

COMMUNITY
ENGAGEMENT
INSTITUTE

Generating Knowledge, Empowering Us All

FIX THE FLAWS, FIGHTS AND FAILURES FOR COMMUNITY HEALTH

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Outline of Session

Health inequity and social determinants of health:

Definition and extent in our community

Awareness of health disparities

Polarization over health disparities

Our cultural values divide us

Pluralistic messaging to engage our whole community

Your input – bright ideas and fresh insights

Questions

HEALTH EQUALITY AND EQUITY

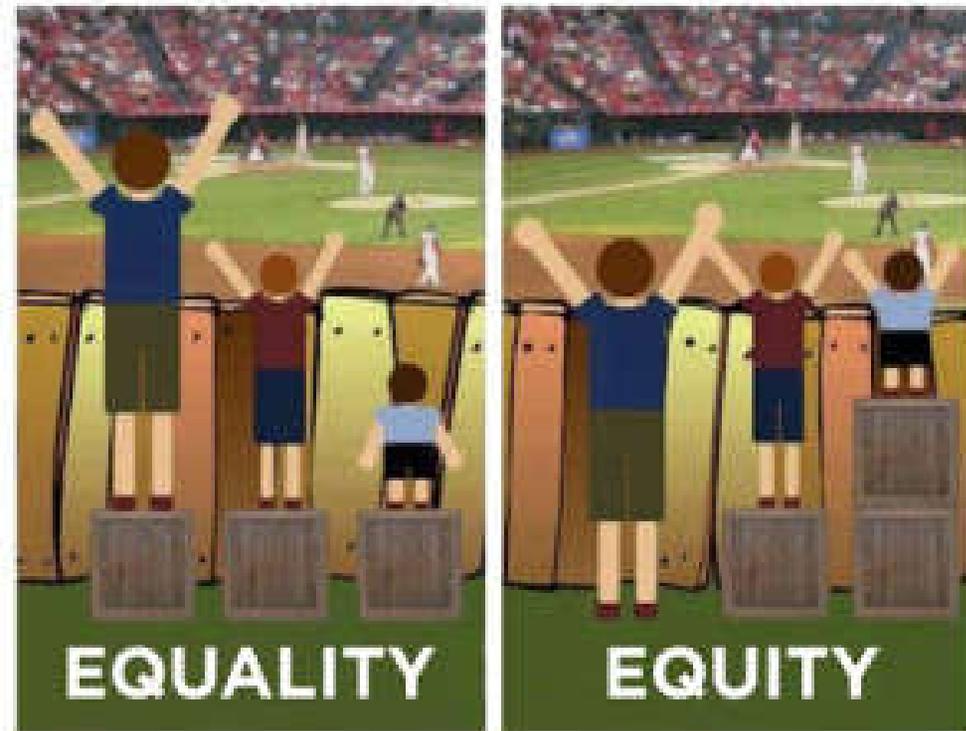
Inequity or Inequality?

■ Inequality

- Refers to health differences that may be reduced but not eliminated; may be due to genetics or aging.

■ Inequity

- Refers to differences that are unfair and preventable; action can be taken to reduce inequities



Social and economic conditions affect our lives and determine our risk of illness and the actions taken to prevent us from becoming ill or treating illness.

Social Determinants of Health:

Structural conditions where we are born, grow, live, work and age and forces and systems shaping these conditions including economic policies and systems, development agendas, social norms, social policies and political systems.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

A Social-Ecological Model

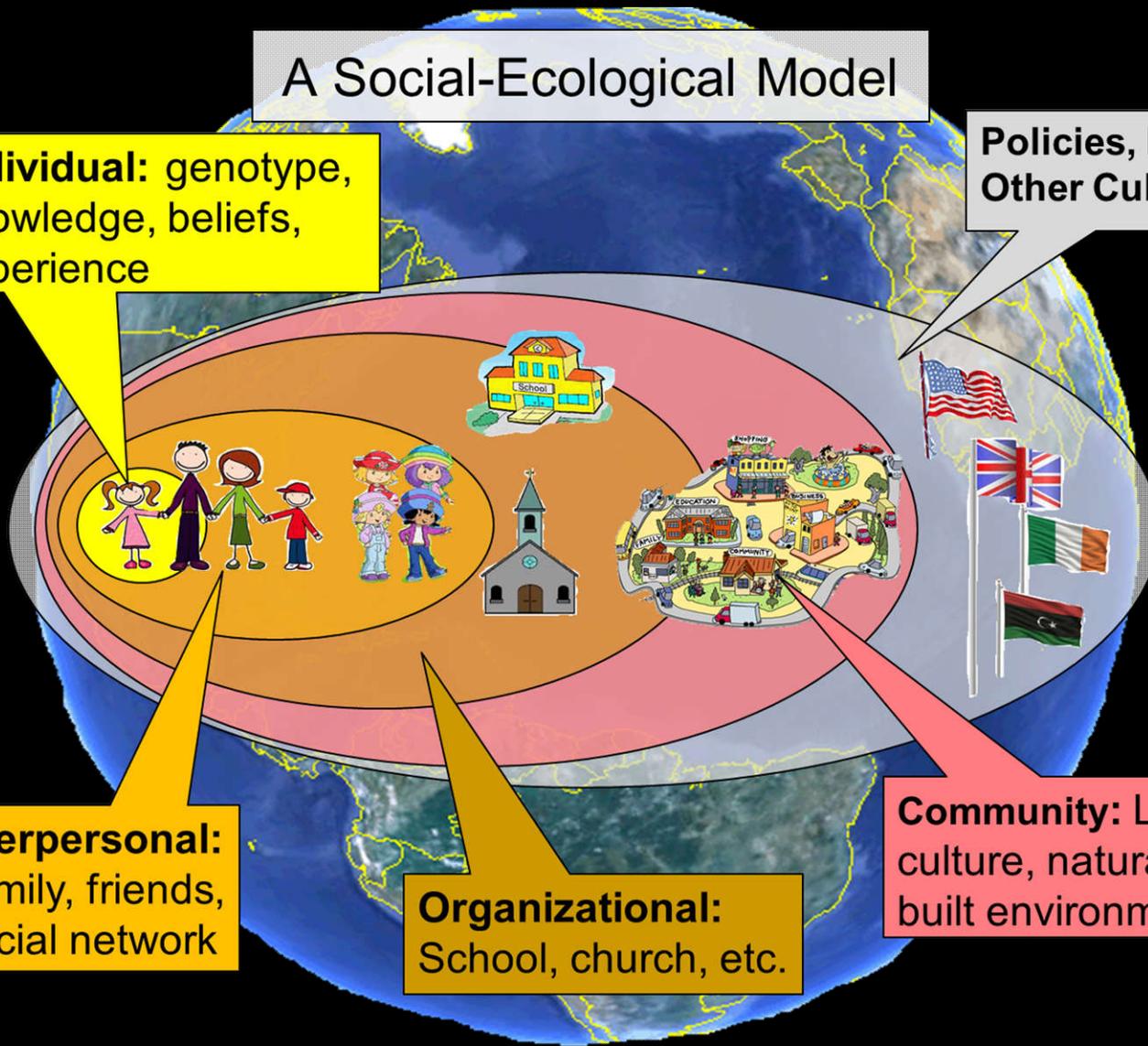
Individual: genotype, knowledge, beliefs, experience

