

The Public Health Advantage: Crafting Richer Messages & Becoming Better Messengers

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Introduction & Background

Scott Burris



These Ideas Have Emerged from Ongoing Collaboration









Robert Wood Johnson Foundation



Center for Public Health Law Research





Healthy Policy Is a Team Effort



The 5 Essential Public Health Law Services



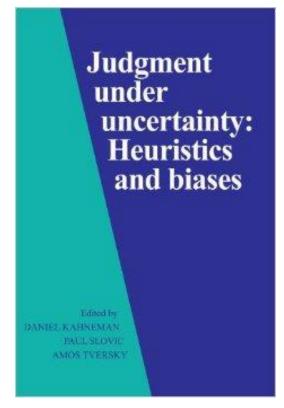
Help Engaging Communities and Building Political Will Support for Enforcing and Defending Legal Solutions

CRAFTING RICHER MESSAGES



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 <u>using shortcuts</u> of which we are not consciously aware
- These cognitive processes are necessary, amazing – and conducive to <u>bias and</u> <u>error</u>



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



Science: "You Can't Trust Your Brain"

System 1

Automatic

Unconscious

Deploys heuristics

→ biases*

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

System 2

Lazy

Unconscious of System

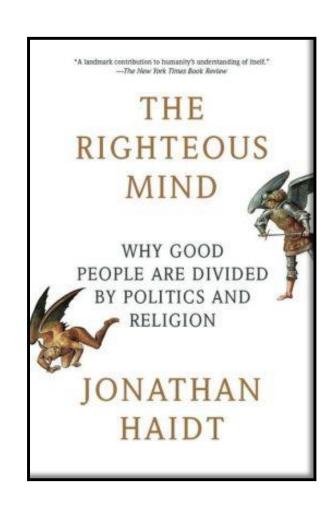
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Rational, but trusts
System 1's input



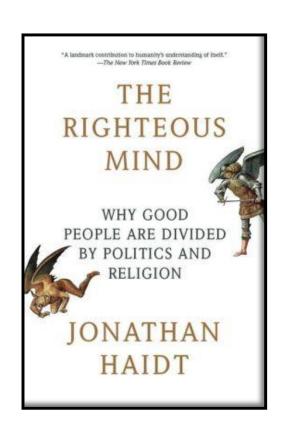
There's a lot of new thinking about the old art of persuasion

- Those same unconscious, intuitive processes apply to our values and political beliefs
- Our opinions signal and reinforce group membership
- We've made up our minds before we know it
- Our reason serves our intuition





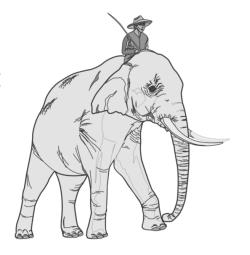
System 1 and 2 in Morality



Intuitions come first, strategic reasoning second

90% = Intuitive Elephant

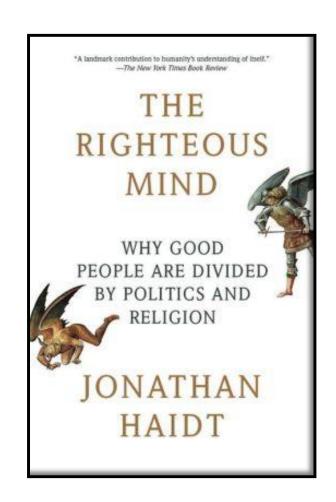
10% = Rational Brain





Social Evolution/ Group Selection

- People depended on groups for survival and vice versa
- Groups needed people who
 - Cared about the children
 - Obeyed good leaders but stood up to bullies
 - Put the group interest ahead of their own
 - Heeded the taboos that signaled physical or social risk





Moral Foundations Theory: A Public Health Approach

Gene Matthews



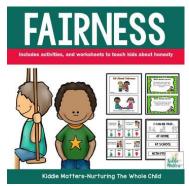
Adapted from: Haidt, *The Righteous Mind*, Vintage Books (2012)



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"



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



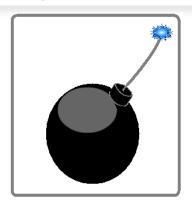


- 4. Loyalty/Betrayal
- -Personal Trust, Group Identity,
- -Social isolation who betray



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





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





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."



