

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

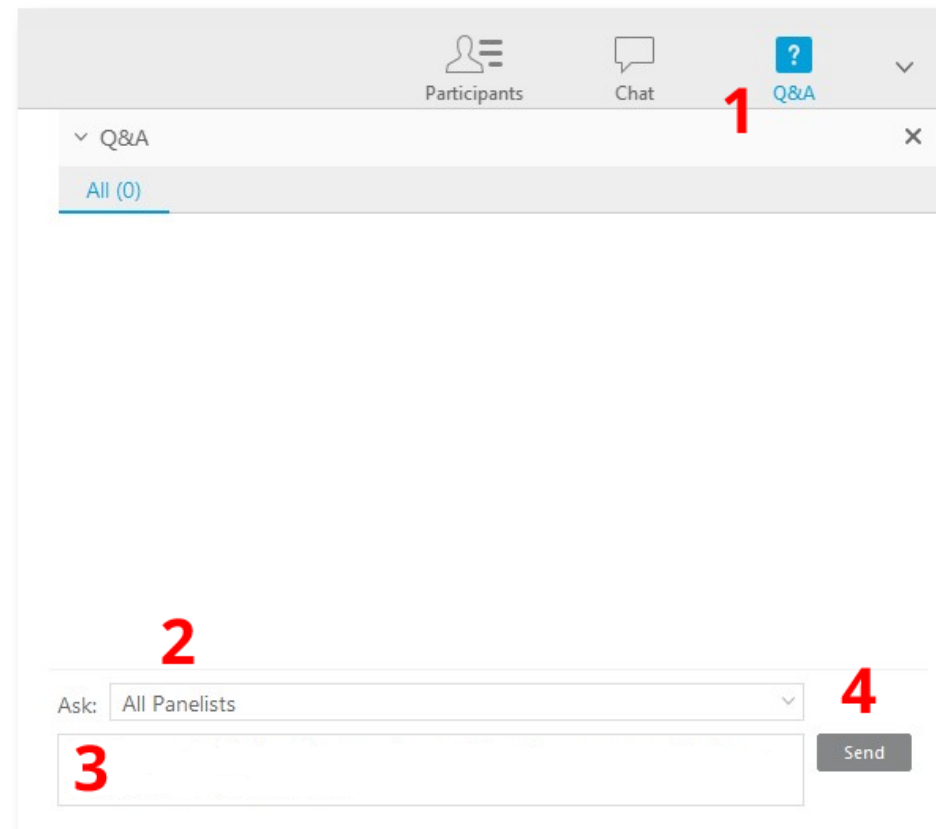
December 14, 2017

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How to Use Webex Q & A

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2. Select “All Panelists”
3. Type your question
4. Click “Send”



Moderator



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]



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



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

The Framework

The 5 Essential Public Health Law Services



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

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Presenter



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

Presenter



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

Presenter



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

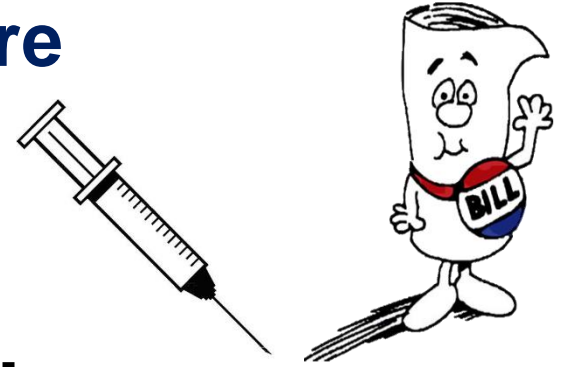
Dr. Sue Lynn Ledford

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**

Lesson A . Advocating for Needle Exchange-- The Broader Picture



Syringe Access – succeeded

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

<http://www.nchrc.org/news-and-events/news/Syringe%20Exchange%20Legal%20in%20NC>

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

- Any governmental or non-governmental agency can start SEP

<https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative>



NC Harm Reduction Coalition

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

Why 2016? Timing, Window of Opportunity, and Compromise

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.**

<http://ncleg.net/Sessions/2015/Bills/House/PDF/H972v8.pdf>

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.”

