Becoming Better Messengers Series

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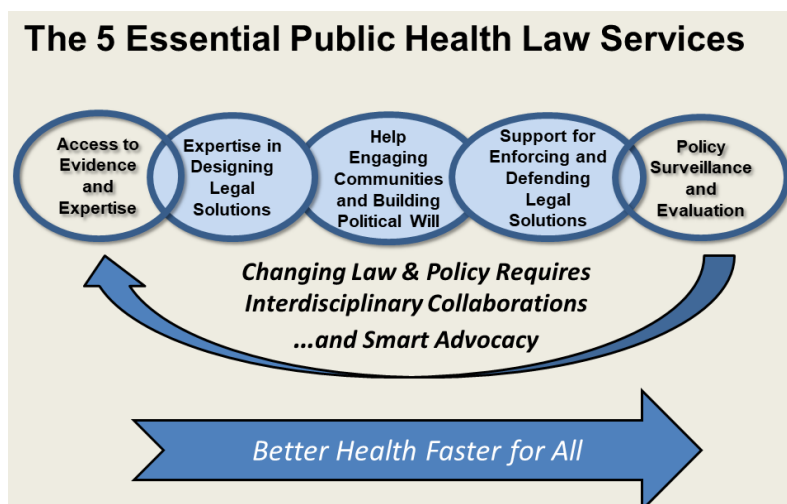
May 2019

Much of public health involves redirecting current resources and responses in order to meet newly emerging challenges to the health of our communities. These challenges can arise from various sources including changes in infectious disease patterns, environmental conditions and/or human behavior impacting chronic diseases.

In many cases public health needs to respond rapidly with an adjustment to current laws, regulations, ordinances, policies or appropriations. This puts public health in the business of advocating change both to policy leaders at multiple levels of government, as well as to the public we serve.

This Five Essential Public Health Law Services (5EPHLS) framework was initially articulated in 2016 by 8 co-authors in a Public Health Reports article entitled "Better Health Faster: The 5 Essential Public Health Law Services."[1] It has subsequently formed the basis for the 2018 textbook, *The New Public Health Law: A Transdisciplinary Approach to Practice and Advocacy.*[2]

The 5EPHLS framework captures the steps we have to take to go from recognizing & developing law and policy ideas to getting these ideas that work adopted as widely as possible. This process is not a lawyer-centric activity. It involves a transdisciplinary team collaborating together that includes the skills of public health communicators, researchers, policy developers, evaluators, lawyers, community coalition builders, advocates, as well as other external partners in the business, faith, and non-health sectors (e.g. housing, education, transportation) that impact health.

This figure presents these five services in visual form:

The 5 Essential Public Health Law Services

Access to Evidence and Expertise — Expertise in Designing Legal Solutions — Help Engaging Communities and Building Political Will — Support for Enforcing and Defending Legal Solutions — Policy Surveillance and Evaluation

Changing Law & Policy Requires Interdisciplinary Collaborations ...and Smart Advocacy

Better Health Faster for All

These five services encompass policy development, putting an idea into strong legal form, getting the law or policy enacted, implementing and defending the change, and monitoring and evaluating its impact. All this is essential "legal work," and a lot of that work is done by people who are not lawyers and may not even think of their work as related to law. To make law add value quickly as well as equitably as possible, lawyers and non-lawyers must collaborate together in these five stages.

1. **Access to Evidence and Expertise:** Public health professionals must be able to work with others to identify problems that may be amenable to legal intervention, and think of policies or appropriations that might make a difference. This does not necessarily mean looking for new laws to address a health issue. Sometimes existing laws may be causing harm, so that the "intervention" is to eliminate or change a harmful law. At this stage, the emphasis is on general ideas (like establishing or expanding standing orders for the distribution of naloxone) rather than the particular way that idea might be accomplished through law.

2. **Expertise is Designing Legal Solutions:** Public health professionals must work with lawyers and others to put a general policy into specific legal form. This is a technical legal matter, but it also requires political expertise, sensitivity to stakeholder values and preferences, savvy communication plans, awareness of how other places have enacted similar provisions and attention to health equity.

3. **Help Engaging Communities and Building Political Will:** Public health is political, and professionals play important roles in community organizing, educating, advocacy and even lobbying in order to get the needed law, regulation, policy or appropriation accomplished.

4. **Support for Enforcing and Defending Legal Solutions:** Once a legal intervention is on the books, it still must be implemented and enforced. Sometimes it must also be defended against political pressure or even litigation.

5. **Policy Surveillance and Evaluation:** Evaluation is a core practice of public health generally, and it applies to legal interventions as well. Researchers study the impact, costs and benefits of legal interventions. It is also important to track adoption and change in public health laws to guide advocacy and diffusion of innovation ("policy surveillance").

"Better Health Faster for All" signifies that the core value of equity and community experiences, expertise, priorities and values are incorporated in each service. The social determinants of health remain squarely and sharply in focus; incorporating community experiences, expertise, priorities and values; monitoring process and outcome data to ensure equity goals are being reached; and to address any unintended consequences that could undermine these goals.

Finally, it should be noted that this 5EPHLS framework is a continuing process. At times it may be entered at any one on these five steps, depending upon the demands and opportunities that arrive on our public health doorstep.

The subsequent Knowledge Base articles on messaging and advocacy all flow from and are integral to this fundamental framework of the Five Essential Public Health Law Services.

[1] Burris S, Ashe M, Blanke D, Ibrahim J, Levin D, Matthews G, Penn M, Katz M. Better Health Faster: the 5 Essential Public Health Services. *Public Health Rep.* 2016; 131(6); 747-753.

[2] Burris S, Berman M, Penn M, Holiday TR. *The New Public Health Law*: *A Transdisciplinary Approach to Practice and Advocacy.* Oxford University Press (2018).

The Basis for Moral Foundations Theory Applied to Public Health Advocacy (BBM Series 2 of 11)

What are the origins and basis for Moral Foundations Theory?

May 2019

The previous Knowledge Base article in this series, *Transdisciplinary Approach to Advocacy Using the Five Essential Public Health Law Services (BBM Series 1 of 11)*, explained the framework of the Five Essential Public Health Law Services. This article now introduces the concept of how advocacy benefits from a deeper look into Moral Foundations Theory (MFT).

