The Network for Public Health Law

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

Today's Webinar:

Crafting Richer Public Health Messages Using Moral Foundations Theory

Sponsored by:

The Network for Public Health Law

TEMPLE UNIVERSITY
Center for Public Health Law Research

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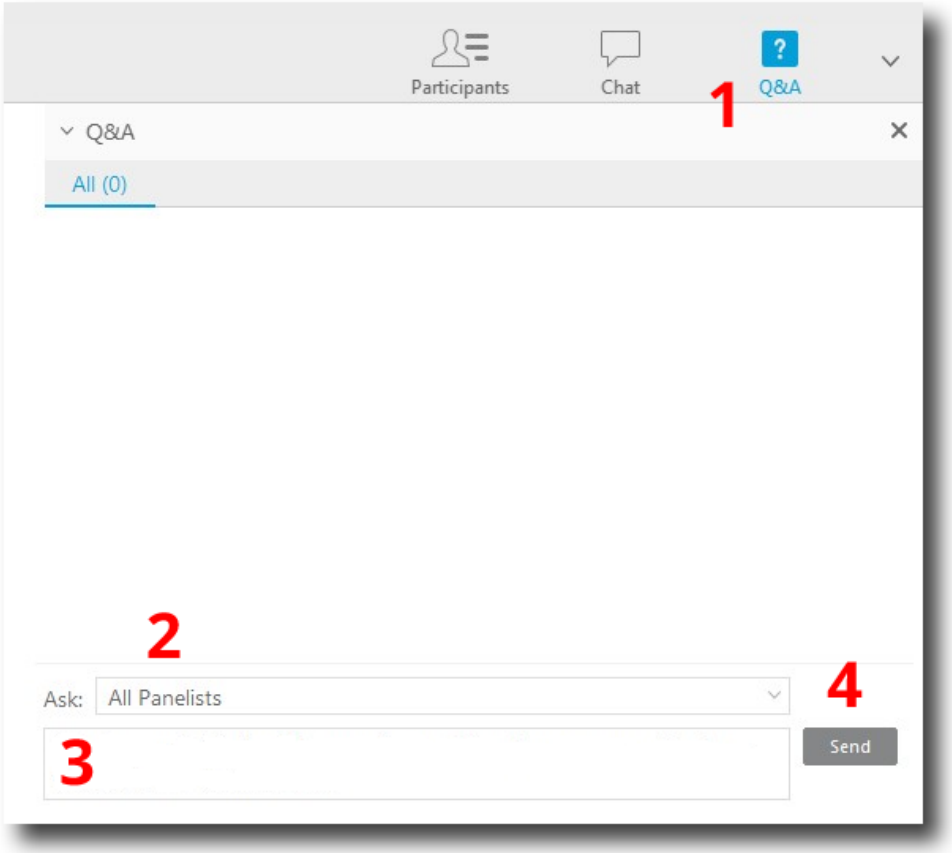
AMERICAN SOCIETY OF LAW, MEDICINE & ETHICS

How to Use Webex Q & A

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



Moderator

Colleen Healy Boufides, J.D., Attorney, Network for Public Health Law Mid-States Region Office

- J.D., Duke University School of Law
- Research interests/areas of expertise:
  - Public health messaging
  - Emergency financial management and public health
  - Climate change and health
  - Community health workers

Presenter

Scott Burris, Director, Center for Public Health Law Research, Professor, Temple University Beasley School of Law

- A.B., Washington University in St. Louis
- J.D., Yale Law School
- Research interests/areas of expertise:
  - Public health messaging
  - Public health law evaluation
  - Social determinants of health
  - Global heath governance
  - Health effects of criminal law and drug policy

Presenter

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

The Network for Public Health Law

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 5 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

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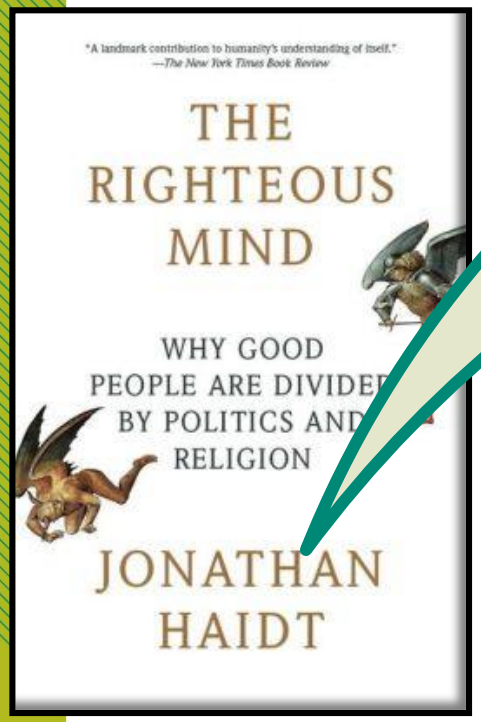

2015
APHA

2016
APHA

2017
ASTHO
PHNCI
State public health conferences:
NC, OH, NE, MT

Three Key References

Advocacy for Leaders: Crafting Richer Stories for Public Health, Gene Matthews, Scott Burris, Sue Lynn Ledford, & Edward Baker, J. Pub. Health Management & Practice (May/June 2016). http://journals.lww.com/jphmp/Fulltext/2016/05000/Advocacy_for_Leaders___Crafting_Richer_Stories_for.14.aspx