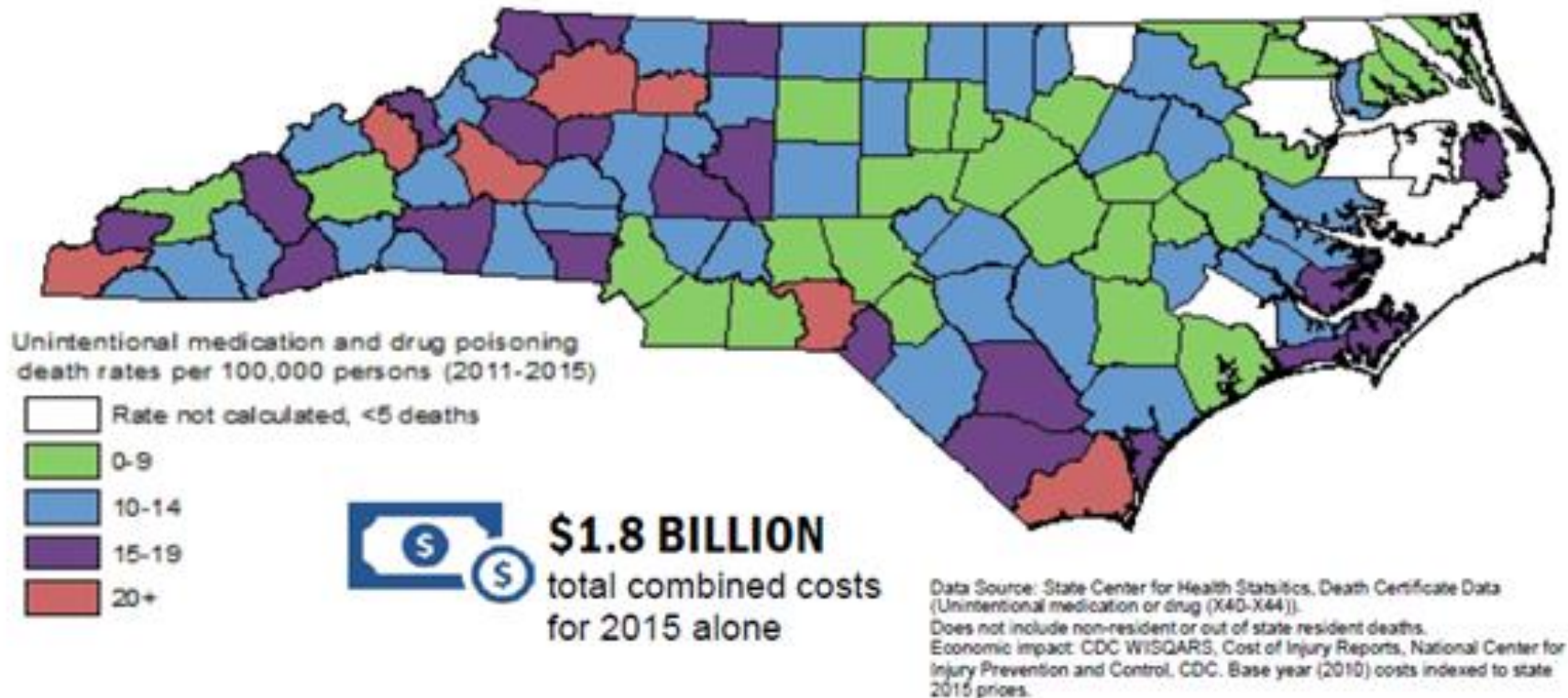
http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-113.27.pdf

- **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





“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

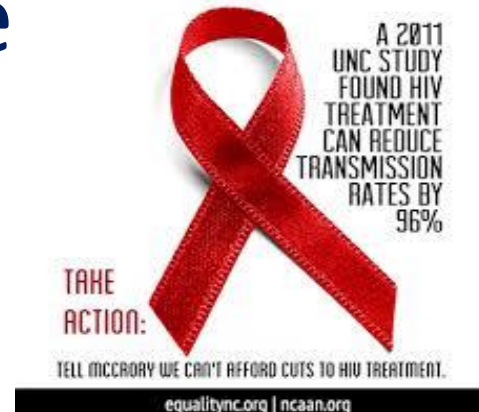
- Sound economics (*Saved Medicaid Dollars*)
- Respect for law enforcement (*Authority*)
- Emphasized moral traditions of compassion for families in pain within their communities (*Care, Loyalty & Sanctity*)

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*

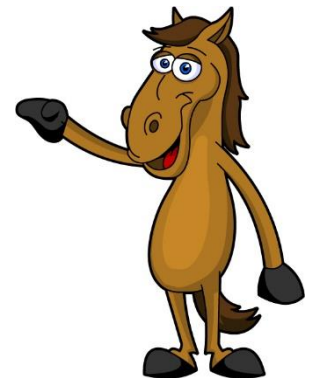
Lesson B. Aids Drug Assistance Program

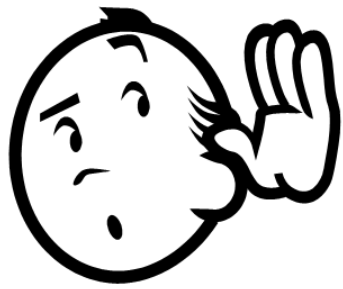


- **NC Coalition Aids Network and PH:**
 - **Do your homework.**
 - **Listen.** There may be a secondary person behind the political persona.
 - **Be able to frame the issue to someone who does *not* want to be known as supportive of *social causes*.**
 - Provide language they can use. “Smart economics.”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





