



**APHA Annual Meeting
2020.0: Advocacy for Leaders
Atlanta, GA**

November 4, 2017

***Crafting Richer Public Health Messages
for a Turbulent Political Environment***

Colleen Healy Boufides

Scott Burris

Gene W. Matthews

Sue Lynn Ledford

Gary R. Gunderson

Presenter Disclosures

Colleen Healy Boufides

Scott Burris

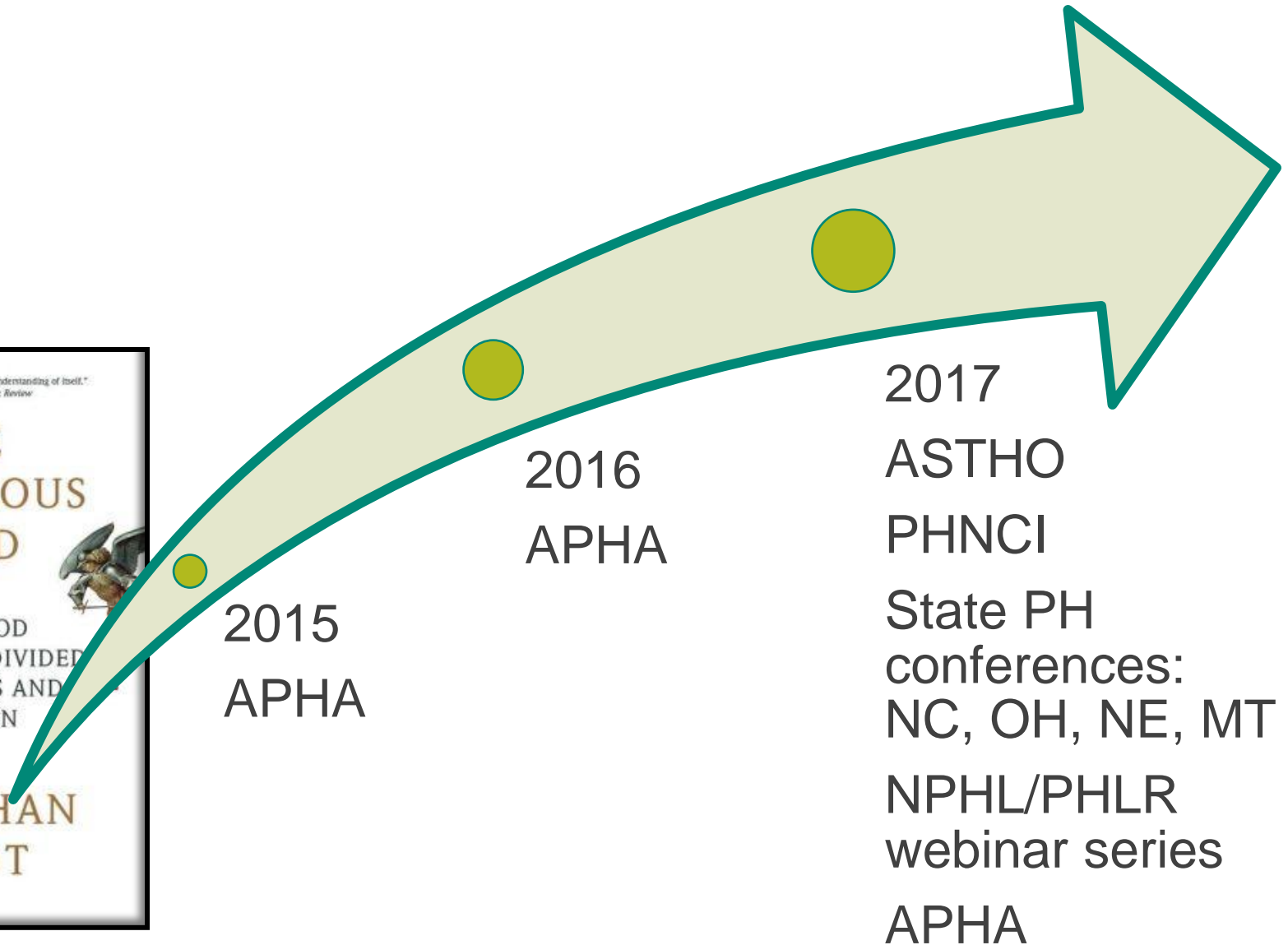
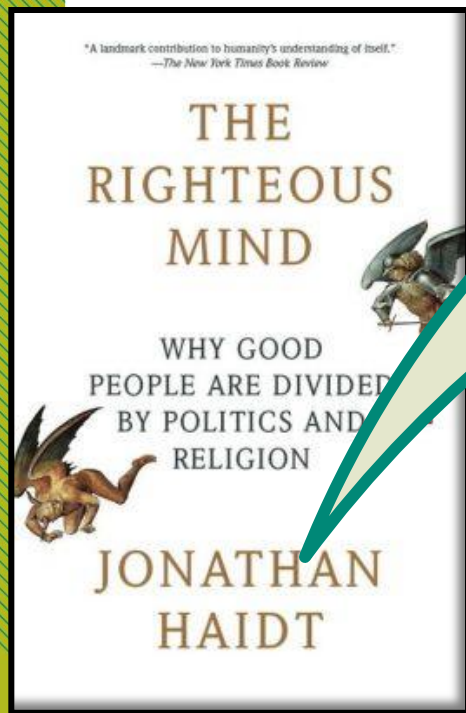
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- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose



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](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](http://journals.lww.com/jphmp/Fulltext/2017/07000/Crafting_Richer_Public_Health_Messages_for_A.15.aspx)

Learning Objectives

1. Identify the 6 fundamental intuitive moral values contained in Jonathan Haidt's Moral Foundations Theory.
2. Characterize a community under stress in your state whose institutions and traditions are being threatened.
3. Describe a public health issue that needs to be framed to resonate more broadly.
4. Practice reframing your advocacy in terms of moral foundations other than your own.

Today's Agenda

9:30 – 10:30	Overview of Six Moral Foundations
10:30 – 10:45	Q & A
10:45 – 11:15	Pairs / small group discussions
11:15 – 11:30	Full group discussion

PART I: Richer Messages Strategic and Scientific Context **[Burris]**

PART II: Moral Foundations Theory Approach to Message Crafting **[Matthews]**

PART III: Three NC Examples of Crafting Richer Messages About Our Communities in Pain

1. **Ledford – Needle exchange**
2. **Matthews – GIS mapping**
3. **Gunderson – Faith-Health**

- **Richer Messages Strategic and Scientific Context**
- Moral Foundations Theory Approach to Message Crafting
- Three NC Examples of Crafting Richer Messages About Our Communities in Pain

Conclusion



Richer Messages Strategic and Scientific Context

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.
- Marriott
- 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
- Carr's Jr.
- Chick-Fil-A
- Chuck E-Cheese
- Church's Chicken
- CIO's Pizza
- Dairy Queen -
Company-owned restaurants only
- Dunkin' Donuts
- Jack in the Box -
Company-owned restaurants only
- Kentucky Fried Chicken -
3,200 company-owned restaurants; franchisees encouraged to adopt smokefree policies
- Long John Silver's -
Company-owned restaurants only
- McDonald's Corporation -
Company-owned restaurants only; franchisees encouraged to adopt smokefree policies
- Papa John's
- Pizza Hut - 3,675 company-owned restaurants; franchisees encouraged to adopt smokefree policies
- Popeye's
- Starbucks
- Taco Bell
- Wendy's International Inc. -
Company-owned restaurants only; franchisees may voluntarily adopt smokefree policies

One-pager good

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One-pager good

Postcard better

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 _____

RAISING THE TOBACCO AGE TO 21
will prevent youth tobacco use and save lives.



