Transcript:
BU School of Public Health
Public Health Conversation Starter: In Conversation with Jeanne Ayers

Sandro Galea: Hello everybody, welcome. Thank you for joining us. Welcome to This is Our Public Health Conversation Starter. It's a series of discussions we have with thinkers who provide a critical perspective on the work of public health. Today I have the privilege of welcoming Jeanne Ayers. She serves as Executive Director of Healthy Democracy Healthy People, a coalition of 11 public health organizations committed to advancing health and racial equity by strengthening civic and voter participation and ensuring access to the ballot for all eligible voters. Before establishing this coalition in August 2020, Jeanne held leadership roles in state governmental public health for over nine years. She served as the Wisconsin State Health Officer and Assistant Commissioner and Chief Health Equity strategist for the Minnesota Department of Health.

Today's conversation seems particularly relevant because we're having it in the lead up to the 2024 federal election in the US. We're going to be talking about voting, how complicated the simple goal of ensuring everyone has a say and a vote can be. I've long felt that voting is one of the most important steps we can take for health, reflecting the centrality of politics to building a healthier world. I'm really delighted to be speaking with Jeanne today about how we can engage with politics and voting to create such a world. Jeanne, welcome. Thank you for joining us.

Jeanne Ayers: Thank you for inviting me.

Sandro Galea: Tell us a little bit about your background. Tell us a little bit about how you came to be doing the work you're doing.

Jeanne Ayers: Well, actually, I had a very early introduction to democracy and civic health. I didn't know that was what it was when it was happening, but I am fourth generation farmer in Central Minnesota. And when I was growing up, there was just a constant conversation going on with our neighbors and the community at large, organizing and addressing our various issues and problems. And it had been going on for a century already. So we as a community had to figure everything out. We had to decide if we were going to bus kids into town to school. We came together to create a grain co-op to address the green markets and the railroad's gouging of farmers in grain marketing. We came together to decide to create a co-op for electrification for the countryside. And one of my favorite examples is following the Dust Bowl, and I wasn't alive then, but the story was still there. Following the Dust Bowl, there's a spectacular example of how government and people work together and how the government can work and be a vehicle for people.

And the local people organized to the state and federal level and got the federal government to invest in tree farms. The state then invested in, they got the opportunity in the state, and this is in Minnesota, the state then created tree farms. And then the county government, people came together through the county and purchased equipment to plant trees. And then farmers came together and used the county's equipment to go from farm to farm to farm to plant trees, to build windrows, to stop the blowing of the soil and the dirt. And on top of that, there were investments in the university systems and agricultural education. And it's just, I think, a beautiful example of what civic health can look like on the ground. And I had that experience and that brought me into public health because actually the

mission of public health, what we do collectively to assure the conditions in which all people can be healthy has continued to draw me and inspire me for many years.

But after about 20 years in the field, it was so clear we needed to work on health and health equity that we knew that not everyone was benefiting from conditions. But public health didn't have a strategy for building power. And I spent time, this is now 20 years that I've been doing this, trying to understand how we strategically build our collective power to assure the conditions for health. And I got involved then with faith-based organizing because they're clear about building power and there was a lot to learn in that field and with those community partners on how we could meet our mission together. So that's actually how I got into the leadership roles in public health. Those positions I had were political appointments.

Sandro Galea: That might be the best answer I've ever heard about the path to public health and the work you're doing. That's really interesting. I have many questions. Let me jump ahead to a question about power because you talked about power. So I think in public health sometimes we're uncomfortable talking about power, but power is at the heart of what we do. It's at the heart of politics. And I've written about, others have written, I think it's essential to building a healthier world. Can you talk a little bit about how we can build political power to support the goals of public health?

