

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

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>> This is In Solidarity, a podcast where we draw connections between power, place, and health and discuss how our lives, our fates, are all interconnected. Here are your hosts, Ericka Burroughs-Girardi and Beth Silver.

>> Hello and welcome to In Solidarity. I'm Beth Silver, here with my co-host, Ericka Burroughs-Girardi. How are you today, Ericka?

>> Beth, I'm excited for our final episode in this series on civic health.

>> We're rounding out the series, Ericka, with two more guests. They'll be sharing the connection between civic health and power, and how we can bring people together to work towards solutions. Once again, this is In Solidarity, a podcast from County Health Rankings and Roadmaps, a national program of the University of Wisconsin Population Health Institute, with support from the Robert Wood Johnson Foundation.

>> County Health Rankings and Roadmaps recently released a report on civic health, or the opportunities we have to participate and use our voices to shape our communities. In this series, we've been exploring how people and places thrive when everyone has a chance to participate.

>> In the first episode, we introduced the concept of civic health. We talked to Dr. Julia Kaufman and Dawn Hunter, who helped us understand that civic health is about more than voting. It's about making sure that our communities have the infrastructure in place to make participation possible. That means providing community spaces such as libraries and well-funded schools. It means teaching civic education in those schools, and it requires policies and systems that make it possible for everyone to have a say.

>> Exactly, Beth. We also talked about how communities tend to be healthier when they have a solid infrastructure and better participation, such as higher voter turnout.

>> Daniel Dawes and Dr. Peniel Joseph expanded on this in our second episode. We learned how policies and other tools of democracy have shaped civic health throughout history. Daniel introduced what he calls the political determinants of health. That's a framework that hopes us understand the causes behind the causes. Things like the systematic processes of structuring relationships, distributing resources, and administering power.

>> And Dr. Joseph reminded us that we can understand why things are the way they are today if we look to history. He also gave us examples that show that when we work together, stand in solidarity with each other, we can make the most progress toward equity.

>> And in our third episode, we spoke with Jeanne Ayers and Aliya Bhatia about public health and healthcare's role in improving civic health. Jeanne and Aliya talked about the importance of an inclusive democracy for health. Public health has a role to play because, as Jeanne said, health is always on the ballot. Aleah described how Vot-ER is working with healthcare providers to help their patients to register to vote. We've had so many engaging conversations in this series. Today we're wrapping up with two more guests, to discuss opportunities for people to participate in their communities and eventually to reach health equity.

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>> Our first guest is Solange Gould. She's the co-director of Human Impact Partners. It's an organization that's working to build collective power and center equity in the public health field.

>> Next, we're joined by Dr. Erika Blacksher. She's the John B. Francis Chair in Bioethics, and a research professor at the University of Kansas Medical Center. Dr. Blacksher studies health inequalities and the role of democratic deliberation in civic life. So let's get it started with our interview with Solange Gould.

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>> Hi Solange. Thank you for being here today.

>> Hi Ericka. I'm so happy to be here. Thanks for having me.

>> Sure! You know, for those in our audience who aren't familiar, can you tell us a little bit about what Human Impact Partners does?

>> Yes. So Human Impact Partners is a national non-profit, and we work to transform the field of public health to center equity and build collective power with social justice movements. And we do that through organizing, advocacy, capacity-building, action-oriented research, and narrative change to confront the root causes of health inequities. And when HIP started, the social determinants of health idea was just taking hold. And HIP was trying to operationalize that through health impact assessment, and so HIP would partner with community organizations who were working to achieve their campaign goals. And the idea was to bring public health evidence to non-health decisions. And HIP co-directors at that time, Jonathan Heller and Lili Farhang realized that after three or four years, that giving decision-makers evidence was really not enough. And so they started to look at power and how power operates. And they really saw that power at the systems, organizational, and interpersonal levels was stopping the changes we wanted to see. And they saw how systems of oppression like racism are used to maintain current power structures. And so we have spent a lot of time developing, experimenting with, and evolving a theory of change about power, who has power, how to influence power, and how to use it to make change? And we see the root causes of health inequities as systems of advantage and oppression, like racism, and unjust power imbalances that then create and manifest inequities across a range of living conditions or what we public health people call social determinants of health. And specifically, HIP focuses on economic security and worker health and safety, causing justice, criminal, legal system changes and community safety, immigration, and more recently climate justice. And so we're now an organization that believes that partnering with social justice movements is the primary way to achieve these changes. And so a lot of our work is about bridging social justice movements to social health practitioners and organizations. And so we're trying to make the road as they say by saying public health, if you want to chart a course to end racism and inequities in social determinants, then we need to develop skills to both hold power accountable and to proactively use all the funds of power with all the actors in the equity ecosystem.