In his 2012 groundbreaking book, *The Righteous Mind: Why Good People Are Divided By Politics and Religion*[1], Jonathan Haidt provides us with fresh insights into politics and public policy, leading to an examination of the intuitive, mostly subconscious individual decision making that takes place when humans are asked to accept or resist new social concepts or political policies.

Since then a new field of "Moral Foundations Theory" has evolved and is being applied in many areas of social study, communications, politics, and marketing.[2] In particular, this research discovers significant differences in moral intuitions between political liberals and conservatives in the United States.

Much of Haidt's work flowed from in the 2002 Nobel Prize winning concepts of Daniel Kahneman, whose empirical findings challenge the assumption of human rationality prevailing in modern economic theory.[3]

It is well settled that our brains deal with the complex task of filtering and evaluating the significance of stimuli by using shortcuts. In the famous formulation of Amos Tversky these patterns evolved to help us: "on the savannah, when something rustled in the tall grass, one jumped first and reflected later." The familiar—in food, people, weather—was usually safe; new things were best treated with suspicion.[4]

Haidt found that our morality also rests on a set of shortcuts. These human patterns developed in the last 10,000 years as an adaptation to the demands of social cooperation. Haidt argues that groups made up of individuals who were loyal, cooperative, altruistic, and accepting of group beliefs and norms were more likely to survive than groups whose members could not trust each other. Through genes and millennia of socialization, we are wired to respond to moral

dilemmas with intuitions that, like our risk assessments, feel accurate and carefully considered but in fact are snap judgments.[5]

These unconscious, intuitive processes apply to our social values and political beliefs. Our opinions signal and reinforce our group memberships, and we have made up our minds before we even know it.
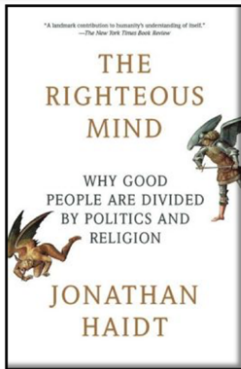
In many cases, our reason serves our intuition. While we believe we are leading with our rational brain, in fact it is our intuition that comes first, and our rational brain then takes those cues to form justifications for the intuitive judgement.

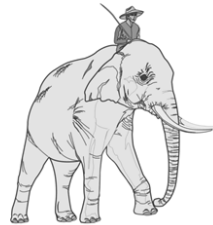Consider the depiction of the elephant and the rider shown in the visual below:

The Network for Public Health Law

Moral Foundations Theory
(understanding evolutionary moral psychology)

THE RIGHTEOUS MIND
WHY GOOD PEOPLE ARE DIVIDED BY POLITICS AND RELIGION
JONATHAN HAIDT

SOCIAL & POLITICAL JUDGMENTS ARE PARTICLARLY INTUITIVE

Intuitions come first, strategic reasoning second

90% = Intuitive Elephant
10% = Rational Brain

Adapted from: Haidt, *The Righteous Mind,* Vintage Books **(2012)**

The conscious brain is much like the 10% rider sitting atop the 90% intuitive elephant. Our rational brain is able to sense the instinctive, unconscious judgement of what is right or wrong that our intuition has already determined. We then tend to treat these beliefs as if they had been carefully reasoned. In a sense, our brain can then act as our "lawyer" by consciously shaping "rational" arguments to support the sub-conscious judgements of our intuition.

Much of public health is spent scientifically determining the source of public health problems. Our credibility always depends upon the factual soundness of our conclusions. However, when we then advocate for a law or policy change we still tend to frame it in terms of facts, science and rationality in a social and political environment that is more attuned to intuitive values.

Our journey in improving our public health advocacy begins with a recognition that we need to frame our messages using better examples and stories that resonate with the identifiable moral foundational values of our communities.

[1] Haidt J. *The Righteous Mind: Why Good People Are Divided by Politics and Religion*. New York, NY: Pantheon Books; 2012.

[2] See generally https://moralfoundations.org/publications

[3] Kahneman, D. *Thinking Fast and Slow.* New York: Farrar, Straus and Giroux;2011.

[4] Kahnemann D, Slovic P, Tversky A, eds. *Judgment Under Uncertainty: Heuristics and Biases*. Cambridge, England: Cambridge University Press; 1982.

[5] Matthews G, Burris S, Ledford SL, Gunderson G., Baker E. Crafting richer public health messages for a turbulent political environment. *J Public Health Manag Pract.* 2017;23(4):420-423.

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The 6 Moral Foundational Values Applied to Public Health Advocacy (BBM Series 3 of 11)

What is the Moral Foundations Theory Framework?

May 2019

This Knowledge Base article examines in more detail the 6 intuitive foundational values as they relate to advocacy and the Five Essential Public Health Legal Services.

As first identified by Jonathan Haidt, 6 moral foundational values are hardwired by evolution into our intuitive, mostly subconscious social decision making.

Further discussion of these concepts may be found in our initial JPHMP paper published in 2016.

These 6 moral foundations (each with positive and negative components) are as follows:

1. *Care/Harm*: This first foundational value includes our drive to have the fundamental physical necessities such as security, shelter, food, water, and warmth required to provide care. The reciprocal component is the intuitive reflex to protect ourselves and our community against threats and harm.
2. *Liberty/Oppression*: This value encompasses our positive desire for physical and psychological freedom of action. It simultaneously contains the more aggressive component of social intolerance toward bullies.
3. *Fairness/Cheating*: For this foundational value, the common positive component supports equality of opportunities. The reciprocal aspect that goes with fairness is the general distaste for cheaters and "free riders" in a social system.
4. *Loyalty/Betrayal*: The common positive aspect of this intuitive value embraces personal trust and group identity. The scope of our group identity can range in different situations among family, friends, neighborhood, community, state, nation, or even the entire world. Sometimes it may be viewed as simply as sports team loyalty, whereas at other times it may extend to national patriotism. The negative component is the social isolation or stronger sanctions we apply against those who betray us.
5. *Authority/Subversion*: Reflecting the competitive advantage of well-organized groups, this value embraces the social deference we accord to "good" authority figures who can lead us toward success. Conversely, we can become very intolerant of those who subvert the order and structure of our social systems.
6. *Sanctity/Degradation*: It should be noted that *Sanctity* extends broader than to just the boundaries of religious belief. It also incorporates our intuitive respect for honoring the human spirit even in a more secular sense. The reciprocal dimension of this value is widespread social aversion to personal degradation by individuals of themselves or others.

