Becoming Better Messengers: Millennials, Health Equity & Our Public Health Advantage

Colleen Healy Boufides
Scott Burris
Lizzie Corcoran
Gary R. Gunderson
Don Hoppert
Sue Lynn Ledford
Gene W. Matthews
Kimberlydawn Wisdom
Becoming Better Messengers: Millennials, Health Equity & Our Public Health Advantage

Gene W. Matthews  
Network for Public Health Law  
UNC-Chapel Hill

Sue Lynn Ledford  
Director of Population Health Services  
WellCare of North Carolina, Raleigh

Don Hoppert  
Director of Government Relations  
APHA, Washington, DC

Scott Burris  
Center for Public Health Law Research  
Temple University, Philadelphia, PA

Gary Gunderson  
VP of Faith Health, Wake Forest Baptist Health & Wake Forest University

Colleen Healy Boufides  
Network for Public Health Law  
Ann Arbor, Michigan

Lizzie Corcoran  
DC Capital City Fellow  
Washington, DC

Kimberlydawn Wisdom  
SVP of Community Health & Equity  
Henry Ford Health System, Detroit, MI
Today’s Agenda

1. Introductions & Moral Foundations Theory: Gene Matthews

2. Reflections on Our Public Health Advantage: Sue Lynn Ledford, Don Hoppert, Scott Burris, Gary Gunderson
   Discussion

3. Millennials as New Messengers for Public Health: Colleen Healy Boufides & Lizzie Corcoran
   Discussion

4. Health Equity and the Reproductive Well-Being Narrative: Kimberlydawn Wisdom
   Discussion & Concluding Thoughts
Gene W. Matthews, JD
Director
The Network for Public Health Law – Southeastern Region
North Carolina Institute for Public Health
UNC Gillings School of Global Public Health
CB #8165
Chapel Hill, NC 27599-8165
cell (404) 606-1241
gmatthews@networkforphl.org
www.networkforphl.org

Resources to Becoming Better Messengers
https://www.networkforphl.org/resources/topics__resources/becoming_better_messengers/
Becoming Better Messengers

Moral Foundations Theory

&

The Public Health Advantage
The 5 Essential Public Health Law Services

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

Changing Law & Policy Requires Interdisciplinary Collaborations ...and Smart Advocacy

Better Health for All Faster
14% of America, roughly half left and half right, consistently shouts, posts and votes, while 67% of us are exhausted

**LIBERAL WING**
- Progressive Activists: 8%

**EXHAUSTED MAJORITY**
- Traditional Liberals: 11%
- Passive Liberals: 15%
- Politically Disengaged: 26%
- Moderates: 15%

**CONSERVATIVE WING**
- Traditional Conservatives: 19%
- Devoted Conservatives: 6%

*Hidden Tribes: A Study of America’s Polarized Landscape*
Source: October 2018 by More In Common
Chart: Adapted from Axios Visuals 10/17/2018
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
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 Looked at the Distribution of Foundations in America
1. Care/Harm
Compassion for those suffering or vulnerable

2. Liberty/Oppression
Free Choices & Actions
Social Intolerance of Bullies

3. Fairness/Cheating
People Treated Fairly & Getting What They Deserve
Social Intolerance of “Free-Riders”

Haidt’s Six Moral Foundations
4. Loyalty/Betrayal
- Personal Trust, Group Identity,
- Social isolation who betray

5. Authority/Subversion
- Competitive advantage of organized groups
- Social intolerance of those who subvert the system

6. Sanctity/Degradation
- Not simply a religious value
- Some parts of the human spirit are elevated & pure
- Social aversion to personal degradation

Haidt’s Six Moral Foundations
Immunization Example

1. Care/Harm
   “Vaccination saves lives.” “I have to protect my baby from those deadly shots.”

2. Liberty/Oppression
   “I have a right to privacy for my medical records.” “Government has no business telling me how to care for my baby.”

3. Fairness/Cheating
   “Everyone should get their shots.” “People who don’t vaccinate their kids are just free-riders.”
Haidt’s Six Moral Foundations
Immunization Example

4. Loyalty/Betrayal
   “Getting vaccinated is a duty we owe each other in society.”
   “CDC has sold our kids out to Big Pharma.”