Better Health Faster: The Five Essential Public Health Law Services, Scott Burris, Marice Ashe, Doug Blanke, Jennifer Ibrahim, Donna E. Levin, Gene Matthews, Matthew Penn, & Martha Katz, Pub. Health Reports (Oct. 13, 2016). Available at SSRN: https://ssrn.com/abstract=2856694

Crafting Richer Public Health Messages for A Turbulent Political Environment, Gene Matthews, Scott Burris, Sue Lynn Ledford, Gary Gunderson, & Edward Baker, J. Pub. Health Management & Practice (July/Aug. 2017). http://journals.lww.com/jphmp/Fulltext/2017/07000/Crafting_Richer_Public_Health_Messages_for_A.15.aspx

The Network for Public Health Law

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

- **Moving Messages from a Political Lens to a Public Health Focus (Burris)**
- **Moral Foundations Theory Approach to Message Crafting (Matthews)**

Moving Messages from a Political Lens to a Public Health Focus

Scott Burris
Director, Center for Public Health Law Research
Professor, Temple University Beasley School of Law

Changing Law & Policy Requires Interdisciplinary Collaborations

…and Smart Advocacy

The 5 Essential Public Health Law Services

Conventional Wisdom on Persuasion

Good Business, Good Health

Prohibiting smoking and eliminating secondhand smoke can have a significant impact on the bottom line. Making simple changes to the work environment improves the health of employees and saves the company money by increasing profitability and productivity and lowering absenteeism and costs.

Corporate leaders know that rising healthcare costs are one of the biggest threats to the bottom line. What is not well-known is the significant role of smoking and other tobacco use in driving these costs. In fact, tobacco use is the leading preventable cause of death and disease in the United States. Business bears the burden of tobacco-related illness — and resulting healthcare bills — among employees, family members, and even retirees. Reducing tobacco use and its related costs are critical to optimizing profits and improving worker health and productivity.

Just to name a few...

Here are just a few examples of some national corporations that have enacted corporate tobacco free and/or smokefree policies:

National Corporations

- AT&T
- CarMax
- Coca Cola
- CVS Pharmacy
  CVS does not sell tobacco products in any of its stores
- Eli Lilly and Company
- General Electric Company (GE)
- General Mills
- IBM
- Johnson & Johnson
- Lowe's Companies Inc.
- Marriot
- MCI Communications
- Merck & Company
- Nordstrom
- Prudential Financial
- State Farm Insurance Company
- Target Corporation -
  Target does not sell tobacco products in any of its stores
- Texas Instruments Inc.
- Verizon
- Westin Hotels and Resorts

Manufacturing Companies

- BF Goodrich Tire Manufacturing
- Boeing
- Dow Chemical Company
- DuPont Chemical Company
- Tyson Foods Inc
- Union Pacific

Restaurant Chains

- Baskin & Robbins
- Bertucci's Brick Oven Pizza
- Boston Market
- Burger King -
  Company-owned restaurants only
- California Pizza Kitchen
- Carl's Jr.
- Chick-Fil-A
- Chuck-E-Cheese
- Church's Chicken
- CiCi's Pizza
- Dairy Queen -
  Company-owned restaurants only
- Dunkin' Donuts
- Jack in the Box -
  Company-owned restaurants only
- Kentucky Fried Chicken -
  1,200 company-owned restaurants; franchises encouraged to adopt smokefree policies
- Long John Silver's -
  Company-owned restaurants only
- McDonald's Corporation -
  Company-owned restaurants only; franchises encouraged to adopt smokefree policies
- Papa John's
- Pizza Hut - 1,675 company-owned restaurants; franchises encouraged to adopt smokefree policies
- Popeye's
- Starbucks
- Taco Bell
- Wendy's International Inc. -
  Company-owned restaurants only; franchises may voluntarily adopt smokefree policies

One-pager good

Conventional Wisdom on Persuasion

One-pager good

Postcard better

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Dear _____

As a community we can do more to prevent kids from becoming addicted to tobacco.

- 55,000 Minnesota middle school and high school students will use tobacco this year.
- Data from MN suggests that raising the age to 21 could prevent 30,00 young people from smoking over time.
- 95% of adult smokers began smoking before they turned 21
- 2 states and over 200 communities around the country have already taken this life saving step.

I support raising the legal age to purchase tobacco products to 21 to save thousands of Minnesota lives.

As my elected representative, I urge you to take this life-saving step.

Signature _____

Printed Name _____

Address _____

City _____ ZIP Code _____

Occupation _____

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Address _____

City _____ ZIP Code _____

Occupation _____

Tweet best

Conventional Wisdom on Persuasion

AJPH RESEARCH

The Effect of an Increased Minimum Wage on Infant Mortality and Birth Weight

Kelli A. Komro, PhD, MPH, Melvin D. Livingston, PhD, Sara Markowitz, PhD, and Alexander C. Wagenaar, PhD

Objectives. To investigate the effects of state minimum wage laws on low birth weight and infant mortality in the United States.

Methods. We estimated the effects of state-level minimum wage laws using a difference-in-differences approach on rates of low birth weight (< 2500 g) and postneonatal mortality (28–364 days) by state and month from 1980 through 2011. All models included state and year fixed effects as well as state-specific covariates.

Results. Across all models, a dollar increase in the minimum wage above the federal level was associated with a 1% to 2% decrease in low birth weight births and a 4% decrease in postneonatal mortality.