>> Well, thank you for that introduction. You said that Human Impact Partners work centers around health equity, ending oppression, and building collective power. I want to dig into that a little bit more, because the opportunities we have to be civilly engaged are ultimately about power. So can you draw the connections for us between civic health, oppression, and power?

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>> Yes. There are so many connections between those. And they're really laid out in HIP's theory of change that I just talked about, which is that the root causes of inequities are two mutually reinforcing forces, which is the unequal distribution of power between communities and different forms of structural advantage and oppression: racism, classism, heterosexism, et cetera. And that these two forces then pattern and create inequities in the social determinants of health. And civic health is more and more being elevated as a very, very important social determinant of health. And so our field of public health has really been grappling with how to work on the social determinants of health. And that's very, very important. It's been a conversation over the last 10 years that has really advanced, which we're happy to see. But public health interpretation of the concept focuses on the conditions that people live in, rather than how those conditions came about. And focusing on how those conditions came about would really enable the field of health, healthcare and public health, to see power imbalances, and structural oppression as the root causes. But most health workers and health organizations don't know what to do about that. And so we've been supporting that field, our field, to go further and to investigate what's creating and perpetuating these enduring inequities and how they operate and specifically how we can eliminate them. And so what you see is people in power pushing back against policy and systems change efforts. And we see inequities in every measure of health and social determinants, including very unequal access to civic infrastructure and civic participation. And that's something we can see very clearly in things like voting access. And so I want to talk a little bit about the fact that our goal is racial justice. As a field, we've started to center racial justice as a goal, which is a really important goal for our field to set. And so we talk about racial justice as an outcome and as a process. And so in terms of civic health, really racial justice will be achieved when one's racial or ethnic identity no longer systematically exposes them to risks or grants them privileges with regard to socioeconomic and life outcomes. And so it's when people who need resources the most are prioritized to receive those resources like civic infrastructure and civic participation. And as a process, racial justice is when those most impacted by historic and current structural inequities are leading and shaping and meaningfully engaged in systems change efforts. And this is also very much foundationally about civic participation and racial justice in civic participation. But even going further, it's about community power-building.

>> Yes.

>> So I want to get down a little bit deeper and talk about power and unpack that a little bit. But first I want to talk about the -- very to clearly say when it comes to the systemic health, that racism has been codified in our systems that determine civic health for decades. And so even if a law was passed 100 years ago, it still has consequences to this day. And so racism has been a consistent powerful force in shaping civic participation since the beginning of this country.

>> Solange, I'm so glad you said that, because I want to ask, how do power and oppression end up having such significant health impacts? And what's the solution to this?

>> Yes. That's such a great question. I think it's first important to understand a little bit more about why power and civic health are so interrelated. And I want to say that we love the definition of power from Dr. King. He said, Power is the ability to achieve a purpose whether or not it is good or harmful, depends on the purpose. And so that's really important to highlight that power is not good or bad. A lot of people, especially in our field, think power is only bad. That it means the power over, that it's used to oppress and cause harm through state and institutional violence. And that view of power is bad really gets in our way of us being able to recognize that power is a thing that is at play. It's being used at all times.