5. Authority/Subversion
   “Science proves that vaccines are safe.” “Mandatory vaccination is a conspiracy to make doctors and Big Pharma rich.”

6. Sanctity/Degradation
   “I got my shots because I believe in the sanctity of human life.” “I refuse to expose my child’s body to toxins.”
The Liberal Moral Matrix

Heavy on caring for the weak/preventing harm, rights and fairness as equality of outcome

Care  Liberty  Fairness  Loyalty  Authority  Sanctity

Help those in need!
The Conservative Matrix

Includes care, liberty and fairness (as equality of opportunity), but even more on the “institutional” values of loyalty, authority and sanctity.
Moral Foundation Theory

“The Conservative Advantage”

This framework gives us insight into a significant “Public Health Advantage” at this moment
Public Health Tends to Speak the Moral Language of Liberals

• When we take our evidence and expertise into the **political realm** to change law and policy, we invoke Care/Harm
  – “lives saved”
  – “harm prevented”
  – “costs avoided”

• When challenged, we fall back on authority & science
Thanksgiving Dinner Explained
Becoming Better Messengers
VIDEO

https://www.networkforphl.org/resources/topics__resources/becoming_better_messengers/
HOW TO TALK TO THE DARK SIDE

Listen Intently: Frame the PH Advantage in the “For Profit World”

Sue Lynn Ledford, DrPH MPA BSN RN
How to listen and learn – advancing population health outcomes

- “I heard you joined the dark side” State DPH retiree
  - *Is this accurate? How do we learn to listen and learn from profit making ventures to advance health outcomes?*
  - *Who makes $ on healthy people?*
- Staying true to the “mission”
- Listen and learn the “new language”
  - “high utilizers” vs. addressing the SDOH
  - Data analytics vs. people trends
  - Market share vs. service opportunity
  - Avoiding customer abrasion vs. making the right choice the easy choice
Don Hoppert
Director of Government Relations
American Public Health Association
202-777-2514
Donald.hoppert@apha.org
Scott Burris

Professor of Law and Public Health
Director, Center for Public Health Law Research
Temple University Beasley School of Law
Scott.burris@temple.edu
Just two words...

Empathy

Humility
And just one more

Loyalty
Haidt’s most
off-putting insight:
Public Health Sanctity

In a very,
very, very
strange land and time
Public Health in a strange land

- **Sanctity/Degradation**: a sense of the transcendence of life and a powerful rejection of taboo thoughts and actions of degradation.

- Usually understood as micro, personal and time-limited disgust. Political tactics are often designed to trigger revulsion at policies and practices.

- And public health folks respond out of disgust for a strange land devoid of facts, common language or even shame about the health of the public.

- Psalm 137: By the rivers of Philadelphia there we sat down and there we wept when we remembered the people. On the willows there we hung up our data and there our captors asked us for validation and our tormentors asked to sing along, saying “sing us one of those public health songs!” How could we sing of our sacred public trust in such a strange land and time?
Tips for Babylonian Exiles

• Jeremiah 29: seek the comprehensive health of the county where you have been sent. (build houses and offices and live there; plant gardens and eat; learn science and use it. Be productive and raise the next generation of colleagues. Be stronger, not weaker. Do all this for a lifetime to have a chance to rebuild a ruined place.

• Public health is a long game. Works at the speed of trust, and validated over time in the fruit of large and long patterns of lives beyond our own.

• Foege: Tenacity doesn’t always work; but it’s the only thing that works. Our advantage is that we show up early, stay late and come back for years.
Daytime work implications

• Public health is all about the mesh of humans and our messy institutions which intuitively—and sometimes reasonably—muddle toward health.

• Science helps us distinguish opportunities from distractions so we don’t waste social capital. But it may not help potential partners recognize us as friends unless we translate with our lives.

• Listen, listen, listen.

• Show up, show up, show up.

• Don’t quit.
Millennials and the Public Health Advantage

Colleen Healy Boufides, JD
Lizzie Corcoran, MPH
Agenda

1. Millennials and why we’re talking about them

2. Millennials as messengers in our turbulent political climate

3. Millennials, the public health workforce, and social justice
1. Millennials and why we’re talking about them
Who are millennials?