Conclusions. If all states in 2014 had increased their minimum wages by 1 dollar, there would likely have been 2790 fewer low birth weight births and 518 fewer postneonatal deaths for the year. (*Am J Public Health.* 2016;106:1514–1516. doi: 10.2105/AJPH.2016.303268)

Previous research has consistently linked low income with increased risk of premature mortality throughout the life span.[1,2] As a stark example, the US excess infant mortality rate (defined in comparison with 4 peer countries) during the postneonatal period (28–364 days) is driven almost entirely by excess infant deaths among mothers of lower socioeconomic status.[3] Low birth weight is also a sensitive consequence of low income, has been established as one of the most important predictors of infant mortality, and increases the risk of deleterious health and economic effects into adulthood.[4] Alarmingly, more than 1 in 4 women giving birth in the United States are below poverty level.[5]

Minimum wage standards are an important potential contributor to family economic security and, therefore, may influence maternal and infant health outcomes. Women, those with low educational attainment, young workers, and those in the service industry are more likely to be paid the federal minimum wage or less.[6] At present, minimum wage laws are prominent on the public agenda, being debated at city, state, and federal levels as a strategy to reduce growing income inequality and poverty. Economists have described the minimum wage as one of the most studied topics and have long examined potential deleterious market effects related to legislated increases in minimum wage. A recent review found no significant employment loss from modest increases in minimum wage,[7] although scientific debate continues. It is important to note that the current federal minimum wage ($15 080 annual income) is not sufficient to lift a full-time worker with 1 or 2 children above the poverty threshold ($15 930 and $20 090, respectively).

Despite the established link between low income and ill health, few studies have examined how minimum wage policies affect health outcomes.[8,9] We have taken advantage of natural experiments in minimum wage laws across states and time over the past 30 or more years to empirically evaluate the hypothesis that increases in state-level minimum wages are associated with reduced rates of low birth weight infants and infant mortality.[10]

METHODS

The main independent variable is the state-level minimum wage for each of the 50 states by month from 1980 through 2011 on the basis of the effective date (not passage date) of legislative bills passed by legislatures and signed into law by state governors and then codified into statutory records. In cases in which 1 law includes multiple changes in minimum wage (e.g., a phase-in period), we coded each change separately. We completed data collection and coding with extensive quality control procedures, including blinded independent coding of a random sample of items by 2 trained legal researchers, who demonstrated a first-pass agreement score of 86%. A senior attorney closely supervised all legal coders and reviewed protocols with coders for any variable showing a 5% or higher cross-coder disagreement rate. The supervising attorney resolved all divergences between 2 coders after meeting with the 2 coders and examining the original legal text.[10] We integrated the resulting data set after legal research coding into SAS version 9.3 (SAS Institute, Cary, NC) data files for analysis.

Infant Outcomes

The National Vital Statistics System provides extensive, longitudinal, 100% census

ABOUT THE AUTHORS

Kelli A. Komro is with the Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, Atlanta, GA. Melvin D. Livingston is with the Department of Biostatistics and Epidemiology, Health Sciences Center, University of North Texas, Fort Worth. Sara Markowitz is with the Department of Economics, Emory University. Alexander C. Wagenaar is with the Institute for Child Health Policy, College of Medicine, University of Florida, Gainesville.

Correspondence should be sent to Kelli A. Komro, MPH, PhD, Professor, Rollins School of Public Health, Emory University, 1518 Clifton Road NE, Grace Crum Rollins Building, Room 564, Atlanta, GA 30322 (e-mail: kkomro@emory.edu). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

This brief was accepted May 14, 2016.

doi: 10.2105/AJPH.2016.303268

Evidence is good

Conventional Wisdom on Persuasion

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HealthAffairs

At the Intersection of Health, Health Care and Policy

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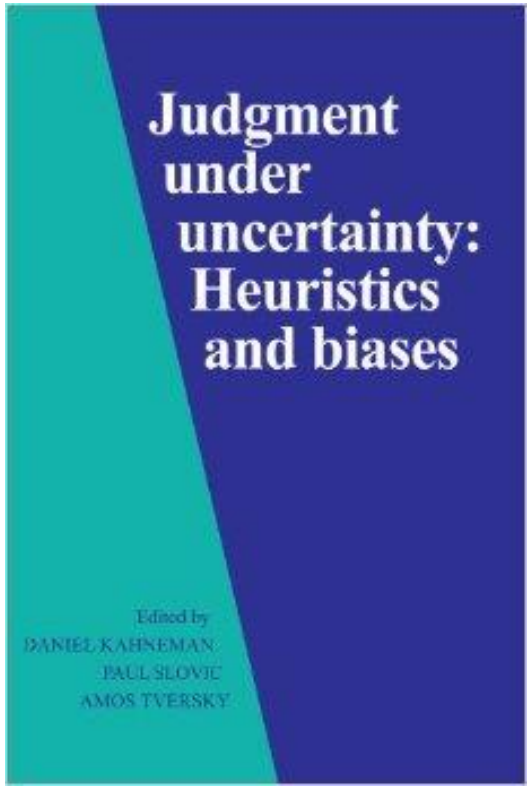
Conventional Wisdom on Persuasion

Framing is everything

There's a lot of new science on the old art of persuasion

- Judgements of fact, risk assessments, predictions about the future – are all made using shortcuts of which we are not consciously aware
- These cognitive processes are necessary, amazing – and conducive to bias and error