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."

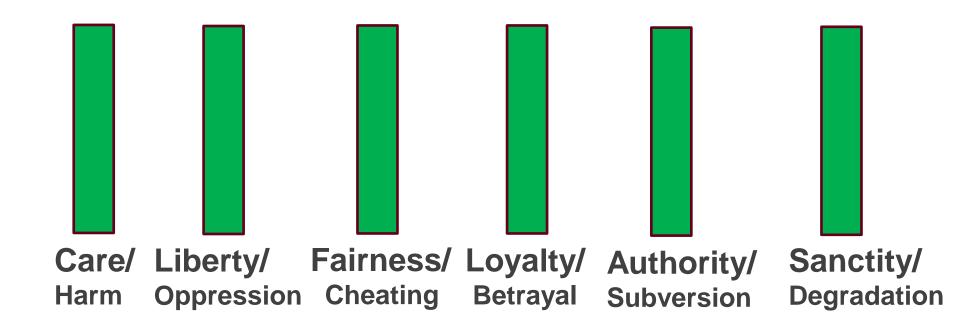
"Mandatory vaccination is a conspiracy to make doctors and Big Pharma rich."

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."

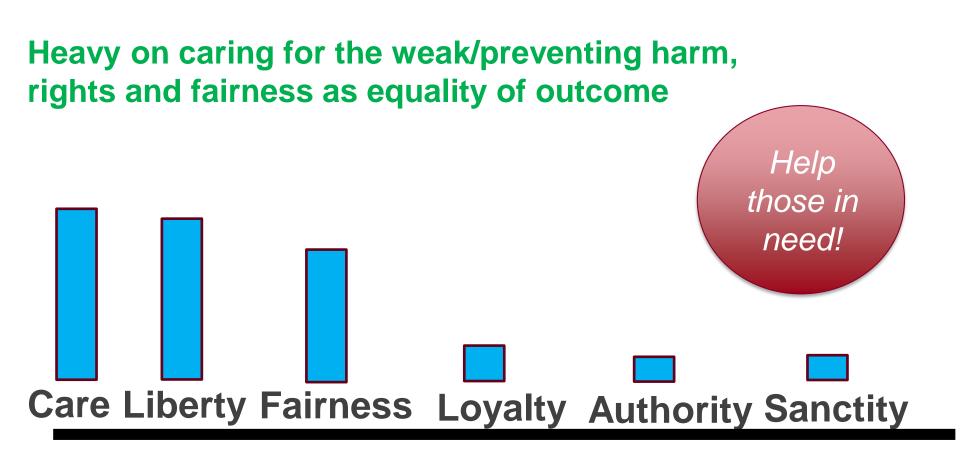


Haidt Looked at the Distribution of Foundations in America





The Liberal Moral Matrix





The Conservative Matrix

Includes care, liberty and fairness (as equality of opportunity), but even more on the "institutional" values of loyalty, authority and sanctity.

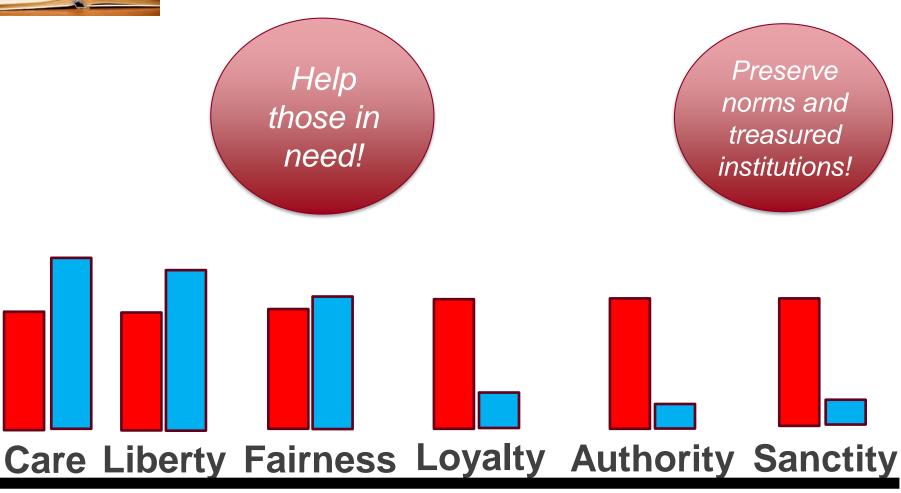
> Help those in need!

