

**Advocacy for Public Health:
Crafting Richer Messages
in a Turbulent Political Climate**

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A Framework for Public Health Law Change

Persuasion from a Systems Perspective

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**PUBLIC HEALTH
LAW CENTER**
at Mitchell Hamline School of Law



The Network
for Public Health Law

THE

POLICY

SURVEILLANCE

PROGRAM

A LawAtlas Project



The Five Essential Public Health Law Services

Better Health Faster: The Five Essential Public Health Law Services

Scott Burris, JD^{1,2}, Marice Ashe, JD, MPH³, Doug Blanke, JD⁴, Jennifer Ibrahim, PhD, MPH^{1,2}, Donna E. Levin, JD⁵, Gene Matthews, JD^{6,7}, Matthew Penn, JD, MLIS⁸, and Martha Katz, MPA⁹

**(October 13, 2016). Public Health Reports,
doi:10.1177/0033354916667496, p. 1-7, 2016.**

Available at SSRN:

<https://ssrn.com/abstract=2856694>



The Five Essential Public Health Law Services

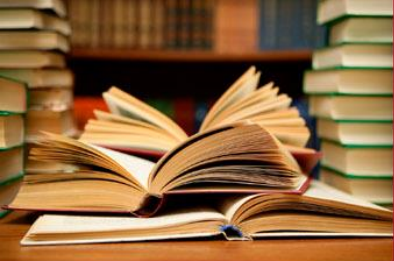




Building good policy ideas

**Access to
Evidence &
Expertise**

- **Assess evidence and best practices**
- **Assess historic use of law for intentional inequities**
- **Assess political climate, including allies and opponents**
- **Assess readiness of the community to take on a campaign**
- **Identify potential policy targets**



Finding the strongest legal approach

**Expertise
Designing
Legal
Solutions**

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



Getting good ideas into law

**Help
Engaging
Communities
& Building
Political Will**

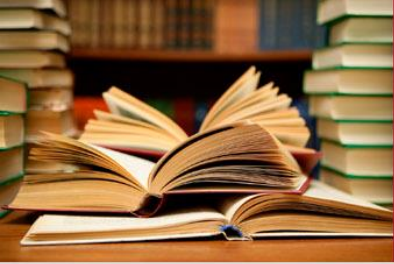
- **Educate and inform**
- **Build coalitions**
- **Organize communities**
- **Participate in public processes**
- **Strategic communications**
- **Lobby**



Implementation

Support
For
Enforcing &
Defending
Legal
Solutions

- **Ensure financing**
- **Implement effectively**
- **Create accountabilities**
- **Defend if challenged**



Learning and diffusing what works

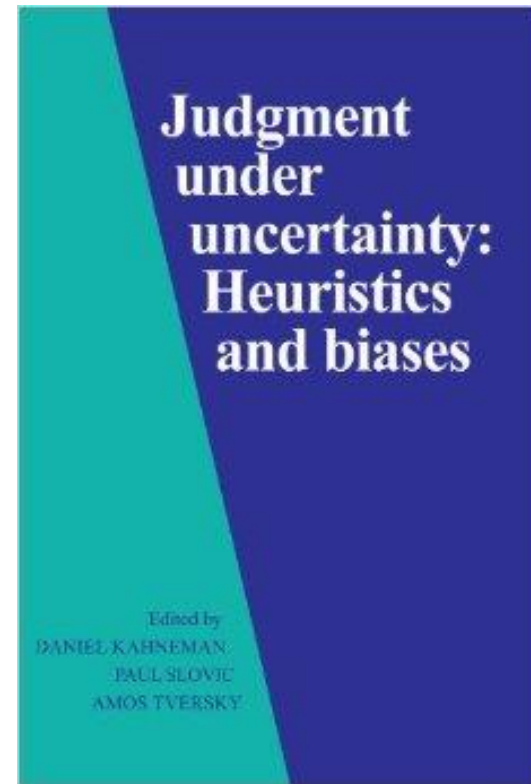


**Policy
Surveillance
and
Evaluation**

- **Create data to evaluate laws**
- **Measure progress of legal campaigns**
- **Measure outcomes/success/unintended consequences**
- **Make legal information publicly accessible**

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

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



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

Science: “You Can’t Trust Your Brain”

