In Solidarity: Civic Health Series, Episode 3

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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. 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. I'm Beth Silver here with my co-host, Ericka Burroughs-Girardi.

>> Good to be with you, Beth. Excited for our third episode in this series, we're continuing the conversation on civic health or the opportunity to participate and use our voice to shape our community. County Health Rankings and Roadmaps recently released a report that shows people and places thrive when everyone has that opportunity. The report concludes that we need to invest in public spaces to help people connect. We need to make it easier to vote and we need to make sure everyone can participate.

>> Which may be leaving our listeners wondering, what role can those in public health and healthcare play in civic health? We're talking with two guests to discuss just that, Jeanne Ayers from Healthy Democracy Healthy People and Aliya Bhatia of Vot-ER. But before we do, let's remind listeners about the first two episodes in this series.

>> Yeah. In our 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 civic infrastructure, spaces like libraries and schools, civic education in those schools, and policies and systems that make participation possible. We also talked about how these communities tend to be healthier.

>> That's right. And both Julia and Dawn described how states are passing laws that make participating easier or more difficult. 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 us to the political determinants of health, which is a framework that helps us understand the causes behind the causes or 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 by looking back at history. He gave us examples that show that when we work together, stand in solidarity with one another, we can achieve equity.

>> We've really covered a lot of ground, haven't we, Ericka?

>> Absolutely, Beth. In this episode, Jeanne and Aliya will help us learn how those of us in public health and healthcare can improve civic health for everyone.

>> Our first guest is Jeanne Ayers. Jeanne serves as the executive director of Healthy Democracy Healthy People, an organization working to improve civic participation. Healthy Democracy Healthy People believes that more inclusive communities are healthier communities and that participating in the democratic process can impact our health, whether that's clean air, housing, transit, or funding for hospitals. Healthy Democracy Healthy People created the Health and Democracy Index, which is a tool that compares health indicators with voting policies in every state to determine whether there's a connection.

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Welcome, Jeanne. Great to talk with you on In Solidarity.

>> Thank you for having me.

>> Healthy Democracy Healthy People's work began after the 2020 primary elections that took place in the early days of the COVID pandemic. This was a moment when the connections between civic participation and health became clear. Many people had to make a choice between voting in person and protecting their immediate health. Can you tell us, Jeanne, more about how Healthy Democracy Healthy People's work came to be?

>> Yeah. In the spring of 2020, we were at the, you know, early wave of the COVID-19 pandemic and really important primary and state and local elections were also occurring. And it just quickly became apparent that those who were most impacted by COVID-19 were also those most likely to experience barriers to voter registration and voting. And as public health people, we saw that the act of voting itself could become a hazard for individuals and families and communities and poll sites could become vectors for the spread of COVID-19. And so, as a set of public health organizations, we are a coalition of 11 national public health organizations, we came together really to step up at that moment in time to promote the opportunities to create a safe and healthy voting plan. But we didn't want to just be the people who said wash your hands and don't go. We really wanted to emphasize the importance of voting as a civic muscle, as our constitutional and our community right and how important that was to our overall sense of agency and engagement. And so we actually began by coming together to get clear about that story and message. We wanted to first assert the importance of voting and then to lift up the various policies and opportunities that people had to vote safely. And it strengthened our relationships with election officials and civic engagement organizations and we were basically stepping into a space that, as public health professionals, we should have always been there probably.

>> Yeah. How has your work evolved since the early days of the pandemic?

>> In retrospect, I see the pandemic as really was the on-ramp for us to participate in promoting inclusive voting, even though we maybe should have always been there as public health professionals. I just want to start with saying the 2020 election was an incredible success. We had the highest voter turnout. Almost 160 million people voted, that's 66.8% across the full political spectrum, turned out increased especially among groups that had historically voted at lower levels such as the youth and communities of color. More than 100 million people voted early or by mail or in person voting early. So that was a big success in terms of inclusion and safety. And there