Policies, Laws, Other Cultures

Interpersonal: Family, friends, social network

Organizational: School, church, etc.

Community: Local culture, natural & built environment



“When it comes to health, your zip code matters more than your genetic code.”

Dr. Tony Iton

Health Measures

2010-2012 County
Comparisons
Jefferson Shelby

Children living in poverty (%)

23

10

Children in single-parent
households (%)

41.5

19

Teen births/1000 women

50

28

Low birthweight baby (%)

11.4

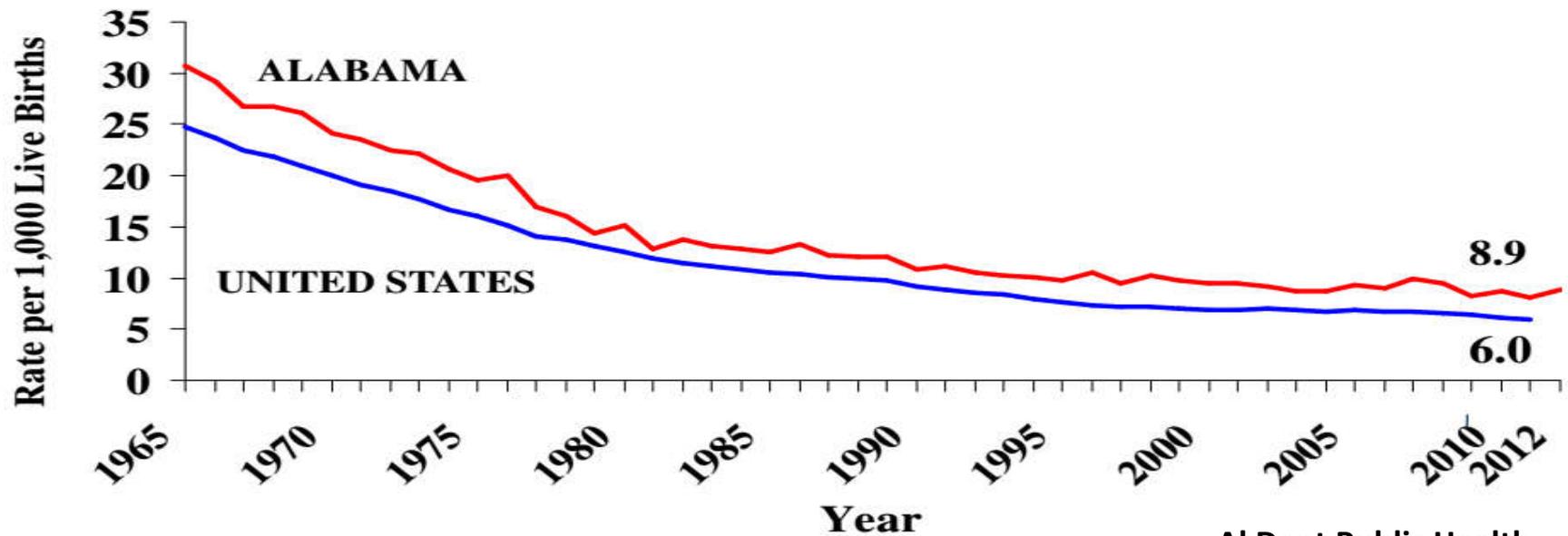
8.2

LIFE EXPECTANCY IN JEFFERSON VS. SHELBY COUNTY: 4-5 YEARS SHORTER IN JEFFERSON COUNTY

County	Male 1990	Nation- Local 1990	Male 2010	Nation- Local 2010	Female 1990	Nation - Local 1990	Female 2010	Nation- Local 2010
Jefferson	68.9	2.6	72.0	4.1	76.5	1.8	77.5	3.3
Shelby	71.9	- 0.4	77.3	- 1.2	77.9	0.4	81.0	- 0.2
National	71.5		76.1		78.3		80.8	