Carolina's HealthCare System

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



Carolina's HealthCare System

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



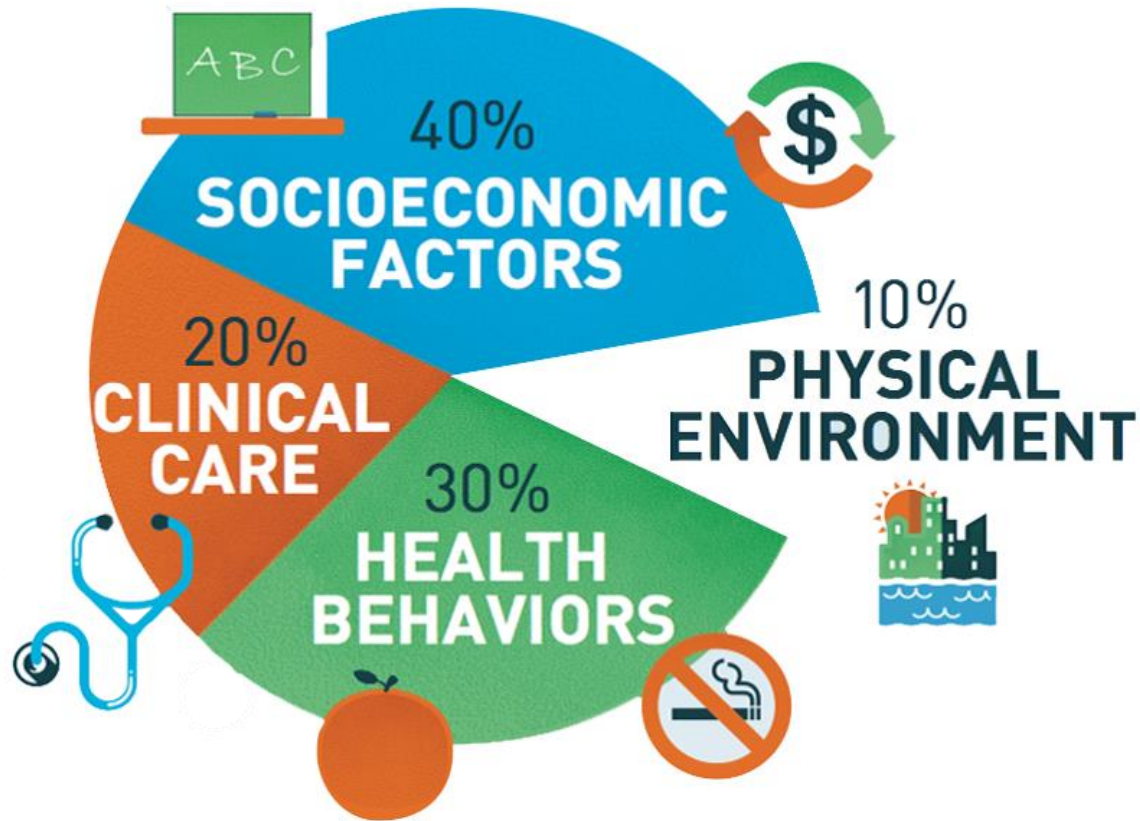
Facilitate Improved Access to Primary Care, Mental Health, & Dental Services



