On Building Common Ground: An *AJPH* Special Section

Michael Fine, MD, William J. Kassler, MD, MPH, and Tanya Telfair LeBlanc, PhD, MS

ABOUT THE AUTHORS

Michael Fine is with the City of Central Falls, RI. He was director of the Rhode Island Department of Health, 2011–2015. William Kassler was the state health officer and medical director of the New Hampshire Department of Health and Human Services, 1998–2005. Tanya Telfair LeBlanc is an AJPH *associate editor.*

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

Protecting the health and safety of all Americans depends on at least three capacities: the ability to determine how health and safety is best protected scientifically; the ability to communicate the logic, risks, and benefits of proposed interventions so the population trusts the interventions suggested; and the ability to convene communities so that they see the need for these interventions as part of the common good. Building common ground has become more challenging as the nation struggles to see itself as one people. The roles of public health and of public health leadership in building that common ground have always been implicit, but the increasing polarization of the nation requires a more conscious effort from public health and public health leadership if we are to be effective in protecting the health and safety of all Americans.

In public health, "finding common ground" is commonly applied to subject matter related to racial/ethnic diversity, equity, and inclusion. The world and the United States are diverse places whether we acknowledge and embrace diversity, equity, and inclusion or not. Too often in the United States, we are sorted or sort ourselves by income, education, race, faith, gender preference, and geography, and too many of us exist in bubbles: a social environment where we know and interact only with people with whom we share some common identifier. Consequently, we often exist without encountering ideas and beliefs different from our own, and too often we have no context in which to learn about or appreciate the ideas of others.[1]

In the special section "Building Common Ground," *AJPH* offers a new paradigm—suggestions for expanding the notion of diversity to include diversity of thought and perspectives built from lived experiences, frames of references, and differing worldviews—with the goal of forming public health strategies for public good in a landscape of varied political, cultural, and ideological perspectives. We hope to open dialogues on these challenging issues, identify points of articulation among persons with differing worldviews, and locate best practices that help us come to agreement on how to best promote population health.

Honest and transparent communication is critical in this endeavor, as are mutual respect, understanding and fairness, and tolerance of differing ideas. We acknowledge the specific challenges of cultivating common ground in the United States, with our tiered governmental structures (i.e., the local, state, and federal levels), which sometimes serve as barriers to accomplishments, as well as our well-documented difficulty in transcending the usual variety of competing interest groups and seeing ourselves as Americans, unified for the common good. We conceptualize this special section as an open door to continuing conversations in incremental steps to identify methodologies, strategies, and practices that will facilitate building common ground, brick by brick, and learning along the journey.

When a group of our colleagues who are Association of State and Territorial Health Officials alumni, former state health officers who served in both Republican and Democratic administrations, proposed a special section on building common ground, we were uncertain what building common ground would entail. But the process of putting out a call for articles, reading the submissions, and determining which submissions best fit our developing criteria helped us understand both the need for common ground and the skills, knowledge, and wisdom required in creating that common ground.

Our call for proposals asked for articles on building an understanding among groups with differing viewpoints, values, ideologies, or perspectives to better address programs, policies, and interventions in public health and population health. We determined that building common ground occurs when different people or groups find areas of policy or programmatic agreement, even when they do not agree about ideology,

policy, or politics. We understood that, although building common ground has always been challenging in public health policy, the current political and ideological division in the United States (and indeed the world) has reached levels that threaten progress in many domains. But we also understood that public health and population health improvement presents many opportunities to build common ground to produce better population health outcomes.

The Comments, Notes From the Field, and Editorials in this special section represent a first-pass attempt to address the opportunities presented to public health as a convener and facilitator of the process to find common ground in this one aspect of US policy, culture, and society, as we focus on the consensus necessary to protect the health and safety of all Americans.

Telfair LeBlanc (p. 1096) reflects on contemporary trends in the quantity and quality of available information and on the distortion of public confidence in information created by spin and social media. She recommends that schools of public health design specific courses to create awareness of the information conundrum to help future public health professionals discern fact from fiction and clearly differentiate between conclusions based on opinions and those based on empirical evidence.

Kassler and Bowman (p. 1102) question the now sometimes fraught language of public health surveillance and expose how our legitimate desire for privacy makes that language a wedge that threatens our common ground. They propose ways to change the programs and systems we develop to emphasize the same high priority for privacy and civil liberties that our policymakers and their constituents demand so that our language will resonate among all.

Bernier (p. 1099) reports on the Crosscurrents Dialogue Model, which has been used to explore how Americans with different political perspectives can have productive conversations about controversial value-laden topics. He suggests that the divide among Americans can be narrowed by the Crosscurrents Dialogue Model enough to reach agreement on public health interventions.

Similarly, Blacksher et al. (p. 1110) describe public deliberation, a process that convenes people of varied backgrounds to learn and talk together about a social problem in search of solutions. They describe the core principles and practices of deliberation, provide examples of its use in the health sector, discuss deliberation design adaptations attuned to a divided and diverse United States, and describe where and how it could be used to address decision making in US population health.

Magnan and Kindig (p. 1106) share 12 principles that may be helpful in fostering agreements about public health issues and ideas among people who may not agree about other things.

Finally, Alberti et al. (p. 1114), writing from the Association of American Medical Colleges Center for Health Justice, report on a nationally representative poll of 1510 members of Generation Z: those aged 18 to 24 years. The poll identified unexpected areas of agreement among these younger self-identified Democrats, Independents, and Republicans, and the results give us hope for a future focused on health equity that builds those areas of agreement.

We hope that this special section will further the development of this public health skill set and that we see many other articles, reports, and editorials as we develop science based on the approach to building common ground but also knowledge and wisdom based on the science. We hope future articles (and, perhaps, future special sections) will tell the stories of successful and unsuccessful attempts to build common ground, highlighting best practices and using rigorous evaluation methodology. Such articles will name the convener, the major parties to the process, and their positions and differences; the processes used to reach common ground; the processes used to maintain negotiating equipoise; the intervention chosen; the methodology by which that intervention was successful; and the results achieved. The articles will also discuss lessons learned and thoughts about scalability.

The common ground we find and build in public health is necessary for public health to succeed in protecting the health and safety of all Americans. That common ground is part of a bigger picture—a perception of our membership in one nation, indivisible after all, which is likely a necessary condition for democracy and for a better, safer, and stronger future. AJPH

CORRESPONDENCE

Correspondence should be sent to Michael Fine, MD, 348 Gleaner Chapel Rd, Scituate, RI (e-mail: michaelfinemd@gmail.com). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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1. Bishop W. *The Big Sort. Why the Clustering of Like-Minded America Is Tearing Us Apart*. New York, NY: Houghton Mifflin; 2008.