

I Hear You: Seeking Population Health Common Ground

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🔗 See also *Building Common Ground*, pp. 1093–1115.

Listening for common ground requires suspension of assumptions and openness to diverse ideas. One of us (D. K.) wrote in 2015: “I refuse to join, however, with many people on both the left and the right of the political spectrum who claim that the same ideological differences that poison our efforts on hot-button issues . . . also must block efforts to improve population health.”^{1(p24)} Although written eight years ago in the article “Can There Be Political Common Ground for Improving Population Health?” the state of political and ideological differences in America (and indeed the world) has reached greater levels that threaten progress in many domains. It is one thing to “refuse to join”; it is another to achieve meaningful common ground. Savage articulates principles of building common ground from “frustration to friendship” in an individual office.² In a different vein, *AJPH* is providing needed leadership to explore the opportunities and challenges for building common ground in public health and population health policy.

What is common ground? It occurs when two people or groups “agree about something, especially when they do not agree about other things” (<https://bit.ly/3scGzgi>). Easy to say,

difficult to do. We list here a dozen principles or considerations that may be helpful in fostering such agreement in the field:

1. Start with understanding people as people—what is most important to them (e.g., values, families of origin,³ and important milestones). Elicit narratives and life experiences that are “their ground.” Look for things you have in common. For example, an elected Democrat, Jared Mead, and an elected Republican, Nate Nehring, on the Snohomish County Council in Washington State recently began hosting events in their community—“Building Bridges”—for meaningful dialogue. “After we all shared a bit about our family histories and where our kids are going to school, it naturally became much more difficult to demonize one another.” These two politicians believe that “. . . being open to honest conversations on tough subjects can go a long way in arriving at common ground,” and they have worked together on public health issues such as housing, the environment, and early childhood education.⁴
2. Act with good intentions. Listen without judgment to different viewpoints. Engage with curiosity, ask honest questions, and be humble.^{3,5} At the 2022 American Public Health Association Annual Meeting opening session, Loretta J. Ross said, “call in” people versus “call out” in an aggressive hostile manner as we have seen in our public sphere. “Calling in is holding people accountable, but you use love and respect, not because of who they are, but because of who you are. Love and respect needs to be our public health strategy.”⁶ Through the Center for Prevention and Study of Violence, part of the Institute of Behavioral Science at the University of Colorado Boulder, the Gun Shop Project (in other states as well) calls in gun shop retailers in the fight against suicides with education and resources. Framing, messaging, trust, and honesty are critically important for this common ground. With a Centers for Disease Control and Prevention grant, University of Colorado Boulder researchers are evaluating the project.^{7,8}
3. Create safe places to discuss perspectives. One approach is “public deliberation” when the issues are complex, and understanding perspective disagreements among the public is valuable to health policymakers.⁹ Researchers, for example when using public deliberation during the early stages of COVID-19 vaccinations, noted that “These circumstances commonly involve priority setting for programs and initiatives where resources are scarce and there are competing

values and obligations.”^{10(p87)}

Erika Blacksher and colleagues, with funding from County Health Rankings and Roadmaps, a program of the Robert Wood Johnson Foundation, are exploring the creation of a toolkit for deliberative dialogue and decision-making. Can structured dialogue “disrupt everyday reasoning habits, short-circuit stereotypes, and cultivate population health dialogues that are more curious, inclusive, and characterized by mutual concern and trust” (<https://bit.ly/3OMWHMj>)?

4. “Exit the echo chamber.”^{5(p158)} In the chapter with this title in *I Think You’re Wrong (But I’m Listening)*, Holland and Silvers describe actions to challenge confirmation bias. For example, read three articles from news sources that are not your typical source. Go to coffee with someone and explore how and why they voted differently. Draw an “empathy map” for someone in another political party (e.g., What do they think and feel? What do they hear? What do they see? What do they say and do? What pain and needs do they have?^{5(p171)}). “Empathy does not equal endorsement”^{5(p113)}; it is for understanding the other side and for better understanding ourselves.
5. Do not describe solutions as an initial step. Rachel Block from Milbank Memorial Fund in a conversation (January 4, 2023) recommends to first create a common way to describe a problem. Faithful Families Thriving Communities (Faithful Families; <https://faithfulfamilies.com>), initially a partnership for faith-based communities between the North

Carolina Division of Public Health and North Carolina State Extension, focused on obesity but quickly learned to listen to the priorities of faith communities and understand their perspectives and assets—not just seeing these communities as dissemination points for health promotion. Over time, the initiative grew the capacity of lay leaders to address health policies and disparities with more local and national partnerships across public health, practitioners, and researchers. Faithful Families works to share power through a collaborative process of including others in decisions that affect the program. Going forward, a significant challenge is sustaining this engagement beyond a “program” implementation.¹¹

6. Understand the moral foundations of opponents to your policy proposal. Jonathan Haidt identifies that while both liberals and conservatives share values like caring, liberty, and fairness, conservatives also tend to embrace others like loyalty, authority, and sanctity,¹² and says this breadth is a conservative advantage. Public health, which is typically liberal leaning, can expand its approach to achieve public health goals. An example is the North Carolina Harm Reduction Coalition advocating for a needle exchange program in the devastating opioid and heroin epidemic. The Coalition worked with public health, the substance abuse recovery community, legislators, medical professionals, law enforcement, and others to create a moral foundation that

would resonate in this politically divided state. “Conservative lawmakers were able to adhere to their traditional stance of being tough on crime and of having an aversion to degradation of the human body, both significant moral foundations in conservative communities. The advocacy process focused on preserving the values of sound economics, respect for law (*Authority*), and moral traditions of compassion for families within their communities (*Care, Loyalty, and Sanctity*).”^{13(p422)} Subsequently, a 2016 authorization for sterile needle exchange programs was created in North Carolina.¹³

