Webinar Series: Crafting Richer Public Health Messages — Gaining Broad Policy Support in Politically Polarized Times

Today’s Webinar:
Lessons and Examples for State and Local Advocacy

December 14, 2017

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How to Use Webex Q & A

1. Open the Q&A panel
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Gene Matthews, J.D., Director, Network for Public Health Law Southeastern Region Office; Senior Fellow, North Carolina Institute for Public Health Gillings School of Global Public Health, UNC Chapel Hill

- J.D., University of North Carolina Chapel Hill
- Research interests/areas of expertise:
  - Public Health Messaging
  - Advocacy & Lobbying
  - Public health agency structure
  - Organization and accreditation
Webinar One: October 26, 1 - 2:30 EST
Crafting Richer Public Health Messages using Moral Foundations Theory

Webinar Two: November 30, 1 - 2:30 EST
Crafting Richer Public Health Messages: Messaging and the Five Essential Public Health Law Services

Webinar Three: December 14, 1 - 2:30 EST
Crafting Richer Public Health Messages: Lessons and Examples for State and Local Advocacy
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

The Framework

The 5 Essential Public Health Law Services

- Access to Evidence and Expertise
- Expertise in Designing Legal Solutions
- Building Political Will
- Implementing, Enforcing and Defending Legal Solutions
- Policy Surveillance and Evaluation

Better Health for All Faster
Crafting Richer Public Health Messages: Lessons and Examples for State and Local Advocacy

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The Network for Public Health Law

TEMPLE UNIVERSITY

Center for Public Health Law Research

AMERICAN SOCIETY OF LAW, MEDICINE & ETHICS
Sue Lynn Ledford, DrPH, MPA, BSN, RN, Director, Public Health Division, Wake County Human Services, Raleigh, NC

- DrPH, UNC Gillings School of Global Public Health
- BSN and MPA, Western Carolina University
- Research interests/areas of expertise:
  - Public health leadership
  - Quality improvement and systems integration
  - Public-private health partnerships
  - Mental health service development
Alisahah J. Cole, MD, Vice President / System Medical Director, Community Health, Carolinas HealthCare System

- Bachelor of Arts, Biology and Music, Case Western Reserve University
- Wayne State University, MD
- National Health Service Corp Scholar
- Residency Director, Department of Family Medicine, Carolinas HealthCare System
- Faculty Development Fellow, University of North Carolina School of Medicine

Research interests/areas of expertise:
- Health Equity and Population Health
- Community Health Strategy Development
- Interdisciplinary Medical Education
Gary Gunderson, M.Div., D.Min., D.Div. Vice President, FaithHealth, Professor, Division of Health Sciences, Wake Forest Baptist Medical Center and Professor of Faith and Health of the Public, Wake Forest School of Divinity

- Bachelor of Arts, History, Wake Forest University
- Master of Divinity, Emory University
- Doctor of Ministry, Interdominational Theological Center in Atlanta
- Honorary Doctor of Divinity, Chicago Theological Seminary
- Visiting Professor in Family Medicine and Community Health at University of Cape Town, South Africa

Research interests/areas of expertise:
- Secretary of Stakeholder Health collaboration of 39 healthcare systems
- Relationship building with 4,300 NC Baptist congregations
- Development of “ground game” strategy focusing on the most vulnerable neighborhoods
- National Academies Roundtable on Population Health
Recent Lessons from Successful Advocacy on Sterile Needle Exchange and AIDS Drug Assistance in NC
(Sue Lynn Ledford)

Healthcare System Collaborations to Enhance Our Communities (Alisahah J. Cole)

Developing Partnerships with Faith Communities to Promote Health (Gary Gunderson)

Questions and Discussion
Application of Moral Foundation Theory Approaches to Advocacy

Dr. Sue Lynn Ledford
RN BSN MPA DrPH
Two Legislative Lessons: North Carolina

• Advocating for Needle Exchange – the Broader Picture

• AIDS Drug Assistance Program – Funding for Insurance Co-Pay Coverage
Syringe Access – succeeded
“On July 11, 2016 Republican Governor McCrory signed a bill that legalizes syringe exchange programs in North Carolina.”