Alabama has 50% higher infant mortality

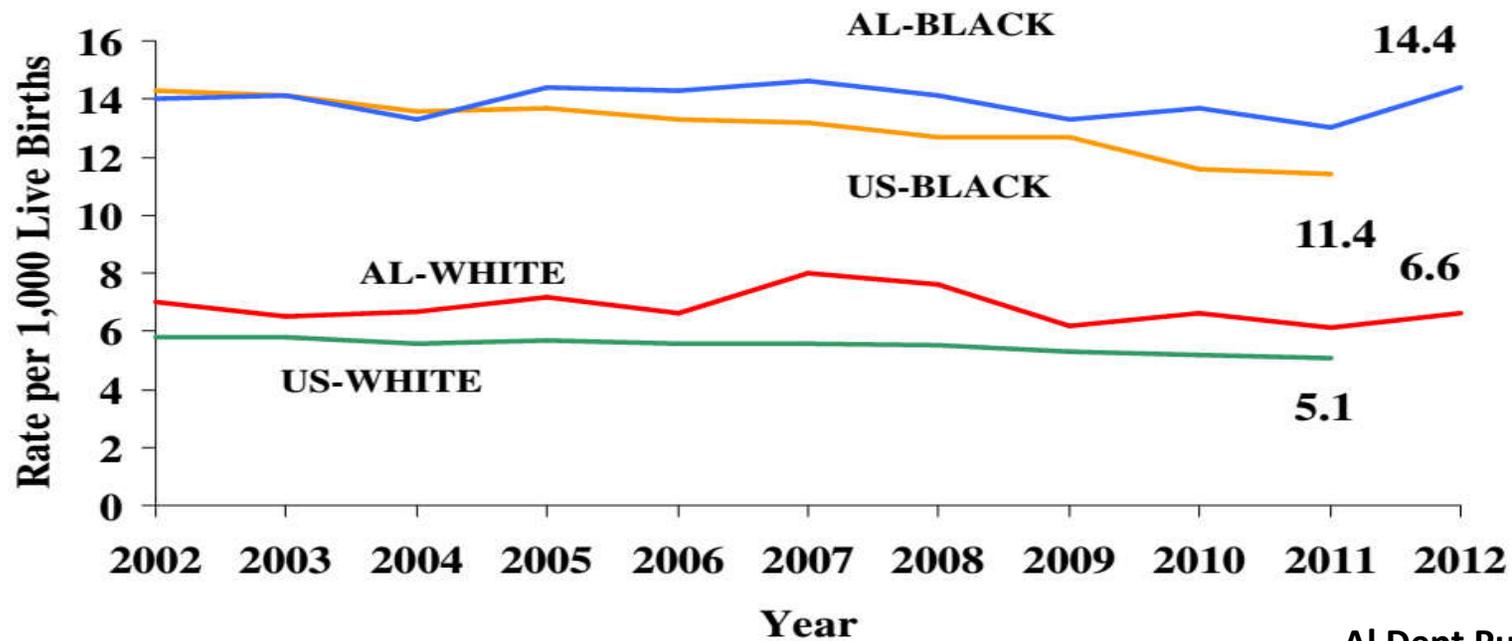
INFANT MORTALITY RATES ALABAMA AND UNITED STATES¹ 1965-2012



AI Dept Public Health

Alabama Blacks have 120% higher infant mortality than Alabama Whites

**INFANT MORTALITY RATES
ALABAMA AND UNITED STATES¹ BY RACE,
2002-2012**



ARE PEOPLE AWARE
OF HEALTH
DISPARITIES?

NO

Awareness of health disparities is low: Less than 50% in US know Blacks are worse off than White

Table 2. Percentage of Respondents Reporting That Group A Is "Worse Off" Than Group B, by Different Domains of Potential Disparities, National Opinion Survey on Health and Health Disparities, 2008-2009

Domain	Groups Being Compared				
	African Americans (A) vs Whites (B), % (n = 373)	Non-High School Graduates (A) vs High School Graduates, (B), % (n = 378)	High School Graduates (A) vs College Graduates (B), % (n = 388)	Poor (A) vs Middle Class (B), % (n = 391)	Middle Class (A) vs Rich (B), % (n = 378)
The groups differ in terms of their health.	46	60	35	73	44

Prev Chronic Dis 2011;8(4):A73

Awareness of health disparities in low (57%) even among African-Americans

Table 3. Awareness That Group A Has Worse Health Than Group B, by Respondent Characteristics, National Opinion Survey on Health and Health Disparities, 2008-2009

Characteristic	Groups Being Compared									
	African Americans (A) vs Whites (B) (n = 373)		Non-High School Graduates (A) vs High School Graduates (B) (n = 378)		High School Graduates (A) vs College Graduates (B) (n = 388)		Poor (A) vs Middle Class (B) (n = 391)		Middle Class (A) vs Rich (B) (n = 378)	
	%	P Value	%	P Value	%	P Value	%	P Value	%	P Value
Race/ethnicity										
Hispanic	54	.19	65	.81	34	.39	47	.03	32	.14
Non-Hispanic black	57		63		44		80		56	
Non-Hispanic other	44		60		34		74		43	
Political ideology										
Conservative	32	<.001	60	.36	28	<.001	68	.01	35	<.001
Moderate	47		58		36		69		38	
Liberal	65		67		50		85		62	

^a Calculated on the basis of 2008 federal poverty levels and household size.

Awareness of health disparities is low (56%) even among African Americans

Public Awareness Of Specific Disparities, By Respondent's Race Or Ethnicity, 2010

Percent of respondents aware of disparities between whites and

Disparity	African Americans	Hispanics or Latinos	Asian Americans or Pacific Islanders
WORSE OFF IN TERMS OF INFANT MORTALITY			
Whites	43	32	7
African Americans	56**	43	19
Hispanics/Latinos	35	32	11
Asian Americans/Pacific Islanders	36	30	3

Awareness of Health Disparities over 11 years: No change

Changes In Public Awareness Of Racial And Ethnic Health Disparities, 1999-2010

Disparities between whites and	Percent of respondents aware	
	1999	2010
African Americans and Hispanics or Latinos and Asian Americans or Pacific Islanders	— ^a	52
African Americans and Hispanics or Latinos	55	59
African Americans	57	59
Hispanics or Latinos	53	61 ^{**}
Asian Americans or Pacific Islanders	— ^a	18

SOURCES For 1999: data from Note 3 in text. For 2010: data collected and analyzed by the authors.

NOTE Significance is between 1999 and 2010. ^aData not collected. ^{**} $p < 0.05$

Awareness of specific health disparities: No change in 11 years

Public Awareness Of Specific Health Care Access And Health Status Disparities, 1999–2010

Disparity	Percent of respondents aware of disparities between whites and				
	African Americans		Hispanics or Latinos		Asian Americans or Pacific Islanders
	1999	2010	1999	2010	2010
Worse off in infant mortality than whites	44	43	37	34	9
Worse off in life expectancy than whites	42	45	35	35	9
Worse off in general health than whites	28	35**	27	34**	7

SOURCES For 1999: data from Note 3 in text. For 2010: data collected and analyzed by the authors. **NOTE** Significance is between 1999 and 2010. ** $p < 0.05$

Awareness ≠ Action

Awareness is necessary but not sufficient for change

“Awareness is important at the outset but leaders from the civil rights era, including Martin Luther King Jr. and Rep. John Lewis, would begin with the protest but then very rapidly engage in the powers that be to say, ‘We will stop protesting when you use this specific thing.’”