System 1

Automatic

Unconscious

**Deploys heuristics
→ biases***

System 2

Lazy

**Unconscious of
*System 1***

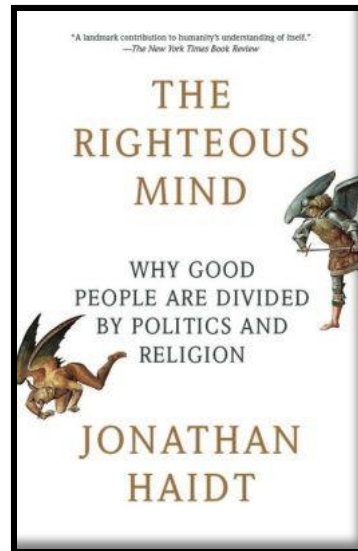
**Rational, but trusts
System 1’s input**

***Representativeness, availability,
confirmation, affect etc...**

Today

Sue Lynn offers a practitioner's approach to inclusive messaging

Gene takes us into Haidt



Help Engaging Communities & Building Political Will

Gary offers a faith-based approach

Quick Overview

Moral Foundations Theory (MFT)

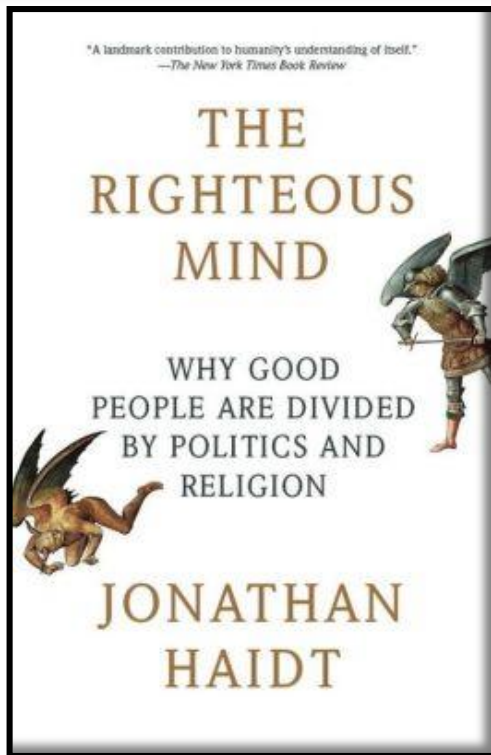
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Quick Overview Moral Foundations Theory

Advocacy for Leaders: Crafting Richer Stories for Public Health
Matthews G, Burris S, Ledford SL, Baker EL,
Journal of Public Health Management and Practice
May-June 2016, 22 (3): 311–315

http://journals.lww.com/jphmp/Fulltext/2016/05000/Advocacy_for_Leaders_Crafting_Richer_Stories_for.14.aspx

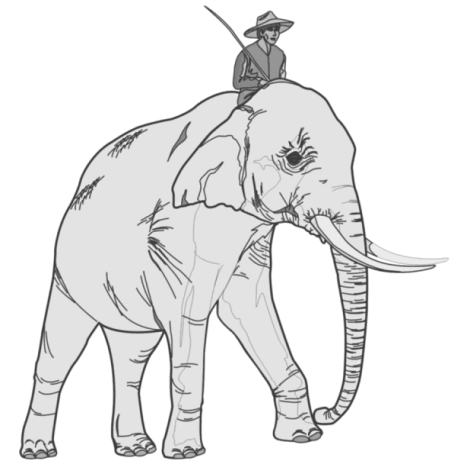
Moral Foundations Theory (understanding evolutionary moral psychology)



**SOCIAL & POLITICAL JUDGMENTS
ARE PARTICULARLY INTUITIVE**

***Intuitions come first,
strategic reasoning second***

**90% = Intuitive Elephant
10% = Rational Brain**



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

- 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)

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"

4. Loyalty/Betrayal

Personal Trust, Group Identity, Patriotism

Social isolation of those who betray

5. Authority/Subversion

Competitive advantage of organized groups

Deference to “good” leaders (Alexander the Great)