Daniel Kahneman et al.(1982)
2002 Nobel Prizewinner in Economics

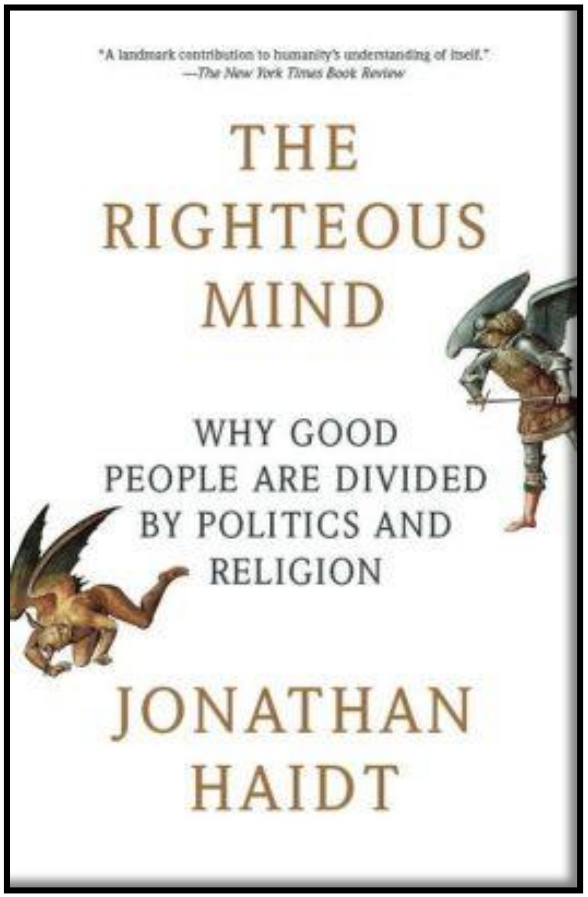
Science: "You Can't Trust Your Brain"

System 1	System 2
Automatic	Lazy
Unconscious	Unconscious *of System 1*
Deploys heuristics → biases*	Rational, but trusts System 1's input

*Representativeness, availability, confirmation, affect etc…

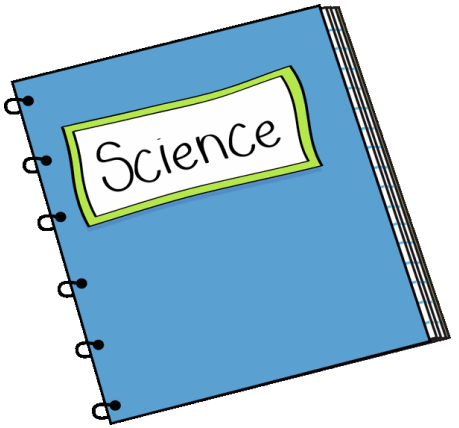
There's a lot of new thinking about the old art of persuasion

- Those same unconscious, intuitive processes apply to our values and political beliefs
- We've made up our minds before we know it
- Our reason serves our intuition
- **<u>Persuasion requires reaching people's "System 1"</u>**



We tend to stick with the script that persuades US

- When we take our evidence and expertise into the political realm to change law and policy…
- We speak narrowly of:
  - "lives saved"
  - "harm prevented"
  - "costs avoided"



- Our STORYTELLING→still reflexively relies on SCIENCE!

Steps Toward Change

- Reflection and change on our side
  - Our brains are no better than anyone else's
  - We are prone to System 1 judgments and confirmation bias [that was my bit just now]
- We can speak in different moral tongues
  - It is framing, to be sure
  - But it has to also be empathy and appreciation of the stakes others care about [this is Gene's bit next]

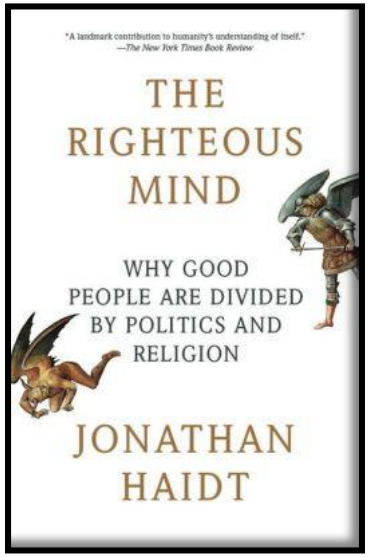
Steps Toward Change

- Better strategic infrastructure for norm change [Webinar 2]
- A fuller appreciation of relationships, time, trust – and love – as foundations of public health advocacy [Webinar 3]
- Taking the long view: how can we build a culture in which equity and caring for each other makes intuitive sense in politics

  → A Culture of Health

Today & What Follows

Haidt takes two-systems model into moral judgment

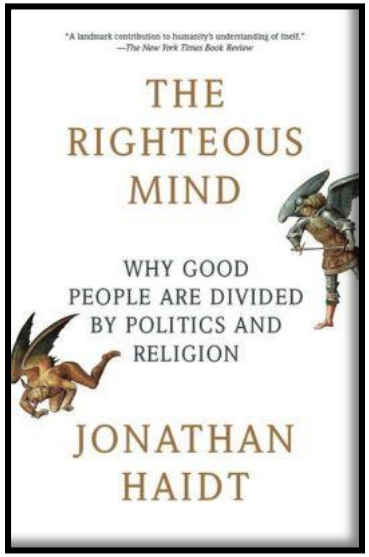


Better persuasion in public health

Today & What Follows

Six Foundational Intuitive Moral Values

Haidt takes two-systems model into moral judgment



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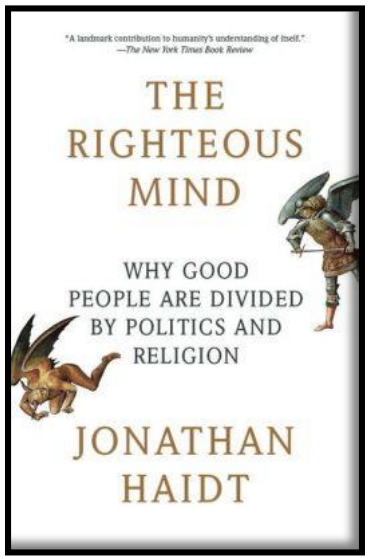

Better persuasion in public health

Webinars 2 & 3:
Five Essential PH Law Services
Three practical NC examples

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- Moving Messages from a Political Lens to a Public Health Focus (Burris)
- **Moral Foundations Theory Approach to Message Crafting (Matthews)**

The Network for Public Health Law

Ideas. Experience. Practical answers.