Participate in Improvement of Social and Economic Indicators



Know What Affects Health



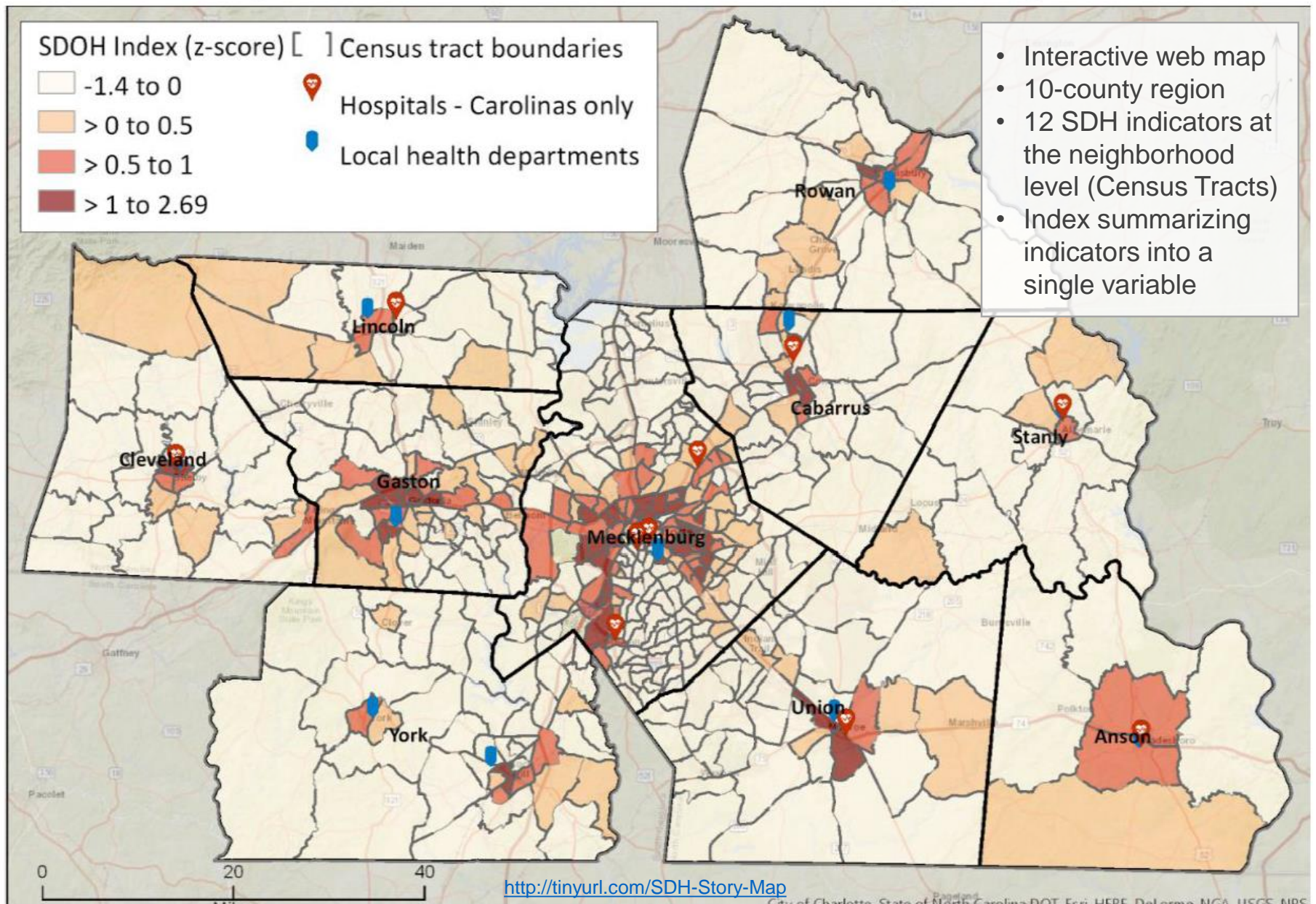
Ready to Get Uncomfortable?



*A comfort zone is a beautiful place,
but nothing ever grows there.*



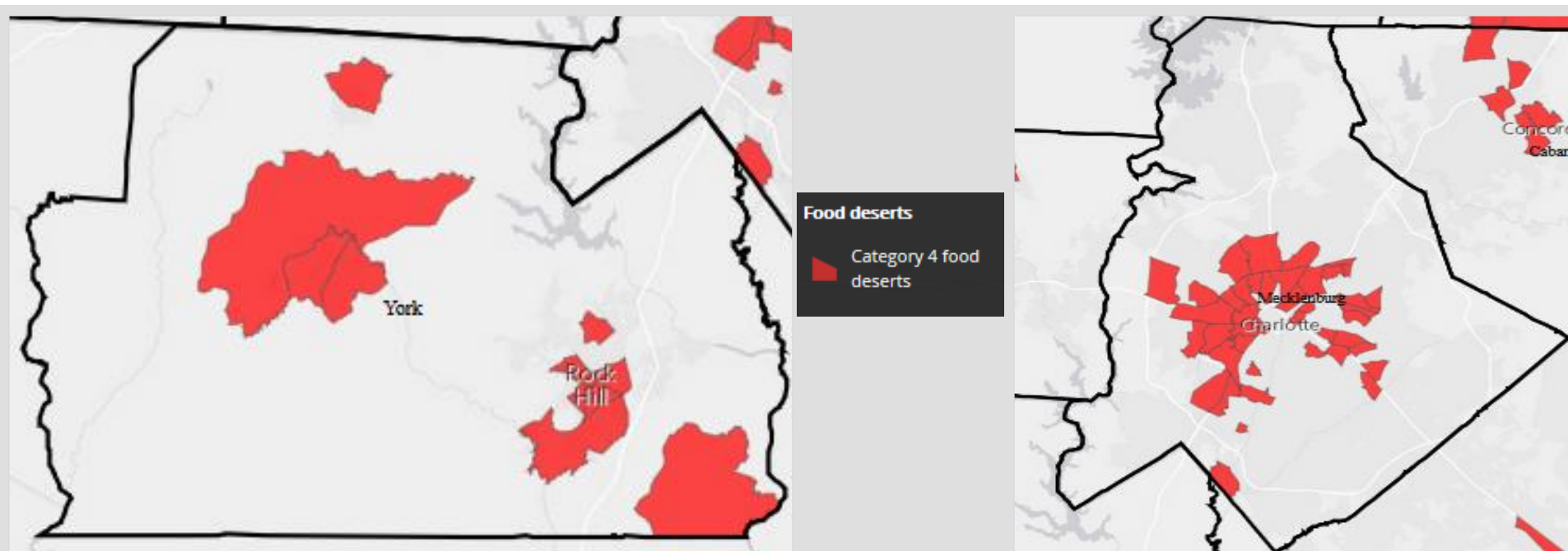
Figure 8. Social Determinants of Health Index Map, CHIS Region