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Lately I've been saying that power's operating in everything, everywhere, all at once. And so we think it's critical for the field of public health to engage with power in order to pivot power towards communities and achieve our purpose of ending health inequities. And so what you're asking about is this idea that we know that power and oppression get under our skin and make us sick. And there's basically two pathways for how that happens. And so the first is because of the ways that these power imbalances and systems of oppression have in the environments and communities that we live in. So being able to shape your living conditions directly. Who has clean air, water, and food? Who has high-quality housing? Who has libraries, good public transit, quality education, community safety? And who gets to participate in our democratic processes like voting? And all of these things have an indirect on our health and all of these systems are patterned by structural racism. And so this show has talked about the racial wealth gap and the gender pay gap, and it's also easy to see how differences in housing and other living conditions make us sick. But there's also a good and growing body of research that shows that oppression gets into the body directly through chronic experiences of discrimination, which gets into our bodies through the biological mechanisms that accompany chronic stress. And so there's a good body of research about experiences of discrimination, chronic stress, and the weathering and aging of all of our systems in our bodies that comes with a chronic lifetime of stress, as well as genetic changes that are passed onto our children and grandchildren, which is possibly a really strong reason for the endurance of these health inequities. And so to bring it all together, back to civic health, civic health reflects the degree to which we can all participate, be active members, and have a say-so in our communities from participating in elections to local and state governance to interactions with our community. And that means having all the signals and processes of a strong democracy, including things like civic engagement, voting, community organizing unions, the various infrastructure necessary to do that, the actual places and ability to do them. And all of these determine your health and well-being. And so civic health is a reflection of in a place to use all of these forms of power. And that's also a way and a place to free ourselves from the various forms of oppression.

>> Then how do we build capacity in public health and healthcare organizations to address issues related to civic health?

>> Yes. There is so much that we in our health organizations can do to support everyone being able to participate in decisions really broadly. First of all, one of the things that we can do as health practitioners is to learn more about this and look at some of the evidence and data that's available for our community. And there's no shortage of data and tools to learn more about this. We really need to educate ourselves. You can download data at your community level to learn more. There's lots of scientific evidence supporting the relationship between voting and health, for example. And we as a field can uphold that evidence and talk about it more. Make it part of the more of the national conversation.

>> Yes, yes. You know, you've kind of touched on what I'm getting ready to ask you next. You touched on it a little bit, but what are some ways that Human Impact Partners is supporting the field of public health to take action on civic health and are there other examples that you can share?

>> Yes. So HIP has done a range of work to support civic participation and civic infrastructure. So for example, we've created a number of resources to engage the field, which you can find on our website. We've worked to protect and expand access to voting, including that resource we created in 2020, and in the early days of COVID. And then we updated for the 2022 election, which was about how health departments can help to ensure healthy voting. We've put out a range of communications regarding fair access to voting as critical for health equity, and the importance of voting

for health more broadly. You can find those on our Medium blog website. And given the continued and rapid erosion of voting rights and election processes, HIP will definitely continue engaging the help sector to uphold fair and transparent elections, and we will continue mobilizing the help sector and organizing partners before, during, and after elections to shape policies and hold government accountable. And I will say that this focus on health and democracy and civic health is really underrepresented in the health sector, given how much it determines health.

>> I want to revisit this issue of power. Because one form of power is narrative. Narrative being the values-based stories we tell to understand the world. Our organizations have been working together to strengthen narrative infrastructure across the public health field. What are we talking about when we say narrative infrastructure?

>> Yes. CHR and R and HIP have been working on building and disseminating a transformative health equity narrative and building and infrastructure with partners together across the country for the past year-and-a-half or so. And so just to sort of make sure everyone knows what I'm talking about when I say "narratives," narratives reflect and shape our values and world view, our sense of what is true, why unjust systems are the way they are, what solutions are possible, and what our future world could look like. And narratives are the meta stories that we tell to understand and interpret our realities. And so narratives inform our strategies, the culture we've set, who we partner with, the types of solutions we put forward, our movements, what we advocate for, how et cetera, you name it, a narrative is embedded in it. And so the first step in narrative work is identifying and disarming current dominant narratives. Dominant narratives eclipse other narratives and therefore have the most power to shape what is possible. They guide our thoughts and actions without us being aware of them. They hold sway when it comes to shaping public policy and resource distribution, and they're embedded in our institution structures, norms, policies, systems, laws, and culture. And I know it's been said before, but it's worth re-saying on this show, that it's been proven that narratives are more powerful than facts. And so the dominant narratives can be oppressive or toxic. And they can contribute to ongoing injustice. And it's really important to understand that dominant narratives are created. They're not naturally occurring or innate. They're actively shaped and promoted. They're often drawn from and perpetuate the values and beliefs of those in power. And so they can limit progressive change and determine the solutions that we're even considering. And transforming and shifting dominant narratives is thus a critical part of structural change.