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wasn't a single reported outbreak of COVID from the experience of voting. So that was just terrific. And then immediately after, when we should have been celebrating that, there became this whole sort of backlash to the fact that we had great turnout. And we came back together in December of 2020 and said what's our role as public health? We've been leading with this, the importance of voting and what role can we play. And I guess I would say that one of the things that we can do is begin to tell the broader truth about what creates health and how inclusive democracy is important to what creates health. And so we set out in the winter of 2021 to look at and unpack the story. We looked at other countries and we said countries with more inclusive democratic practices have better health, is that true in the United States? And so at that point, we said, well, public health has a role with data and research. So we will analyze the data. And we created what we call the Health and Democracy Index, which really looked at, and I think you've described this on an earlier podcast, the ease of voting and related it to health outcomes across the nation. And that just helped illustrate the value of inclusive voting policies from a health perspective. So I think one of the things that we did immediately was we said, what's our role here? As a set of public health organizations, what role do we play? And one is informing and expanding the understanding, building the public understanding, the public will for inclusive policies. In order to not just talk, we also began to ask and look at policies we could impact. I mean, we would love to pass some national policy, maybe, but policies that we could impact directly included encouraging the Biden administration to include voting metrics in Healthy People 2030. We came together to ask them to include that and we have successfully gotten them to include it as a research objective and now, hopefully in the spring, as a core objective in Healthy People 2030. We looked at our own organizations and thought about how do we pass policies in our own organizations and the American Public Health Association and the Society of Public Health Educators have passed policies already that say voting is an important public health issue and encouraging inclusive voting is important. We contributed to the policy that was adopted by the American Medical Association, that declared voting as a social determinant of health. We're working to influence policy at every level but we're also using that to strengthen our commitment to this broader narrative of -- that it's important.

>> One of the strategies to increase participation is what you've called inclusive voter registration. What is that and how does it improve voting?

>> Yeah. Thank you for that question. First, before I answer the question about inclusive voting participation, there are a number of ways that we can improve voter participation. They include things like reasonable inclusive non-restrictive voter I.D., restoration of voting rights, voting from home, language assistance, and a whole package of things that we might call inclusive voter registration. And they include things such as -- anything that makes it easier to register to vote, so same-day voter registration, online voter registration, pre-registration, automatic voter registration. All of these policies have demonstrated that they help increase voter participation. So, for example, automatic voter registration on the -- what they might call back-end or opt-out voter registration, where you register someone and if they don't want to be registered, they let you know but otherwise, they're automatically registered. That was implemented in Oregon, which is one of the first states to pass that in 2016. And what they discovered was that in the first election, after that policy was in place, they added 250,000 new voters and this is

through the Department of Motor Vehicles, so when you go to get your driver's license. They added 250,000 new voters, which was 7% of the eligible voting population in Oregon in that election.

>> How did that translate to participation?

>> Yeah, so 44% of those who were registered then voted. And 95% of those people who actually were registered and then voted had never -- that was their first time --

>> Oh, wow.

>> -- ever voting. So it was a pretty incredible impact and it especially made a difference with -- in voter registration rates for young voters and communities of color. So for the people who were hardest and most disenfranchised in the voting opportunities, this was a very impactful policy. So automatic voter registration is an example. Some of what we've been working on now is looking at how do you move that from just the motor vehicles, like cars, to other intersections with the government, such as Medicaid enrollment. Like, is that -- is that -- would that help us even reach the harder-to-reach people even better? Election Day registration is another inclusive voting policy that helps, especially with people who are lower levels of engagement, hadn't quite decided that they were going to vote or hadn't, you know, figured out where they were supposed to vote yet and all of that and young people and students. So those are really helpful. Online voter registration was really helpful. Forty states have implemented online voter registration and that shows, again, that it increases turnout, especially among younger voters. Pre-registration, which we don't talk about as much but that's where you allow 17 or even 16-year-olds to pre-register to vote so that they're already ready to vote. So there, I've just got done talking about inclusive voter registration and at the same time I want to say, why are we talking about voter registration? Let's question our assumptions about why that's even a good thing. For example, 80 million people who were eligible in 2020 didn't vote and the top reason was because they weren't registered. That was 33% of the population. That's really huge. And we have to question what are the institutional roots and our assumptions around voter registration? The roots of our current system are actually from the 1880s and they were fueled by nativist sentiments and were actually about trying to restrict the electorate to those who only had -- were landowners and they were a part of a trend targeting immigrants and newly freed slaves. That's the roots of our voter registration system. And there are other ways of doing this. In most democracies, the national government is actually responsible for registering citizens. United States was only one out of nine of the 40 countries on the liberal democracy index that did not have national automatic voter registration as a standard practice. People talk a lot about inclusive policies but sometimes we should just back up and ask, why are we even doing it that way? Is there another more inclusive, broader, systemic change that we should be recommending?

