of the same coin serving that major objective they have.

**Taren:** Wonderful. Finally, tell me about an accomplishment, or a wow moment, if you will, that has shaped your career.

**Meredith:** If I can cheat a little bit, I'd like to share two because one got me really into this position that I'm in now, and one is the one that really built my confidence and my understanding that I could really do this and really enjoy it. So if I start with the very first one, when I mentioned I was at Duke University and I was looking at different jobs to apply for, the temporary research position I was in was coming to a close. And up until I got to that position, I'd always thought of myself as a basic researcher. You can break psychology down into basic researchers and applied researchers. Basic researchers really study human psychological concepts to really understand them and explain them. And applied researchers take those basic concepts and pull them into intervention to really talk about changing people or controlling their behavior.

So psychology often is talked about as having broad goals of describe, predict, explain and change. And I loved being a basic researcher and really just living in the 'predict and explain.' I really love just understanding people; and so I would do a research study, I'd come up with a question that I found fascinating, I'd research it, I'd write it up and I'd move on to the next question.

On one of the very first days I was working at Duke University, I was headed up to an orientation for all of the staff that had been hired that year. And I was heading up in an elevator to this big event to learn about HR benefits or something like that. And I was in the elevator with someone and based on his name tag, he was also going to the same event. So we started chatting and I gave my 30-second elevator explanation of what I studied, because you can always explain the topic you studied in 30 seconds.

So I told him I studied how people think and feel about themselves and how the way they think and feel about themselves affects their health decisions. And he said, "What do you do with the research when you're done with it?" I said, "I write it up and I move on to the next question." And he said, "Shouldn't you do something with it? Shouldn't you help people or make it into intervention or help kids or professionals?" And I kind of thought, "No, no, no. That's what the applied researchers do. They're the ones that design the interventions. I just wanted to generate more science." And I kind of blew it off in the moment, but I wish I kind of knew who this guy was so I could go back and thank him because I never really fully let go of that question.

Over the next couple years I asked myself, "Am I happy just being a basic researcher or would I want to and be interested in taking research and applying it in some context?" So that stayed with me, and it was part of my decision to look beyond academia and make this switch outside of academia to the marketing world I'm in now. So I thank this man that I can't even remember, and I think about that conversation a lot and it reminds me now some advice that I always give to young people when they ask for advice. Sometimes I talk at events for young graduate students about non-academic jobs in psychology. And I always tell them, don't decide today that there's only one path that will make you happy. Build a life where you can be happy no

matter what path you take. Because I told myself, I'd only be happy on this academic job doing basic research kind of a path. And that wasn't really true. So it's a variation on the don't put all your eggs in one basket, but I think something a little bit more tangible of a story, since none of us do anything with chickens and eggs typically.

So that's my first kind of moment that really made me think applied work might be for me, and I might really enjoy taking these concepts that I've learned about and doing something with them. Today, what I get to do every day is help patients and providers have better outcomes, and that makes me really, really happy.

Then the second thing is even a much smaller moment. I was having a conversation with a client. It's funny, you bring this question up, because it's a little bit related to what we were just talking about, about how do you convince the client, and we were working on a really small project. It was just a flip book designed to help providers have a better communication with patients. She had already done a draft of it, but she didn't really like how it was going. She brought in my team just from a consulting perspective to give her some suggestions. And in those conversations, we were talking about a form of communication called motivational interviewing. Motivational interviewing is about communicating in a way with a person where you draw out what's important to them, or you help them work through what they want to do, but you're not telling them what to do.

And what we had done in our recommendations for this flip chart was pull in some of those strategies so that HCPs would stop lecturing kind of *at* their patients and more inquire from their patients what were they thinking and feeling about their condition, and what did they know and what did they need to know.

So we made just some subtle tweaks to this content, and as we were talking about it, she had this real kind of light bulb moment about the way you communicate to be persuasive with patients. And that conversation ended up becoming three or so years of work. We followed her from a couple of different brands – she worked on several different brands during that time – and we built a variety of different campaigns and projects over three years that I was really proud of that she won some awards for.

It was really fascinating amount of work. But it started with a really small moment where we talked about how do you understand people and how can you effectively change them. Getting to have that conversation and walking out that door, I remember thinking, "We could really do this. We could really do this, she and I on this project," and it ended up being, like I said, several projects. But I also remember thinking like, 'I can really do this. I can talk to people and take these complex behavioral science, high nerd value, deep statistical research ideas, and I can bring them into a conversation and make them work in pharma and make them work for our

clients.’ And that, for me, was a really exciting moment that has kind of just rocketed the career off since then.

**Taren:** It’s fascinating that you use two small moments that turned into big moments for you – the casual conversation in the elevator and this small project; but look at how they changed the trajectory of your life and your career.

**Meredith:** Don’t underestimate the small moments because it’s easy to think back, especially when you look back in your life, the big moments really stand out. But I think if you look on a day to day level, you’ll see a lot of small moments that shift and guide your day in different directions. So I’ve really focused on kind of identifying what are those small wins because on some days, that’s all you’re going to have is those small wins. So I like to try to keep track of those.

**Taren:** Meredith, it’s great advice for everybody. Keep track of the small moments and the big moments will take care of themselves in most cases.

**Meredith:** I couldn’t say it better myself.

**Taren:** I want to thank you so much for being a part of our WoW podcast program. I found our conversation absolutely enlightening and fascinating. So thank you so much for sharing so much of yourself, as well as the work you’re doing in behavioral science.

**Meredith:** Well, I had a great time. Thank you so much. I really enjoyed it.

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