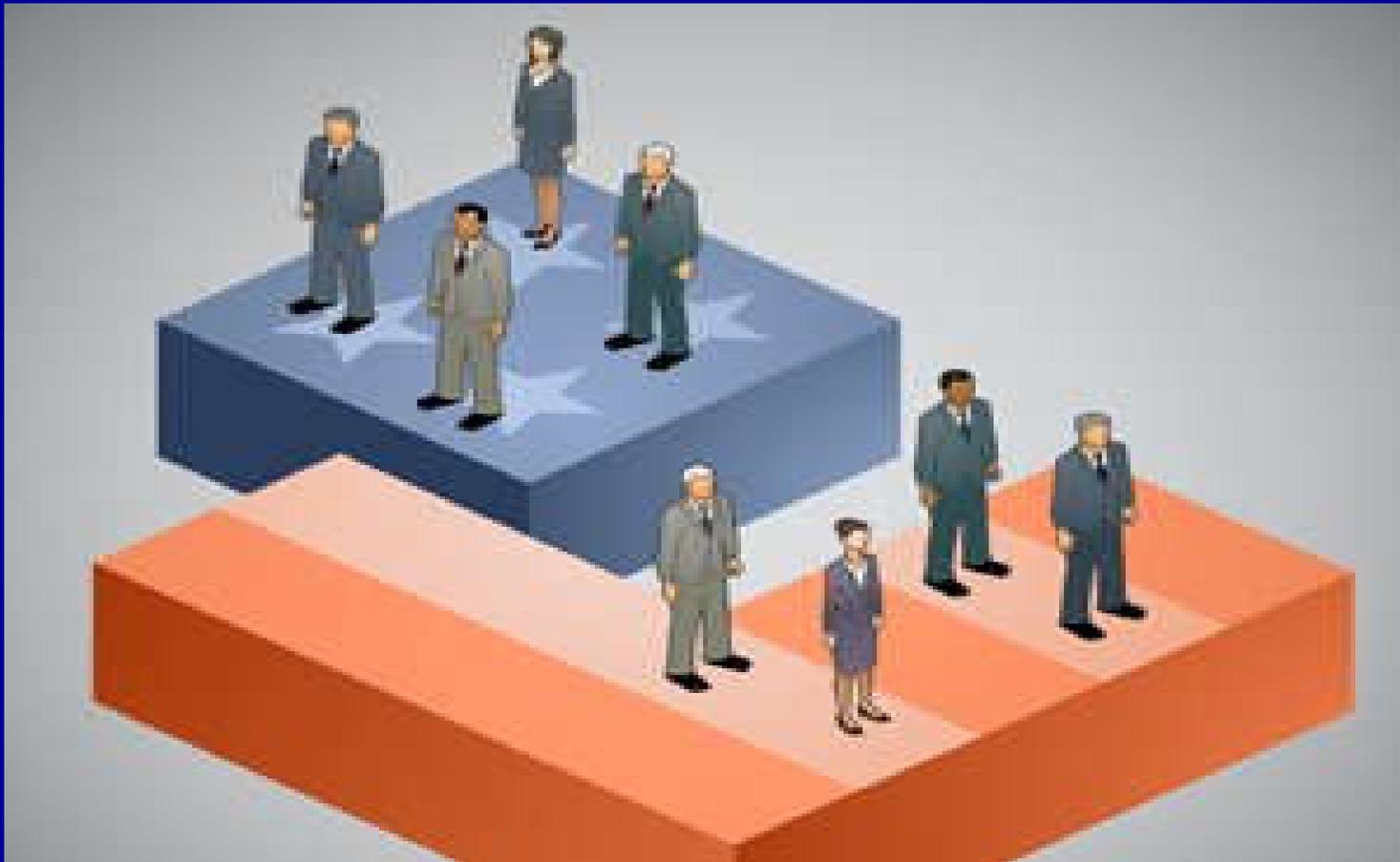
Barack Obama 10-12-2016

What happens with awareness?
Is there common understanding?

NO

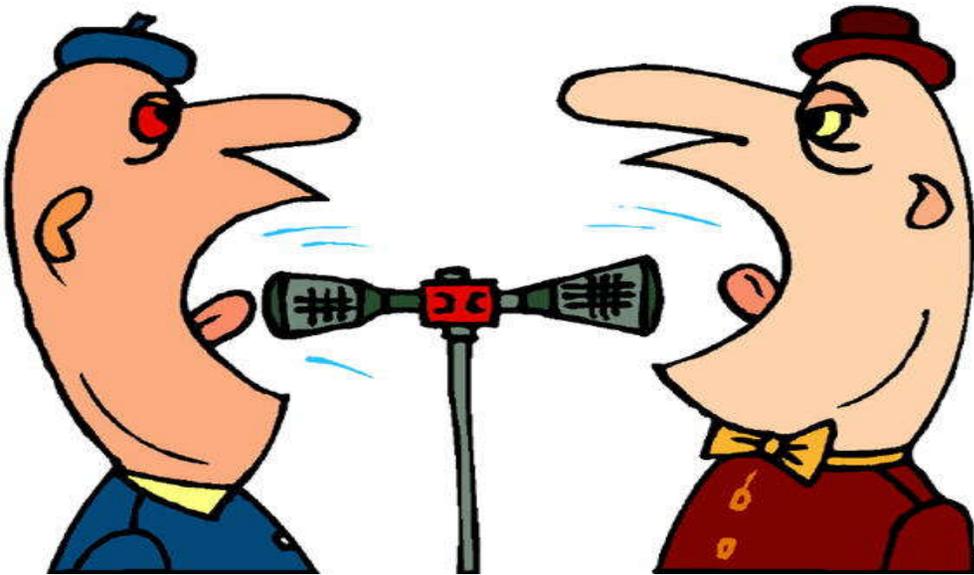
WE SEPARATE!