>> We've seen a lot of voting-related laws, as you've been talking about, and policy changes across the country and we expect that 2023 is going to be another big year for this. What are nonpartisan ways to frame arguments about inclusive voting and why is it important, if not necessary, to embrace politics but keep partisanship out of it?

>> It's a really good question that I think most of us in the field in public health and maybe life are wrestling with. You know, how do you actually engage on things that are important and not succumb to the accusation that you're being partisan? And I would just say that, first of all, health is always on the ballot. And things that we didn't think were necessarily partisan in the past, I mean, vaccines, other public health measures, funding for schools, or, you know, lots of things can be framed as partisan issues if someone is not wanting you to move that policy forward. So just to inoculate ourselves a little bit from that accusation is, I think, important. Remember that, basically, the way that I like to lead with this is to lead with why I care and be transparent about the values because we can often get into that partisan accusation when you're talking very specifically about the policy but to always show up and say, what I'm caring about is an inclusive, healthy community, an inclusive, healthy democracy where everyone has the opportunity to vote, regardless of where they live and their race, you know, their income, whether or not they live in an apartment or a house. It shouldn't matter. I feel like I can comfortably start out with the values and that's what we do with Healthy Democracy Healthy People coalition, bringing the data and we're saying look, we are healthier when we're more inclusive and this is something that we can contribute. And one of the things that I believe strongly is that as public health people, we have the responsibility of telling the truth about what creates health. And I know it's uncomfortable. I've been there. I've been a government employee. It's uncomfortable to sometimes be in that position where people can accuse you of all sorts of things. But in fact, we have the data, we have the moral imperative, and the professional imperative to speak up about this. We have this overall responsibility. And then there's some sort of approaches that I think are important. So, for example, again, lead with our values, talk about why it matters, share the data, talk about what we see, create the vision of the inclusive community that's thriving and make that an aspirational vision and don't shy away from it. These are things that I think we, as a health sector, have the ability and responsibility to do. We have trusted voices and, you know, I just think that's how we navigate that.

>> Jeanne, I just love how you laid this out. Thank you so, so much for being with us on In Solidarity.

>> You're welcome. Thank you for having me.

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>> Beth, it was interesting to hear how Healthy Democracy Healthy People came to be. How these public health organizations came together to make voting safer in the early days of the COVID-19 pandemic and then realized that they had more to contribute, that an inclusive democracy is one of the things that creates good health.

>> That's right and how they use data to explore the connections between voting and health. The Health and Democracy Index, something that Jeanne and our previous guest in this series, Dawn Hunter, worked on together, shows that states with inclusive voting policies are experiencing better health overall.

>> In fact, the Health and Democracy Index helped elevate this connection to decision-makers, so much so that Healthy People 2030, a national plan to improve health and well-being in the United States, includes a research objective to increase the number of citizens who vote.

>> This is important because if we recognize the connection between voting and health, we can invest in solutions to help us meet our goals. Jeanne talked about the need to implement strategies to make voting easier. A research at County Health Rankings and Roadmaps has found that there are ways to increase voter registration and turnout. That includes policies around automatic voter registration, online registration, and early voting.

>> So why should public health work toward improving civic health? Because, as Jeanne said, health is always on the ballot. Decisions elected officials make, whether they're about vaccines or school funding, shape the opportunities we have to be healthy. And we'll continue this conversation with our next guest, Aliya Bhatia. She serves as executive director of Vot-ER, a nonprofit focused on inclusive democracy. Vot-ER brings voter registration into healthcare settings, including emergency rooms, hospitals, and community health centers.

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>> Hi, Aliya, and thank you for joining us today.

>> Thank you, Ericka. It's quite an honor to be here.

>> Well, I certainly appreciate you joining us. And I want to start by asking you to share what Vot-ER's mission is. What is that?