G.S. 90-113.27 – A “Progressive” Law

• Under **G.S. 90-113.27**, no employee, volunteer or **participant** of a syringe exchange can be **charged** or **prosecuted** for possession of syringes, other injection supplies or drug residue on supplies obtained from or returned to a syringe exchange.

  [http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-113.27.pdf](http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-113.27.pdf)

• Any governmental or non-governmental agency can start SEP

NHRC was the primary “voice” speaking to legislators –

- Atypical partnership coalition for our Red State – NC
  - Law Enforcement
  - Criminal Justice
  - Local and State Public Health, Injury Prevention
  - Local Medical Professionals
  - Respected Community Leaders
Harm Reduction
Previous Efforts

• Background: 10-15 year effort by Harm Reduction using traditional PH messages. Many years – no success.
  – 2010 GOP took control of Gen Assembly for first time in 100 years
  – Probability of success seemed unlikely, BUT...
  
  Bi-partisan support passed H972
  88-20 in the House
  48-2 in the Senate

1. Opioid Crisis – never waste a problem

2. Momentum of similar legislation – June 2016 statewide medical order for Naloxone three weeks prior

3. Aligned with right partners

4. Increased efforts across the political isles

5. Sound empirical evidence

6. Persistence and networking across the state

7. Learned ART OF COMPROMISE
Areas of Compromise to Achieve Success

- Bill title - AN ACT TO PROVIDE THAT RECORDINGS MADE BY LAW ENFORCEMENT AGENCIES ARE NOT PUBLIC RECORDS, ...TO AUTHORIZE GOVERNMENTAL AND NONGOVERNMENTAL ORGANIZATIONS TO ESTABLISH AND OPERATE HYPODERMIC SYRINGE AND NEEDLE EXCHANGE PROGRAMS, AND TO OFFER LIMITED IMMUNITY TO EMPLOYEES, VOLUNTEERS, AND PARTICIPANTS OF AUTHORIZED HYPODERMIC SYRINGE AND NEEDLE EXCHANGE PROGRAMS.

Compromise

• Law Enforcement Body Cameras? – Many Harm Reduction and PH purists had major issue with this compromise.

• Original 2016 language: “No public funds may be used to purchase needles, hypodermic syringes, or other injection supplies.”

http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-113.27.pdf

• 2017 – Legislation now allows local funding
Remember: All Politics is Local – Death Rates and Cost

Figure 1: Unintentional Medication and Drug Overdose Death Rates by County: N.C. Residents, 2011-2015

Unintentional medication and drug poisoning death rates per 100,000 persons (2011-2015)
- Rate not calculated, <5 deaths
- 0-9
- 10-14
- 15-19
- 20+

$1.8 BILLION total combined costs for 2015 alone

Data Source: State Center for Health Statistics, Death Certificate Data (Unintentional medication or drug (X40-X44)). Does not include non-resident or out of state resident deaths. Economic impact: CDC WISQARS, Cost of Injury Reports, National Center for Injury Prevention and Control, CDC. Base year (2010) costs indexed to state 2015 prices.
“All Politics Is Local”

• Drug abuse epidemic is a complex issue

• Clearly on the minds of local constituents – pressure to act

• Has visible economic and social consequences in their local communities -

• Many legislators knew families “back home” dealing with these painful issues
Which MFTs were used?

Bi-partisan support H972 passed 88-20 in the House and 48-2 in the Senate

- 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)*

Quotes from Law Enforcement:

“One of the main components of a law enforcement officer’s job is to conduct searches. We search people, homes, vehicles, and storage compartments; we stick our hands in places most people wouldn’t think to touch, and in every search we are at risk for needle-sticks and contracting infectious diseases. I support harm reduction programs because I’ll advocate for anything that protects my life and the lives of my fellow officers.”