Moral Foundations Theory Approach to Message Crafting

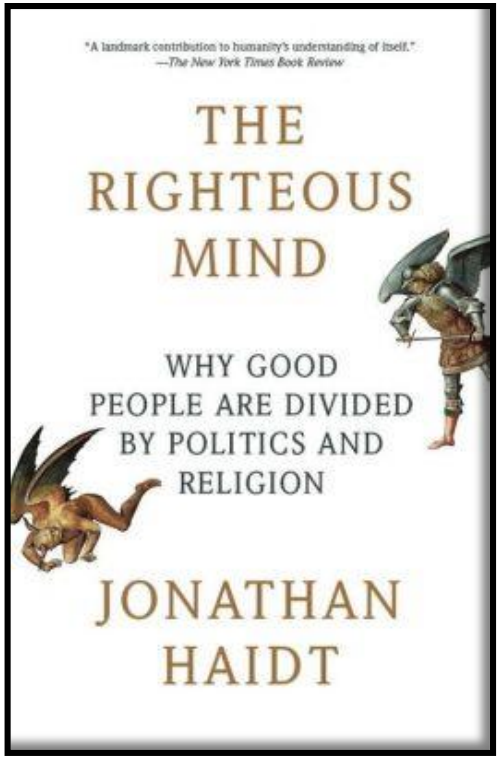
Gene Matthews

Director
Network for Public Health Law Southeastern Region Office

October 26, 2017

The Network for Public Health Law

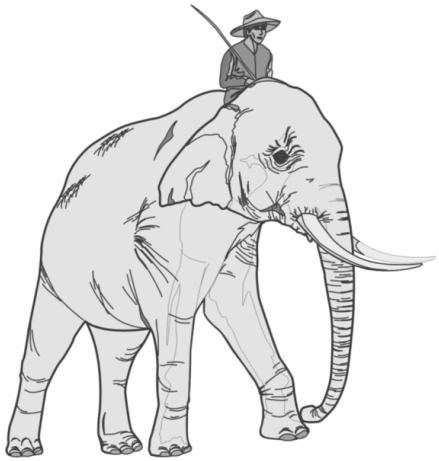
Moral Foundations Theory
(understanding evolutionary moral psychology)



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)**

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Haidt's Six Moral Foundations

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

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

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Haidt's Six Moral Foundations

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

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

3. **Fairness/Cheating**
   Equality of Opportunities
   Social Intolerance of "Free-Riders"

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

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Haidt's Six Moral Foundations

4. Loyalty/Betrayal

Personal Trust, Group Identity, Patriotism

Social isolation of those who betray

5. Authority/Subversion

Competitive advantage of organized groups

Deference to "good" leaders (Alexander the Great)

Social intolerance of those who subvert the system

6. Sanctity/Degradation

Not simply a religious value

Respect for the human spirit

Social aversion of personal degradation

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

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Haidt's Moral Matrix for Populations Can Be Measured

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

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The Liberal Moral Matrix (p. 351)

Most sacred value: Care for victims of oppression

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

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The Conservative Moral Matrix (p. 357)

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

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

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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)

Looking Deeper

- **COMMUNITY AWARENESS:**
  Think deeper about <u>what is happening NOW</u> to the specific community your are addressing?

  KEY QUESTION: ***How does your message resonate with preserving the institutions & traditions of a moral community <u>under stress</u>?***

Key Dimensions for Starting the Persuasive Public Health Conversation

- ***Use of the full range of moral intuition***
  - ***Bring loyalty and sanctity forward***
  - ***Rely less reflexively on care and authority***
- ***Control Inherent Self-Righteousness***
- ***Empathy for opponents***

- **PERSONAL RELATIONSHIPS MATTER**
  Always look for the "unexpected validators!"

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REAL COMMUNITIES IN PAIN

- **2004: Thomas Frank, *What's the Matter With Kansas?***

- **2015 *Who Turned My Blue State Red*** (NY Times, Nov. 28, 2015) following Kentucky governor's election.

- ***Vance, J. D. (2016). Hillbilly Elegy: A Memoir of a Family and Culture in Crisis (First edition.).*** *New York, NY: Harper, an imprint of HarperCollinsPublishers*

- ***Case A, Deaton A. Mortality and Morbidity in the 21st Century,*** BPEA online. March 23, 2017

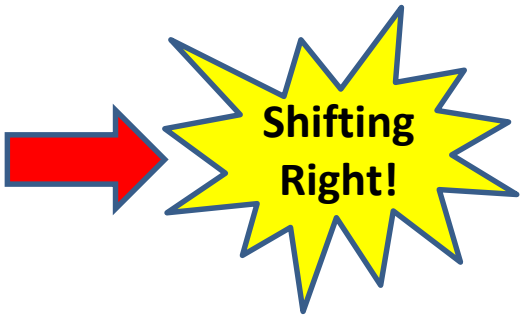
https://www.brookings.edu/bpea-articles/mortality-and-morbidity-in-the-21st-century/

"Who Turned My Blue State Red?