Haidt found that these common 6 traits can be reliably measured and discovered different value profiles in various cultural/ethic cohorts in Philadelphia, India, and South America. When this methodology is applied to examine a wide

sample of the US population, a striking difference is found between 2 groups: political liberals and political conservatives.

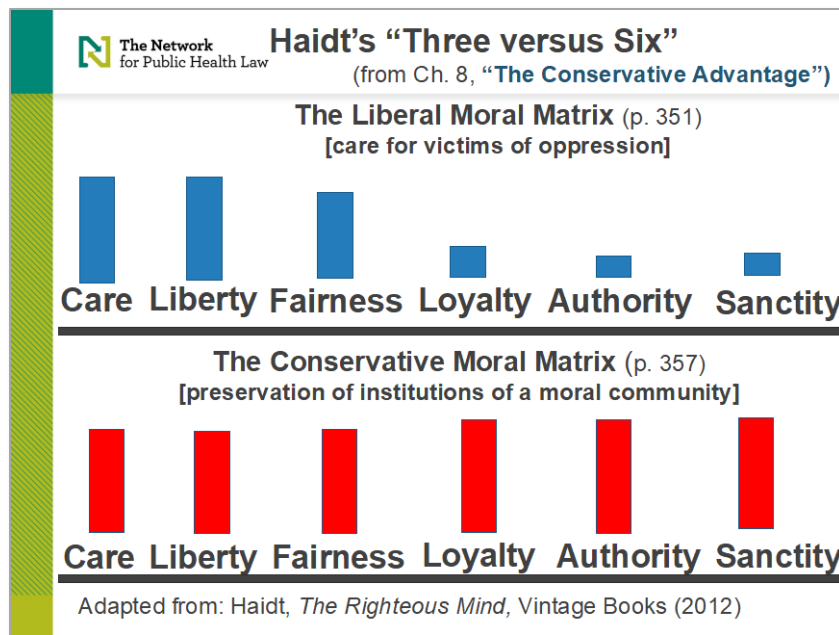These contrasting profiles are depicted below:

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

Care Liberty Fairness Loyalty Authority Sanctity

Adapted from: Haidt, *The Righteous Mind,* Vintage Books (2012)

The Conservative Moral Matrix (p. 357)
Most sacred value: Preserve the institutions and traditions of a moral community

Care Liberty Fairness Loyalty Authority Sanctity

Adapted from: Haidt, *The Righteous Mind,* Vintage Books (2012)

Important Political Implications of These Moral Foundational Values

The general characteristic of the liberal profile is that the overarching value of liberals is *care for victims of oppression*. Furthermore, analysis of data demonstrates that US liberals score high on the first 3 fundamental values, *Care*, *Liberty*, *and Fairness*, and score low on valuing the second 3 categories, *Loyalty*, *Authority, and Sanctity*. This resulting profile of liberals does not seem surprising when presented to both liberal and conservative audiences.

Also it is not that surprising that, in general, conservatives view their social world differently. The overarching value of conservatives seems to be the *preservation of the institutions and traditions of a moral community*. It is most revealing that US political conservatives score about the same on all 6 foundational values—with conservatives scoring almost at the same level as liberal cohorts on the first 3 moral values of *Care, Liberty, and Fairness*. Moreover, conservatives have a much higher regard than liberals for valuing the last 3 foundational categories of *Loyalty, Authority, and Sanctity.*

It is sometimes puzzling to many liberals that conservatives seem to score almost as high on *Care, Liberty, and Fairness* as do liberals. On the contrary, this value profile does not come as a surprise at all to conservative audiences. This divergence is accentuated by the final striking characteristic that most liberals inaccurately predict that conservatives would score low on the first 3 moral values *(Care, Liberty, and Fairness)* and high only on the last 3 *(Loyalty, Authority, and Sanctity).* Conversely, most conservatives accurately understand that liberals score high on the first 3 values and low on the second 3.

Haidt's "Three versus Six"
(from Ch. 8, "The Conservative Advantage")

The Network for Public Health Law

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

Adapted from: Haidt, *The Righteous Mind,* Vintage Books (2012)

This remarkable divergence leads to what Haidt describes as "The Conservative Advantage" and contains the key concept of "the Three versus the Six." This comparison of the liberal and conservative profiles is summarized in the visual on the next page.

The important implications of this key divergence is that in political discourse and advocacy, conservatives more often intuitively tend to address all 6 moral foundational values that motivate the broad US population. However, liberals gravitate toward framing political issues only addressing the first 3 values of *Care, Liberty, and Fairness*—generally ignoring or only giving superficial attention to *Loyalty, Authority, and Sanctity.* This phenomenon gives conservatives a distinct advantage because liberals are only using 3 of the intuitive motivating values contained in our spectrum of 6 motivating categories. Our natural intuitive attraction to the second trio of moral values is left out of the picture when liberal messaging only addresses the 3 values in the first domain. This imbalance creates "the conservative advantage."

As further explained in the referenced article, too often in the public health context our messages are unconsciously framed using only the in the first three MFT values of *Care, Liberty and Fairness.* In doing so, we miss the opportunity to communicate effectively to all our population.

In this series of Knowledge Base Articles that follow on this topic, we explore questions about how public health messaging can be shaped more effectively and, more importantly, how we in public health can become better messengers within our communities.

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Connection of Messaging to Public Health Law (BBM Series 4 of 11)

Why is good messaging important to public health law?

May 2019

This article explains the key role that effective messaging plays in the Five Essential Public Health Law Services (5EPHLS). Learning how to improve our messaging is an essential and inseparable component in our ability to effectively use law as a tool in the practice of public health.

Interaction of Public Health, Government and Law
Public health practice is inherently a dynamic process that constantly shifts to meet evolving challenges. Microbes are constantly adapting and presenting us with new infectious disease problems. Similarly, human behavior is always changing and creating new patterns of environmental, workplace, and behavioral concerns that need to be addressed.

In responding to these new infectious, behavioral, or chronic challenges, existing public health resources need to be redirected to meet these changes. Under our federalist system of government, the foundations of public health are based in laws and governmental structures created at the local, state, tribal or national levels.

