Advocacy for Leaders:
Crafting Richer Stories for Public Health

Scott Burris, JD
Beasley School of Law, Temple University

Gene Matthews, JD
Network for Public Health Law, UNC Chapel Hill

Sue Lynn Ledford, RN BSN MPA DrPH
Director, Public Health Division, Wake County, NC

Dr. Gary Gunderson
VP FaithHealth, Wake Forest Baptist Health
Presenter Disclosures

Presenters for Session 2020.0
Scott Burris
Gene Matthews
Sue Lynn Ledford
Gary Gunderson

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”
A Framework for Public Health Law Change
Persuasion from a Systems Perspective

Scott Burris
Center for Public Health Law Research
Temple University Beasley School of Law
Better Health Faster:
The Five Essential Public Health Law Services

Scott Burris, JD\textsuperscript{1,2}, Marice Ashe, JD, MPH\textsuperscript{3}, Doug Blanke, JD\textsuperscript{4}, Jennifer Ibrahim, PhD, MPH\textsuperscript{1,2}, Donna E. Levin, JD\textsuperscript{5}, Gene Matthews, JD\textsuperscript{6,7}, Matthew Penn, JD, MLIS\textsuperscript{8}, and Martha Katz, MPA\textsuperscript{9}

The Five Essential Public Health Law Services

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

- 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

- 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
Today

Access to Evidence & Expertise

A flowering of research in psychology and social science transforming our understanding of persuasion

A faith-based perspective

A practitioner’s approach to inclusive messaging

Help Engaging Communities & Building Political Will
A Long-Term Perspective

Impact

- Arguments that work now
- Arguments that work in 10 years
- Arguments that work in 20 years

Policy persuasion

PUBLIC HEALTH LAW RESEARCH
Crafting Richer Stories for Public Health

Quick Overview
Moral Foundations Theory (MFT)

Gene W. Matthews, JD, Director
Southeastern Regional Center
Network for Public Health Law
North Carolina Institute for Public Health
UNC Gillings School of Global Public Health
gmatthews@networkforph.org
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

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

Haidt’s Six Moral Foundations

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

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”

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

Haidt’s Moral Matrix for Populations Can Be Measured

- Care/Harm
- Liberty/Oppression
- Fairness/Cheating
- Loyalty/Betrayal
- Authority/Subversion
- Sanctity/Degradation

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

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

Care  Liberty  Fairness  Loyalty  Authority  Sanctity

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]

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 EMPATHY:
Think deeper about what is happening to the specific community your are addressing?

KEY QUESTION: How does your message resonate with preserving the institutions & traditions of a moral community under stress?
APHA 2016
Crafting Richer Public Health Stories
Haidt Moral Foundations
Case Examples

Dr. Sue Lynn Ledford
RN BSN MPA DrPH
Wake County Human Service – Public Health
Raleigh NC
Sue.ledford@wakegov.com
Start with Intentional Listening
Do Not Assume You Heard What Was Said

• Listen to both sides and try to find 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.
• When possible, establish a factual basis (example of water issue later)
PH neutral convener – Seeking common ground

Examples:

– Drug epidemic (Foundations – Care, Loyalty, and Authority)
  Appeal to
  • Care – If the pain or the gain is universal, so is the solution
    – Opioids, heroin, young, old, across the spectrum
  • Authority – Sheriff and PH shared efforts
  • Loyal to needs of group (family/neighbor/community)

– School Based Health Clinics in Rural Western NC (Foundations – Sanctity and Authority)
  • Sanctity – Concerns re. birth control, behavioral health services
  • Authority – Parental rights
  • Appeal to Trust – Validated transparency by inviting primary voice of opposition to become an advisory board member

– Corner Store Initiative – PH worked with Rep Holley (D) to frame bill (Foundations – Fairness and Care)
  • Care – Her goal was healthy food options
  • Appeal to Fairness – Encouraged her to broaden perspective and allow majority party to sponsor
    – Framed it to support small businesses not a social program
    – Tax incentives (benefits local stakeholders)
    – Supporting farmers (Ag huge business in NC)
Unlikely Success?
– Aids Drug Assistance Programs