Social intolerance of those who subvert the system

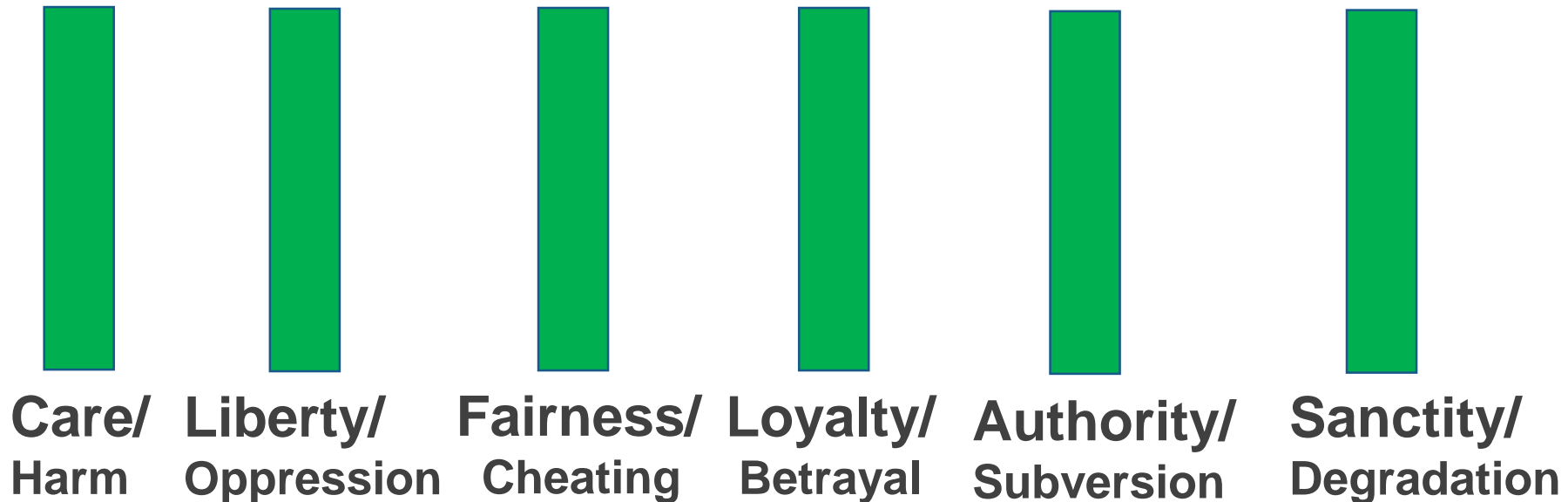
6. Sanctity/Degradation

Not simply a religious value

Respect for the human spirit

Social aversion of personal degradation

Haidt's Moral Matrix for Populations Can Be Measured



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

The Liberal Moral Matrix (p. 351)

Most sacred value: Care for victims of oppression



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



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

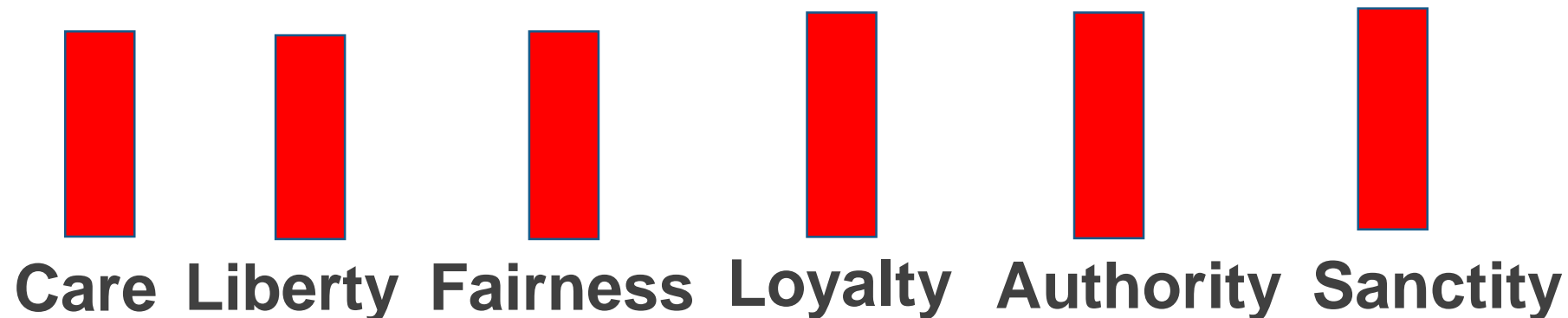
Haidt's "Three versus Six"

(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)

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!”

➤ **COMMUNITY AWARENESS:**

Think deeper about what is happening NOW to the specific community you are addressing?