Jeanne Ayers: Yeah, I think about this a lot. First of all, we have to recognize that we need to do it. And that that is actually a part of our mission, our call. You cannot achieve how we do things collectively without building power. So that's one. The second thing is that like any kind of system, if you look at the patterns in the system, you can think about how you create that change in the system. And the community organizers understood that to organize power, you needed to organize people and organizations and you needed to organize resources and policies. And you need to organize data and narrative and story. And those three practices actually have been shown to change the pattern and to build power. And so it's been the focus of my work for the last 15, 20 years and is the central set of practices we use with Healthy Democracy Healthy People.

Sandro Galea: That's really interesting. Tell me a little bit, you've done a number of public talks and I've seen some of them. You've talked about the power of policy to choose health winners and health losers. Can you explain what you mean by that? And how does policy choose health winners and health losers?

Jeanne Ayers: Yeah. This is one of the things that I think is something we have to actually face straight, look straight in the eye. That when we know, and as public health people and health professionals, we know that there are people who are thriving and people who aren't thriving. There are some people's babies who die sooner or are more likely to die and other people's babies who are more likely to thrive. We know that and we just have named it the health disparities. But health disparities are created through the policies that privilege some people and at the expense of other people. So we create communities where there are resources and healthy food and parks and good schools and jobs. And we also, through policies, create communities where those things don't exist and where we may be

citing environmental hazards or we don't have active governance or healthy administrative services in the community.

So we create these different fields or these different opportunities through policy and we can't look away from that. We actually, either we're part of creating the policy by being part of the decision making or we're part of creating the policy by not being part of the decision making. We are always in it. We have this responsibility. So we can't go, "Oh, that's so sad. Too bad." We have a responsibility. We created it by either letting it happen and not participating, not voting, not holding people accountable, not prioritizing health and health equity for everyone or we're part of the solution. There's no middle ground there.

Sandro Galea: You've talked a little bit about how political processes can address health disparities, health inequities, health gaps between groups. And you've talked about how as a result it is important to be part of to assume power in the political process to narrow health gaps. Now it's probably also the case that we can go too far in using political power. So I'm wondering what thoughts you have about how we navigate this space of using power wisely, not overreaching, but not being afraid of engaging government boldly to address problems that lead to health gaps.

Jeanne Ayers: It would help me if you could give me an example of a situation where somebody has maybe used power.

Sandro Galea: Well, I think the quintessential example would be using legislative or political power to insist on treatments that people don't want. That would be the quintessential example, which historically has been around infectious diseases. So that has occasioned tremendous political argument. And one can argue that those political arguments chip away at the confidence in public health as being a wielder of power for common good. So I'm just wondering whether you've encountered that and how you, given what you do, engages power and politics so much. I was wondering if you've engaged that question.

Jeanne Ayers: Well, I think it's really an interesting, complex question. Because my experience is usually that when we center equity and we center the voices and the participation of a broader, more inclusive set of people, that we can build the political will for what we're working to do. So the idea that I think if we're in a situation where we're moving something forward and there's great pushback and like a reverb because we took a step further than there was political will for-

Sandro Galea: Yes.

Jeanne Ayers: ... then we have to step back and wonder how did we approach that? So as public health people, sometimes we approach things as technocrats. We studied it, we know it, we think it ought to be this way, and there you go, let's go do that thing. We don't usually always have as much power as you're inferring that we might, but let's say we did. If we didn't do it in concert with the people who are most impacted and we didn't spend time... I mean, I'm saying didn't, but we should be spending time building the shared understanding, unpacking the shared values that we're leading with and being transparent about that. But if you just lead with

a thing and you haven't done that work, then that is a way of ending up with pushback.

Now I want to say one more thing about this though, because when you used the word overreach, my experience with people using that word is usually people who don't want us to make progress say, "Don't try and overreach at this moment in time. Don't promote that policy. Don't do this thing, don't do that thing." Even though you may have the expectation from your community partners that you move forward. But if you are in a position in that interface between policy makers and community will and you're the filter that's trying to stop overreach, I think you have to examine that too. Because that's been more of my experience is people are asking us not to do the thing that we know will create better health or not to even talk about it or propose it because we shouldn't have overreach. And that's been more common experience for me.