In order to adapt to the latest challenge, it is most likely that there must be a *change in an existing law, regulation, policy or appropriation at one or more of these levels of government.* This puts public health in the business of advocating change both to policy leaders at multiple levels of government, as well as to the public we serve.

Messaging and the Five Essential Public Health Law Services
The initial article in this series, *Transdisciplinary Approach to Advocacy Using the Five Essential Public Health Law Services (BBM Series 1 of 11)*, introduced the important framework of the Five Essential Public Health Law Services (5EPHLS).
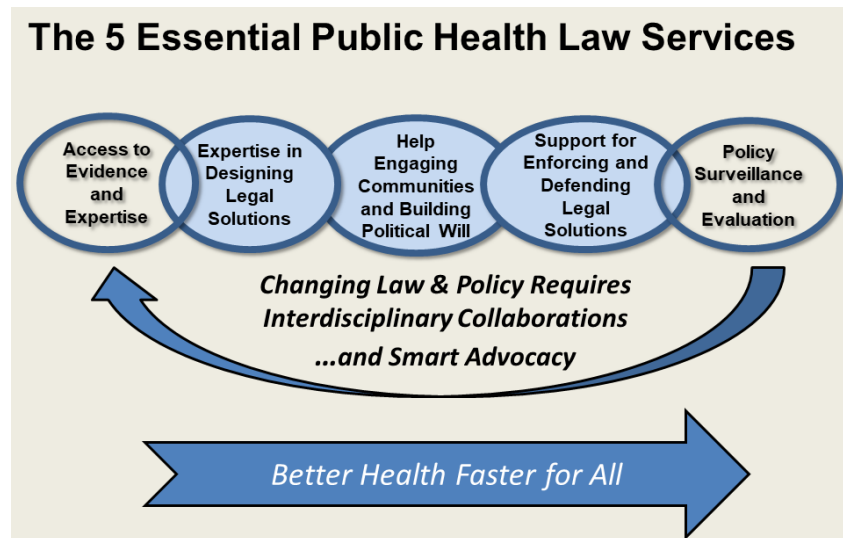
That 5EPHLS construct emphasizes that lawyers in this field should not be isolated from the rest of public health in some lawyer-centric activity. It involves a transdisciplinary team collaborating together that includes the skills of public health communicators, researchers, policy developers, evaluators, lawyers, community coalition builders, advocates, as well as other external partners in the business, faith, and non-health sectors (e.g. housing, education, transportation) that impact health.

This 5EPHLS framework goes on to outline five essential services that are the components of making such change happen.

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

Where Messaging Is Vital In The 5EPHLS Framework

Within these five services, messaging is most vital in the 3 middle services (2,3 & 4) shown as shaded in this visual:

The 5 Essential Public Health Law Services

Access to Evidence and Expertise

Expertise in Designing Legal Solutions

Help Engaging Communities and Building Political Will

Support for Enforcing and Defending Legal Solutions

Policy Surveillance and Evaluation

Changing Law & Policy Requires Interdisciplinary Collaborations ...and Smart Advocacy

Better Health Faster for All

Service #2. Expertise is Designing Legal Solutions:

Lawyers must work with many other public health professionals and community leaders to put a new initiative into specific legal form that will be successful. While part of the law or policy solution is a technical legal matter, it also requires the lawyers to be connected to the team of political experts, stakeholder representatives, communication planners, etc.

Some legal approaches may be technically elegant solutions, but if they are not designed with savvy messaging components baked into the initiative, they likely will go nowhere. Precious public health resources and a window or opportunity may then be wasted. The lawyers always need to be sensitive to how the messaging for the new initiative will resonate to the audience.

Service #3. Help Engaging Communities and Building Political Will:

Public health is political, and many different professionals play important roles in community organizing, educating, advocacy and even lobbying in order to get the needed law, regulation, policy or appropriation accomplished.

Public health lawyers always have to be mindful of the applicable restrictions on lobbying. In addition, as discussed above, any new law or policy initiative has to have an effective messaging component in order for the appropriate public health leaders and community stakeholders to communicate why this initiative should be a priority to policy-makers and community members.

Service #4. Support for Enforcing and Defending Legal Solutions:

Once a legal intervention is on the books, it still must be implemented and then enforced. Sometimes it must

also be defended against political pressure or even litigation.

It is an unfortunate reality that the enforcement component is not given more attention at the beginning when a new initiative is being created. For example in a housing code situation, all too often once a new law, regulation, or policy is enacted, but then the resources necessary to enforce housing code violations melt away. It is important for lawyers working at service #2 to develop any new initiative to push for resources to assist them later at service #4 when the new program must be enforced or defended from legal challenges.

Accordingly, effective messaging plays a key role within the three central components of the framework of the Five Essential Public Health Law Services. Lawyers collaborating on any new initiative need to maintain awareness of how it will be communicated in a way that resonates to stakeholders and the public.

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Public Health Liberals Resonating to Conservative Moral Values (BBM Series 5 of 11)

How can liberals working in public health ever resonate to "conservative flavored" moral foundational values?

May 2019

It is important when working inside the three central components of the Five Essential Public Health Law services to use messages in each that appeal to broad audiences.

Sometimes participants at our public health law workshops have difficulty completing exercises in which they are asked to frame messaging using the "conservative-flavored" MFT values of *Liberty, Authority & Sanctity.*