Conventional Wisdom on Persuasion

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Address _____

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ZIP Code _____

Occupation _____

RAISING THE TOBACCO AGE TO 21
will prevent youth tobacco use and save lives.



Tweet best

 **Alex Wodak** @AlexWo... · 5d ✓
Up to 2/3 smokers die from tob related conditions caused by smoke. #ecigs don't contain smoke. Bradford Hill called 4 act on info we have

🗨️ ↻️ ❤️ 1 📧

Tweet your reply

🏠 🔍 📢 20+ 📧

Conventional Wisdom on Persuasion

AJPH RESEARCH

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

Kelli A. Koenig, PhD, MPH, MScin 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:10.2195/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 developmental 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 (\$15.00 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 protocol 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

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Evidence is good

Conventional Wisdom on Persuasion



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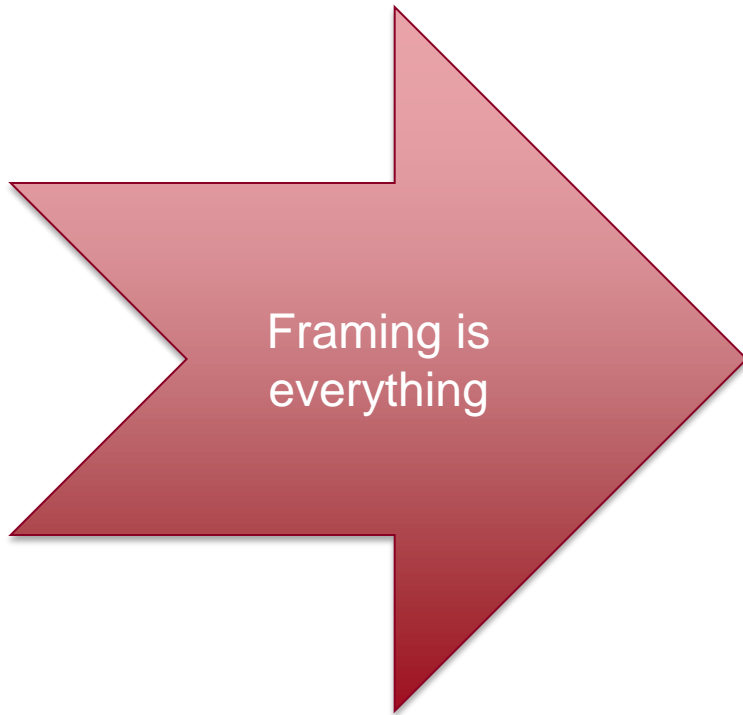
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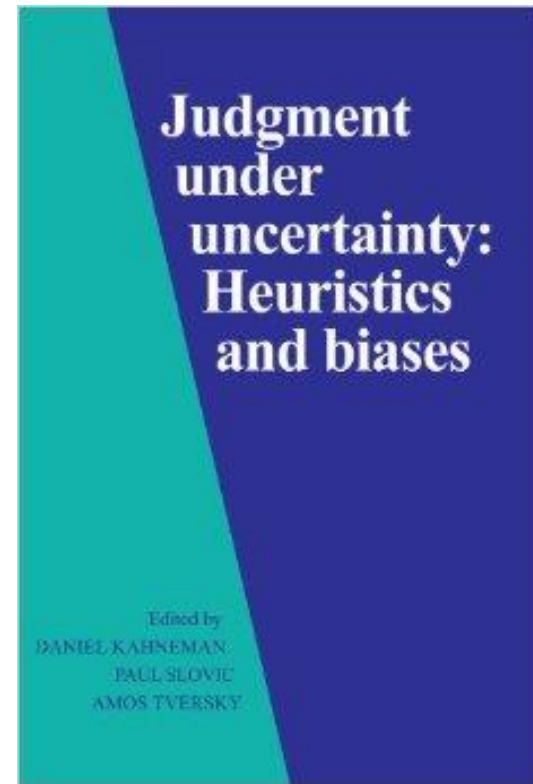
Conventional Wisdom on Persuasion



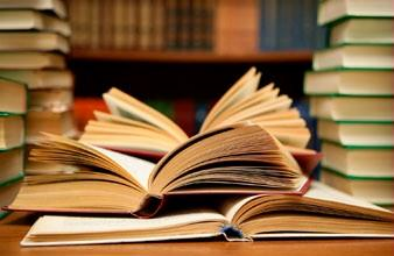


There's a lot of new science on the old art of persuasion

- 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

Automatic

Unconscious

**Deploys heuristics
→ biases***

System 2

Lazy

**Unconscious of System
1**

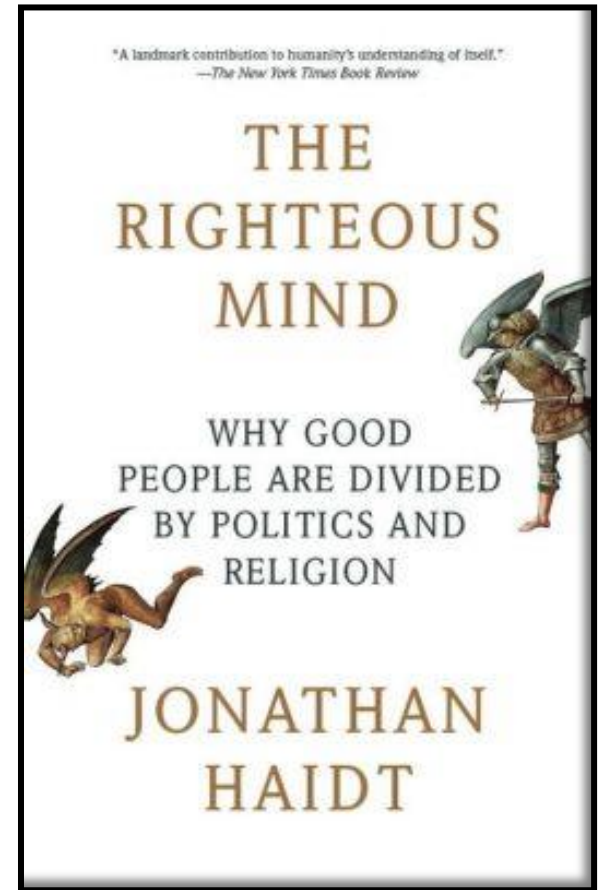
**Rational, but trusts
System 1’s input**

***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
- **Persuasion requires reaching people's "System 1"**



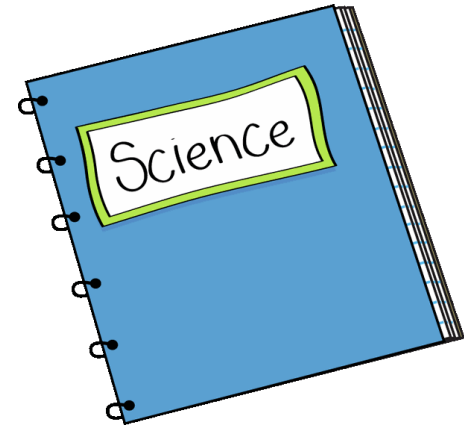


- Reflection and change on our side
 - Our brains are no better than anyone else's
 - We are prone to System 1 judgments and confirmation bias [that was my bit just now]



We 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!