>> Yeah. And Ericka, first of all, it's wonderful to be part of yet another effort by the University of Wisconsin to advance health equity together and we've been honored to be part of this journey with you all. I come to this work primarily from the perspective of the social determinants of health after working in education in New Orleans and Atlanta and then studying policy around housing at Harvard Kennedy School. And through that, had the opportunity to come to Vot-ER to take a different perspective on it from the civic health angle. And at Vot-ER, our work is around integrating civic engagement into healthcare. We're a nonpartisan, nonprofit organization that develops civic engagement tools and programs for every corner of the healthcare systems. We work with private practitioners, to medical schools, to hospitals, you name it, we probably work with them on voter access. Our work is driven by a community of health professionals, organizers, clinical students and technologists, all united by a common vision that healthy communities should be powered by an inclusive democracy. And together, we've expanded Vot-ER programs into over 700 hospitals and clinics and helped more than 75,000 Americans prepare to vote.

>> Wow. And what do you see is the most important issue facing us as we work to improve civic health?

>> Great question. There is for us at Vot-ER and where we sit, there's so much interest right now in ensuring that we all have voice in the system surrounding us and particularly in how our health systems function and how all the different social determinants of health result in our health outcomes in our life. And so the question that we face at Vot-ER and the challenge we face right now is, how do we support that civic health in every community, every hospital, every clinic, to take this work to scale?

>> And, you know, I'm just curious like, what was the response from patients and folks in the healthcare field to Vot-ER when it started?

>> You see this wide and deep understanding that there is this link between voting and health that health professionals are seeing and bringing into their work. You see that in academic, medical settings, and community health centers all across the country. And the reason we see that level of interest is that there's a deep evidence base around the link between voting and health. We see it at the global level when you look countries like Brazil. We see it here nationally in the U.S. in the correlation between health outcomes and voter access. We see it locally at the state level, full state but also at the local level where the more people who turn out in a local election and the more diverse those folks are, the higher the level of investment that you find in resources in that community. So health professionals, they understand and know this in their bones and as a result of that, when they see opportunities like Vot-ER to help uplift their patients through civic health, they jump at those opportunities to get involved. What we've learned from our work, in our surveys is that our tools help uplift our health professionals and half of our professionals surveyed say that Vot-ER helps prevent burnout in their spaces, that this is a really important part of their identity as health professionals and making a broader impact on the systems that they are a part of.

>> Wow. Now that is interesting. So being able to empower their patients to participate civically is actually helping the provider as well. That's interesting, Aliya. Can you share a little bit more about that?

>> Absolutely. We run something called the Civic Health Fellowship and its -- part of that fellowship is working with the Nobel Peace Prize-nominated faculty who have been a part of social movements around the world to help support our health professionals to engage in civic engagement with their patients. And there are health professionals in that program who tell us, look, I was feeling like I could do nothing about the challenges my patients were facing and then Vot-ER came along and through this fellowship or through the Vot-ER tools, I now have the opportunity to help impact some of the challenges that are facing me every day when I'm in the space with my patients. It's a feeling of empowerment both for the patients and for the health professionals.

>> So both parties have that sense of agency as a result of the interaction. I would have never thought about that. That's amazing and I'm glad that you've learned that information. And earlier, you were talking about the, you know, the program has grown. So how has the responses to -- how has the responses changed over time?

>> When we looked last year -- so last year we were in our third year of Vot-ER, we started to see these really beautiful elements of not just individual hospitals and clinics adopting this work but also major institutions across the country. And one example of that is the American Medical Association last year passed a resolution on the link between voting and health, pulling together the same research base that we've been building our work off of, making it a formal aspect of what do we think about as health equity? What do we think about as the social determinants of health? So [inaudible] one example, really huge shift in the space. And then the other one is, last year, Health and Human Services listed voter access as one of their standards in the Healthy People 2030 framework acknowledging and recognizing. But if we truly want a healthy country, we need to make sure that every

person has voice in the decisions that are shaping the policies that then create their health outcomes. So we see this shifting from something happening at grassroots level to something that is undeniable also at the grass tops level. And we see major institutions and governments taking that cause up and making sure that that's possible for health professionals to run with it and continue to grow it.

>> That's amazing. And what are some of the ways that you seen healthcare organizations incorporate discussions with patients and providers about voter participation?