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

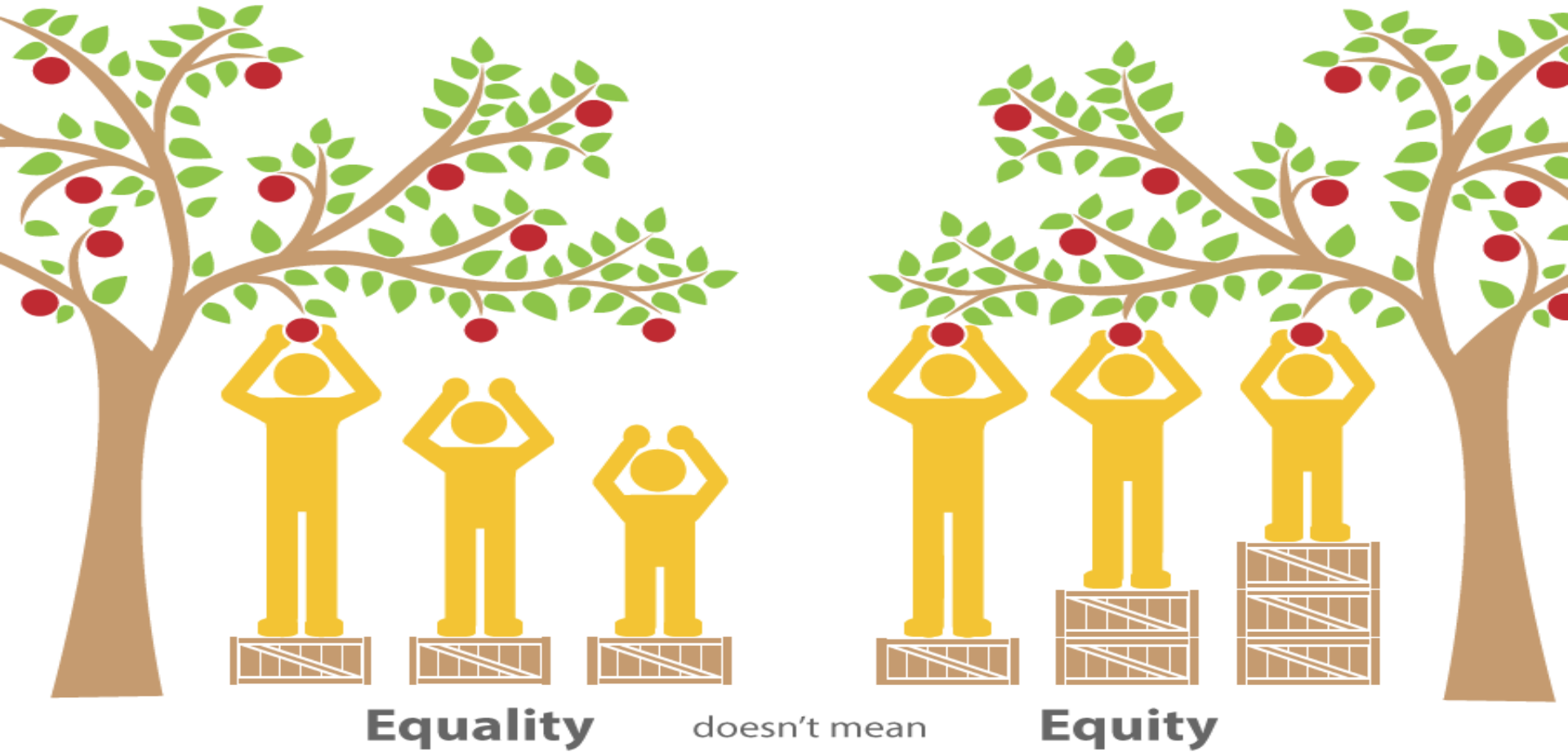


Time to Get Inspired!