Jonathan Haidt's research on Moral Foundation Theory (MFT) shows that political liberals in the US generally tend to resonate strongly with *Care, Liberty & Fairness* but less strongly than political conservatives to the three other values of *Liberty Authority & Sanctity*, as shown below (Advocacy for Leaders: Crafting Richer Stories for Public Health).
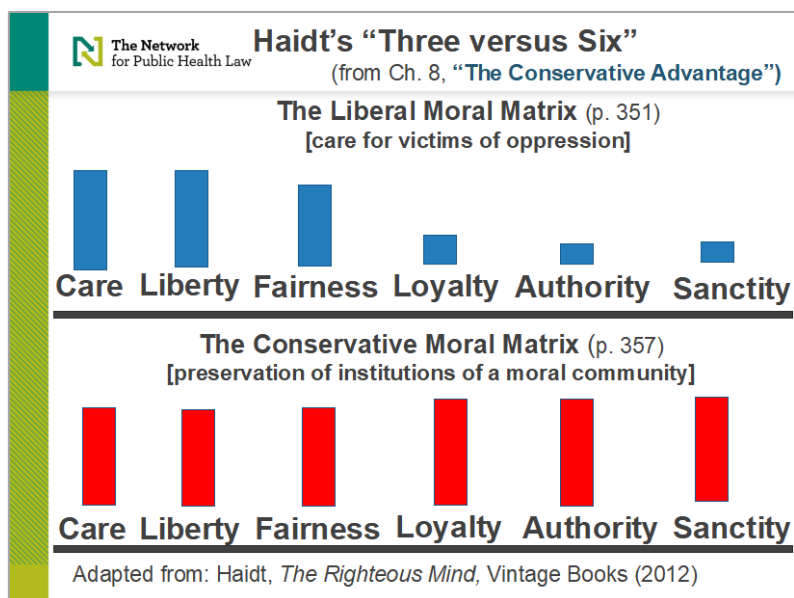
In previous publications we have discussed in more detail how public health tends to speak using the voice of doctrinal liberals in our messaging, emphasizing the "liberal-flavored" values of *care, liberty* and *fairness*. Almost unconsciously, public health shys away from articulating its messages using the "conservative-flavored" values of *loyalty, authority* and *sanctity.* In doing so, public health may be missing the opportunity to connect effectively to half of our population who share conservative views.

However many on our team have recently become convinced that public health workers at the practice level

have the ability to equally resonate with these latter 3 values when carrying out their professional activities and responsibilities. For example:

- *Loyalty*: Public health is committed to our communities. The heart of public health is community coalition- building to improve the life of those residents. We are certainly loyal to those we serve.
- *Authority*: Public health arises from fundamental police power doctrine and uses it every day in food inspection, sanitation, quarantine, etc. Public health does not hesitate to use its authority when necessary to protect the public.
- *Sanctity*: Recall that *sanctity* is a moral value that is not bounded by any particular religious doctrine. Those working in public health generally are motivated to reach out to all members of their community. One of the most noble and transcendent aspects of public health is that while others are running away from the fire, public health will reflexively run toward an Ebola outbreak. The service we provide transcends the momentary task at hand.

The important insight to draw here is that public health already has the breath of moral values and the capacity to transparently present itself in a way so that those we serve from all across the political spectrum can feel safe engaging us in partnerships to improve their own communities. In most situations public health workers, therefore, have the capacity to provide help to those in need without compromising their individual political values. This is an important insight to keep in mind.

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Fitting Cost-Saving Arguments into the Moral Foundational Theory Advocacy Framework (BBM Series 6 of 11)

Practical question: How do public health cost-saving arguments fit within the advocacy framework of the 6 intuitive moral values?

May 2019

When constructing advocacy inside the Five Essential Public Health Law Services construct, the use of cost-savings arguments becomes very useful.

Frequently public health uses cost-saving or cost-effectiveness approaches when advocating for a new law or policy initiative. A common question arising in workshops is, "How does cost-savings fit within this MFT advocacy framework?"

Recall that as humans we all intuitively resonate to varying degrees with the 6 intuitive moral values that are more extensively described elsewhere in these articles.

These 6 moral foundations (each with positive and negative components) are as follows:

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

Authority/Subversion (value #5, above) reflects the Darwinistic competitive advantage we all inherently sense in being part of well-organized groups. This value embraces the social deference we accord to "good" authority figures who can lead us toward success. Conversely, we can become very intolerant of those who subvert the order and structure of our social systems.

In making cost-saving arguments to support our public health initiatives, we should be aware that we can tap into (and benefit from) this intuitive value of *Authority.* Most elected officials and community stakeholders recognize and appreciate the benefits of good government that is well managed, serves the community and is cost-effective.

Conversely, we are all too familiar with the subversive consequences to our social systems when governments squander limited resources on activities that are not cost-effective.

So it makes good sense when we present our public health arguments about cost-effectiveness to point out that we are promoting good government—which in turn is supported by our intuitive resonance toward those leaders who do a good job.

Obviously the use of this *Authority* value can be effective when presenting to more conservative audiences or decision- makers, but it is a value that has wide appeal all across the US political spectrum.

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Example: Opioids Applied to All 6 Values in MFT Advocacy Framework (BBM Series 7 of 11)

Practical question: Can you take an example like opioid overdose and apply it to all 6 intuitive moral values in the Moral Foundations Theory (MFT) advocacy framework?

May 2019

Frequently we are asked in presentation discussions to take a single topic like opioid overdose/drug abuse prevention and apply it to advocacy using all 6 Moral Foundation Theory (MFT) values. Here is one example drawn from our published papers (Crafting Richer Public Health Messages for A Turbulent Political Environment (2017)).

1. Care/Harm

This intuitive value of protecting ourselves and our community from harm is in natural alignment with most of what we do in public health. It is easy to tap into our compassion for the pain of drug addiction on the individual, their family, and the larger community and into our desire to protect them from harm. Most of our traditional public health advocacy is framed around this *Care/Harm resonance.*

2. Liberty/Oppression

Similarly, drug addiction is a destroyer of personal liberty and freedom. The oppressive demands of drug abuse consume both individual choice and the financial, psychological and social freedom of both the individual and those associated with the addicted person. The cost to the community can also consume public appropriations, which narrows the freedom of policy-makers to support other projects

3. Fairness/Cheating

Many of the factors underlying addiction relate to the fairness of access to basic resources. The evidence is clear that long-term recovery and prevention is dependent upon addressing the determinants of health: basic health care, adequate housing, food, transportation, economic security, etc. Our public health strategies to promote equity and reduce disparities clearly align with this value.

4. Loyalty/Betrayal

Individuals across the political spectrum recognize and want to address the visible economic and social consequences of opioid addiction on their local communities. Elected officials with roots in their own jurisdictions almost always know families "back home" dealing with these painful issues. Fundamental loyalty to those communities can be a powerful driver to advocate for new approaches to reduce this pain.

5. Authority/Subversion

In 2016, North Carolina enacted sterile-needle exchange legislation. The law enforcement community was a respected voice of authority and key advocate for making this successful public health change take place.