>> What are the dominant narratives that currently influence civic health and public health?

>> I love unveiling dominant narratives. So here's a good example. An example of a dominant narrative that really shapes health inequities is the "pull yourself up by your bootstraps" narrative. And this narrative is animated by an underlying value, individualism. And it assumes and perpetuates the myth that people's health, wellbeing, and survival is their own, and solely their own, responsibility. That challenges are the result of incorrect behavior or not trying hard enough. Not buying the right things. Not making the right individual choices, et cetera. And we see this dominant narrative come through in stories about housing, education, safety, and on and on. Actually we know that we cannot individually pull ourselves up out of these structural problems, and that in fact it will take collective action. But to get there, we need transformative narratives that allow us to understand the world through interdependence and collectivism. So another dominant narrative is that the free market will solve all of our collective problems, because it's inherently efficient. That competition and scarcity is the appropriate way to judge and reward the winners versus the losers in our society. If you could see me, I'd be air-quoting. That the free market will take care of all problems and that we should freely exchange

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our health and our labor and our planet for economic growth. And it's really important to say out loud that these dominant harmful narratives center racism and white supremacy, patriarchy, and a range of other systems of supremacy, including classicism, ablism, et cetera to divide us. And that this narrative appeal to white supremacy is sometimes blatant, and sometimes coded. But it's not accidental. And the dominant narratives we're up against were created by and continue to sustain dominant power systems. And these dominant narratives have been the source of our rapid loss of civic infrastructure. So our commons, our schools, our parks, our libraries that help us stay connected and work together to build our individual and community health, instead of having more of these things and more of all the good things, instead we're seeing the continued privatization of things that were once considered common sense commons. And so there's a dominant narrative at work behind the slow disappearance of public phones and public bathrooms, the affordable housing crisis, that we don't have a decent public transportation system, the invention of school vouchers, and on and on. And we see that civic places have become important places of contestation of narrative as well, such as the book bans in libraries, and the fight against critical race theory in public schools, the defunding of public schools. That these actual civic spaces have also become spaces to disempower good, powerful civic participation.

>> So how can we use transformational narrative to strengthen civic health?

>> The good news is that this just means we have to do the work of positing an alternative, transformative narrative that offers an alternative. We need to get our narrative to be more broadly held and felt, to take hold and have resonance so that it becomes internalized and takes fire and shapes the dominant world view. This world view should signal implicit understandings of what we all deserve, what's allowable, what is government's role in protecting us. Who is worthy of health, and what we value. And so for example, what could it mean to actually have a government that is accountable, responsive, transparent, and led by communities' demands? What would it mean to have an economy that was in service of providing everyone what is needed for human and planetary well-being, and not about extraction and profit? And what would it mean to fundamentally understand our health and well-being as collective, as mutually interdependent? James Baldwin has a great quote that I love that explains this really well. He said, The world changes according to how people see it, and if you can alter it even by a millimeter, the way people look at reality, then you can change it. And I think this really encapsulates why shifting how people see and understand reality is also the root of enacting change. And so we can weave a narrative throughout our work that civic spaces and civic participation are central for health equity. That a healthy democracy and a healthy commons and a means of shaping the decisions that affect your life are essential. And that they are a critical part of the world that we are creating together. So just for example of what a narrative sounds like, a transformative narrative that's about civic health, we developed some transformative narratives about voting and health that we disseminated during the past few elections. And they sound like these types of statements that I'll make. All people are deserving of dignity, respect and social inclusion, which is affirmed by access to voting. Through voting, we improve our collective and individual health. Voting is a path to our collective liberation, to creating a world in which everyone can thrive. By voting, we shape our future together. And so you know, just to tie up this part, civic spaces are spaces for collective life, where we build social cohesion, where we interact with people who have different or shared experiences and take action together, which is all foundational to collective change work. And so we have stories about things like the Montgomery Bus boycott, a civic space that Black organizers transformed as a space for collective action against systemic racism. And now we have bus riders' unions who have taken up that mantle. Similarly we have a crisis in public or affordable housing, and we see things like tenants' unions demanding housing

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justice by reframing housing as a basic right rather than a commodity. And so we have all of these stories with powerful health equity narratives embedded in them that we can be telling more and more.