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



Think Differently



Summer of Opportunity



Carolinas HealthCare System



Carolinas HealthCare System

Stronger Together | ONE CHARLOTTE Health Alliance



Carolinas HealthCare System



Public Health



Carolinas HealthCare System

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



Carolinas HealthCare System

Social Service Coordination

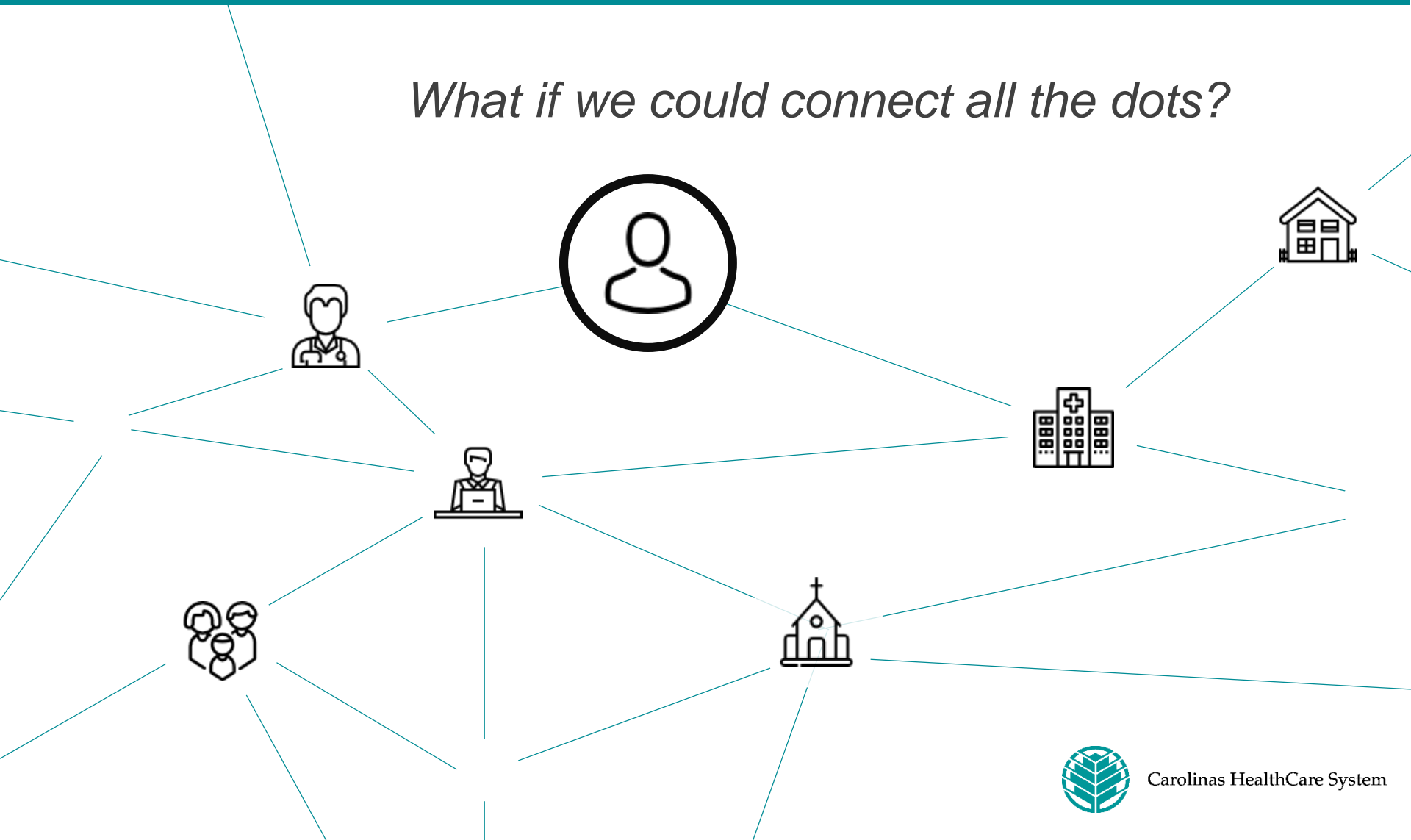


Aunt _____
BERTHA



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*



Carolinan HealthCare System

First & Best Choice

**1st &
BEST**



A photograph of the Golden Gate Bridge in San Francisco, taken at dusk. The bridge's iconic red-orange towers and suspension cables are visible against a deep blue sky. The bridge deck is illuminated with warm lights, and the water below is dark. The overall mood is serene and majestic.

What's the message?

bonum civitatis

healthy public

population health

FaithHealth

Gary R Gunderson

Holding up the way across treacherous waters

One critical task on which the 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.

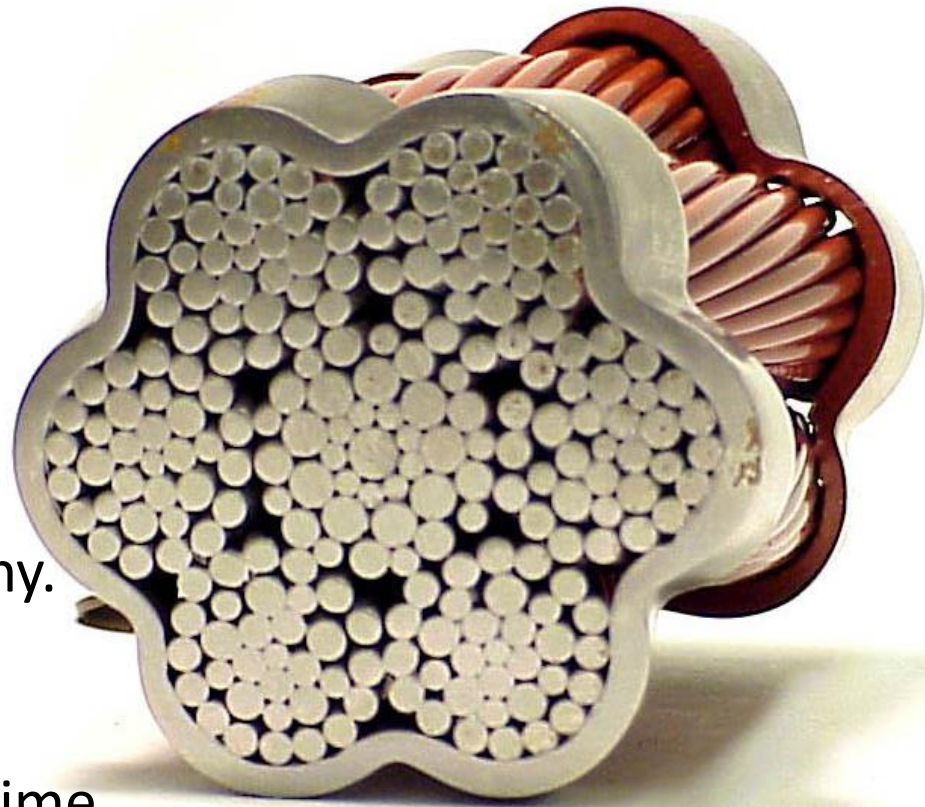
Not “crafted,” but expressed.