Additionally, as discussed in a previous Knowledge Base article titled "*Fitting cost-saving arguments into the Moral Foundational Theory advocacy framework (BBM Series 6 of 11)*", the messaging pertaining to drug abuse prevention aligns nicely with the authority value. Most elected officials and community stakeholders recognize and appreciate the benefits of good government that is well managed, serves the community and is cost-effective. Conversely, we are all too familiar with the consequences to our social systems when governments squander limited resources on activities that are not cost-effective. It makes good sense when we present our public health arguments on the cost-effectiveness of drug abuse prevention to point out that we are promoting good government—which is consistent with our intuitive resonance toward those leaders who do a good job.

6. Sanctity/Degradation

While we have indicated that *Sanctity* extends broader than to just the boundaries of religious belief, it should also be remembered that many faith-health organizations are strong advocates and resource centers to partner with public health in drug abuse prevention programs as well as other forms of addiction.

Our intuitive respect for honoring the human spirit is sometimes challenged when facing the social aversion associated with the individual degradation caused by drug abuse. Our perspective can change, however, when we personally know the addict and family struggling with the problem. We resonate with compassion for families in pain within our own communities. As noted above in the the *Loyalty* discussion, the extent of our current drug abuse problem unfortunately means that most elected officials and policy-makers now know a family "back home" dealing with this pain. Hence the values of *Loyalty & Sanctity* can often work in tandem to support drug abuse advocacy.

Public Health Advocacy and the Exhausted Majority (BBM Series 8 of 11)

Can public health effectively reach out to communities during this turbulent political environment?
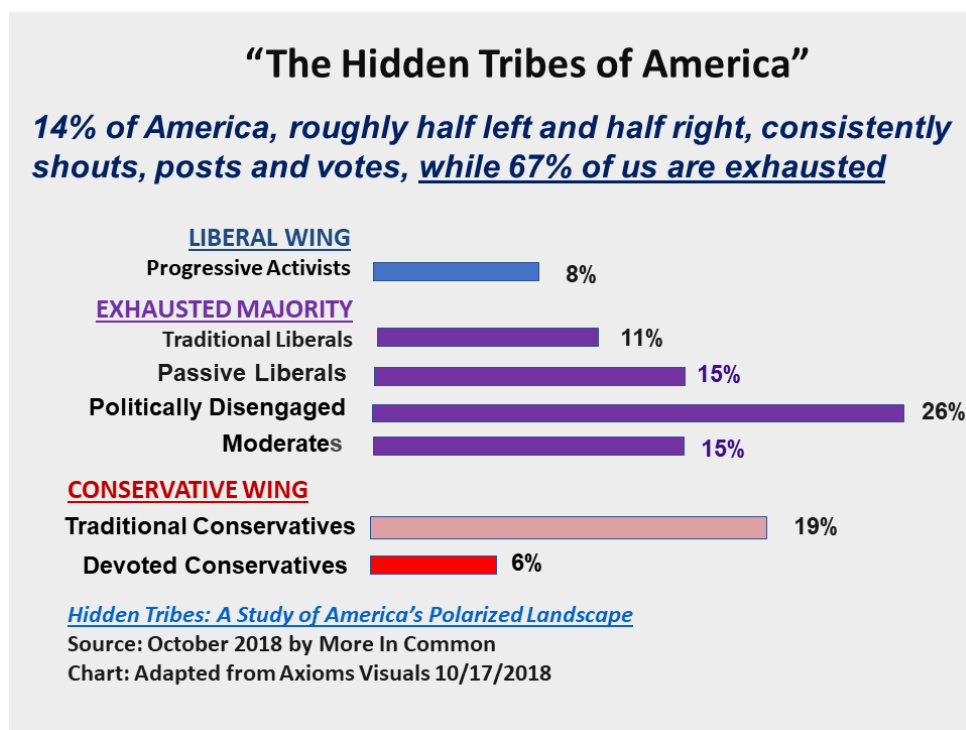
May 2019

In order for our Five Essential Public Health Law Services model to function today, we need to search carefully for effective messaging approaches that recognize this polarized time.

As part of public health advocacy it is important to stay mindful of the pressing reality that we in public health need to craft richer messages that resonate to *all* our communities experiencing pain and feeling left behind by the multiple disparities that exist. Rather than becoming totally consumed by the overheated media exchanges of political acrimony, these articles are suggesting a deeper conversation about how public health can better reach out with messages to our communities and policy-makers in order to accomplish meaningful law and policy change. One guiding principle is for public health to look deeper at what is happening and go local to assist in addressing these grass-roots problems.

Recent research by More in Common USA has revealed a powerful insight about the "Exhausted Majority" in our current culture that relates to our ability to shape law and policy change.

The visual attached (adapted from Axios, October 17, 2018) indicates that 14% of America, roughly half left and half right, consistently shouts, posts and votes, while 67% of us are now in what is termed the "Exhausted Majority."

"The Hidden Tribes of America"

14% of America, roughly half left and half right, consistently shouts, posts and votes, while 67% of us are exhausted

LIBERAL WING
Progressive Activists — 8%

EXHAUSTED MAJORITY
Traditional Liberals — 11%
Passive Liberals — 15%
Politically Disengaged — 26%
Moderates — 15%

CONSERVATIVE WING
Traditional Conservatives — 19%
Devoted Conservatives — 6%

Hidden Tribes: A Study of America's Polarized Landscape
Source: October 2018 by More In Common
Chart: Adapted from Axioms Visuals 10/17/2018

These researchers divided our population into seven "tribes" and found that five of the groups in the center comprising 67% are tired of this polarization and are seeking something different.

The Liberal Wing is composed of 8% Progressive Activists and the opposing Conservative Wing is voiced by the 6% Devoted Conservatives. Together these two groups dominate the polarized political attention of our culture today.

Meanwhile, the 67% Exhausted Majority is categorized by 11% Traditional Liberals, 15% Passive Liberals, 26% Politically Disengaged, and 15% Moderates. These groups are tired of the polarized turbulence and seem ready for a different type of conversation to take place in our culture.

Not surprisingly a number of organizations are starting to populate this space by promoting various ways for small groups of liberals and conservatives to better understand each other and engage in civil conversations. Groups such as Better Angels, Living Room Conversations, No Labels, Story Corps, and Counsel for a Strong America are using different approaches to promote civil discourse and push back against polarization and extremism.