>> Solange, thank you so much for this conversation today. I appreciate your focus on transforming narratives around our nation's civic health. I think that's something that's often overlooked and so thank you for enlightening us.

>> Thank you for having me. It was fun talking to you about all this.

[Music]

>> This connection between civic health and power makes sense. Our ability to participate and use our voice to shape our community is ultimately about power. Who has it, and how it's used.

>> Right, Beth. Over the past few decades, the public health in the healthcare fields have worked to understand the conditions that create good health. Conditions such as safe and affordable housing, well-resourced schools, and the ability to earn a wage that covers basic needs. Understanding why those conditions exist in the first place starts to uncover the role of power and of power imbalances. And uncovering the causes of the causes sounds similar to the political determinants of health framework Daniel Dawes introduced us to.

>> One narrative that shapes our understanding of civic health is around personal responsibility. This narrative sounds like people just need to eat healthier. Or people need to get a job with higher pay or people need to vote. And as Solange said, the personal responsibility narrative ignores the fact that individual choices are shaped by conditions that are created by policy and people in power. You can't eat healthier food if you don't have access to a grocery store. It might be difficult to vote if there are policies that make it difficult to register and so on.

>> And we see this narrative show up in how things are being privatized; how there's a shift away from public spaces. Public parks become private clubs. Public transportation becomes building infrastructure for cars.

>> Well, Erika, our final guest is going to share how to create opportunities to participate in decision-making. Dr. Ericka Blacksher is an ethicist and engagement scientist. She's the John B. Francis Chair at the Center for Practical Bioethics and a research professor in the department of history and philosophy of medicine at the University of Kansas School of Medicine.

[Music]

>> Ericka, thank you for joining us.

>> Thank you, Erika. It's a pleasure to be with you all today.

>> You know, reading through your curriculum vitae, you have such an impressive body of work. Your research on democratic deliberation was included in a recent National Academy of Science workshop. Tell us about democratic deliberation. What it is and what does your research show?

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>> The idea's a simple one, and it's as old as democracy itself. The basic belief of deliberative democracy is that people should have meaningful opportunities to participate in important social and public questions. Behind that is the idea that our collective decisions will be better -- more sustainable, more informed, more fair -- when citizens are actively engaged in their own governance. Now over the past three decades, that idea has increasingly been subject to experimentation in the form of deliberative forums, or sometimes what's called mini-publics, that convene people with different perspectives, different backgrounds, different identities to learn and talk together in a serious and substantive way about shared challenges. To problem-solve together, and to search for collective solutions. It's been used in the United States and around the globe to gather well-informed, carefully considered input on pressing social and policy questions. Now what I've seen in the room happen -- well, more importantly, what we've seen empirically when these deliberations are formally evaluated, some of which have been randomized controlled trials, so those are not as often as sort of ad hoc evaluations, we've learned that deliberation -- that people learn. They learn new information even when that information is really complex, scientifically complex information. And that's the case regardless of a person's educational level.

>> That is --

>> Yes.

>> -- fascinating. I mean, what everything that you have said is fascinating research. And as I think about it, it actually makes sense, because when people connect with each other, that gives them the opportunity to learn and understand each other. Now we're going to talk a little bit more about connection, because I want to take a step back and I want to ask you, you know, if you could explain how you think about the connection between democratic deliberation and civic health. You kind of touched on it a little bit. But let's explore that thought a little bit more. Because I want to know how your research would indicate all of this being tied to health equity.