Sandro Galea: That's such an interesting answer. It's such an excellent answer. And I think you are teasing apart the technocratic approach from ensuring a shared value base is terrific. It really makes me think. So thank you for that answer. Let me flip to the present for a second, because as I said in introduction, we're talking in the run-up to the 2024 federal election. Talk a little bit from your perspective of the stakes for health in this election.

Jeanne Ayers: Well, the stakes are quite high. Actually, the stakes are always high in every election. And because every election sets the stage for the next thing and the next thing. So I don't want to overemphasize one moment in time and/or one kind of election because our local and state elections also have a very big impact on our health. But at this moment in time, there has been real significant pushback and insults on democracy, on inclusion. In 2020, we began this coalition in 2020 because we wanted to be sure the public health community showed up encouraging people to vote in making plan to vote safely. And it was spectacular in that we had the highest turnout across every single demographic in the country. Not one group or another group, everybody turned out at a higher level.

And if you remember, we didn't have all the personal protective equipment, we didn't have vaccines, people had been isolated in their homes. And it felt like there was a couple of things that happened. One is we could take some collective action. We could do something together and we had been isolated. So that was a positive. And the second thing was there was more communication about the ways that you can vote than there had ever been. And so suddenly people went, "Oh, you mean I could get an absentee ballot or I could do this, or I could do that." And people were making voting plans and becoming more aware of the vehicles and the ways that they could vote. And we had this historic turnout and when we should have been celebrating that and we should have been celebrating that we didn't have any COVID outbreaks related to it, we actually got this tremendous pushback around a narrative that was amplified around voter fraud and questions about election security.

And all of that is what you might call, I mean, organizing the narrative, the story which then leads to policy changes. And those policy changes in the wake of the 2020 election, something like 28 states now have new rules for voting that are harder than they were in 2020. So people don't even know. People don't even

know that in some states they've been thrown off the polls, they aren't registered anymore. I think a million people were taken off the registration polls in Texas. You have changed rules, changed dates. But before 2020, who knew that there was only one potential drop box in Harris County, Texas? Nobody knew that. I didn't know that.

Everybody assumed that voting happened the way voting happened in their own community. And so we elevated this appreciation for the relationship to the policies. And at the same time, there has been this significant effort to decrease voter participation. Not everywhere, but there has been a concerted effort. And so much is at stake. And because a democracy is only what you make it and we already in the United States did not have a healthy democracy, we'd already fallen down to the next level of not good, I can't remember what they call it.

But we aren't in the top, we're like number 23. So if we're going to have a healthy democracy that's inclusive and representative, which I believe is critical in population health, then it's very important to participate. You can't have a healthy democracy with 46% turnout or 48% turnout like we had in 2022.

Sandro Galea: I really appreciate one of the first things you said in this answer, which is it's not just about the selections because one election leads to another, leads to another. And I think that takes this conversation, which is at a moment in time obviously, and situates us along the continuum of why these things matter. Can you comment about your organization, Healthy Democracy Healthy People, and how are you working to advance the health and racial equity agenda?

Jeanne Ayers: Well, what we have been doing is we use those three practices. First, we organized ourselves. And that's 11 national public health organizations. That's 1,700 or 1,800 institutions, including schools of public health. And then another 50,000 individual members like the American Public Health Association and ACPM and SOPHE, those groups. So when you consider, we are working to do some things collectively, so that's one. So we're organizing ourselves. We then also strengthened our relationships with other groups that are working on election integrity and human rights and election opportunities. And also with groups like Vot-ER and the Civic Health Alliance who are working to engage the health sector more directly, which we're partnering on that type of an initiative. And I can talk a little bit more about what we're doing right now in 2024 to do that.