Preserve norms and treasured institutions!

Care Liberty Fairness Loyalty Authority Sanctity



"The Conservative Advantage"





Thanksgiving Dinner Explained





Public Health Tends to Speak the Moral Language of Liberals

Science

- When we take our evidence and expertise into the <u>political realm</u> to change law and policy, we invoke
 - Care/Harm
 - "lives saved"
 - "harm prevented"
 - "costs avoided"
- When challenged, we fall back on authority



Key Dimensions for Starting the Persuasive Public Health Conversation

- > Use of the full range of moral intuitions
 - Bring <u>loyalty</u> and <u>sanctity</u> forward
 - Rely less reflexively on care and authority
- > Control inherent self-righteousness
- > Empathy for our targets and opponents
- >PERSONAL RELATIONSHIPS MATTER
 - -- Social ties, norms and settings calm elephants
 - -- Familiarity builds trust



New MFT Research in PH



<u>Liberty and Sanctity (Purity) are significantly associated with Vaccination Hesitancy</u>

Sanctity (Purity) → "Boost your child's natural defenses against disease! Keep your child pure of infections— Vaccinate!"

Liberty → "Take personal control of your child's health!

Vaccinations can help your child and others be free to live a happy and healthy life."

Amin et al, **Association of moral values with vaccine hesitancy**, *Nature Human Behaviour* 1, 873–880 (2017)

https://www.nature.com/articles/s41562-017-0256-5



Public Health Resonates With All Six MFT Values

Community Coalitions

"The Public Health Advantage"

Loyalty The heart of Public Health is Community Coalition Building

Authority >> PH is a police power doctrine (quarantine, food inspection, etc.)

Sanctity The Nobility of Public Health: When others are running away from the fire, PH runs toward Ebola



The Network for Public Health Law "The Public Health Advantage"

Coalition

Building

Public health has the breadth of moral values and can use them in a way:

> People all across the political spectrum can feel safe engaging in relationships with us to improve their communities





The Network for Public Health Law A Window May Be Opening...



...For A Return To Civil Discourse Within Our Local Communities!

BECOMING A BETTER MESSENGER:

THE PUBLIC HEALTH ADVANTAGE

Scott Burris

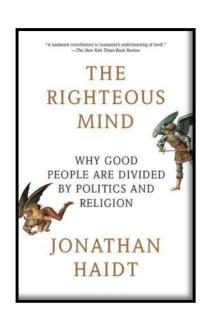


Key Points So Far

- We humans have a rich set of moral values, though we may not "use" them all.
- "Morality binds and blinds"
 - We all share these values, and we need them to be cohesive and interdependent
 - We can get fanatical about them
- Argument is not persuasion elephants don't change under pressure
 - We have to calm own the elephant before we can get the rider to actually engage