>> Now democratic deliberation, to my mind, connects to civic health in the sense that it creates space for and encourages a type of connecting and relating to one another that can build that trust. It demonstrates that we can face serious collective questions together in a constructive way. And I think democratic deliberation, if we could imagine it really scaled up, imagine mini-publics happening across the country on important social challenges. And we have so many. It could be, you know -- this democratic deliberation could be one piece of obviously a much bigger puzzle. Many things that need to be fixed for us to fix some of our major challenges. But I get really excited by the prospect of mini-publics happening all across the country. So how does any of this connect to health equity? Well, this might take me a minute to connect all the dots, but look, our nation's health is deteriorating. There are a lot of people hurting. There are a lot of people dying early. Certainly we saw that and are seeing that still with the COVID-19 pandemic. We're not out of it yet. We've lost more than 1 million people. But what a lot of people I think don't understand is that long before the pandemic, the nation's health was in a serious state of disrepair, by which I mean a couple of things. Our health is characterized by long-standing and sizable differences in health and longevity that track with a person's education and income. A person's racial identity. Where one lives. There's a big urban/rural divide. And there are other differences. People with lower levels of education across all races are dying in their prime years, 25 to 65. It's also the case that even better-off Americans have worse health and shorter lives than their counterparts in other high-income democracies. Researches have increasingly documented what they call the U.S. Health Disadvantage. So we all have a stake in fixing this situation. Poor health and premature death, no matter where you're situated, jeopardize, truncate your ability to do

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the things you want to do to pursue your life and your life projects. And this situation I think it's important to note, extends even beyond our the health and our personal goals. Our healthcare spending is off the rails. In 2020, we spent something like \$4 trillion. We spend more on healthcare than any other nation on the globe. It's crowding out spending on other things that we might care about. Our social needs. Poor health and health inequalities jeopardize the U.S. economy. I've heard about it jeopardizing our national security. The viability of our business communities, our employers, our military readiness. So there's something in here for everyone [laughs].

>> Yes.

>> This isn't someone else's problem. Health equity is our problem, right? And just as there's no agreement about the meaning or nature of justice, there's no agreement on the meaning of health equity. But let's pretend for a minute that it means something like fair opportunities for all to live a healthy, productive life and a normal lifespan. Americans tend to believe in some notion of fairness that has to do with fair opportunity, more so than equal outcomes, equal opportunity. So maybe that idea of health equities would mean something to many Americans. And so if that were the case, we might agree then that we need to create social conditions that enable people to lead a normal lifespan, healthier, more productive lives. And for that then, they would be able to actually have the opportunity to make healthy choices, because the social conditions would support that. And we know that Americans care a lot about personal responsibility and individual choices. But it's tough to make healthy choices when the options are just nowhere around you, right?

>> Yes. Thank you for making that connection. To get all the way from democratic deliberation to health equity. And that was really, really nicely laid out. How can democratic deliberation be a useful tool that includes acknowledgement and accountability for past harms?

>> Yes. It's a really good question, and I think it's a really hard question. Something that I think we have to do to begin to heal [laughs] and in thinking about how democratic deliberation might be useful there, it's important to know that one of the tenets of this way of bringing people together for shared thinking and talking and problem-solving is that you provide people with a factual balanced information base. So what are those past harms? Then of course there's creating the conditions where people feel -- I'm hesitant to use the word "safe" because I think it sort of signals something that isn't possible. You can't always protect everyone's safety or feeling safe in a conversational space, in a discursive space. But you can give people permission to say what they think and feel, and you can create space where there's sort of benefit of the doubt, and there's time to really unpack things. Given what we know about what deliberation can do, which I spent a considerable amount of time sort of speaking to in terms of the ways in which people can have different perspectives and engage one another, that this could be a tool if you will, a way to help people understand first of all, what are the facts? And encourage a type of conversation where people can kind of struggle together with those facts, right?

>> And seems to me, begin to heal, right? I mean, seems like such a good starting place for healing.

>> Well, I think that's right. And you know, there are probably people in the democratic deliberation community who wouldn't like to hear me say this, but from just being in the room, being in these rooms, what I have seen happen is not just good thinking, but good feeling. Something that has happened on more than one occasion, which is at the end of the deliberation, which you know, these deliberations can, you know, take several hours or several days, spontaneous hugging is often -- occurs. Why might that be? Well, my own insight into that is when people have really appreciated the

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opportunity to be in a room where their voice is taken seriously, where they are given time and space and good information to really understand an issue and connect with people over an issue, and you know, sometimes the hugging spills over from the participants to the organizers and the researchers who are in the room. So there is feeling happening in these rooms. And to your point about feeling, I think it can create perhaps some roots to empathy and connection with one another, right?