But as background, even before that, the other thing that we did is at the end of 2020 when this dominant story started to come out about election fraud, we thought, wait a minute. When we look at the international data, when we look at the historical data, we know that we're healthier when the electorate is more engaged and when we've expanded the electorate. We've seen that and we were sharing that kind of data. But we felt we had a role, especially in public health because it's part of our role to tell the truth about what creates health. And so we did an analysis called the Health and Democracy Index, which looked at the ease or difficulty of voting. So the policy environment across all 50 states and in 12 public health outcomes that we always use for population health, overall health, infant mortality, 12 population health outcomes. And we analyzed all 50 states, putting those two into one analysis. And what was really clear was

wherever it was more inclusive, we were healthier. And wherever it is harder to vote, we are not as healthy.

And so we came out with that in 2021. And you can search it by every public health metric and all of the different policies in the different states, and you can look at it and you go, "Same pattern, same pattern, same pattern." So the pattern means something. And so what we did, so this goes to that second practice that I mentioned. We felt like we had a job to organize the data and the narrative and tell the story. So the index is part of telling the story and then sharing it everywhere and every way we can by publishing and talking is another way.

But our field needs that kind of support in order to take additional action. So then we turned around and we began to work with organizations to pass policy statements. Now these are organizational policy statements. So they include the APHA and the AMA and the American College of Physicians and the Society of Public Health Educators, have all passed policy statements that say, promoting civic and voter participation as part of our work. And that helps engage and make it possible for people in these fields to take action and say, "See, no, this is part of my work."

And the second thing that we did with that is we then went to the HHS and we asked them to reinstate voting as a core health objective into Healthy People 2030. So last July, in July of 2023, mid decade, we were able to get the Healthy People framework to add voting as a core health metric. What that does as a state health officer, it allows me as a state health officer to prioritize public health in my public health assessment and goal setting for our state health assessments and state health improvement plans, improving voting turnout and voting participation. So that makes a space and a platform to engage our partners. And because I can do that now from the state, and Minnesota and Wisconsin have already incorporated into their state health assessments now and state health plans, then as a county health officer, I can do the same.

And then I can show up and start to say, "What are the levers that I'm using or I could use in my various public contact spaces to promote voting registration and voter education?" And then my favorite is that this also means that all the nonprofit hospitals and insurance companies who have to do community benefit plans can also be expected to prioritize engaging around voting. So this is what changing the system by using policy levers is part of that process. So organizing the narrative and the organizations and the policies and resources then you can make stuff happen.

Sandro Galea: What vital work you're doing. I have so many more questions, but I'm going to ask you just one last one. What gives you hope?

Jeanne Ayers: Well, what gives me hope? First of all, I find it very hopeful that we live in a democracy, not everybody does. And so it is an incredible tool, an incredible opportunity that we can make ours. So despite all the obstacles that may be put in our way, if we show up and we engage, we can do stuff. So that's one thing that gives me hope. Another is that people are waking up to, again, as I mentioned in 2020, nobody even knew how anybody else, what their barriers were. But suddenly the conversation about barriers and the importance of

inclusive policies is coming into people's frame so that they can see it. And then third, we launched an effort in 2024 to just say, we need to organize as the health sector. And the health sector, just think about this, 22 million people are in the health sector.

That's 14% of the US workforce. And we've learned that people in the health sector vote at lower levels than the general public. Licensed healthcare professionals are voting 12% to 23% less than the general public. And I think I shared a number before, but in 2020, a third of the potential voters didn't vote. In 2022, only 46% of eligible voters voted. So that means that somewhere between eight and 11 million people who work in the health sector aren't voting. So we've been inviting health institutions to encourage their employees and their workers and their members to vote. Simple. Just do that. And so some parts of me are pretty excited about the idea of the health sector actually exercising muscle as a collective at some point as we go forward. So those are some things that give me hope.

Sandro Galea: Jeanne, knowing that you are doing the work you're doing, people like you are doing the work you're doing is what gives me hope. Thank you. Thank you for the work you're doing and thank you for joining us for this conversation. I enjoyed it and I learned from you. Thank you.

Jeanne Ayers: Thank you. Bye-bye.