Haidt's First Lesson

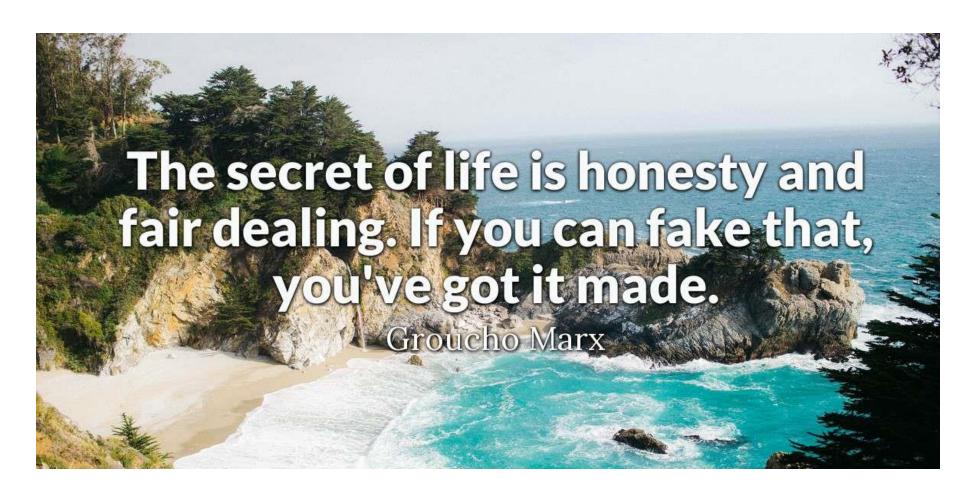


Learn to speak more moral languages

Better messages in public health

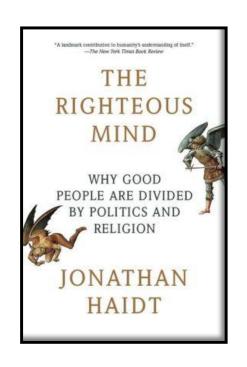


But there's a deeper point





The Formula



Learn to speak more moral languages

Empathic, respectful relationships

Better
PERSUASION
in public
health

Six Foundational Intuitive Moral Values



Going Deeper

- Public health is a long game the vaccination game has been playing out in political battles for 3 centuries
- Our greatest power is being right
- Persuasion is maybe ten percent framing and 90 percent relationships of trust
- We can devise better messages, but the bigger question is how we become better messengers for the right message



Who we are What we know, and What we are trying to do



- We are passionately committed to the public's health;
 - This is preventing harm, sure, and
 - We work for everyone equity, but also
 - We love the communities we serve ours is a sacred calling
 - We will stick with our communities— we are in this for the long haul



- We aspire to point the way towards healthier people and places, which we define through a dogged but humble reliance on science
 - We are skeptical: we try to see and adapt to facts, and to distinguish facts from values
 - We bind ourselves to the authority of science – it is always our guide and never our cudgel

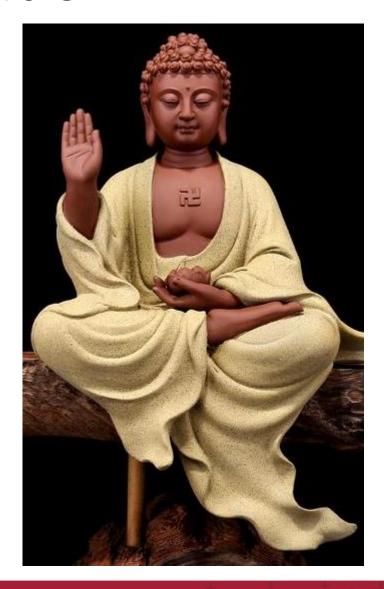


- We lead through service
 - We provide the best information we can, and offer our best judgments about what it means
 - We do our best to persuade but we respect the democratic process and different values
 - We are stewards and advocates of long-term visions, of strategies that let people learn and adapt on their own schedule, on working with communities to support learning and change.



Virtue

- The public health advantage counts on skills but is ultimately about virtues
 - Humility
 - Rationality
 - Charity in every aspect of work, from how we point the way to the ways we choose to point to





HEALTH JUSTICE:

Empowering Public Health and Advancing Health Equity

Millennials: New Messengers for Public Health

Lizzie Corcoran Colleen Healy Boufides





Questions to Answer

- 1. Who are Millennials and how are they different?
- 2. Who are the Millennials in the public health workforce?
- 3. What do Millennials have to contribute to the Public Health Advantage and richer public health messages?
- 4. What is needed to assist Millennials to serve as new public health messengers?
- 5. What are the methods for sharing public health messages and promoting dialogue?
- 6. What are the take-aways for people that work with Millennials?