Why poor areas vote for politicians who want to slash the safety net.

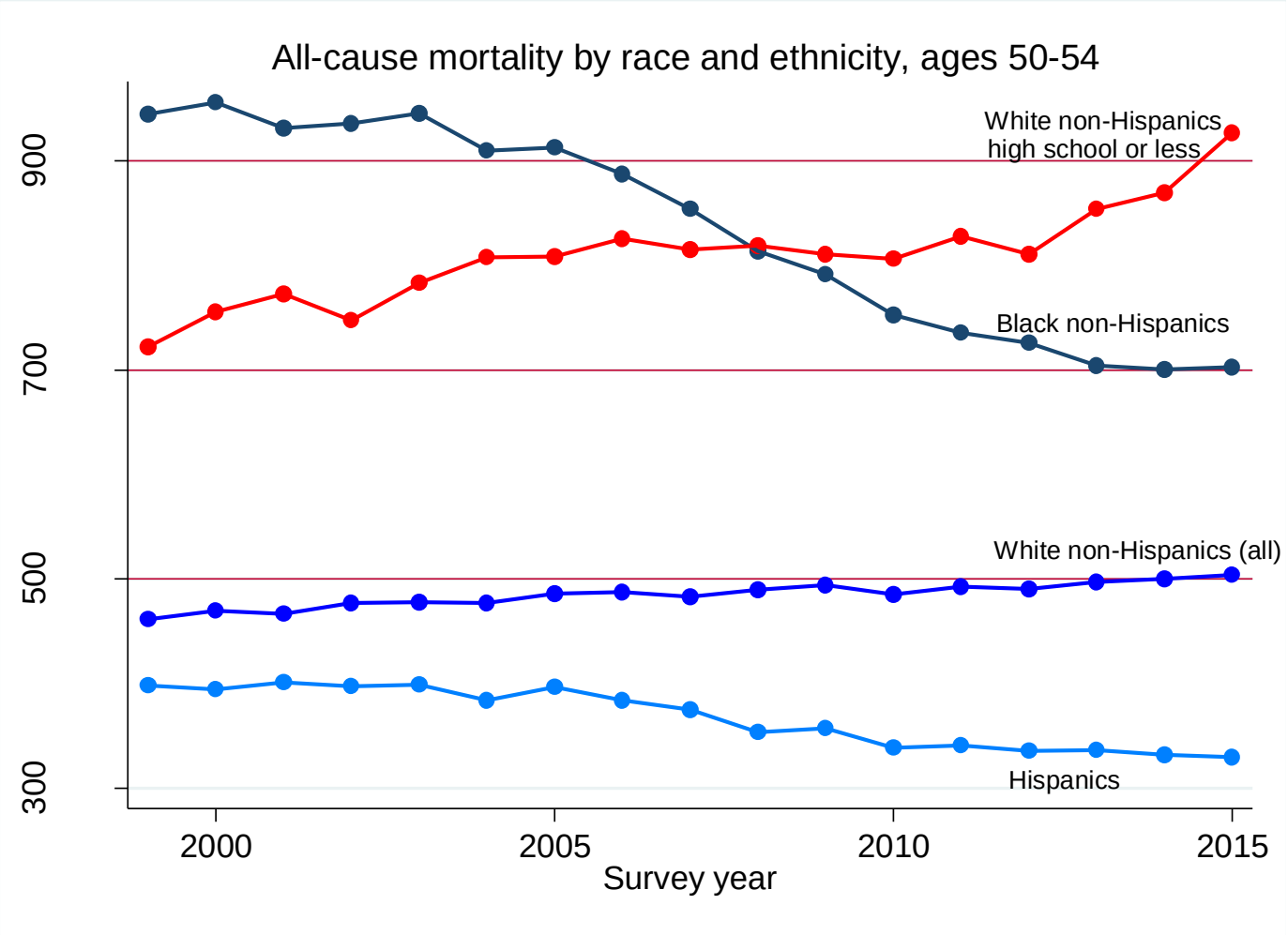
By ALEC MacGILLIS, NY Times, NOV. 20, 2015

