ASTHO
2017 Senior Deputies Annual Meeting
Washington, DC
July 20, 2017

Crafting Richer Messages for Public Health Leaders Workshop

Colleen Healy Boufides
Scott Burris
Gene W. Matthews
Sue Lynn Ledford
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<tr>
<th>Year</th>
<th>Event</th>
<th>Description</th>
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<tr>
<td>2015</td>
<td>Nov. • APHA Annual Mtg. (Chicago) – Advocacy for Leaders</td>
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<td>Oct. • APHA Annual Mtg. (Denver) – Advocacy for Leaders</td>
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Learning Objectives

1. Identify the 6 fundamental intuitive moral values contained in Jonathan Haidt’s Moral Foundations Theory.

2. Characterize a community under stress in your state where its institutions and traditions are being threatened.

3. Describe a public health issue that needs to be framed to resonate more broadly.

4. Practice reframing your advocacy in terms of moral foundations other than your own.
Today’s Agenda

9:45 – 10:45  
Overview of Six Moral Foundations

10:45 – 11:45  
Breakout group discussions
  10:45 – 11:00  
Introductions
  11:00 – 11:15  
Discussion: 6 Moral Foundations
  11:15 – 11:30  
Discussion: Application (pairs)
  11:30 – 11:45  
Prepare report out for larger group

11:45 – 12:20  
Report out & large group discussion

12:20 – 12:30  
Closing remarks
Overview

PART I: Moving from a Political Lens to a Public Health Focus [Burris]

PART II: Moral Foundations Theory Approach to Message Crafting [Matthews]

PART III: Three NC Examples of Crafting Richer Messages About Our Communities in Pain

1. Ledford – Needle exchange
2. Matthews – GIS mapping
3. Gunderson – Faith-Health
Part I

• Moving Messages from a Political Lens to a Public Health Focus

• Moral Foundations Theory Approach to Message Crafting

• Three NC Examples of Crafting Richer Messages About Our Communities in Pain

Conclusion
A Framework for Public Health Law Change

Persuasion from a Systems Perspective

Scott Burris
Center for Public Health Law Research
Temple University Beasley School of Law
Better Health Faster: The Five Essential Public Health Law Services

Scott Burris, JD¹,², Marice Ashe, JD, MPH³, Doug Blanke, JD⁴, Jennifer Ibrahim, PhD, MPH¹,², Donna E. Levin, JD⁵, Gene Matthews, JD⁶,⁷, Matthew Penn, JD, MLIS⁸, and Martha Katz, MPA⁹

The Five Essential Public Health Law Services

1. Access to Evidence, Experience and Expertise
2. Expertise in Designing Legal Solutions
3. Working with Communities and Building Political Will
4. Support for Enforcing and Defending Legal Solutions
5. Policy Surveillance and Evaluation

Better Health Faster
Building good policy ideas

- Assess evidence and best practices
- Assess historic use of law for intentional inequities
- Assess political climate, including allies and opponents
- Learn from people and communities with lived experience
- Identify potential policy targets
Finding the strongest legal approach

- Assess authority to act
- Ensure evidentiary justification per level of scrutiny
- Issue spot potential problems
- Link legal strategies with community priorities
- Design winnable strategy
- Ensure enforcement and accountability at outset
Getting good ideas into law

- Educate and inform
- Build coalitions
- Organize communities
- Participate in public processes
- Strategic communications
- Lobby
Implementation

- Ensure financing
- Implement effectively
- Overcome political opposition
- Create accountabilities
- Defend if challenged
Learning and diffusing what works

- Create data to evaluate laws
- Measure progress of legal campaigns
- Measure outcomes/success/unintended consequences
- Make legal information publicly accessible
The question of the day...

If policy persuasion is built into our job...