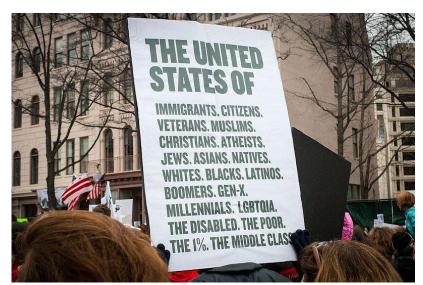


1. Who are Millennials?

- Born between 1980 and 2000 (currently ages 18-38)
- Most diverse generation 44% identify as minorities (Brookings, 2018)

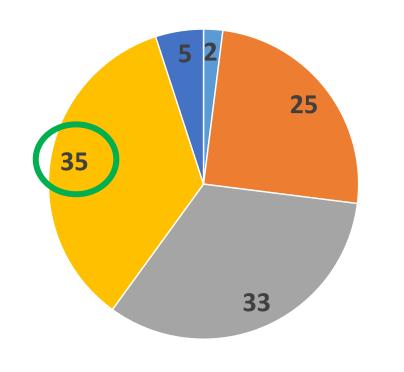
Most educated generation (Pew,

2015)



Why talk about Millennials?

Workforce - by Generation (2015)



■ Silents
■ Boomers
■ Gen Xers
■ Millennials
■ Post-Millennials

Source: adapted from Pew Research Center, 2018

Millennial Trend #1: Cause-driven "Cause not loyalty drives engagement." (Millennial Impact Report 2016)

Millennial Trend #2: Identity-focused → Preference for "virtue signaling" over communicating and connecting.

(See Bartholomew, 2015)

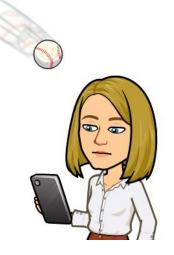


How are we different?



At Work

- Less hierarchical
- Loyalty to cause
- Nontraditional
- Self pressure and expectations



In Communication

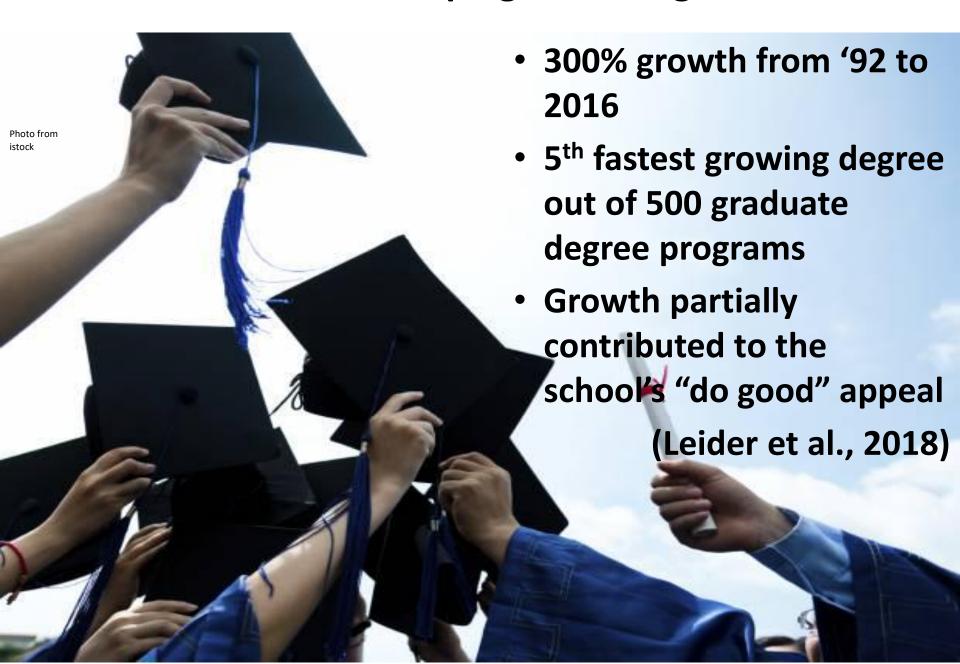
- Technology and social media
- More communicative, less connective
- Image conscious, identity focused