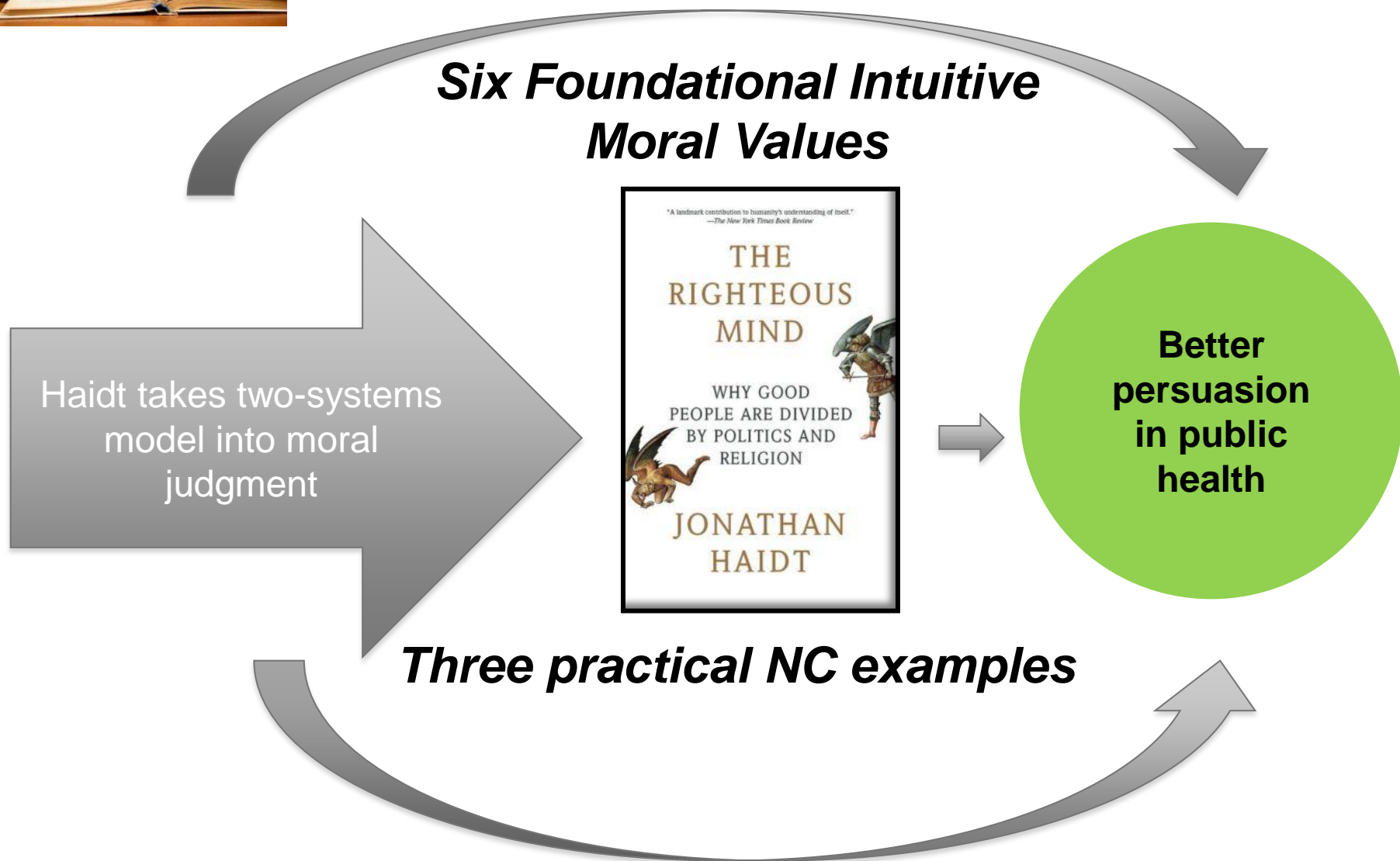


Steps Toward Change

- 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]
- A fuller appreciation of relationships, time, trust – and love – as foundations of public health advocacy [Gary and Sue Lynn]
- 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



Onward...



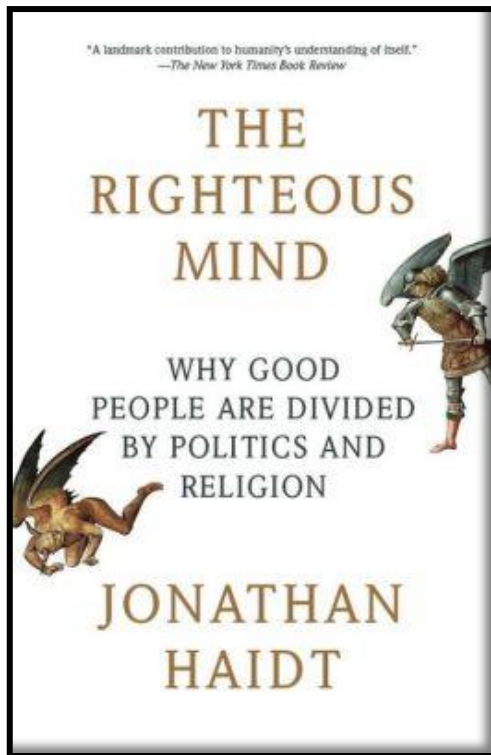
- Richer Messages Strategic and Scientific Context
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Conclusion

Moral Foundations Theory Approach to Message Crafting

Gene Matthews, JD

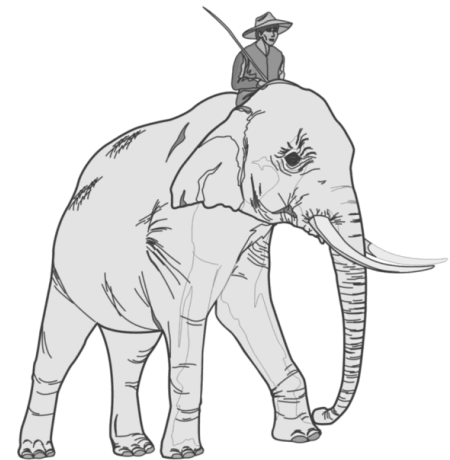
**Director, Southeastern Region
Network for Public Health Law**