- Developing effective legal solutions
- Getting them enacted
- Enforcing and defending them
- Evaluating their impact

How do we do it better?
We tend to stick with the script that persuades US

• When we take our evidence and expertise into the **political realm** to change law and policy…

• We speak **narrowly** of:
  – “lives saved”
  – “harm prevented”
  – “costs avoided”

• Our **STORYTELLING** ≫ still reflexively relies on **SCIENCE!**
There’s a lot of new thinking about the old art of persuasion

• Judgements of fact, risk assessments, predictions about the future – are all made using shortcuts of which we are not consciously aware

• These cognitive processes are necessary, amazing – and conducive to bias and error

Daniel Kahneman et al. (1982)
2002 Nobel Prizewinner in Economics
Science: “You Can’t Trust Your Brain”

System 1
- Automatic
- Unconscious
- Deploys heuristics → biases*

System 2
- Lazy
- Unconscious of System 1
- Rational, but trusts System 1’s input

*Representativeness, availability, confirmation, affect etc…
There’s a lot of new thinking about the old art of persuasion

- Those same unconscious, intuitive processes apply to our values and political beliefs
- We’ve made up our minds before we know it
- Our reason serves our intuition
- **Persuasion requires reaching people’s “System 1”**
Today

Haidt takes us into a new MFT framework

Six Foundational Intuitive Moral Values

Better persuasion in public health

We offer 3 practical NC examples

Center for Public Health Law Research
Part II

• Moving Messages from a Political Lens to a Public Health Focus

• Moral Foundations Theory Approach to Message Crafting

• Three NC Examples of Crafting Richer Messages About Our Communities in Pain

Conclusion
Moral Foundations Theory
(understanding evolutionary moral psychology)

SOCIAL & POLITICAL JUDGMENTS ARE PARTICULARLY INTUITIVE

Intuitions come first, strategic reasoning second

90% = Intuitive Elephant
10% = Rational Brain

Haidt’s Six Moral Foundations

1. Care/Harm
2. Liberty/Oppression
3. Fairness/Cheating
4. Loyalty/Betrayal
5. Authority/Subversion
6. Sanctity/Degradation

Haidt’s Six Moral Foundations

1. Care/Harm
   Reflects the base of Maslow’s Hierarchy of Needs (Security, Shelter, Food, Water, Warmth)

2. Liberty/Oppression
   Physical and Mental Freedom
   Social Intolerance of Bullies

3. Fairness/Cheating
   Equality of Opportunities
   Social Intolerance of “Free-Riders”

Haidt’s Six Moral Foundations

4. Loyalty/Betrayal
   Personal Trust, Group Identity, Patriotism
   Social isolation of those who betray

5. Authority/Subversion
   Competitive advantage of organized groups
   Deference to “good” leaders (Alexander the Great)
   Social intolerance of those who subvert the system

6. Sanctity/Degradation
   Not simply a religious value
   Respect for the human spirit
   Social aversion of personal degradation

Haidt’s Moral Matrix for Populations Can Be Measured

Care/Harm | Liberty/Oppression | Fairness/Cheating | Loyalty/Betrayal | Authority/Subversion | Sanctity/Degradation

The Liberal Moral Matrix (p. 351)
Most sacred value: Care for victims of oppression

The Conservative Moral Matrix (p. 357)

Most sacred value: Preserve the institutions and traditions of a moral community

Care  Liberty  Fairness  Loyalty  Authority  Sanctity

Haidt’s “Three versus Six”
(from Ch. 8, “The Conservative Advantage”)

**The Liberal Moral Matrix (p. 351)**
[care for victims of oppression]

- Care
- Liberty
- Fairness
- Loyalty
- Authority
- Sanctity

**The Conservative Moral Matrix (p. 357)**
[preservation of institutions of a moral community]

- Care
- Liberty
- Fairness
- Loyalty
- Authority
- Sanctity

Looking Deeper

❸ COMMUNITY AWARENESS: Think deeper about what is happening NOW to the specific community you are addressing?