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

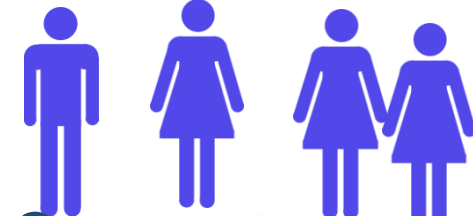


Functional Design Assumptions for Population Scale Health

- **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



Connectors

37

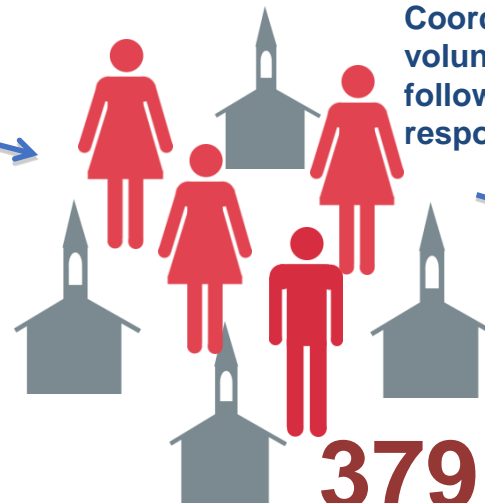
Part-time contract staff

Congregations

2295 Visiting Clergy



Coordinate volunteer follow up and response



379

64,797 members



2103
Trained Volunteers

14 FaithHealth Fellows

Volunteers



Supporter of Health

6 Full-time staff



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



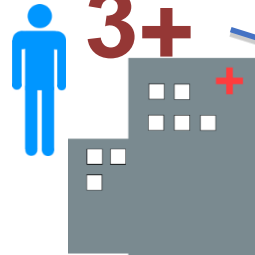
Community Roundtable

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

Paid Staff

Denominational Liaisons and other staff

3+



Community Chaplains

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



Shared mission

NC Way

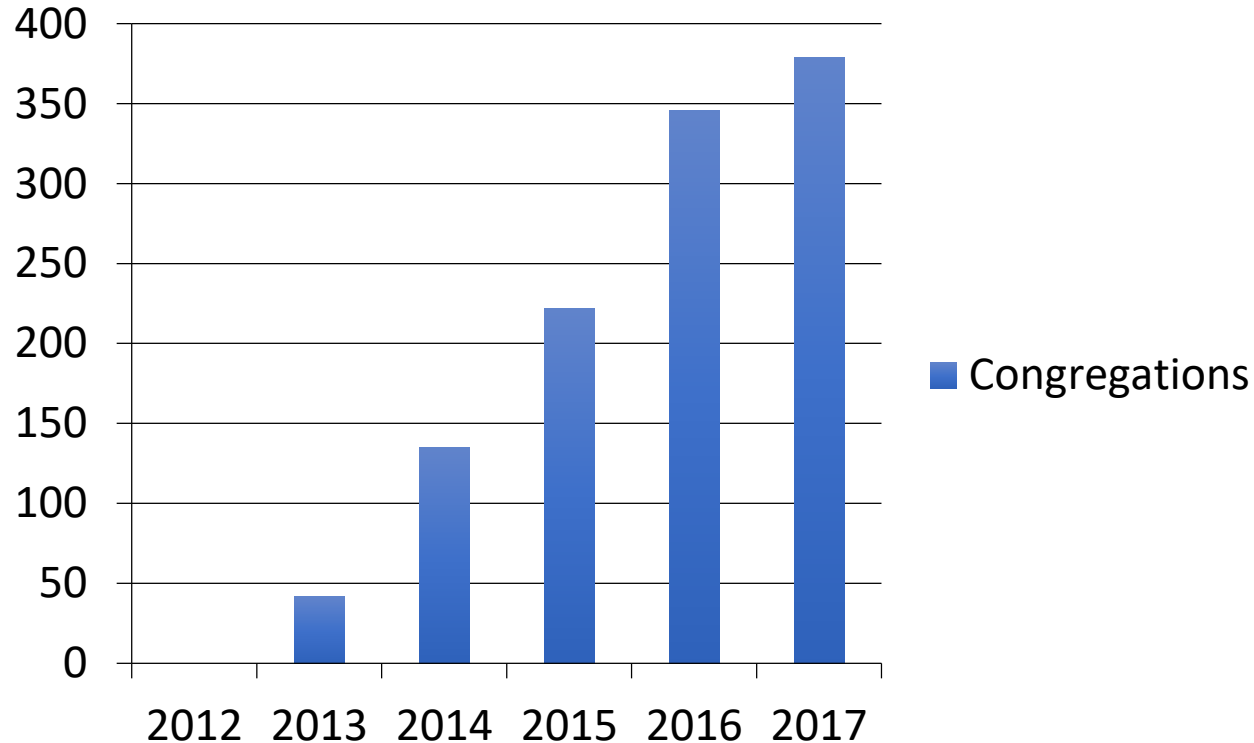
- Assumes shared empathy for the vulnerable
- Hospital is not the hero; just other humans trying to do the right thing.
- Not a deal, pilot or project.
- Very few shiny brochures.
- Heroes of the data are the ones moving it: partners.