Partisanshi(X) We stand divided



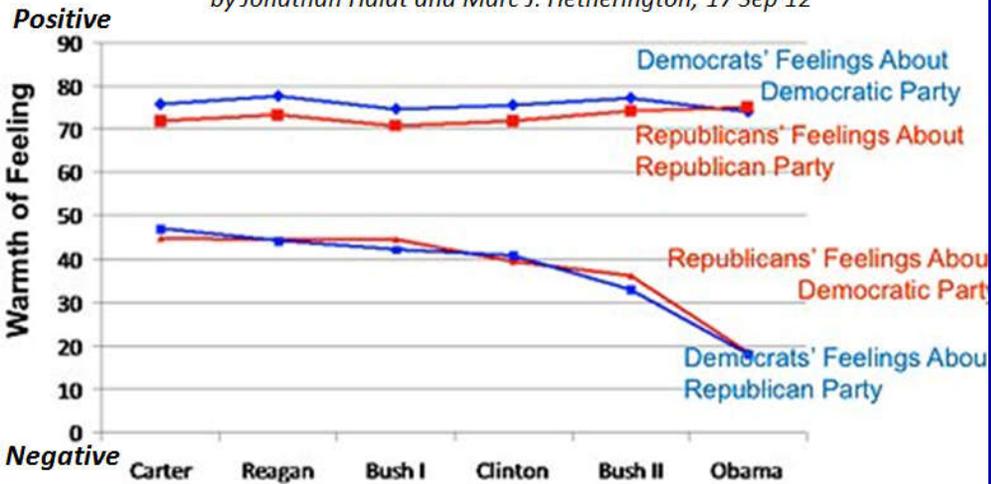


Our Fractured Republic



Political Party Divisiveness

Source: *The New York Times, The Opinion Pages, "Look How Far We've Come Apart",* by Jonathan Haidt and Marc J. Hetherington, 17 Sep 12

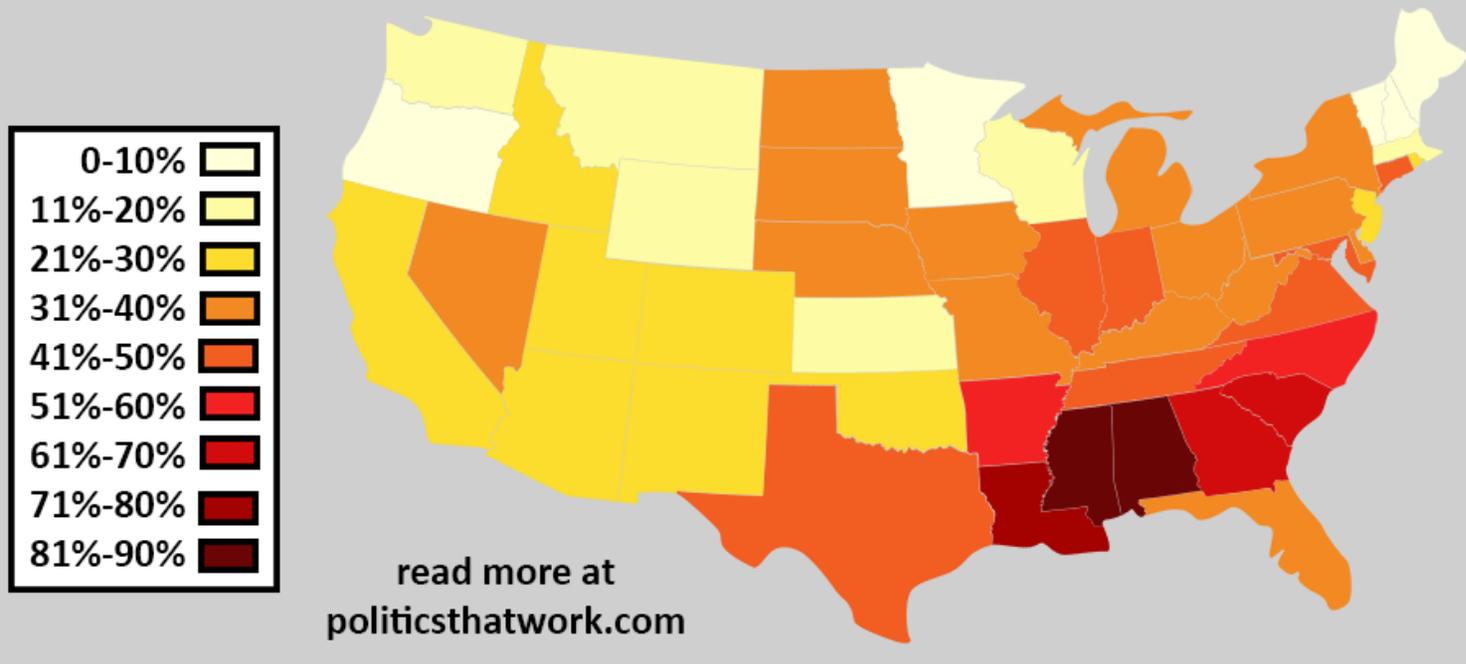


OUR HATRED FOR THE OTHER POLITICAL PARTY IS WORSE THAN EVER

HYPERPOLARIZED POLITICS IN SOUTH BETWEEN RACES: 2008

Degree of Racial Political Polarization

The gap between how whites vote and how non-whites and Hispanics vote



The percentages in the map are the difference between the percentage of non-Hispanic whites who responded to exit polls in 2008 indicating that they had voted for President Obama and the percentage of non-whites or Hispanics who indicated that they did. For example, if in a given state, 40% of whites supported President Obama and 60% of minorities did, the degree of racial political polarization reflected on the map would be 20%.

US Opinions on Health Determinants and Social Policy as Health Policy

To examine what factors the public thinks are important determinants of health and whether social policy is viewed as health policy, we conducted a national telephone survey of 2791 US adults from November 2008 through February 2009. Respondents said that health behaviors and access to health care have very strong effects on health; they were less likely to report a very strong role for other social and economic factors. **Respondents who recognized a stronger role for social determinants of health and who saw social policy as health policy were more likely to be older, women, non-White, and liberal, and to have less education, lower income, and fair/poor health.** Increasing public knowledge about social determinants of health and mobilizing less advantaged groups may be useful in addressing broad determinants of health. (Am J Public Health. 2011;101:1655–1663).

Predictors of Rating an Approach as Being Very Effective at Improving Health: US Adults, 2008–2009

Political views relate to support for providing health insurance to more people and reducing pollution and poverty after adjustment for age, gender, education, race/ethnicity, income, and self-rated health.