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

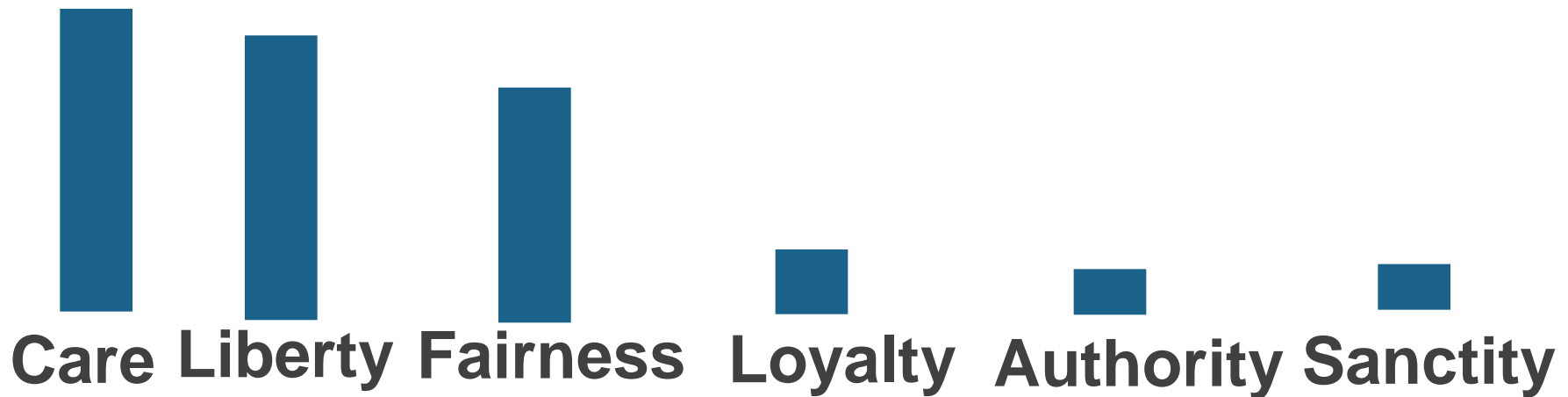
Haidt's Moral Matrix for Populations Can Be Measured



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



Care Liberty Fairness Loyalty Authority Sanctity

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)

Looking Deeper

➤ **COMMUNITY AWARENESS:**

Think deeper about what is happening NOW 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?*

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)

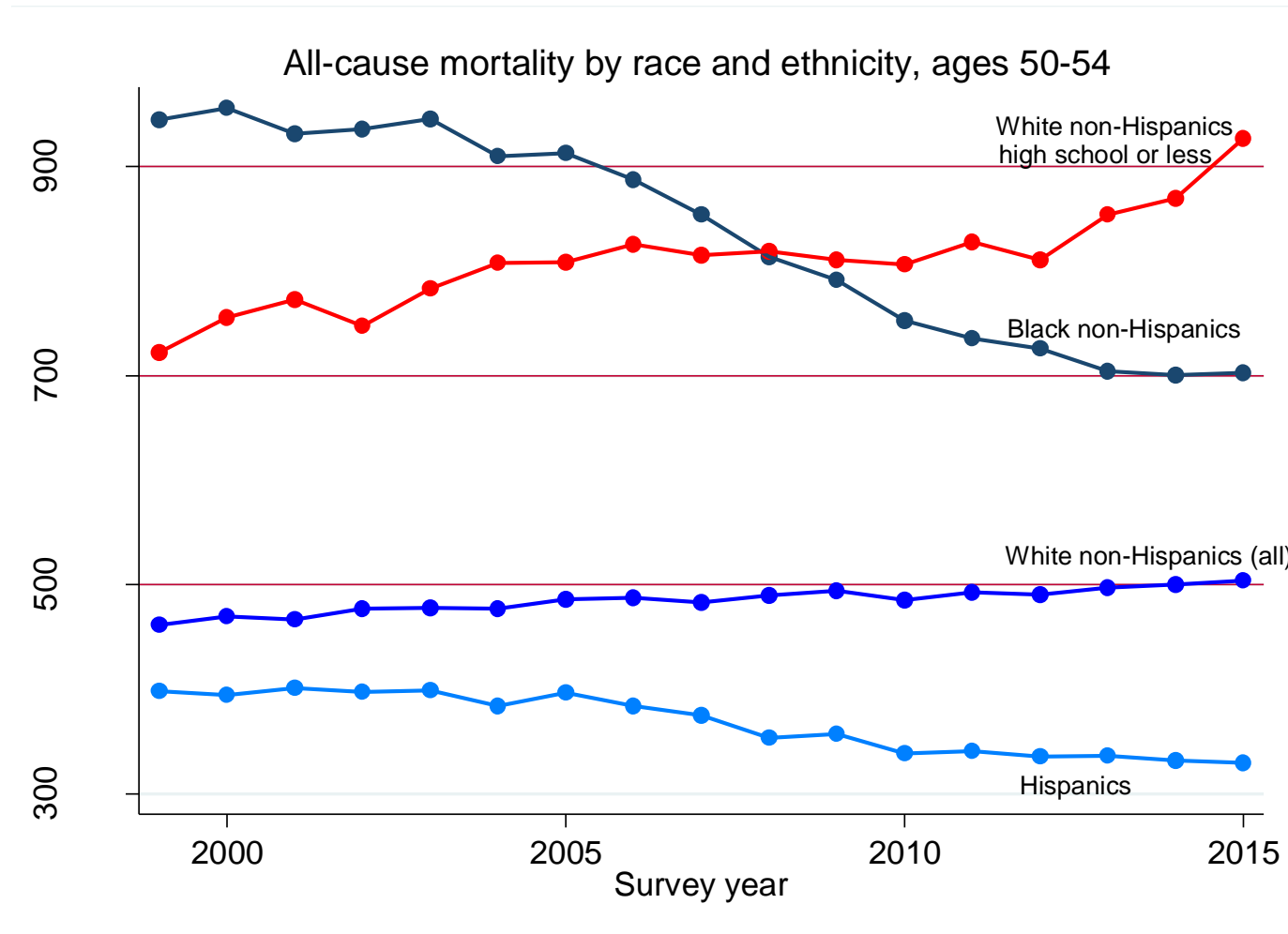
**Still Resonate to Liberal Values
BUT Are LESS Likely to Vote**