2. Who are Millennials in Public Health?





Trends Shaping the Young Workforce









New Trends in Public Health Schools



"Monoculture" as a Side Effect

 "The academic world in the social sciences is a monoculture those fields seem to be really hostile and rejecting toward people who aren't devoted to social justice." Jonathan Haidt

We risk the creation of a insular bubble

Graduates may not be able to speak all 6 moral foundations

Reinforces Millennial inclination to care about our images and identities

3. What Can Millennials Contribute to Richer Public Health Messaging?









Online Advantage





- Tech savvy
- Amplification of messages using social media



4. What is needed to assist Millennials to serve as new public health messengers?



Asset

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 \neq Image]

Building identity around the shared cause of public health.





5. What are the methods for sharing public health messages and promoting dialogue?





"Signaling" at

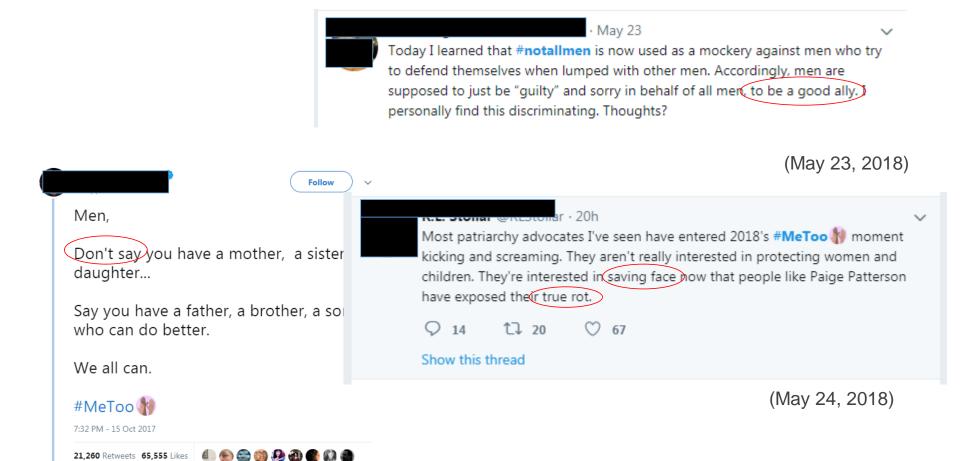
"Communicating" to

"Connecting" with



Signaling or Communicating?

1 21K ♥ 66K



Public Health as a Cause prioritizes results over righteousness.

- Strives to find common ground and <u>embrace shared</u>
 <u>values</u> rather than emphasizing difference.
- Might accept the most effective or achievable intervention, without demanding loyalty to the same cause.
- Assumes the person I am talking to (in person or online) is potentially my most valuable partner... and is as smart and virtuous as I am.





6. What are the take-aways for people that work with Millennials?



Public Health Practice:

1.0 – Scientific Advancement

2.0 – Standardization, Professionalization

3.0 –Chief Health Strategist

Public Health Law:

PH Authority (Police Powers)

Public Health
Laws
(Change Conditions & Defaults)

5EPHLS (Transdisciplinary & SDOH)

Public Health Why:

Public Service

Strategic Approach Cause (→ the PH Advantage)



Millennials are prepared and committed to working here.

Millennials are an Asset to the Public Health Advantage

Mentoring Millennials to be Cause-Leaders

 Create space, incentive, & opportunity for creativity & innovative partnerships

 Pass on institutional knowledge, prepare to lead, create upwardly mobile career paths

Leveraging Millennials as Messengers

 Use social media to amplify cause-driven (rather than image-driven) messages

Recognize opportunities to connect rather than differentiate, via social media & in person

References

Matthews G, Burris S, Ledford SL, Gunderson G., Baker E. *Crafting Richer Public Health Messages for A Turbulent Political Environment*. J Public Health Manag Pract. 2017;23(4):420-423.