Approaches Rated	Political Views (Ref = Conservative)	
	Moderate, OR (95% CI)	Liberal, OR (95% CI)
Reducing smoking	0.62* (0.47, 0.82)	0.83 (0.60, 1.13)
Providing health insurance to more people	1.93* (1.57, 2.38)	4.28* (3.28, 5.57)
Programs to encourage people to improve personal health practices	0.96 (0.80, 1.17)	1.21 (0.98, 1.50)
Reducing pollution	1.40* (1.15, 1.70)	2.28* (1.82, 2.86)
Reducing poverty	1.53* (1.26, 1.86)	2.50* (2.00, 3.14)
Improving access to early childhood development programs	1.25* (1.03, 1.51)	1.69* (1.36, 2.10)
Reducing violence in communities	1.27* (1.05, 1.54)	1.57* (1.27, 1.93)
Reducing unemployment	1.37* (1.13, 1.66)	1.54* (1.25, 1.89)
Increasing no. of people who finish HS	1.37* (1.13, 1.66)	1.34* (1.09, 1.64)
Improving social supports and social networks	1.17* (0.96, 1.42)	1.47* (1.19, 1.82)
Improving housing quality	0.99 (0.81, 1.21)	1.47* (1.18, 1.82)

Note. CI = confidence interval; HS = high school; OR = odds ratio. Each row shows results from a logistic regression in which responses that a given approach would be very effective at improving health (1) or not (0) are regressed on age, gender, education, race/ethnicity, income, self-rated health, and political views. Each regression controls for the other predictors.* p ≤ .05

Am J Public Health. 2011;101: 1655–1663

The Polarizing Effect of News Media Messages About the Social Determinants of Health

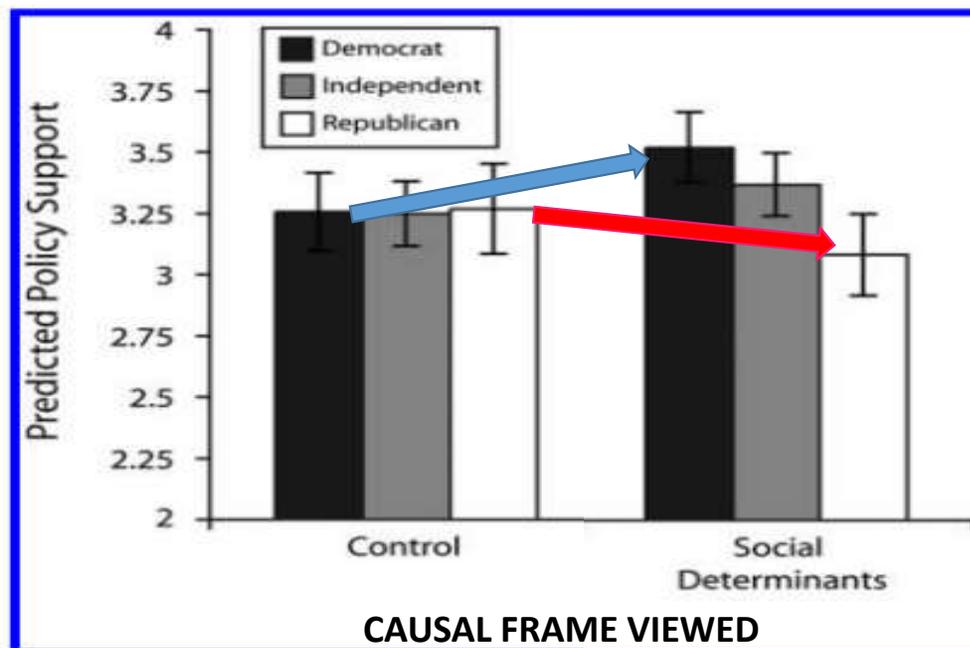
Framing health problems in terms of the social determinants of health aims to shift policy attention to nonmedical strategies to improve population health, yet little is known about how the public responds to these messages. We conducted an experiment to test the effect of a news article describing the social determinants of type 2 diabetes on the public's support for diabetes prevention strategies. **We found that exposure to the social determinants message led to a divergence between Republicans' and Democrats' opinions, relative to their opinions after viewing an article with no message about the causes of diabetes. These results signify that increasing public awareness of the social determinants of health may not uniformly increase public support for policy action.** (Am J Public Health. 2009;99:2160–2167).

TABLE 1—Causal Frames and Photo Captions in Experimental News Media Article About Type 2 Diabetes: United States, 2007

	Genetic Predisposition Frame	Behavior/Lifestyle Choices Frame	Social Determinants Frame
Causal Claim #1	Researchers believe that certain genes increase the chances of getting type 2 diabetes.	Researchers believe that the way people behave increases their chances of getting type 2 diabetes.	Researchers believe that the conditions in the neighborhoods where people live increase their chances of getting type 2 diabetes. Rates of diabetes are highest among people living in poor neighborhoods.
Causal Claim #2	Diabetes expert Dr. Howard Smith says, “People who have a specific genetic variation in the TCF7L2 gene on chromosome 10 are much more likely to develop diabetes than people who do not have this variation.” Several other scientific studies have supported the idea that genes are associated with the development of diabetes.	Diabetes expert Dr. Howard Smith says, “People who choose to eat too much food that is high in calories and who choose not to exercise are much more likely to develop diabetes.” Several other scientific studies have supported the idea that lifestyle choices are associated with the development of diabetes.	Diabetes expert Dr. Howard Smith says, “People who live in neighborhoods where the majority of stores sell food with high calories and low nutritional value, such as fast food restaurants or convenience stores, are much more likely to develop diabetes.” Several other scientific studies have supported the idea that people’s neighborhoods, including not having convenient or safe places to exercise, and being exposed to many advertisements selling high-calorie foods, are associated with the development of diabetes.
Caption (for photo)	Shirley Jackson, 42, has type 2 diabetes. She recently found out that she carries the genetic variant that makes her more susceptible to diabetes. “Since both of my parents had diabetes,” she said, “I wasn’t surprised when I got it too.”	Shirley Jackson, 42, has type 2 diabetes. She said, “What can I say, I just love to eat junk food and I hate to exercise. I guess it finally caught up to me.”	Shirley Jackson, 42, has type 2 diabetes. She said, “It’s really hard for me to eat well. Where I live, there are no grocery stores with any fresh vegetables. When I walk down the street, all I see are fast food restaurants.”

Note. These sentences appeared within a hypothetical web-based news article of approximately 350 words entitled “People with Diabetes Lobby Congress This Week.” Each article described the activities of a group from the American Diabetes Association lobbying Congress for attention to type 2 diabetes and described basic epidemiologic facts about diabetes and its medical consequences. The control condition was the article stripped of any of the causal claims and with a neutral caption. *Am J Public Health.* 2009;99:2160–2167

Reading news about social determinants of Type II DM alters support differently among Democrats and Republicans



Note. Participant opinion for each public health policy based on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree), averaged across 7 policies. Error bars represent 95% confidence intervals around the predicted mean support for public health policies (where higher values indicate more support). Difference between Democrats and Republicans in social determinants condition relative to control condition is statistically significant (b of interaction term from ordinary least squares regression = -0.45 ; $P = .005$). The ordinary least squares regression model included controls for study participants' age, gender, race (White, Black, other), ideological self-identification (liberal, conservative, middle), income, educational attainment, and diabetes status of self and family or friends.