>> Yes. Yes. You know, Ericka, you've written that health inequities -- and I'm going to quote here -- track with racial, socioeconomic, geographical, and cultural differences that have been used to divide the American people. Can you help us unpack that, and tell us why instead of dividing us, achieving health equity requires the "we," or social solidarity.

>> Sure. So we know that, I mean the data show that, the sizable differences, these inequalities in health, fall along lines of race and ethnicity and our social class if you will, by which I mean our levels of education and income, and where we live. So that is what I mean by the differences, health inequalities by race, class, geography. And we know there are other social differences among us that these health inequalities track with. These are the very differences that we have seen be used by some people in positions of power and just, I would in the, you know, media ecosystem to divide people. That somehow we are really different if we're white versus Black, brown, or Indigenous, or that if we're rural people, or whether we live in cities, or whether we live out in the country, or whether we -- you know, people with college degrees versus not having college degrees. Those differences obviously have meaning in people's lives, but they shouldn't be used to divide us. If anything, we should begin to understand the ways in which, regardless of whether we have the opportunity to go to college, or didn't, or whether the Black, brown, or white, or where we live, that we have much in common. And that we can work to have more in common. And so our health, even recognizing the important role that our individual choices make in terms of our health, we need to create the conditions in which those choices are real, can be genuine. As I noted, you know, if you are trying to rear a family on too little money in an unsafe space, where you're sort of always worried about your kids and always worried about whether you can pay the rent, and whether you can get food on the table, that's a stressful life. There aren't a lot of real genuine opportunities to make choices that are going to be healthy for you and for your kids. So we need to understand that we collectively create the conditions in which people can live healthier, long lives that are productive. Finding the "we," or building the "we." Maybe we don't find a "we." But I do think we can build a "we." Create a "we" by finding ways to connect. And democratic deliberation is one of those ways. There's enough evidence to show that when it goes well, it goes really, really well. And it connects people.

>> So well said. Thank you so much for joining us on In Solidarity. We appreciate you adding to this conversation.

>> Well, I greatly appreciate the opportunity to be with you all today. I'm so happy to know that there is a podcast about this. Do more. Go further. Keep going, and thanks again.

[Music]

>> So interesting, Erika. I really appreciate that we ended this series with a way to make things better. With the evidence-based strategy to ensure people are able to participate, to use their voices. We make better decisions when everyone participates. And democratic deliberation is one way to achieve that.

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>> That's right. It's not about changing views. It's about understanding what people think and why they think it. It's about building trust and respect. It's about making sure that we understand that we can address problems together.

>> And democratic deliberation can help us improve our health. As Dr. Blacksher noted, the health of the nation is in disrepair. And this disrepair started before the pandemic. Democratic deliberation creates the space for us to talk and to be informed, and to connect with one another.

>> We collectively create the conditions needed for good health. Democratic deliberation also helps build power. When people closest to problems can influence solutions, those solutions often benefit everyone. It always comes back to that collective action and social solidarity, doesn't it? I can't wait until we can get together to talk about it in yet another series.

>> We discussed so many aspects of civic health, from the importance of civic infrastructure to the historical roots to the connections between our civic lives and our health. I can't thank our guests enough. They brought so many perspectives.

>> Ultimately, I hope that listeners finish this series with a better understanding of civic health. The ways in which it impacts how people and places can thrive, and the ways communities, including the public health and healthcare sectors can improve it.

>> Until then, I'm Beth.

>> And I'm Erika.

>> And we're In Solidarity. Connecting power, place, and health.

[Music]

The views expressed by guests of In Solidarity are their own. Their appearance on In Solidarity does not necessarily reflect the views of County Health Rankings and Roadmaps, nor the Robert Wood Johnson Foundation. To learn more about our guests' work, to discover additional resources on the topics we've discussed, or to find out how healthy your community is, visit us at countyhealthrankings.org.

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