The sites for these five organizations are:

https://www.better-angels.org

https://www.livingroomconversations.org/

https://www.nolabels.org

https://storycorps.org/discover/one-small-

step/ https://www.strongnation.org

In short, many believe that the cultural pendulum in this country is beginning to swing back toward more respectful conversation with a desire for better understanding of differing points of view in order to improve our own communities. As these conversations unfold, public health can add value to these conversations because we have a deep inventory of tools and skill-sets to help our communities.

In an April 2018 workshop we sought to transform this challenge into an opportunity to improve community health and explore deeper methods for communicating our public health messages across diverse audiences. This workshop intentionally brought together an audience that was diverse politically, geographically, generationally and racially. Also included were public health and organizational leaders at the local, state and national levels, leadership development experts from the private sector and elected officials.

The success of this workshop serves as proof of concept that public health can play a key role at this time as a leader, convener and facilitator across our communities to advocate for improving the culture of health in this country.
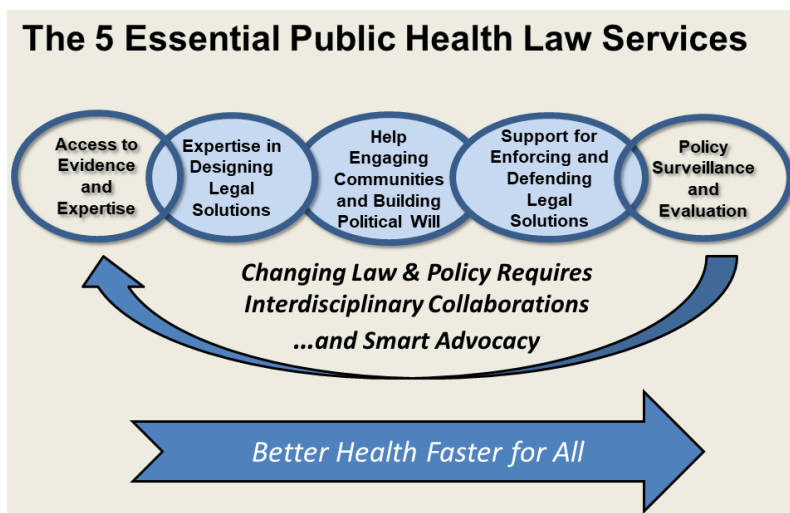
The Relationship of Public Health Advocacy and Civil Discourse (BBM Series 9 of 11)

Why is Civil Discourse so important for Public Health and vice-versa?

May 2019

In an earlier article, *Public Health Liberals Resonating to Conservative Moral Values (BBM Series 5 of 11)*, we explained how public health can resonate to all 6 foundational values that span across our political spectrum. In the immediately previous article, *Public Health Advocacy and the Exhausted Majority (BBM Series 8 of 11)*, we explored the trend emerging out of our polarized environment where we are now beginning to see a desire to improve civil conversations at the local level. This trend is a positive development because public health and civil discourse can be mutually supportive of each other. Here is how that relationship works.

Our article explaining the other close connection between messaging public health law, Connection of Messaging to *Public Health Law (BBM Series 4 of 11)*, underscored that public health is a dynamic process of always responding to new challenges and requires frequent change in law, regulation, policy or appropriations. That article went on to describe the key role that the center third service (Engaging Communities and Building Political Will) plays in the Five Essential Public Health Law Services framework, as shown in the visual below.

The 5 Essential Public Health Law Services

Access to Evidence and Expertise — Expertise in Designing Legal Solutions — Help Engaging Communities and Building Political Will — Support for Enforcing and Defending Legal Solutions — Policy Surveillance and Evaluation

Changing Law & Policy Requires Interdisciplinary Collaborations ...and Smart Advocacy

Better Health Faster for All

This framework helps reveal that the heart of public health is community coalition building. At the ground level of democracy, communities must take responsibility for recognizing their collective needs, assessing their resources available to meet those needs, choosing solutions, and prioritizing the order in which needs will be met. In this democratic context public health is always reaching out to others. There is a long public health tradition of building community coalitions to identify health needs, assess resources, and implement initiatives to respond to the health issues.

As shown in the visual attached, public health cannot function without civil discourse. If the community is so divided that functional communication does not take place, then public health loses the "extender" effect of

having supportive community members, leaders and coalitions. Ultimately the system of democratic cohesion weakens and public health programs lose traction.

The Network for Public Health Law — Public Health & Civil Discourse
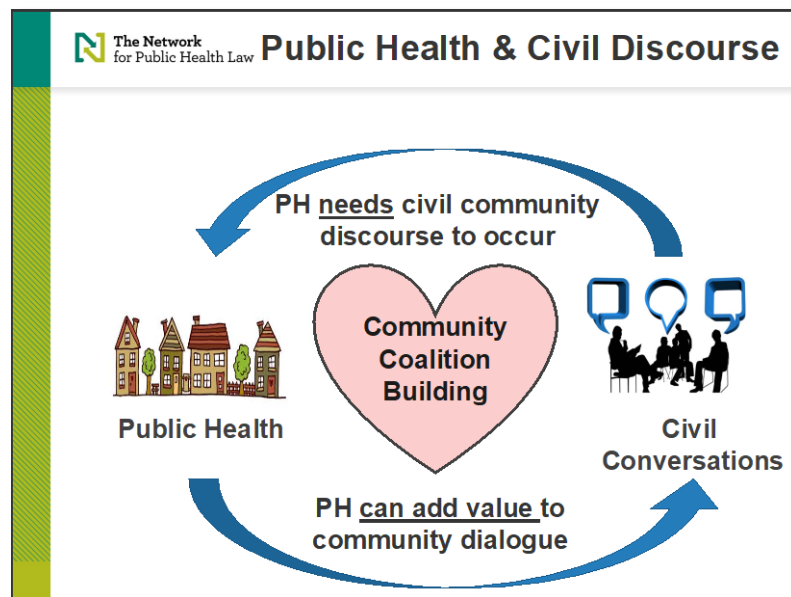
The reciprocal part of this interesting public health relationship with civil discourse is that public health workers have the ability to resonate to a wide range of moral values. We can use our skills in a way that people all across the political spectrum can feel safe engaging us in relationships to improve their communities. Not only does public health benefit from functional community dialogue. Public health also can engage in these community conversations and add value to the quality of local dialogue to address the common needs.

At this moment we in public health need to "lean forward" to nurture civil discourse and respectful community dialogue, which in turn will come back to benefit public health.