Matthews G, Burris S, Ledford SL, Baker E. Advocacy for leaders: crafting richer stories for public health. J Public Health Manag Pract. 2016;22(3):311-315

Frye R. Millennials are the largest generation in the U.S. labor force. Pew Research Center. http://www.pewresearch.org/fact-tank/2018/04/11/millennials-largest-generation-us-labor-force/. Published Apr. 11, 2018. Accessed Aug. 13, 2018.

Pew Research Center. Millennials on Track to be the Most Educated Generation to Date. http://www.pewresearch.org/fact-tank/2018/03/16/how-millennials-compare-with-their-grandparents/ft millennials-education 031715/. Published Mar. 17, 2015. Accessed Oct. 3, 2018.

Pew Research Center. The Whys and Hows of Generations Research. http://assets.pewresearch.org/wp-content/uploads/sites/5/2015/09/09-3-2015-Generations-explainer-release.pdf. Published Sep. 2015. Accessed Aug. 21, 2018.

Yeager VA, Beitsch LM, Hasbrouck L. A Mismatch Between the Educational Pipeline and Public Health Workforce: Can It Be Reconciled? Public Health Rep. 2016;131(3):507-509.

Sellers K, Leider JP, Harper E, Castrucci B, Bharthapudi K, Liss-Levinson R, Jarris PE, and Hunter EL. The Public Health Workforce Interests and Needs Survey: The First National Survey of State Health Agency Employees. J. Public Health Manag Pract. 2015;21:S13-S27.

Enli GS, Thumin N. Socializing and Self-Representation online: Exploring Facebook. Observatorio J. 2012;6(1):087-105.

Bennett WL. The Personalization of Politics: Political Identity, Social Media, and Changing Patterns of Participation. Annals Amer. Academy Polit. Soc. Sci. 2012;644:20-39.

Bartholomew J. The awful rise of 'virtue signalling.' The Spectator. https://www.spectator.co.uk/2015/04/hating-the-daily-mail-is-a-substitute-for-doing-good/. Published Apr. 18, 2015. Accessed Aug. 13, 2018.

Blok A. The Narcissism of Minor Differences. European J Socal Theory. 1998;1(1)33-56 (citing P. Bourdieu. Distinction. A Social Critique of the Judgment of Taste. Trans. Richard Nice.London: Routledge, 1984).

The 2016 Millennial Impact Report—Final Report. http://www.themillennialimpact.com/past-research. Accessed Aug. 13, 2018.

Kinder DR, Kalmoe, NP. Neither Liberal nor Conservative: Ideological Innocence of the American Public. Chicago, IL: The University of Chicago Press; 2017.

Leider JP et al. Trends in the Conferral of Graduate Public Health Degrees: A Triangulated Approach. *Public Health Reports.* 2018; XX(X) 1-9, https://doi.org/10.1177/0033354918791542.

Twenge, J.M., Honeycutt, N., Prislin, R., Sherman, R.A. (2016). More Polarized but More Independent: Political Party Identification and Ideological Self-Categorization Among U.S. Adults, College Students, and Late Adolescents, 1970-2015, *Personality and Social Psychology Bulletin*, Vol. 42(10) 1364–1383.

Haidt, J. (2012). The Righteous Mind: Why Good People are Divided by Politics and Religion. New York, NY: Pantheon Books.



Benediction

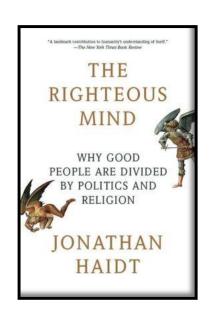
My counsel to our beloved field of public health is to NOT stop talking about facts, analytics, determinants, vectors, patterns and predictors.

But we must ALSO talk about our crazy love for the people—the public.





Thank You



Learn to speak more moral languages

Empathic, respectful relationships

Better
PERSUASION
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Six Foundational Intuitive Moral Values