>> You see it really differently in different spaces. Let me give you a couple examples. There's the Veterans Affairs in Durham, North Carolina, where what they ended up doing was acknowledging this link between voting and health from top to bottom in the institution and ended up doing a major sort of cross-cutting training around this linkage and making sure they were asking their patients about voter access. You also see organizations where what they're nervous about is making sure that they can weave this into existing systems so that they're not putting another question on their health providers to ask patients. And so they may incorporate it into their registration systems, incorporate it into the check-in process. Some of the folks working on doing things like that are Einstein Healthcare in Philadelphia and then the Dana-Farber Cancer Institute are both great examples there. And then you have these organizations like smaller community health centers where it's a combination of both things they can do through their internal systems, but then also the relationships that they have with their patients and the deep level of, you know, first name to first name personal relationships that they have with their communities that let them embed this into things like their upcoming kind of cancer screening drive or their upcoming COVID vaccination drive, really allowing them to embed it into the things that are already happening.

>> You know, unfortunately, these last few years have shown diminishing trust in institutions, including healthcare. What role do programs like Vot-ER play in reestablishing trust?

>> I want to start the answer to this question actually outside of the healthcare space because it turns out that according to the 1993 National Voter Registration Act, the main touch point in the United States that is codified for voter registration is the Department of Motor Vehicles. Don't know how often you go to your Department of Motor Vehicles. I go about once every 10 years and no, I do not know the name of the person who greets me at the Department of Motor Vehicles and ask if my address is updated and if I'm registered to vote. I don't have a relationship with that institution at all and if I think about institutions that I have come to not really love or trust, I'd probably put the DMV on that list. So when you think about health spaces, what we find is that even though there are really important and very valid concerns around the institutional trust of health spaces, that Americans still rate their health professional as one of their most trusted people in the country. Nurses have been at the top of the list for two decades. Doctors and pharmacists are in the top four. And when you make this question specifically about the health provider that you have as opposed to the health system as a whole, we see that trust enduring because of the relationship between health professional and patient. And so with that trust, we're able to continue that trusted conversation around democracy and really help bring new forms of trust to an institution around democracy that has trust fraying at the edges that really needs that bolstered support in order to shore it up. So that's a bit about the trust piece and, you know, we're constantly recognizing that we are both tapping into an

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existing well of trust in our work around that health professional but also helping generate that trust through that mutual conversation and that recognition that the health professional can support the patient in other novel ways beyond prescribing a medication, beyond kind of taking them through the protocol that's in their health space.

>> And how does social solidarity play a role in messaging the idea that we all do better when we all do better?

>> Ericka, I want to take you back to the summer of 2020. And at that time, what health professionals were experiencing was that they were seeing more Black and Brown patients coming in to be put on ventilators for COVID than any other group. They were seeing these health disparities directly in front of them and they were confronted with the reality that there was almost nothing that they could do in that moment. And the reality was that in order for that to change, it was going to take everyone to shift that. When they then saw the murder of George Floyd, another part of the reality set in, which is not only do I not have tools within my health space to serve my patient, when they go beyond the walls of my hospital, they're being subjected to dynamics in society that could harm them in yet other ways. And what you saw there was health professionals recognizing the importance of a patient's vote and on the flip side, patients concerned about their health, particularly if they were immunocompromised, worrying if they could show up to vote. I want to give you an example. In 2020, we shipped 20,000 Healthy Democracy kits, our Vot-ER badges and lanyards, to health professionals across the country. And when we did that, we worked with a lot of volunteers and I remember one volunteer who helped me pack and ship these. She comes to pick up the materials and when I'm asking her, how did you get involved? Why are you interested in this? She said the Georgia primary is coming up. My husband is immunocompromised. I have a son. My son is Black. I'm not sure if I can participate in this election because I have not received my ballot and I'm afraid to show up at the polls because of the risk [inaudible] to my husband. And I'm standing here in the midst of everything that's going on and I need to do something. And so what I'm going to do is I'm going to help make sure other people can vote by doing this with you. That was what she wanted to accomplish in that moment and she represents one of so many people who saw this trade-off that they were facing. So there was this unique nexus of what health professionals really cared about and what patients really cared about and bringing that together. And what we found is that over time, that feeling of understanding has actually persisted. We're really proud of the ways that, you know, as you mentioned, health professionals having these conversations continues that ongoing trust, recognizing it's not just what happens in these walls, it's not just what medication I prescribe, it's also what policies shape the work beyond these walls.