KEY QUESTION: How does your message resonate with preserving the institutions & traditions of a moral community under stress?
Key Dimensions for Starting the Persuasive Public Health Conversation

- Use of the full range of moral intuition
  - Bring **loyalty** and **sanctity** forward
  - Rely less reflexively on **care** and **authority**

- Control Inherent Self-Righteousness

- Empathy for opponents

- PERSONAL RELATIONSHIPS MATTER
  
  Always look for the “unexpected validators!”
Part III

- Moving Messages from a Political Lens to a Public Health Focus
- Moral Foundations Theory Approach to Message Crafting
- Three NC Examples of Crafting Richer Messages About Our Communities in Pain

Conclusion
3 NC EXAMPLES OF CRAFTING RICHER MESSAGES ABOUT OUR COMMUNITIES IN PAIN DURING THIS TURBULENT POLITICAL ENVIRONMENT

1. Advocating for Needle Exchange in a Battleground State. [Ledford]


3. Faith-Based Health Outreach Can Foster Conversations Using the Full Range of Moral Values [Gunderson]
Example 1. Advocating for Needle Exchange in a Battleground State


Syringe Access – succeeded

“On July 11, 2016 Republican Governor McCrory signed a bill that legalizes syringe exchange programs in North Carolina.”

“All Politics Is Local”

- Drug abuse epidemic is a complex issue
- Clearly on the minds of local constituents
- Has visible economic and social consequences in their local communities
- Many legislators knew families “back home” dealing with these painful issues
NC Harm Reduction Coalition

• This was the “voice” speaking to legislators
• Atypical partnership coalition for NC
  – Law Enforcement
  – Local and State Public Health
  – Local Medical Professionals
  – Respected Community Leaders
Advocacy focused on preserving community values

• Sound economics (*Saved Medicaid Dollars*)
• Respect for law enforcement (*Authority*)
• Emphasized moral traditions of compassion for families in pain within their communities (*Care, Loyalty & Sanctity*)
Lesson in Intentional Listening
Do Not Assume You Heard What Was Said

• **Listen to both sides** and seek common ground
• **Pause to reflect**
• **Avoid the assumption** that you know their values
• **Craft relationships** prior to a need (this is not just for political figures)
• **Establish trust:** NEVER deceive or twist the facts
The way to get things done is not to mind who gets the credit

• Give credit for “good work” – even when it is not by your political framework

• Respectful persistence

• Accept incremental change–
  • 2016 - Needle exchange disallowed governmental funding
  • 2017 – Legislation now allows local funding

• Align existing efforts – HCV/ Opioids/ HIV
  • NC AIDS Action Network
Unlikely Success? Similar Example: Aids Drug Assistance Programs

• **Be smart:** Who is the best fit to meet with various political entities?

• ALIGN existing efforts and avoid competition

• **NC Coalition Aids Network and PH:**
  – Do your homework.
  – Listen. There may be a secondary person behind the political persona.
  – Be able to frame the issue to someone who does *not* want to be known as supportive of social causes.
  – Provide language they can use. “Smart economics.” “Saves Medicaid dollars.” “Because the plan actually is smart.”

• **Story of Senator** - You do not need to make every point. “Once you sell the horse... be quiet, shake hands, and move on.”

• **Don’t celebrate loudly**
Example 2: Identifying “Communities in Pain” and Engaging Healthcare Systems Using GIS Mapping

Remember the Deeper Lesson of John Snow & Mapping the Broad Street Pump:

“THEY….ARE…US”
Context of One New Collaboration

• NC Community Health Improvement Collaborative (CHIC) 2007 → present
  – Increasingly focused on CHNA implementation by non-profit hospitals

• April 2016: Carolinas Healthcare System (CHS) requested assistance on “Social” Determinants of Health
  – NCIPH found value of GIS mapping to assist CHS in community health improvement efforts and to develop community partnerships
A Quick Lesson In 2017 Political Rubric

[Social] Determinants of Health

They ARE “Determinants of Health”
Mapping Determinants of Health at Census Tract Level

• 12 DOH indicators at the neighborhood level (Census Tracts)

• Created index to summarize all indicators into a single variable (shown to the right)

• Interactive web map

http://arcg.is/2bUNr4a
Increasing Focus on Determinants of Health

- There is growing interest in addressing the DOH as well as health care policy reforms to increase the efficiency and quality of care while improving health outcomes.

- Hospitals are “anchor” institutions and can be a natural source of collaboration, leadership, and community support for broader health initiatives.

A Valuable Discovery!