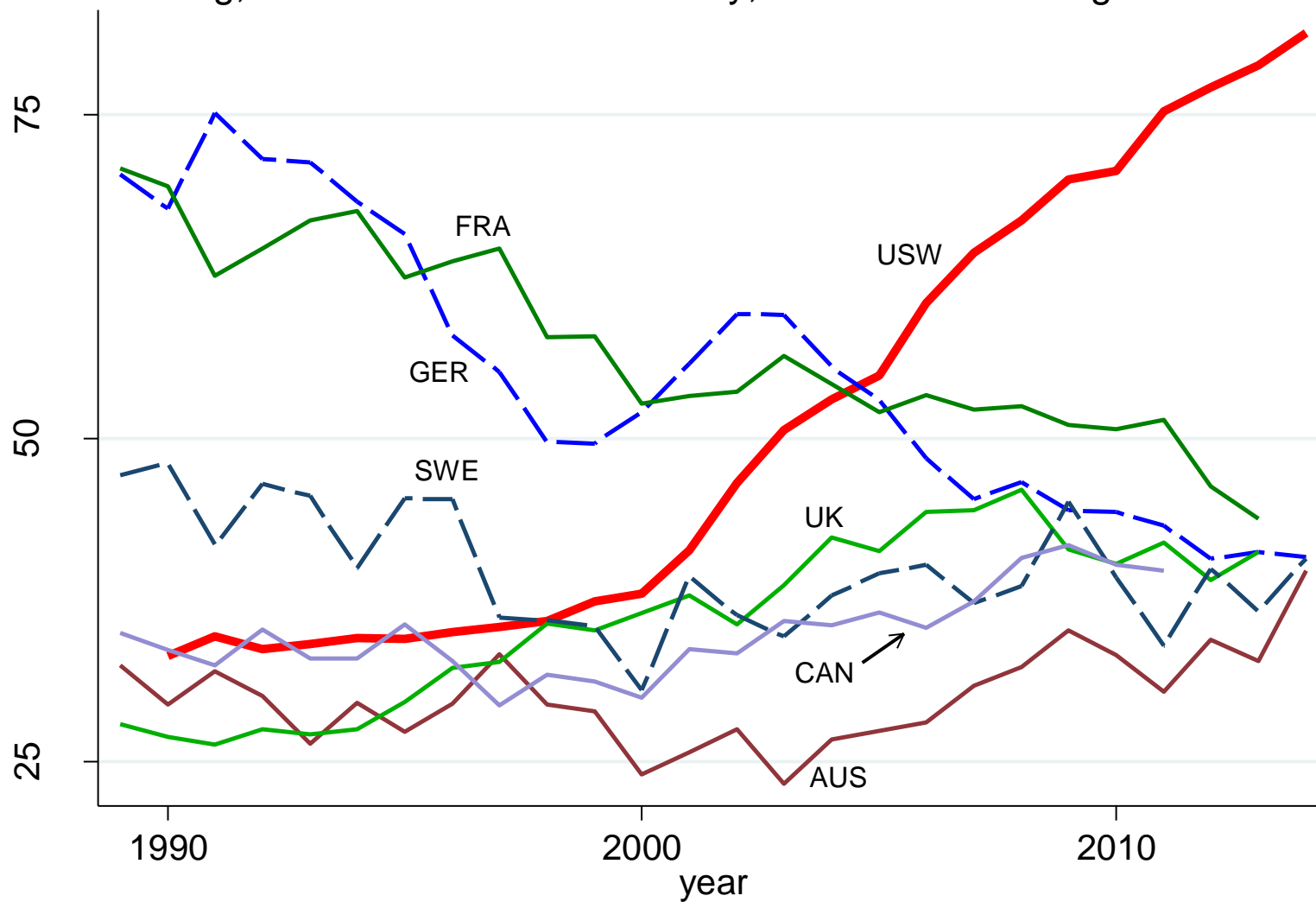
Anne Case and Angus Deaton

Spring 2017 Brookings Panel on Economic Activity

Figure 1.1



Drug, alcohol and suicide mortality, men and women ages 50-54



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

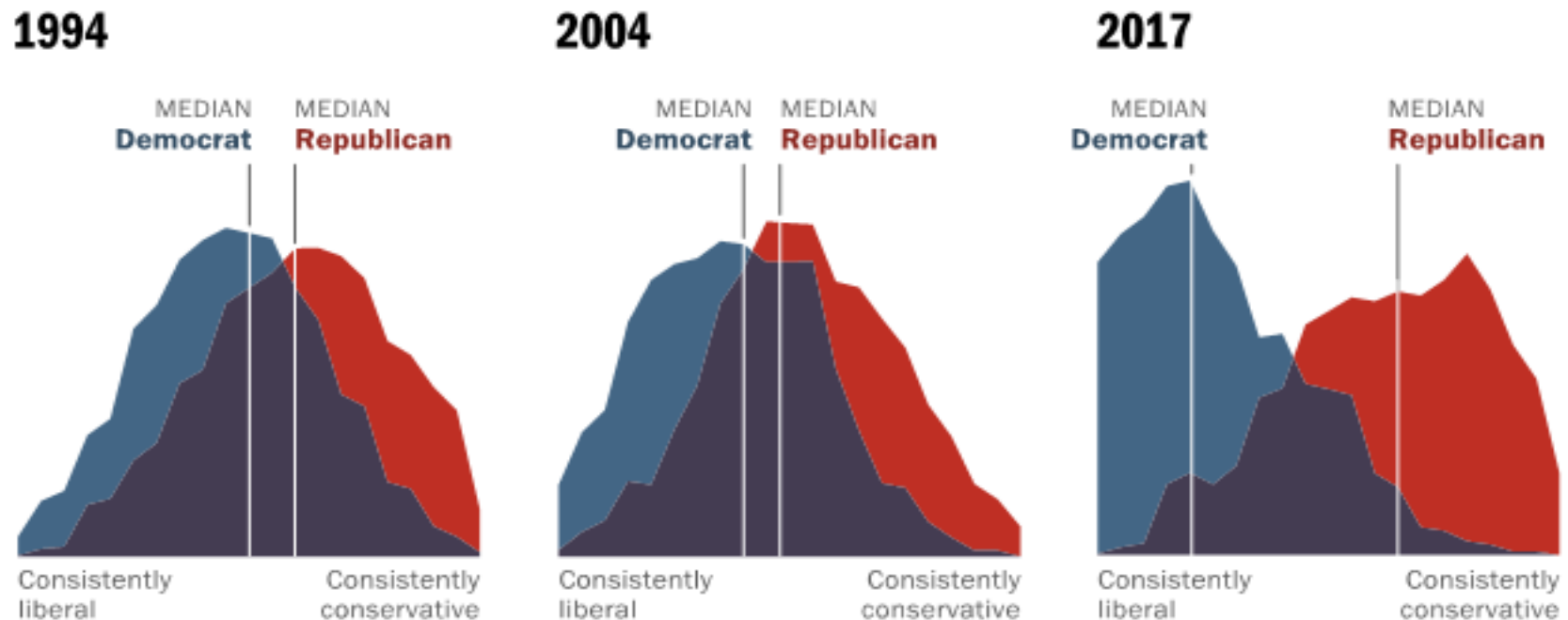
Jacob Bor
107(10), pp. 1560–1562

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

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?”