>> Yeah. Thank you for sharing that story. There's so many things that we don't realize influence our decisions to act or not to act. And so thank you for sharing that story. The healthcare sector is already grappling with some competing priorities. So, I'm curious, what's driving their interest and involvement in civic health? Now we talked a little bit about this but I'm just curious, how can this success translate to other sectors?

>> Well, that's a good one. Let me take pediatricians as an example. We have a number of segments of the healthcare professional space that are very involved in Vot-ER and pediatricians are one of those. Every pediatrician who has seen a child with asthma is saying to themselves this child had nothing to do with the fact that they have asthma. Some politician put a bus depot in their family's backyard, that kid has asthma. They have nothing to do

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with it. So, pediatricians, this really understand this link between civic health and physical health. And, you know, health professionals in other spaces who have seen a patient struggle to pay the cost of their medication, who are experiencing a lack of access to clean water, who are seeing air pollution around them, they're -- they see these relationships in the world around them and they're able to act on them in part through the tools that Vot-ER supports them with and puts forward. So even though there's a competing priority, there is a sense amongst health professionals that if we're going to address this system, we don't just have to go to the causes of poor health, the social determinants of health, but actually go all the way up to the causes -- the causes and how can that success translate to other sectors? That I have less of a sense of. What I will say is that with Vot-ER, what we've tried to do is combine the importance of this relationship between voting and health in a simple and accessible way for a health professional and their patient to act upon that. And our Vot-ER badges and lanyards are a perfect example of that, where it's a small thing that a health professional can do that will make a big impact on that patient's ability to vote.

>> Yeah. Thanks for sharing that. And beyond voting, what can communities do to strengthen civic health?

>> This is a great question. It's one I've been thinking about a lot. And if you ask me on different days, you'll hear different answers depending on where we are and what's happening in the world around us. So I'm going to give an example right now that I've been thinking about a lot. Because voting is a critical aspect of civic health and also voting is not the only building block of a healthy, thriving democracy. How we determine what power a vote holds is actually different all across the globe. Every country does it differently. Even within the U.S, different states and different counties within the U.S. do it slightly differently. And it turns out that the way that the U.S. political system works can make it challenging for folks from communities of color to have a say in their health compared to the set up in other democratic systems. As we think about strengthening civic health, questioning whether the rules as they are written are actually rules that can get us to health equity on their own merit, right? Even if we completely pour into and completely participate in the current system that we have, are there other things that need to shift around the rules that define that system that make sure that all voices and in particular the voices of those who, through our current system, can often be diminished to very little power, that those voices actually have a say in shaping the policies and outcomes in communities.

>> Thank you so much. I love your examples. I mean, they're just vivid. It's encouraging to see how healthcare organizations have helped tens of thousands of people register to vote. So, you know, we thank you for that.

>> Thank you for the great work you all are doing at the institute.

>> And thank you for being a guest here on In Solidarity.

>> Absolutely. It's my honor and pleasure.

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>> So interesting, Ericka. As Jeanne and Aliyah talked about, both healthcare and public health are working to improve civic health. Both fields bring unique strengths to this work. Public health has the expertise to bring together partners, use data and implement evidence-informed solutions, while healthcare fosters the relationships and trust that providers have with patients.

>> Yes. Even as we've seen trust in institutions decreasing, trust between healthcare providers and patients remains. That trust helps providers talk with patients about voting and why it matters to their health.

>> Aliyah also made the point that providers value these conversations, in part because they recognize that the things that shape our health go beyond the exam room. Having conversations about voting and how voting can shape health helps them contribute to broader systems-level change in their communities. We're going to continue to explore policies and practices that contribute to civic health and health equity in our next episode, Ericka.

>> Yes. In our fourth and final episode in this series, we'll talk with two more experts. Solange Gould of Human Impact Partners, will explain the connection between civic health and power. And we'll hear from Dr. Erika Blacksher. She's an ethicist, engagement scientist, and research professor at the University of Kansas School of Medicine. Dr. Blacksher will help us understand how, together, we can improve all of our health through democratic deliberation.

>> Looking forward to it. That's it for this episode. Until next time, I'm Beth.

>> And I'm Ericka.

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

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