- Most diverse generation – 44% identify as minorities (Brookings, 2018)
- Most educated generation (Pew, 2015)
- Digital natives (Prensky, 2001)
Why talk about millennials?

Workforce - by Generation (2015)

Source: adapted from Pew Research Center, 2018
2. Millennials as messengers in our turbulent political climate
Millennial Trend #1: Cause-driven

"Cause not loyalty drives engagement."

(Millennial Impact Report 2016)

Challenge

Millennial Trend #2: Identity-focused

Preference for “virtue signaling” over communicating and connecting.

(See Bartholomew, 2015)
Asset  Millennial Trend #1: Cause-driven

Challenge  Millennial Trend #2: Identity-focused

Opportunity

[Identity ≠ Image]

Building identity around the shared cause of public health.
Job Titles vs. Roles

• Messenger ≠ Communications staff

• Leadership ≠ Authority
3. Millennials, public health, and social justice
Trends Shaping the Young Workforce

Who is the Future Workforce?

• 300% growth from 1992 to 2016
• 5th fastest growing degree out of 500 graduate degree programs
• Growth partially contributed to the school’s “do good” appeal (Leider et al., 2018)
New Trends in Public Health Schools
Public Health Workforce Crisis

• Millennials make up 35% of the general workforce

but

• only 22% of the governmental public health workforce (Pew, PH WINS)

Credit: De Beaumont Foundation
Newly educated young people + Workforce crisis, shortage = Opportunity to reenergize public health with young people
• Dedication to public health
• Care about communities and social good
• More loyal to causes than institutions; look for non traditional allies
Online Advantage

- Tech savvy
- Amplification of messages using social media
 Millennials and Social Justice

% believe public should be very involved in health equity

- 62.2% of millennials said that their organizations should be very involved in health equity (PH WINS, 2017)
- 56.7% of Gen Xers and 56.2% of Baby Boomers say their organizations should be very involved in health equity
Recommendations: Invest in Young People

• Mentor young people
• Create pathways of advancement
• Engage young people in your cross-sector partnership and advocacy
• Encourage young people to connect with diverse moral foundations, rather than value signaling
• Offer opportunities for leadership
• Offer opportunities to contribute to health equity
• Consider the workplace culture and flexibility to change
Contact Information

Lizzie Corcoran
lizcorcoran81@gmail.com
@LizzieCorcoran2

Colleen Healy Boufides
chealyboufides@networkforphl.org
@CHealyBoufides
Becoming Better Messengers: Millennials, Health Equity & Our Public Health Advantage

Kimberlydawn Wisdom, MD, MS
Senior Vice President of Community Health & Equity, Chief Wellness & Diversity Officer
Henry Ford Health System
Michigan’s First Surgeon General
Appointed by President Obama to the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health
Appointed by Sec. Alex Azar to Advisory Group on Minority Health
The Reproductive Well-Being Narrative

As Seen Through a
Moral Foundations Theory Lens
Reproductive well-being means that all people have the information, services and support they need to have control over their bodies and to make their own decisions related to sexuality and reproduction throughout their lives.
Narrative Pillars

To advance the narrative, all messages, stories and experiences must align with and convey these **four pillars** – the conditions that need to be in place to create reproductive well-being.
Narrative Pillar #1 - Respect

• People are seen, heard and understood by their provider, family and society.

• They are trusted to be able to make the decision that is best for them.

• Their unique experiences, beliefs, and cultures, as well as the complexity of their decisions, are respected.
Narrative Pillar #2 - Autonomy

• Decision-making power sits with the individual.

• Providers prioritize shared decision-making, even when a patient’s decision may feel counter to their training or beliefs, or when the system they work in makes that difficult.
Narrative Pillar #3 - Control

• People receive the full range of information and have the ability to make informed decisions.

• No one else decides what information is most relevant or limits their options.

• People can build a family, or not, in whatever way works for them.
Narrative Pillar #4 – System of Support

• Systems of support – from education to law to health and beyond – are built and aligned to support reproductive well-being.

• Systems of support work together to make reproductive well-being an expected part of well-being and life.
Kimberlydawn Wisdom MD, MS
Sr. Vice President of Community Health &
Equity and Chief Wellness & Diversity Officer
Henry Ford Health System

Twitter: @DoctorWisdomMD