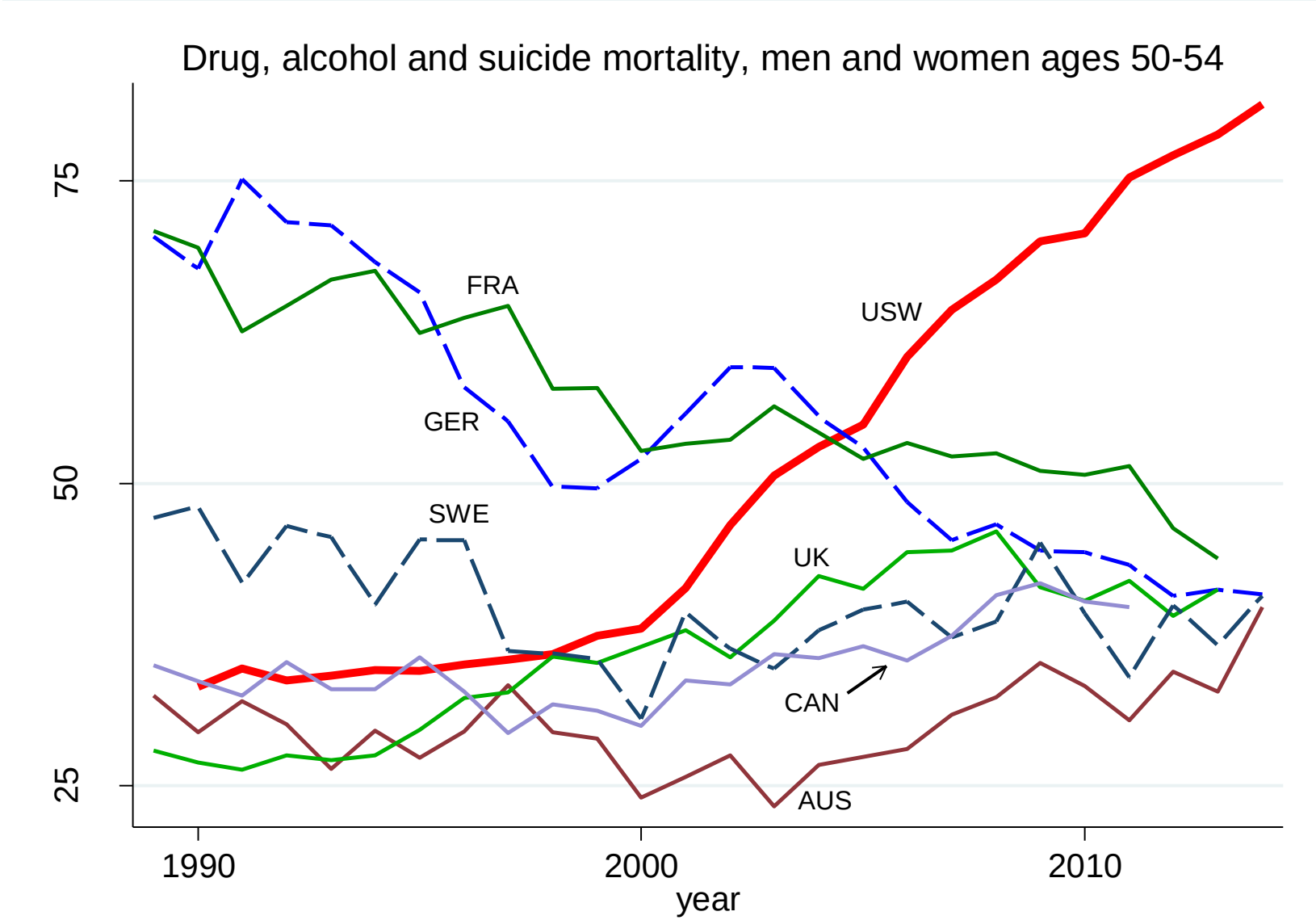
Top Income Quintile
2nd Income Quintile
Middle Income Quintile
4th Income Quintile (The "Working Poor") **Are Becoming MORE Likely to Vote** **Are Resonating to Conservative Values**
Bottom Income Quintile (Using the Safety Net) **Still Resonate to Liberal Values** **BUT Are LESS Likely to Vote**



Anne Case and Angus Deaton
Spring 2017 Brooking Panel on Economic Activity

Figure 1.1




Drug, alcohol and suicide mortality, men and women ages 50-54
75
50
25
FRA
GER
SWE
USW
UK
CAN
AUS
1990
2000
2010
year

American Journal of Public Health (October 2017)

RURAL HEALTH

Despair in the American Heartland? A Focus on Rural Health

Paul Campbell Erwin

107(10), pp. 1533–1534

PREMATURE DEATHS

The Epidemic of Despair Among White Americans: Trends in the Leading Causes of Premature Death, 1999–2015

Elizabeth M. Stein, Keith P. Gennuso, Donna C. Ugboaja and Patrick L. Remington

107(10), pp. 1541–1547

LIFE EXPECTANCIES

Diverging Life Expectancies and Voting Patterns in the 2016 US Presidential Election