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

Congregational Partners



64,797 Congregational Members

WFBMC FY12-17 Self-Pay Costs, 5 Key Forsyth County Zips

| Fiscal Year | Unique Patients (N) | Total Cost (\$)* | Cost Per Life (\$) | Variable Cost Per Encounter (\$) | Total Population |
|-------------|---------------------|------------------|--------------------|----------------------------------|------------------|
| FY12 | 11,661 | 18,552,721 | 99 | 202 | 175,551 |
| FY13 | 13,456 | 19,954,359 | 93 | 201 | 176,938 |
| FY14 | 12,510 | 17,924,637 | 99 | 193 | 178,324 |
| FY15 | 12,218 | 17,512,262 | 92 | 200 | 179,722 |
| FY16 | 12,212 | 16,654,021 | 90 | 178 | 179,722 |
| FY17 | 10,850 | 15,760,874 | 88 | 203 | 179,722 |

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.

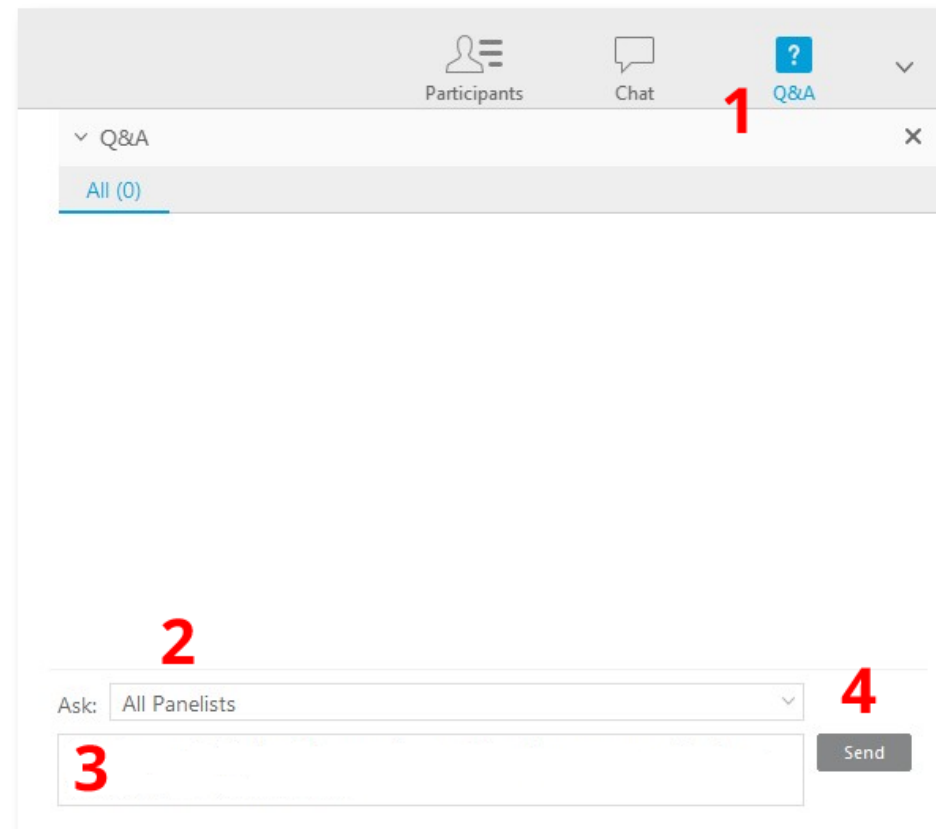
Do NOT stop talking about facts, analytics, determinants, vectors, patterns and predictors. But we must ALSO talk about our crazy love for the people—the public. And we talk about why we continue to hope for better, hope for more and simply won't quit hoping no matter what. . . .

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

1. Open the Q&A panel
2. Select “All Panelists”
3. Type your question
4. Click “Send”



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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