Cpl./Deputy Sheriff D.A. Jackson, Guilford County Sheriff’s Department
Lesson B. Aids Drug Assistance Program

- **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.”
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

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

• **AND, Don’t celebrate too loudly**
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 - do not care 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
• Again, don’t celebrate too loudly – could lose future support.
Enhancing the Health of Our Communities
Alisahah Cole, MD, VP & System Medical Director of Community Health

December 2017
Goals

GET INFORMED

GET INSPIRED

GET ACTIVATED

GET UNCOMFORTABLE
Our Mission

improve Health
elevate Hope
advance Healing
for all
Get Informed & Understand the Goal

While improving “Population Health” is a comprehensive and important goal of society, Carolinas HealthCare System will focus on providing **high quality, well-coordinated** medical services (and coordinating non-medical social support services as appropriate) that improve the **quality/value/outcome** of the care we provide in a coordinated manner so that they **improve health** of the **community** one patient at a time.
Strategic Priorities

ENHANCE COMMUNITY HEALTH AND BENEFIT IN PARTNERSHIPS WITH OTHERS:

- Improve Mental Health and Substance Abuse Awareness, Education, & Access
- Impact Reduction in Tobacco Use & Obesity Rates
- Facilitate Improved Access to Primary Care, Mental Health, & Dental Services
- Participate in Improvement of Social and Economic Indicators
Know What Affects Health

- 40% Socioeconomic Factors
- 30% Health Behaviors
- 20% Clinical Care
- 10% Physical Environment
Ready to Get Uncomfortable?

A comfort zone is a beautiful place, but nothing ever grows there.
Figure 8. Social Determinants of Health Index Map, CHIS Region

- Interactive web map
- 10-county region
- 12 SDH indicators at the neighborhood level (Census Tracts)
- Index summarizing indicators into a single variable

High (red) values show neighborhoods with the **highest disparities** among the Social Determinants of Health.
Food Deserts

**Food deserts** are communities with **limited access** to affordable fresh fruit, vegetables, and other healthy foods.

Low access to healthy food is defined as living **more than ½ mile (urban areas) or more than 10 miles (rural areas)** from the nearest supermarket, supercenter, or large grocery store.
Food Insecurity

**ADULTS**

- Higher rates of Obesity in women, DM, HTN, Depression
- In pregnancy, low birth weight, preterm birth, gestational DM
- Elderly, reduced independence

**CHILDREN**

- More frequent infections
- Increased use of mental health services
- Increased rates of hospitalizations
- Poorer academic performance
Time to Get Inspired!

- Over 400 community health initiatives
- Teammate volunteerism
- New community partnerships and collaborations
Think Differently

Equality doesn’t mean Equity
Next Steps

- Collaborate and Align, Evaluate & Measure
- Innovate
- Virtual Medicine (Cleveland County Schools)
- Virtual Behavioral Health
- Collection of SDOH in EMR
- Food Security System-wide Strategy
Mobile Medicine
Social Service Coordination

Aunt BERTHA
Network of Partners

What if we could connect all the dots?
What Can You Do?

"Start where you are. Use what you have. Do what you can.”

Arthur Ashe

• Get Informed
• Get Uncomfortable
• Get Inspired
• Get Activated
First & Best Choice

1st & BEST
What’s the message?

bonum civitatis
healthy public population health

FaithHealth

Gary R Gunderson
One critical task on which the public's health depends is to maintain the behaviors, norms, language that allows us to shape, improve and conduct policy--and do so in dialogue with other nodes of leadership. Crafted long ago, they need constant attention--especially by those charged with any facet of the public's health.
Two Cables

27,572 wire strands--80,000 miles--that bend and flex in harsh salt winds.

Elegant adaptive complexity. By design.
Empathy is
The Gateway
Message

No message works without empathy.

Empathy is not exactly “loyalty.”
Subjective, felt, experienced over time.
Not “crafted,” but expressed.
Often embodied with no words at all.
Humans evolved to accurately read empathy.