Jacob Bor

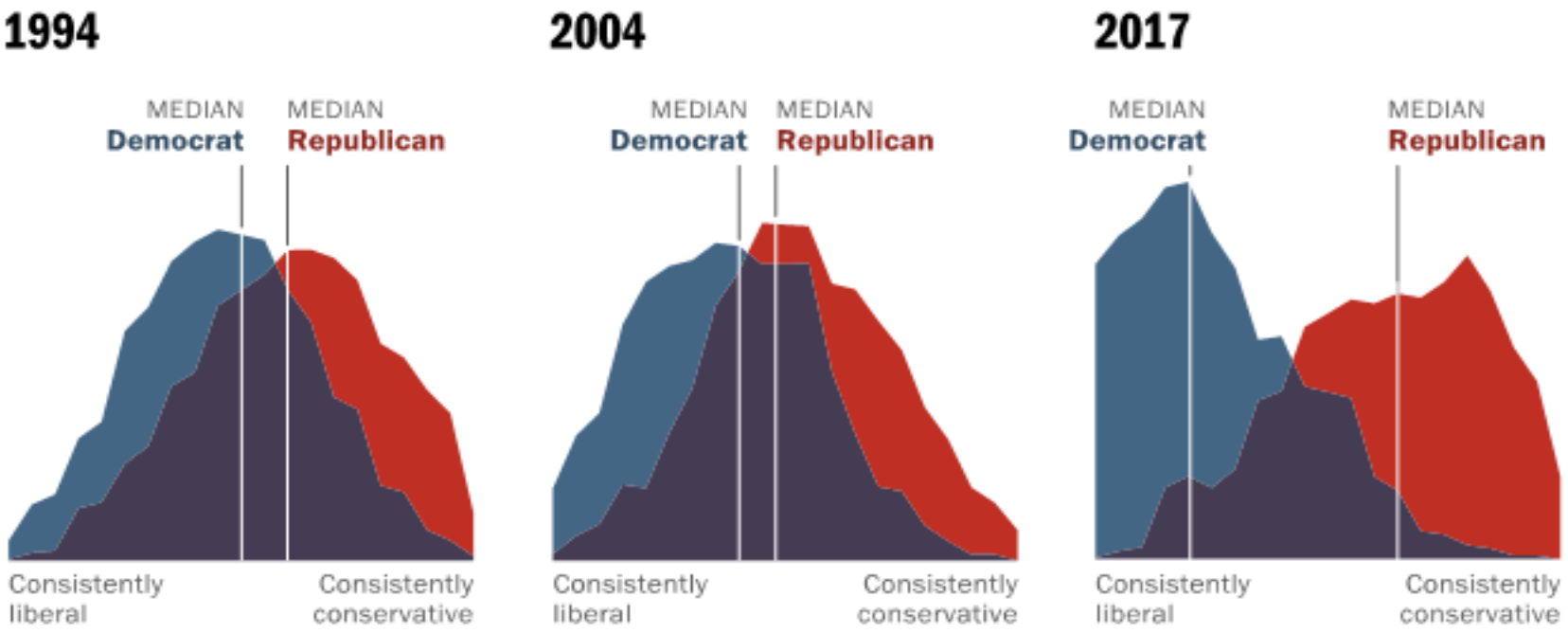
107(10), pp. 1560–1562

The Partisan Divide on Political Values Grows Even Wider

Pew Research Center OCTOBER 5, 2017

Democrats and Republicans more ideologically divided than in the past

Distribution of Democrats and Republicans on a 10-item scale of political values



Notes: Ideological consistency based on a scale of 10 political values questions (see methodology). The blue area in this chart represents the ideological distribution of Democrats and Democratic-leaning independents; the red area of Republicans and Republican-leaning independents. The overlap of these two distributions is shaded purple.

Source: Survey conducted June 8-18, 2017.

PEW RESEARCH CENTER

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Haidt's "Three versus Six"

(from Ch. 8, **"The Conservative Advantage"**)

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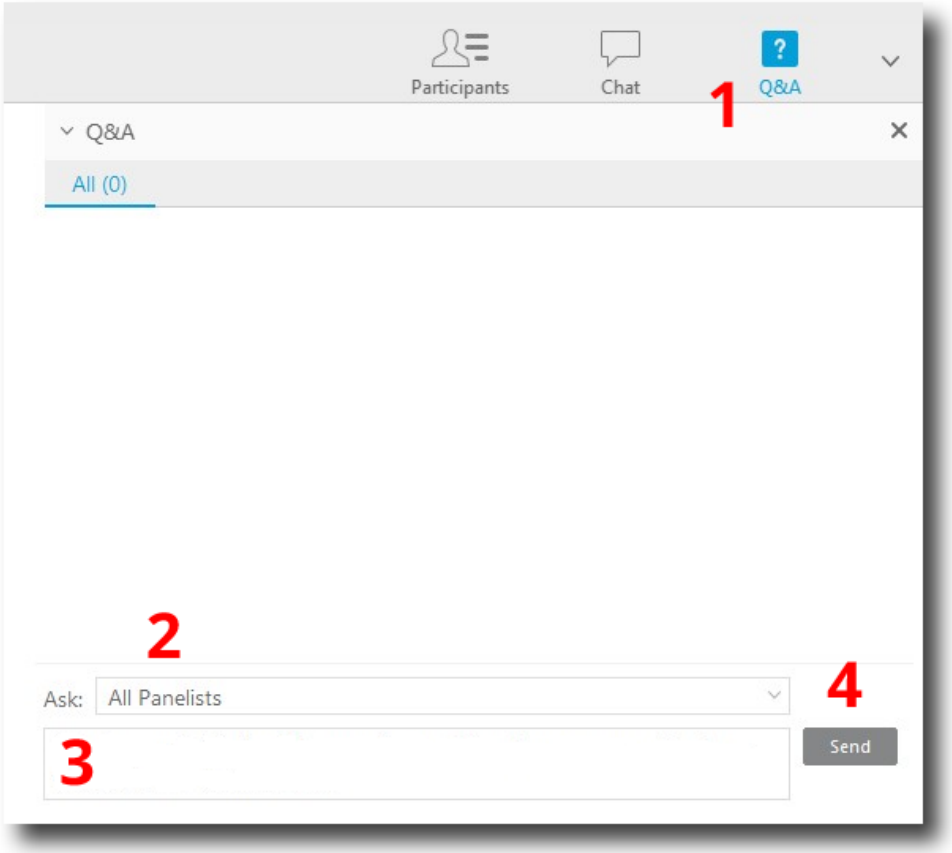
One Question Going Forward

Communities in Despair →Public Health Issue

"How does US public health reach out to this latest white male cohort in pain with compassion?"

How to Use Webex Q & A

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



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Thank you for attending

Please join us November 30 for Crafting Richer Public Health Messages: Messaging and the 5 Essential Public Health Law Services

For a recording of this webinar and information about future webinars, please visit networkforphl.org/webinars

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