7. Explore messaging for your proposal that addresses others’ values, even if you are not likely to change these core values or moral foundations. Gollust et al. show that messages highlighting the negative impact of childhood obesity on military readiness “increased conservatives’ perceptions that nonindividual actors (the government, food and beverage companies, and schools) bear responsibility for addressing obesity, and increased their support for policy action.”^{14(p.e101)} However, the authors caution that novel messages should be tested to avoid backlash or further stigmatization in this case of obese individuals.
8. Carefully consider the fairness foundation when addressing equity. Haidt argues that fairness is shared by both political ideologies, but he points out a nuance about this value domain: “Everyone cares about fairness, but there are two major kinds. On the left, fairness often implies equality, but on the right it means

proportionality—people should be rewarded in proportion to what they contribute, even if that guarantees unequal outcomes.”^{12(p160–161)} Finding common ground or at the least recognizing the ideological differences regarding fairness may be one of the toughest challenges in improving health equity. A recent example is a major issue in the debt ceiling talks regarding work requirements for certain Supplemental Nutrition Assistance Program recipients. Common ground was found when Republicans proposed increasing the age requirement, but Democrats responded by exempting veterans and homeless persons, allowing the overall bill to progress.

However, this common ground will leave some persons without benefits. As Jones points out, “For the people directly affected, the culture war is a real war too. They know there is no safety in the in-between. The romance of the middle can exist when one’s empathy is aligned with the people expressing opinions on policy or culture rather than with those who will be affected by these policies or cultural norms” (<https://bit.ly/3YADoZR>).

9. Explore opportunities in crises to build common ground. For example, although the Dakota Access Pipeline strained relationships between North Dakota and the Standing Rock Sioux Tribe, both sides in 2020 were worried about the emerging coronavirus. North Dakota state, North Dakota Department of Health, and the tribe through the North Dakota Indian Commission worked together on mobile testing on the reservation.¹⁵ Messages from

joint trusted sources of the North Dakota Indian Commission and the University of North Dakota School of Medicine and Health Sciences provided clear public health approaches for tribes.¹⁶

One former North Dakota health official (M. Tufte, e-mail communication, May 26, 2023) said this work was healing for relationships.

10. Look for uncommon allies. The Colorado School of Public Health hosted a candid panel in 2023 on “National Security and the Impact on Public Health” with military leaders to explore national security issues and threats, especially political extremism “. . . which certainly spill over into public health—in obvious and sometimes not so obvious ways.” Protecting our communities from diseases such as COVID-19 can intersect with strategies to protect against “political and ideological contagions that threaten the social fabric.” One panel member said, “We want to take the sense of meaning that individuals may find in extremism and put it back into something positive.” Public health assessments and best practices are ways to interact and support veterans in a holistic manner—especially those who struggle after leaving the military. With allies of the military and the Veterans Administration, the three areas of public health to address are prevention, education, and rehabilitation. Another topic discussed was assisting refugee communities and the distinct roles of the military and public health. A Canadian military official highlighted the benefits of finding the intersection of national security

and public health: “Great minds don’t think alike . . . They challenge each other to think again.”¹⁷

11. Identify the power player(s) and what is important to them. Who leads on the issue, what is needed for their perseverance, and what are the underlying power dynamics that impact the final common ground according to former public health nurse, now–North Carolina Senator Gale Adcock (D-NC; oral and e-mail communication, May 30 and June 6, 2023)? For example, North Carolina Governor Roy Cooper (D-NC) kept Medicaid expansion “on the table,” (Gale Adcock; oral and e-mail communication, May 30 and June 6, 2023) vetoing the 2019–2020 budget bill that did not include expansion. North Carolina Senate President Pro-Tempore Phil Berger (R-NC), who had long opposed Medicaid expansion, signaled a change in his perspective in 2022 because of these factors: the federal government not reneging (over the previous decade) on its commitment to cover 90% of expansion costs, North Carolina’s ability to fund the other 10% through assessments on hospitals and Medicaid managed care companies, the change from fee-for-service to more cost-predictable managed care, rural hospital closures and financial instability, and public support for expansion. A “sign-on” bonus from the federal government of approximately 1.8 billion dollars was an economic tipping point. To bring his colleagues and constituents along, Senator Berger publicly explained how his thinking had evolved.^{18–20}

12. Expect discomfort but do not create disdain or contempt.³ Getting outside of your comfort zone will be uncomfortable; however, being challenged will sharpen skills and increase awareness of how to relate to others with different perspectives. Nonetheless, if the situation becomes toxic and traumatizing, there is a time to walk away.^{3,21}

These principles and considerations, however, are not a recipe for success, and there may be others to add. Nonetheless, there is some caution about serious risks across polarized divides—Read lists three: “(1) masking important differences between oneself and a polarized opponent, thereby inhibiting efforts to respond appropriately to such differences; (2) submitting oneself to undue (physical, cognitive, and emotional) harms; and (3) exacerbating intergroup hostility and antagonism when finding common ground across one group divide negatively highlights differences across another.” She does say in some circumstances that there can be value in exploring common ground, which may mitigate harmful relationships by surfacing points of shared concern or common goals, even if the initial disagreement discussion does not lead to common ground (<https://bit.ly/4415PRN>). The opinion editorial “The Potential and Challenges for Common Ground on Abortion” by one of us (S. M.) explores such an approach with disagreements (<https://bit.ly/443tlh7>).

Despite these warnings, the intolerance building in our society is not a good recipe for a democracy, particularly as evident on college campuses and recently in the House of Representatives. However, for leaders in public health and population health, these 12 principles or

considerations, and the other ideas in this issue, may help produce meaningful and substantial common ground in the coming decade. **AJPH**

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