FIGURE 2—Degree of support for public health policies after exposure to a news media article about type 2 diabetes, by causal frame viewed and political party of viewer: United States, 2007.

More Information Hypothesis = BS

Problem: Hypothesis fails to explain polarization over many issues

NEED
MORE
INFO.
PLEASE



VS.



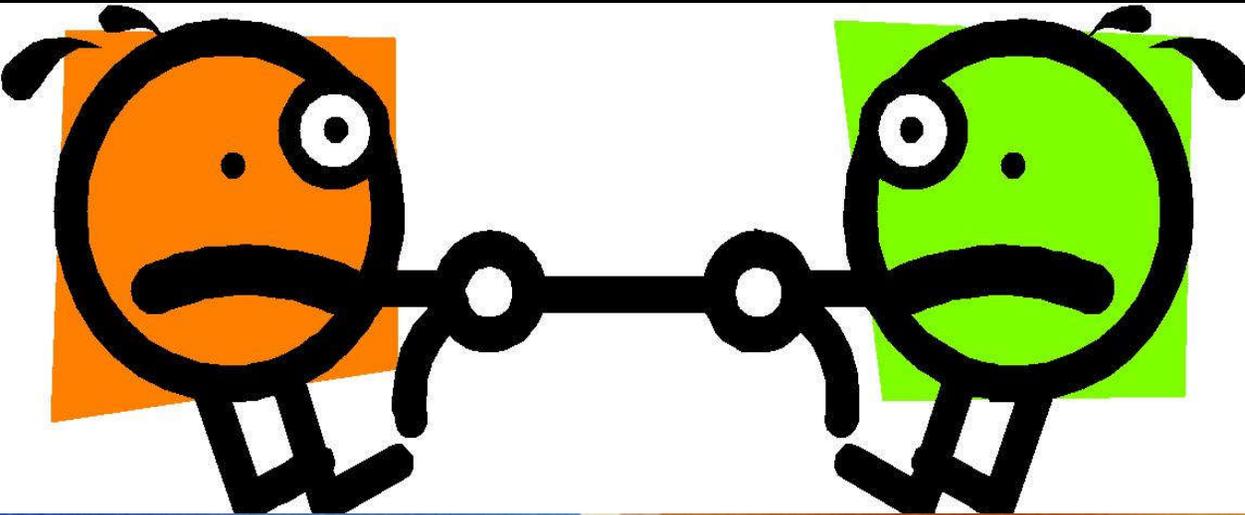
NEED NO
MORE
INFO.
PLEASE

Reactance:

A flood of facts doesn't work; it polarizes

- THE MORE INFORMATION HYPOTHESIS: Most SDH communication still simply floods us with as much sound data as possible on the assumption that the truth is bound, eventually, to drown out its competitors.
- When truth threatens our cultural values, hyper-communication only hardens our resistance and increases our willingness to support alternative arguments, no matter how lacking in evidence.
- This reaction is substantially reinforced when the message comes from public communicators unmistakably associated with particular cultural outlooks or styles — even more so if such advocates indulge in partisan rhetoric and ridicule opponents as corrupt or devoid of reason.
- Ingroup vs. Outgroup: We, then, experience such debates as contests between warring cultural factions and pick sides accordingly.

Different Cultural Values → Ingroup vs. Outgroup



It's simple—you can't have an in-crowd unless you leave somebody out of it—without uncool, there is no cool. So basically, you're nothing without me. HA!



Suzie would later win a Nobel Prize for her Theory of Special Social Relativity.



What separates US?

We are separated by
our cultural values!

Challenges of Raising Awareness of SDH and Health Disparities

- (1) Mismatch of elites and poor: Target audience for raising awareness about the importance of SDH and health disparities vs. race/ethnic groups disproportionately influenced by SDH and health disparities
- (2) Human attribution biases
- (3) Prominent ideology of individual responsibility: Emphasis on individual causes of health and population health disparities
- (4) Public health research priorities: Individual behaviors and medical care access, rather than SDH, as primary determinants of health
- (5) Journalistic norms and practices: Focus on individual, episodic rather than broader thematic social factors as the source of health and health disparities. Using episodic frames simplifies complex issues to anecdotal evidence; thus inviting inferences of individual attributions of responsibility that reduce perceptions of the role of society and the government for health disparities.

Human attribution biases

- Overemphasize individual factors and underemphasize contextual factors when attributing responsibility for others' actions or dispositions.
- Assign blame for others' poor health to individual shortcomings (e.g., failure to engage in healthy behavior) than to social or structural factors (e.g., poverty and little education)
- Make sense of the world by attributing the causes of events or other people's dispositions as either internal or external.
 - Internal attributions are inferences that a person's disposition is caused by that person's characteristics and so is within that person's control.
 - External attributions are inferences that a person's disposition is caused by contextual factors and so is outside that person's control.
 - External attributions associated with greater support of social policies