• Be smart. Who can meet with opposition side?
• 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.
    • Give them language they can use. “Smart economics.” “Saves Medicaid dollars.”
    • Because the plan actually is smart.
    • Do not try to manipulate the facts.
  – You do not need to make every point. “Once you sell the horse be quiet, shake hands, and move on.”
  – Don’t celebrate loudly. (We let it quietly slide through on the budget bill.)
  – Allowed the main bill sponsor to be someone with an uncontested primary.
Another Case Example of Unlikely Success — NC Needle Exchange Program and Naloxone

NC Harm Reduction Coalition and Public Health Partnerships

• **Syringe Access — succeeded**
  
  “On July 11, 2016 Governor McCrory signed a bill that legalizes syringe exchange programs in North Carolina.”

• **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.”

• **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.”

• **Drugs and Drug Users**

[10/13/2016] Dr. Sue Lynn Ledford
Conflicting rules and debates were going nowhere

• Various rules: EPA/ Community Wells/ Private Wells/ State Dept. of Environmental Quality, State Dept. of PH Office of Environmental and Epi, Local rules, etc.

• Multiple attorneys and governmental entities debating these rules – going nowhere

• Personal appeal – to the owner of the Community Well Business

“would you put this water in your child’s bottle?”
Failure Feels Really Bad: Issue of conflicting laws and moral foundations

• Coal ash – A North Carolina Story
  – Epidemiologist Resignation Points to Bigger Problem in State Departments Rose Hoban August 12, 2016

• Must pre-establish factual basis. (Whose facts do you use?) Issue of various water standards
  • Multiple and ongoing requests for upfront clarification on which rule to apply for PH?
  • Various rules: EPA/ Community Wells/ Private Wells/ State Dept. of Environmental Quality, State Dept. of PH Office of Environmental and Epi, Local rules, etc.
  • Resulted in resignation of state epidemiologist

10/13/2016 Dr. Sue Lynn Ledford
FaithHealth: The Right Group 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

Teresa Cutts, PhD
Wake Forest School of Medicine
PI for James B Duke Foundation Project
Triad Free Health Clinic
FaithHealth: Wake Forest

- **TRUST:** Rated as LOW

- **MAPPING:** 12 TOTAL; 8 Community Health Assets Mapping Partnership- Access to Care workshops conducted in 2014 (4 Hispanic); 2 Food Pathways Mapping Workshops in 2015 and 2 Behavioral Health Mapping Workshops in 2016

- **ESTIMATED ALLOCATION OF HEALTH SYSTEM:** $1M

- **HUMBLE LEADERSHIP:** Yes

- **START DATE:** July 2012

- **TIPPING POINT:** May 2015 (34 Months)
Alignment by denomination, county, or local ministerial affiliation
- Network Builders
  - Patient Referral Pathway
  - Build capacity of congregations

**Congregations**

**Connectors**
- Part-time contract staff
- 21 persons

**Supporters of Health**
- Full-time staff
  - 5 persons
  - Focused on vulnerable communities
    - High charity costs
    - Target Zip Codes/Census Tracts

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

**Volunteers**
- Denominational Liaisons and other staff
- 3+ persons
- Community Roundtable
  - Nonprofit Partners
  - Congregations
  - Connectors
  - Supporters of Health
  - Hospital departments

**Trained Volunteers**
- 7 FaithHealth Fellows

**1946 Visiting Clergy**
• **Three priorities for JFP’s**
  – Chronic conditions
  – Psycho-social-spiritual drivers
  – Access (right door, right time, ready and not alone)

• **Three principles:**
  – Partner with community health assets
  – Focus on places of greatest vulnerability
  – Build capacity of the social web with real education

• **Connect and Align clinic, finance and ground game**
Super-Utilizer

Dental Care

Can’t Pay for RX

Self Pay

No MD

Mental Health

Transportation

Lonely; Attention

Food/Insecurity

Pregnancy

Substance Abuse

Caregiver Burnout

JFP Galaxy

Helen Milleson, BA, FaithHealth Navigator, Randolph FaithHealth, Randolph Hospital, Asheboro
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!**
These possibilities are real

But you have to go at the bar
With eyes wide open
to a whole new way.

Faithhealthnc.org
Gary.gunderson@gmail.com
Advocacy for Leaders: Crafting Richer Stories for Public Health

DISCUSSION