- Richer Messages Strategic and Scientific Context
- Moral Foundations Theory Approach to Message Crafting
- **Three NC Examples of Crafting Richer Messages About Our Communities in Pain**

Conclusion

3 NC EXAMPLES OF CRAFTING RICHER MESSAGES ABOUT OUR COMMUNITIES IN PAIN DURING THIS TURBULENT POLITICAL ENVIRONMENT

- 1. Advocating to the Legislative Branch in a Battleground State. [\[Ledford\]](#)**
- 2. Using GIS Mapping Techniques to Identify “Communities in Pain” and Engage Healthcare Systems [\[Matthews\]](#)**
- 3. Faith-Based Health Outreach Can Foster Conversations Using the Full Range of Moral Values [\[Gunderson\]](#)**

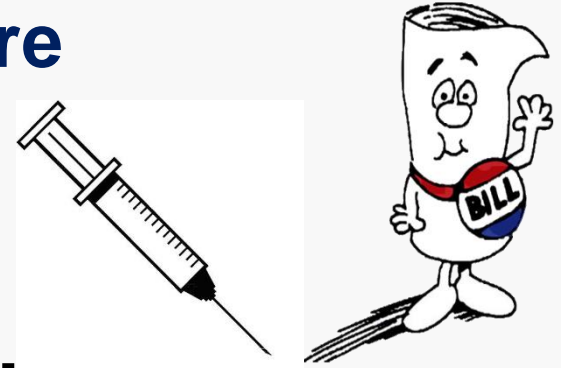
Example 1. Advocating to the Legislative Branch in a Battleground State

**Dr. Sue Lynn Ledford, RN, BSN, MPA, DrPH)
Public Health Division Director
Wake County Human Services
Raleigh, NC**

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 – “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

- Opioid Crisis – never waste a problem
- Momentum of similar legislation – June 2016 statewide medical order for Naloxone three weeks prior
- Aligned with right partners
- Increased efforts across the political isles
- Sound empirical evidence
- Persistence and networking across the state
- 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 purist had major issue with this.
- Original 2016 language: “No public funds may be used to purchase needles, hypodermic syringes, or other injection supplies.”

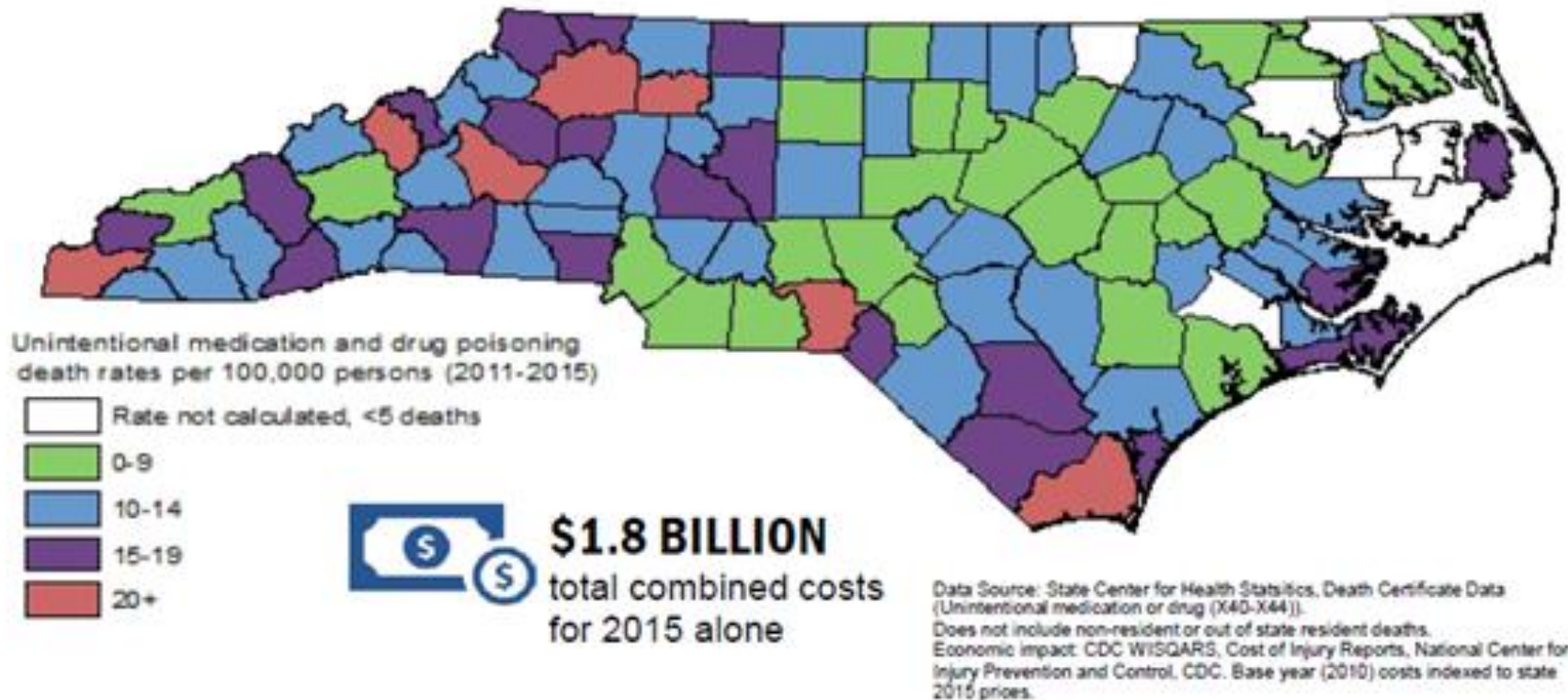
http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-113.27.pdf

- **2017 – Legislation now allows local funding**



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*)

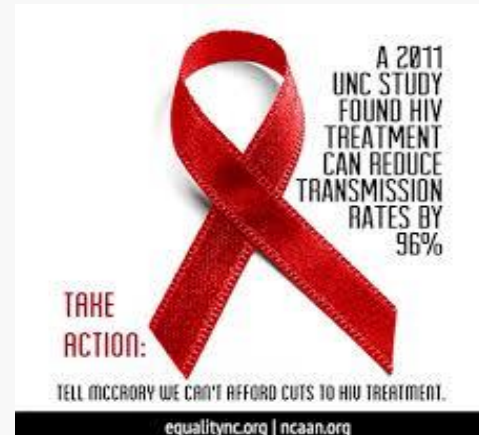
Quotes from Law Enforcement:

"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**

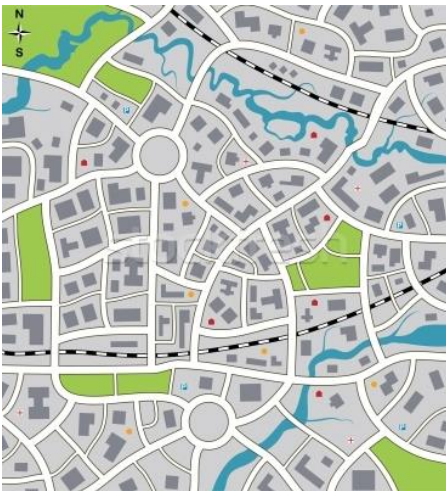
The way to get things done - do not care who gets the credit

- **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.**



Example 2: Identifying “Communities in Pain” and Engaging Healthcare Systems Using GIS Mapping

Remember the Deeper Lesson of John Snow & Mapping the Broad Street Pump:



“THEY....ARE....US”