Public Health has an uneven history of empathy:
- Sometimes paternalistic, haughty, proud of its data
- Just as often, brave for the vulnerable and truth
Two Beneficial Complexities

Health of the Public
  Value
  Community
  Proactive
  Social Drivers
  Trust

Mission
  Values
  Community of Spirit
  Mercy
  Social

Love
FaithHealth: Testing empathy in One Tough Southern State

Sites:

• Carolinas HC Blue Ridge
• CaroMont Health
• Davie Medical Center (WF)
• Lexington Medical Center (WF)
• Randolph Hospital
• Southeastern Health
• Wake Forest Baptist Health
• Wilkes Regional MC
Functional Design Assumptions for Population Scale Health

• **Community scale** networks and capacities, not just excellent bio-medical care "one patient at a time."
• **Trust building** among community members is mainsail.
• **Humble leadership** values community intelligence.
• **Asset focused**, not gap or deficits. African model of religious health assets of mapping, aligning and leveraging
• **Community Based Participatory Research principles of transparent co-design and analysis of outcomes.**
• **Focus on the person-journey, not services-transaction**
• **Integrative strategy**, which braids community caregiving with traditional clinical medical care.
• **Shared data matrix** across sites to test concept against rich mixed data
Alignment by denomination, county, or local ministerial affiliation
- Network Builders
- Patient Referral Pathway
- Build capacity of congregations

Denominational Liaisons and other staff

Connectors

37
Part-time contract staff

Supporter of Health

6 Full-time staff

Community Chaplains
- SNFs (WSNR)
- Homeless
- Clinic for underserved (DHP)
- Dialysis centers

Focused on Vulnerable Communities
- High Charity Costs
- Target Zip Codes/Census Tracts

Congregations

2295 Visiting Clergy

Coordinate volunteer follow up and response

Community Roundtable
- Nonprofit Partners
- Congregations
- Connectors
- Supporters of Health
- Hospital departments

Paid Staff

Volunteers

2103 Trained Volunteers

14 FaithHealth Fellows

64,797 members
Shared mission

**NC Way**
- Assumes shared empathy for the vulnerable
- Hospital is not the hero; just other humans trying to do the right thing.
- Not a deal, pilot or project.
- Very few shiny brochures.
- Heroes of the data are the ones moving it: partners.

**Scaleable Empathy**
- Build institutional systems compliant with humans.
- Biggest system has to figure out how to be connectable, flexible, compliant.
- Do the right thing when it's awkward (undocumented).
- Invite others across the boundary--to help real people.
FaithHealth North Carolina Way: Network Growth

64,797 Congregational Members
## WFBMC FY12-17 Self-Pay Costs, 5 Key Forsyth County Zips

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<th>Fiscal Year</th>
<th>Unique Patients (N)</th>
<th>Total Cost ($)</th>
<th>Cost Per Life ($)</th>
<th>Variable Cost Per Encounter ($)</th>
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<td>88</td>
<td>203</td>
<td>179,722</td>
</tr>
</tbody>
</table>

From FY12 to FY17, self-pay costs decreased by $2,791,847
Triggering the intuitions

Service of faith

• Faith identity can trigger distrust as claim to unearned righteousness and moral authority.

• Faith can also trigger the Haidt intuitions as a proxy for generous humility needed for the most vexing issues.

• Do the right thing for all.

Public Service

• Governmental identity can trigger distrust when it claims unearned righteousness and moral authority.

• “Public” can also trigger the Haidt intuitions as a proxy for fair-minded humility for the most vexing issues.

• Do the right thing for all.
Do NOT stop talking about facts, analytics, determinants, vectors, patterns and predictors. But we must ALSO talk about our crazy love for the people—the public. And we talk about why we continue to hope for better, hope for more and simply won’t quit hoping no matter what. . . .

This is the time for those who just can’t stop loving the messy, disappointing, ever-muddling gaggle of humans called “the public.” We are in JUST the right work at just the right time. While others rant, we must speak out of that love. Bring our facts and laptops, as we know that science is a friend of humans and what we are possible of. But we must speak out of love first, especially in public, especially with the public, especially about the public.”
How to Use Webex Q & A

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Crafting Richer Public Health Messages

March 22, 2018 – Faith-Based Assets Workshop of the Roundtable on Population Health Improvement of the National Academies of Sciences, Engineering, and Medicine

April 2018 – 2 day General Training Workshop for Practitioners to be scheduled at UNC Chapel Hill
Thank you for attending

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