Network attorneys are available to answer questions on this and other public health topics at no cost to you, and can assist you in using law to advance your public health initiatives. Contact a Network Attorney in your area for more information. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, readers should consult a lawyer in their state.

Practical Tips: Active Listening When Advocating for Law & Policy Change (BBM Series 10 of 11)

How do you use active listening when advocating for law & policy change?

May 2019

Public health is frequently called upon to present its case for a law or policy change in front of a wide array of stakeholders. The target audience can differ by politics, age ethnicity, class, gender, religion, geography, etc. An underlying theme in these articles has been the use of the "big tent" approach to advocate for law and policy change using values and methods that appeal to all the communities that we serve in public health.

The following tips can be used in face-to-face conversations with individual stakeholders or when discussing your issue in front of a live audience. These techniques may be helpful when reaching out in real time to a community coalition leader, a health board member, a civic group, or a key elected official. The goal is to develop the skill of active listening and then responding in a way that builds common ground with the stakeholder.

Listed below this visual are some practical tips for developing your active listening skills:

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
- Establish trust: NEVER deceive or twist the facts
- Look for the Unexpected Validator

1. Don't assume

Do not assume you already know what is being said. Too often in this polarized environment parties simply talk past each other without really engaging in meaningful conversation. Opportunities are then missed.

2. Listen to both sides

Always listen carefully to what is being said by the parties. Try to put yourself in the place of the other and look

for the logic in their position. The goal is to seek common ground.

3. Pause to reflect

It is not necessary to respond immediately with a prepared sound-bite like a media pundit. This is about bridge-building, not scoring debate points. Take a moment to reflect on what you just heard. It may be helpful to respond with a reflective question like, "So what I hear you saying is that____. Do I have that right?"

4. Avoid the assumption that you know their values

Much of the material in these articles is derived from concepts in the framework of Moral Foundation Theory. Almost everyone resonates to a greater or lesser degree to 6 intuitive foundational values, so don't presume that the other person only adheres to a few values and discounts others. They may surprise you.

5. Craft relationships prior to a need

The heart of public health is community coalition-building. We are always building new relationships. It is much wiser to build relationships in advance with a stakeholder prior to needing them and their support.

6. Establish trust: never twist the facts

Public health is a science-based profession. Despite the questionable accuracy of material being used today, particularly on social media, our integrity in the public square depends on the soundness of the facts we present. We should never twist the facts or deceive the stakeholder. Once we do so, it is almost impossible to recover credibility.

It is always okay to admit you don't know an answer and ask to get back later with the facts.

7. Look for the unexpected validator

Finding an unexpected validator in a cohort that you think is opposed to your initiative is the equivalent of pure gold when you are advocating for law or policy change. We should not assume that a stakeholder's values do not overlap ours. It is a tremendous benefit when a restaurant owner speaks in favor of a smoking restriction or a law enforcement officer supports upstream drug abuse prevention funding. These unexpected validators can provide deeper insight into how to shape your law or policy initiative in a way that can resonate to diverse audiences.

Practical Tips: Using a MFT Worksheet to Prepare for Advocacy Meetings with Stakeholders (BBM Series 11 of 11)

How can I prepare for a meeting with a stakeholder to advocate for a law or policy change?

May 2019

Frequently we are asked to give requestors a practical exercise that can be used to prepare for a meeting with a stakeholder in which you want to present your case for a new public health law or policy change.

The goal of this exercise is to use active listening techniques and apply these deeper concepts of diverse values in in real time when building common ground with the stakeholder.

This series of articles has been built around a transdisciplinary approach to advocacy that is anchored in the Five Essential Public Health Law Services approach to changing law and policy (BBM Series 1 of 11, BBM Series 4 of 11). We have incorporated the use of 6 intuitive foundational values as developed in the framework derived from Moral Foundation Theory (BBM Series 3 of 11). We subsequently gave an example of how advocacy for opioid overdose and drug abuse prevention could be framed using all 6 of these intuitive moral values (BBM Series 7 of 11). Finally, the article immediate preceding this one presents the technique of active listening when advocating in real time to a stakeholder for law or policy change (BBM Series 10 of 11).

Putting this all together, we suggest the following exercise that can be done in advance of an encounter with a stakeholder with whom you want to seek support for your initiative.

You will find a one page worksheet that lists all 6 intuitive moral values attached. Here is how to use that worksheet:

- First take the specific issue you are advocating and jot down a few short ideas how your issue resonates to each one of these 6 values. (Look back at how this approach is described using opioid prevention in BBM Series 7 of 11).
- Keep your worksheet and these connections in mind as you are using active listening techniques when engaging your stakeholder
- Be alert during this conversation for the stakeholder to "open a door" by touching upon one of more of these 6 intuitive foundational moral values.
- When that door opens be aware you have already prepared an initial response from your worksheet that connects to that specific value the stakeholder has just shown.
- Advocate your issue by continuing the conversation in the direction that resonates with the value the stakeholder introduced and move deeper in that direction.

This practical exercise can be prepared in advance of face-to-face conversations with individual stakeholders or when discussing your issue in front of a live audience. These techniques may be helpful when reaching out in real time to stakeholders as varied as a community coalition leader, a health board member, a civic group, or a key elected official.

Six Intuitive Foundational Moral Values Adapted from: Haidt, *The Righteous Mind,* Vintage Books (2012)	
Moral Foundation	**Your Public Health Message**
1. Care (pairs with Harm) • **Reflects the base of Maslow's Hierarchy of Needs** • **(Security, Shelter, Food, Water, Warmth)**	
2. Liberty (pairs with Oppression) • **Physical and Mental Freedom** • **Social Intolerance of <u>Bullies</u>**	
3. Fairness (pairs with Cheating) • **Equality of Opportunities** • **Social Intolerance of "<u>Free-Riders</u>"**	
4. Loyalty (pairs with Betrayal) • **Personal Trust, Group Identity, Patriotism** • **Social isolation of those who <u>betray</u>**	
5. Authority (pairs with Subversion) • **Competitive advantage of organized groups** • **Deference to "good" leaders (Alexander the Great)** • **Social intolerance of those who <u>subvert</u> the system**	
6. Sanctity (pairs with Degradation) • **Not simply a religious value** • **Respect for the human spirit** • **Social aversion of personal <u>degradation</u>**	