• Found that a significant number of non-medical employees of the hospital were living in the distressed census tracts!

• Galvanized action by management

• Opportunity for non-professional staff to be initial change agents in their own communities
Cole J. Mapping social determinants proves a positive Rx for Charlotte’s underserved. North Carolina Health News 2/20/17

http://www.northcarolinahealthnews.org/2017/02/20/mapping-social-determinants-proves-positive-rx-charlottes-underserved/
“Take Home” Messages

1. Hospitals & healthcare systems are considering “Social” Determinants of Health (DOH) 😐

2. GIS mapping technology is rapidly improving and becoming more available to show DOH at census tract levels

3. GIS/SDH mapping is a powerful new tool to assist communities addressing their health needs and to develop new coalitions
MFT Value of **Loyalty**

- GIS mapping of DOH at census tract level leads to an ironic 21\(^{\text{st}}\) century chronic disease parallel to John Snow’s “point map” of infectious cholera in 19\(^{\text{th}}\) century London.

- The interactive nature of online GIS mapping allows flexibility to frame the issue in an effective geographic context

THEY...ARE...US!
Example 3: Faith-Based Health Outreach Can Foster Conversations Based on the Full Range of Moral Values

Use faith-based health examples to assist public health in building a broader vocabulary for messaging to broader audiences and reaching our “communities in pain”
Situational Awareness

FAITH NETWORKS ARE OFTEN THE DOMINANT SOCIAL STRUCTURE IN MANY LOCALES
Counterpoint: American Grace (Putnam)

- Distinctive US phenomenon of polarization that maps along lines of religion and politics
- THIS IGNORES the ever-increasing lived complexity across all those lines
  - “Aunt Sue” pattern: every family knows someone....
  - ...who manages to live across some/all the lines of religion, politics, race, gender, economic class
- Expect to be surprised by real people
Aligning Religious Health Assets in NC

- Mediating social structures relevant to health:
  - 3,600 NCBC
  - 2,000 GBSC
  - 2,000 UMC
  - Hundreds of other varieties
  - And their non-profits
DESPITE ORGANIZATIONAL SPLIT AT THE STATE LEVEL:
White = Baptist State Convention of NC
African-American = General Baptist State Convention of NC

YET : GRASS ROOTS COMPLEXITY & OPPORTUNITY

Astonishing NC examples: local White & African-American Baptist congregations collaborating on joint community faith-health initiatives like:

--Opiods Overdose Preention
--Teen Pregnancy
--Cancer Screening
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<th>Intuitive Value</th>
<th>Application</th>
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<td>• LIBERTY:</td>
<td>• <em>Freedom to find a way out of “no way”</em></td>
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<tr>
<td>• LOYALTY:</td>
<td>• <em>Sometimes to “The Stranger”</em></td>
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<td>• SANCITY</td>
<td>• <em>Basic energy source for moral freedom</em></td>
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Look to Faith-Health to:
• Broaden our vocabulary &
• Embrace our complexity

Reality is not just the froth on the surface of our 24 hour news feeds

LOOK DEEPER!
Next? Look Deeper & Go Local

• Continue the joint task of identifying other examples that work for positive change in this turbulent time

• Be mindful of how values fit within the framework of Haidt’s Moral Foundation Theory and speak to our communities in pain

• Create & share a larger inventory of promising ways of messaging to our communities
Breakout Group Discussions
10:45 – 11:55

10:45 – 11:00  Introduce training facilitator, SRD/SLL leader
               Review breakout process
               Recruit reporter

11:00 – 11:15  Small group discussion: Six Moral Foundations

11:15 – 11:30  Reflection and practice in pairs: Application of
               Six Moral Foundations

11:30 – 11:45  Reconvene as small group to share challenges
               and feedback; prepare report out for larger
               group (key takeaways)
Breakout Group Discussions
10:45 – 11:55

Group 1       Gene Matthews
Group 2       Scott Burris
Group 3       Sue Lynn Ledford
Group 4       Gary Gunderson
Group 5       Colleen Healy Boufides
Thank you!

Please contact us with questions or thoughts:

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