Context of One New Collaboration

- NC Community Health Improvement Collaborative (CHIC) 2007→present
 - Increasingly focused on CHNA implementation by non-profit hospitals
- April 2016: Carolinas Healthcare System (CHS) requested assistance on **“Social”** Determinants of Health
 - NCIPH found value of GIS mapping to assist CHS in community health improvement efforts and to develop community partnerships



A Quick Lesson In 2017 Political Rubric

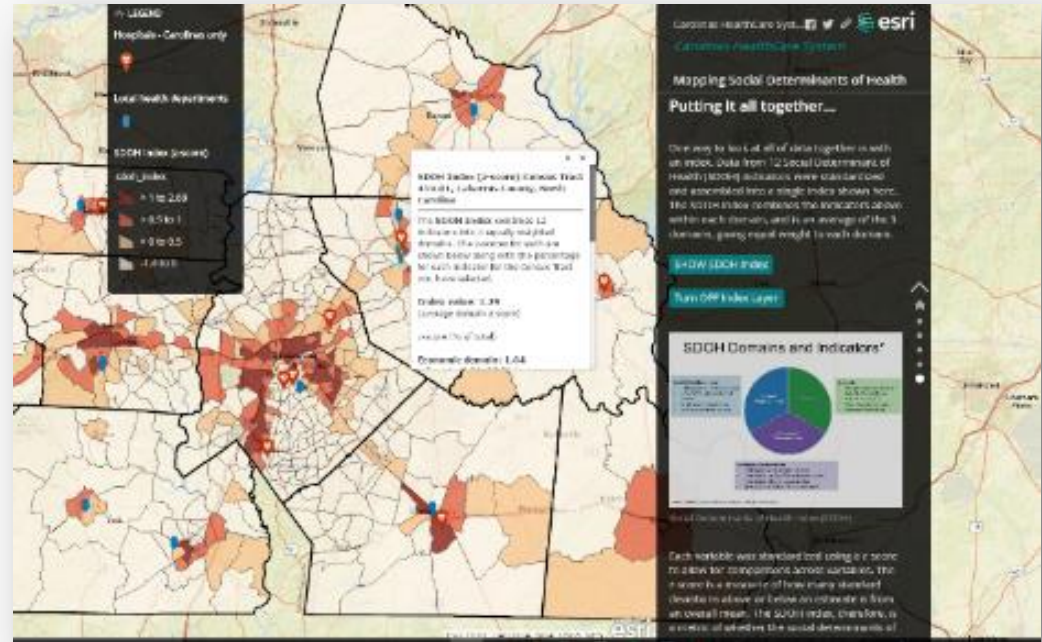
[~~Social~~] Determinants of Health



They ARE “Determinants of Health”

Mapping Determinants of Health at Census Tract Level

- 12 DOH indicators at the neighborhood level (Census Tracts)
- Created index to summarize all indicators into a single variable (shown to the right)
- Interactive web map



<http://arcg.is/2bUNr4a>

Increasing Focus on Determinants of Health



- There is growing interest in addressing the DOH as well as health care policy reforms to increase the efficiency and quality of care while improving health outcomes
- Hospitals are “anchor” institutions and can be a natural source of collaboration, leadership, and community support for broader health initiatives

Source: Rosenbaum, Sara. (2016). <https://www.brookings.edu/wp-content/uploads/2016/07/Rosenbaum-PDF-Layout-FINAL.pdf>

A Valuable Discovery!



+



=

?

- Found that significant number of non-medical employees of the hospital were living in the distressed census tracts!
- Galvanized action by management
- Opportunity for non-professional staff to be initial change agents in their own communities

Exciting Collaborations!



Carolinas HealthCare System



Cole J. Mapping social determinants proves a positive Rx for Charlotte's underserved. North Carolina Health News 2/20/17


<http://www.northcarolinahealthnews.org/2017/02/20/mapping-social-determinants-proves-positive-rx-charlottes-underserved/>

One



Carolinas HealthCare System

“Take Home” Messages

1. Hospitals & healthcare systems are considering “Social” Determinants of Health (DOH) 
2. GIS mapping technology is rapidly improving and becoming more available to show DOH at census tract levels
3. GIS/SDH mapping is a powerful new tool to assist communities addressing their health needs and to develop new coalitions

MFT Value of *Loyalty*

- GIS mapping of DOH at census tract level leads to an ironic 21st century chronic disease parallel to John Snow's "point map" of infectious cholera in 19th century London.
- The interactive nature of online GIS mapping allows flexibility to frame the issue in an effective geographic context



THEY...ARE...US!



A photograph of the Golden Gate Bridge in San Francisco, taken from a high vantage point looking down the length of the bridge towards the horizon. The bridge's iconic red-orange towers and suspension cables are visible against a deep blue twilight sky. The bridge deck is illuminated with warm lights, and the water below is dark and calm. The overall mood is serene and contemplative.

What's the message?

bonum civitatis

healthy public

population health

FaithHealth

Gary R Gunderson

Two Cables

27,572 wire strands--80,000 miles--that bend and flex in harsh salt winds.

Elegant adaptive complexity.
By design.



Empathy The Gateway Message

No message works without empathy.

Empathy is not exactly “loyalty.”

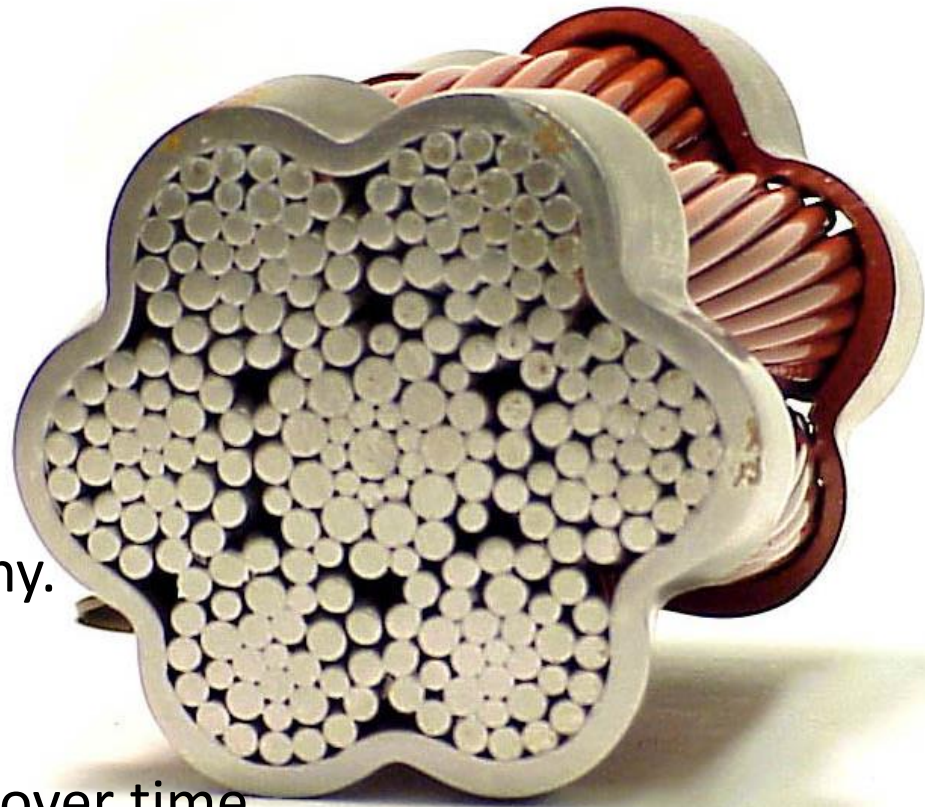
More subjective, felt, experienced over time.