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

NC State Health Director's Conference
Crafting Richer Public Health Stories
Haidt Moral Foundations
Case Examples

Dr. Sue Lynn Ledford

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Start with 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 (public values)
- Craft relationships prior to a need (this is not just for political figures)
- Establish trust: NEVER deceive or twist the facts

PH as a neutral convener –

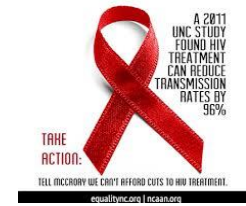
Seeking common ground

1. Drug epidemic (Moral Foundations– Care, Loyalty, and Authority)
2. School Based Health Clinics in Rural Western NC
(Moral Foundations – Sanctity and Authority)
3. Healthy Corner Store Initiative –(Moral Foundations – Fairness and Care)

- Framed it to support small businesses not a social program
- Tax incentives (benefits local stakeholders)
- Supporting farmers (Ag huge business in NC)



Unlikely Success? Example: – Aids Drug Assistance Programs



- **Be smart:** Who is the best fit to meet with various political entities?
- **NC Coalition Aids Network and PH:**
 - **Research/** know as much as possible about the elected official; but, more importantly – **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.
 - Do not try to manipulate the facts.
 - **Story of Senator** - You do not need to make **every** point. “Once you sell the horse be quiet, shake hands, and move on.”
 - **Don’t celebrate loudly.** (The amendment can quietly slide through on the budget bill.)
 - If possible best if the main bill sponsor is someone with an **uncontested primary.**

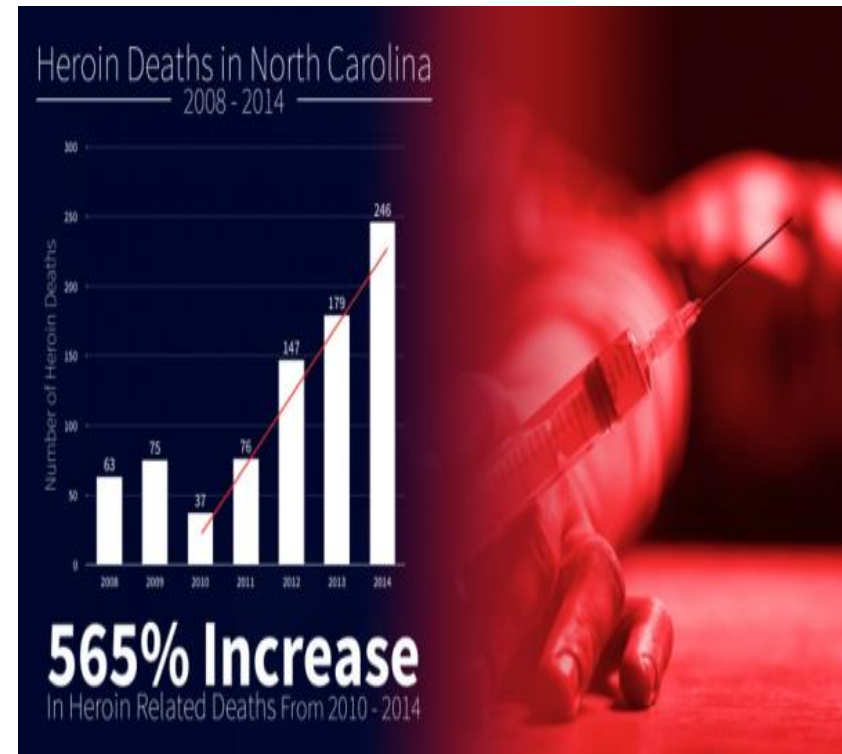
Another Case Example of Unlikely Success

– The NC Needle Exchange Program and Naloxone

NC Harm Reduction Coalition and Public Health Partnerships

NC Deaths

- **Syringe Access – succeeded**
 - “On July 11, 2016 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>
- **Overdose Prevention – succeeded (standing order by State PH Director)**
 - “North Carolina became the third state in the nation with a standing order to allow pharmacists to give naloxone to people without a doctor’s prescription.”
<http://www.northcarolinahealthnews.org/2016/07/05/pharmacists-make-choices-with-new-naloxone-order/>
- **Hepatitis C**
 - “Syringe exchange programs are one of the most effective public health interventions for decreasing the transmission rates of HIV and other blood borne diseases such as hepatitis C, as well as connect users to treatment and other important needs such as housing or food assistance.”
<http://www.nchrc.org/syringe-exchange/>
- **Drugs and Drug Users**



<http://www.nchrc.org/syringe-exchange/pharmacy-syringe-sales/>



**FaithHealth
UNC / NCSHD
Jan. 18-19, 2017**

**Gary Gunderson
VP FaithHealth
Wake Forest Baptist Health**

Public Health Expresses Moral possibilities

- Haidt knows little of public health history
- And less about public health's *religious* history as a sanctified movement



Haidt overlooks his own actual life

- He underestimates social capacities to transcend (not escape) “nature” by which we transform the world and ourselves
- His *thinking*, together with its empirical exploration of the social phenomena and his expressed *hope* that this will help us act “*more morally*” would be impossible without the capacities he dramatically underplays (Cochrane)
- He asks us to be resigned and thus *complicit* while modeling the opposite (violating all six of his own values)
- Haidt argues an intellectual case using tools he denies exist

Counterpoint: American Grace (Putnam)

- Distinctive US phenomenon of polarization that maps along lines of religion and politics
- AND ever-increasing *lived* complexity across all those lines
 - “Aunt Sue” pattern: every family knows someone.....
 - That manages to live across all the lines
- In recent years politics and religion reinforce polarization
 - on two big issues
 - but NOT on many other big issues
- **Expect to be surprised by real people**

Aligning Religious Health Assets in NC

- Mediating social structures relevant to health:
- FFT's (faith forming things)
- 3,600 NCBC
- 2,000 GBSC
- 2,000 UMC
- Hundreds of other varieties
- And their non-profits



Jesus' Favorite People (JFP's)



Helen Milleson, BA,
FaithHealth Navigator,
Randolph FaithHealth,
Randolph Hospital,
Asheboro, NC

JFP Case Study

- **38 Year old Male with kidney disease**
 - **Living with mom in camper on “friends” property**
 - **No access to toilet facilities at night**
 - **Water came from hose**
 - **Couldn’t pay for catheters**
 - **Recurrent infections turning into sepsis**
- **Helen Milleson, BA, FaithHealth Navigator, Randolph FaithHealth, Randolph Hospital, Asheboro**

Costs before/after FaithHealthNC intervention 4/22/15 – 9/22/15

Before Intervention, 4/22/15 to 9/22/15

- **\$30,486.25**. Includes inpatient costs, donations for catheters, housing), cost of FH navigator hours.

After Intervention, 9/22/15 to 4/22/16

- **\$1,283.58**. Includes inpatient costs (\$0), catheters, cost of FH Connector and Navigator hours

FOR A TOTAL ROI OF \$29,202.67!



Haidt, hospital and *public health* forget the evidence of the audacity of creative moral freedom

- Caring (yes)
- Fair (way more than and wildly disproportionate)
- Loyal (sometimes to the stranger)
- Liberty (free to find a way out no way)
- Authority (Helen used it release the rules)
- Sanctity as energy for moral freedom

*Aligned by skillful, high integrity faith practitioners
doing as they were taught using their role as agents
of health*

Public health embodies moral imagination

- We come from a messy family but tend to talk of only one parent: empirical rationality
- We need our mother: complex, messy humans-- the proper subject of public health
- Theory AND practice for dynamic complex ever-emergent populations
- Haidt helps, but we can do better from our own history of moral tenacity and humility, both of which we have betrayed many times, but won't give up
- We, too, are “wonderfully and complexly made” (Psalms 91)
- *As is the public we hope for*

Alignment by denomination, county, or local ministerial affiliation

- Network Builders
- Patient Referral Pathway
- Build capacity of congregations

Denominational Liaisons and other staff



30 Part-time contract staff

Supporter of Health

6 Full-time staff

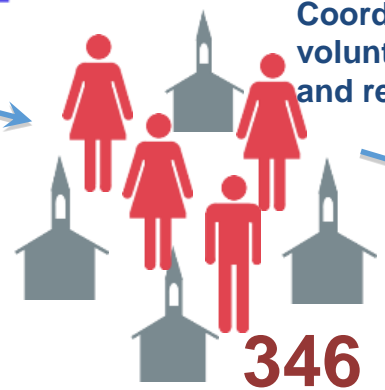
Focused on Vulnerable Communities
 -High Charity Costs
 -Target Zip Codes/Census Tracts

Community Chaplains

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

Paid Staff

Congregations



2024 Visiting Clergy

Coordinate volunteer follow up and response



Trained Volunteers

14 FaithHealth Fellows

Volunteers

Community Roundtable

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

**QUESTIONS?
THOUGHTS?**

(BACK-UP MATERIAL)

“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

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