Not “crafted,” but expressed.

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

Population	Health	Mission
	Value	Values
	Community	Community of Spirit
	Proactive	Mercy
Social Drivers		Social
	Trust	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 individual traditional bio-medical care.
- 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-creation of 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 (but don't make the data to interpret itself) (remember 1-7 above)

Alignment by denomination, county, or local ministerial affiliation

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



Connectors

37

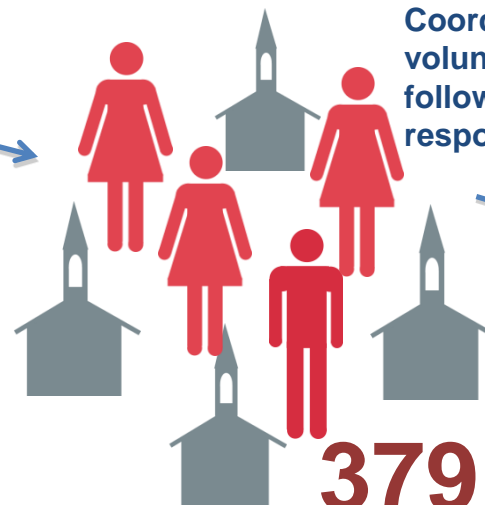
Part-time contract staff

Congregations

2295 Visiting Clergy

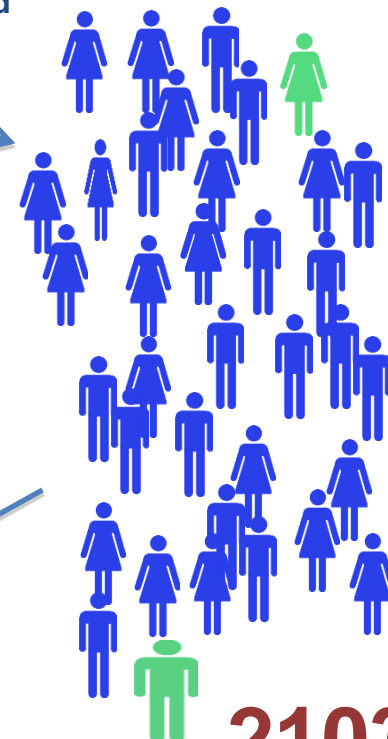


Coordinate volunteer follow up and response



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



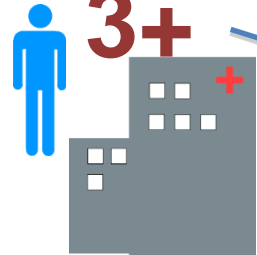
Community Roundtable

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

Paid Staff

Denominational Liaisons and other staff

3+



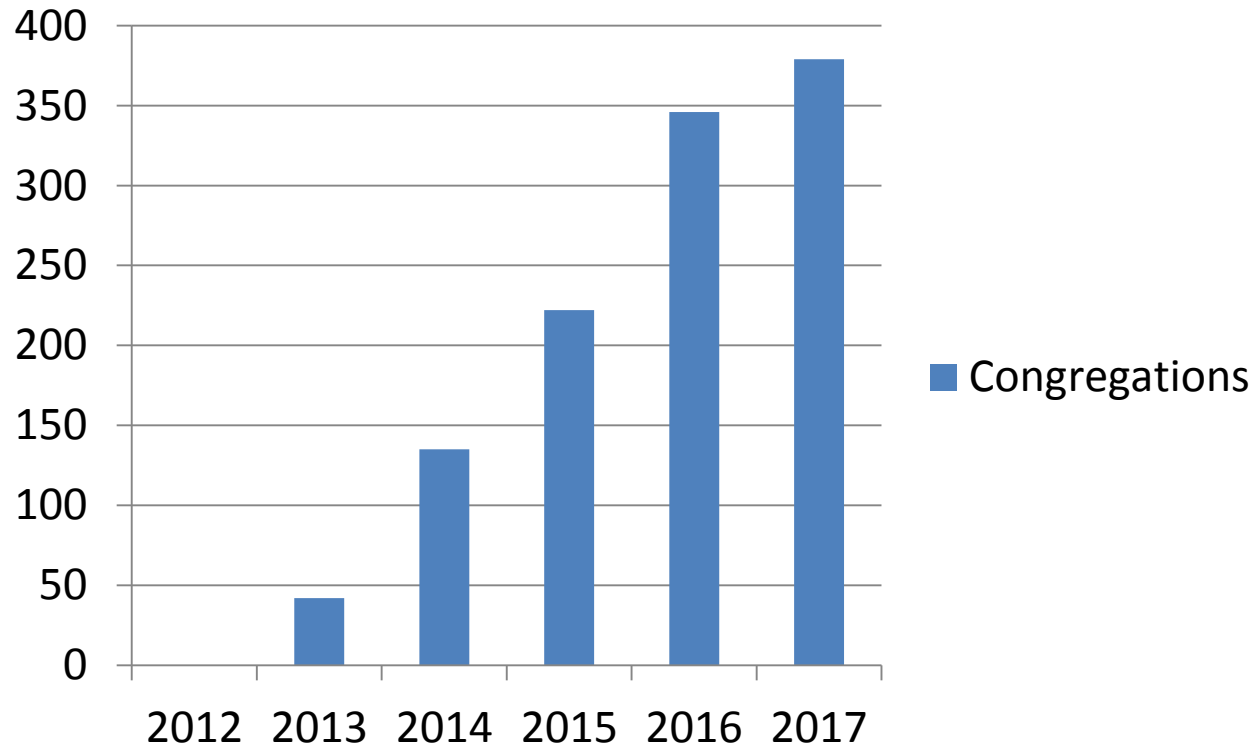
Community Chaplains

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



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

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.”



Today's Agenda

9:30 – 10:30	Overview of Six Moral Foundations
10:30 – 10:45	Q & A
10:45 – 11:15	Pairs / small group discussions
11:15 – 11:30	Full group discussion

Pairs / Small Group Discussions

10:45 – 11:15

Crafting Richer Public Health Messages

BREAKOUT GROUP DISCUSSIONS

Goals:

1. Think more deeply and practically about the concepts presented today.
2. Practice using a different voice to speak about issues you care about.
3. Be more mindful of showing compassion and controlling self-righteousness.

Reflection and Practice in Pairs: Application of Six Moral Foundations

Think about some of the more controversial public health goals / issues in your state.

Of these, choose one that you believe to be especially important/urgent to address.

Using the table provided, consider the following questions:

1. How do you currently talk about the issue?

In the appropriate row on the table on page 2, briefly summarize messages currently

Thank you!

Please contact us with questions or thoughts:

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