Our attributions come from deep cultural values

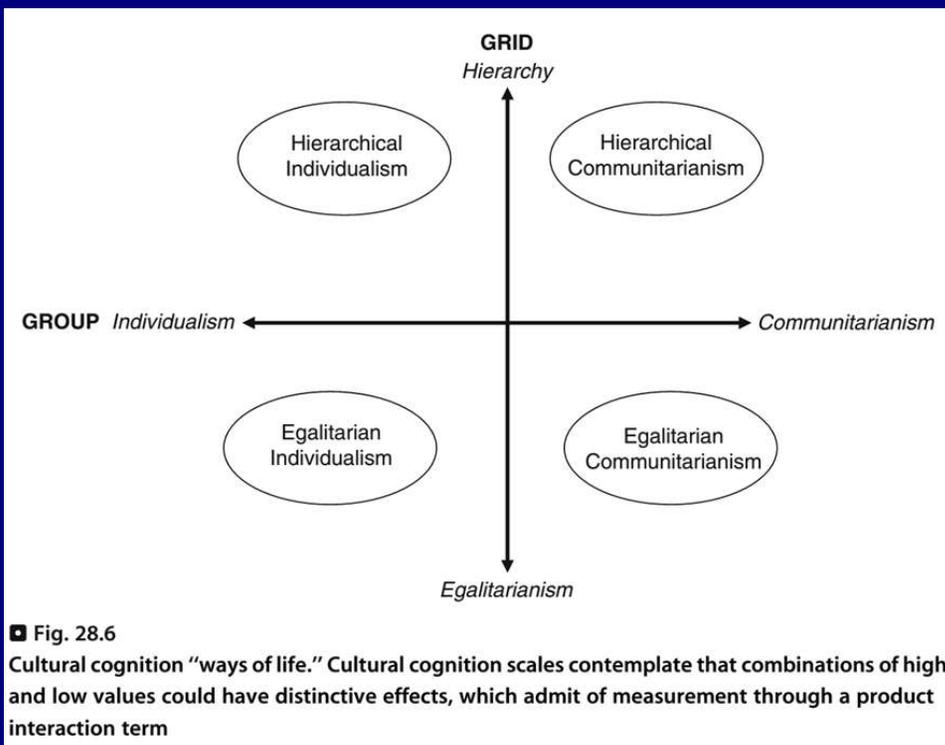
Although associations between attributions of responsibility and support for social remedies are partly due to political views, they persist when controlling for partisanship, political ideology, and SES – the cultural world views thesis.

Cultural Worldview:

Risk perceptions reflect and reinforce our commitment to specific cultural ways of life

- Cultural cognition definition: Group values around equality and hierarchy and individualism and community influence risk perceptions and related beliefs.
- Basic claims: 1) Discrete constellations of perceived risks cohere better with one or another way of life. 2) Individuals gravitate toward perceptions of risk that advance the way of life to which they are committed. 3) Groups defined by these diverse worldviews will disagree about risk.
- Basic premise of cultural theory: Individuals form beliefs about societal dangers that reflect and reinforce their commitments to one or another idealized form of social ordering. Ordinary citizens react to evidence on societal risks and positions that reinforce their connections to others with whom they share important commitments.
“We want to look good to our friends and to stay looking good to them.”

Risk-relevant Cultural Ways of Life: Group and Grid



Cultural ways of life: Characterized along 2 cross-cutting dimensions: group and grid.

- 1) Hierarchy-egalitarianism: Determines a person's relative orientation toward high or low grid ways of life.
- 2) Individualism-communitarianism: Determine a person's relative orientation toward weak or strong group ways of life.

Cultural worldview measures (rotated): Short Form

People in our society often disagree about how far to let individuals go in making decisions for themselves. How strongly you agree or disagree with each of these statements? [strongly disagree, moderately disagree, slightly disagree, slightly agree, moderately agree, strongly agree; items prefixed by 'C' were reverse coded].

IINTRSTS: The government interferes far too much in our everyday lives.

CHARM: Sometimes government needs to make laws that keep people from hurting themselves.

IPROTECT: It's not the government's business to try to protect people from themselves.

IPRIVACY: The government should stop telling people how to live their lives.

CPROTECT: The government should do more to advance society's goals, even if that means limiting the freedom and choices of individuals.

CLIMCHOI: Government should put limits on the choices individuals can make so they don't get in the way of what's good for society.

Cultural worldview measures (rotated): Short Form

People in our society often disagree about issues of equality and discrimination. How strongly you agree or disagree with each of these statements? [strongly disagree, moderately disagree, slightly disagree, slightly agree, moderately agree, strongly agree; items prefixed by 'E' were reverse coded].

HEQUAL: We have gone too far in pushing equal rights in this country.

EWEALTH: Our society would be better off if the distribution of wealth was more equal.

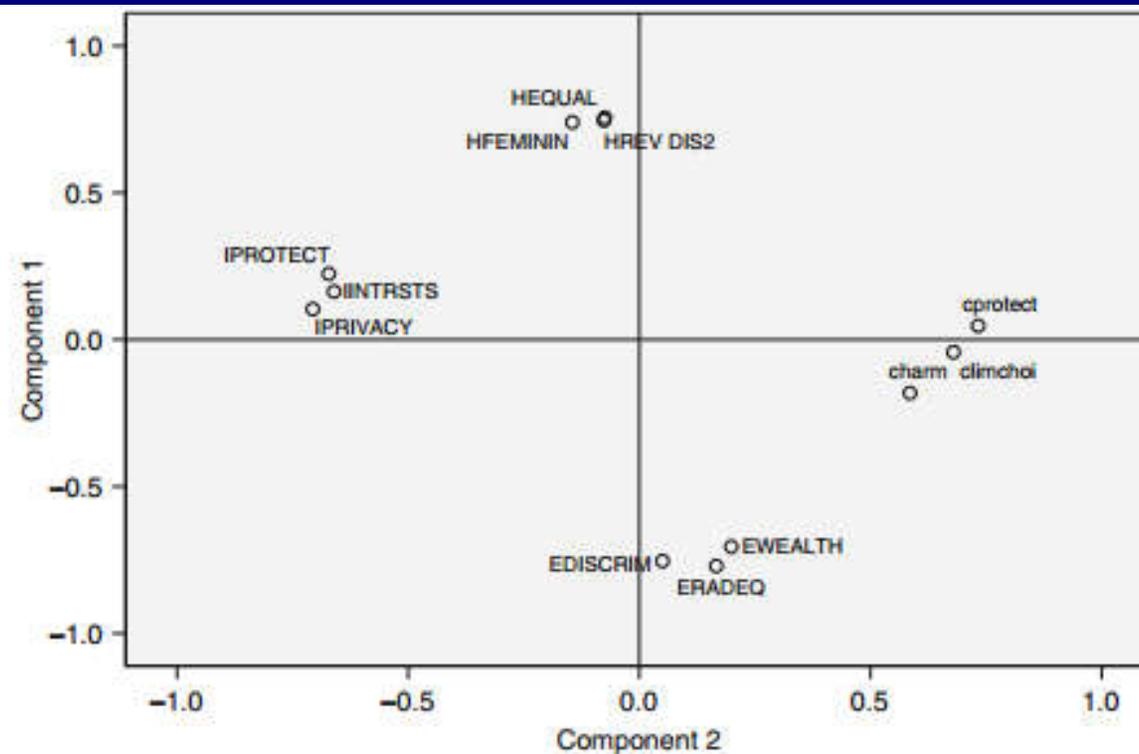
ERADEQ: We need to dramatically reduce inequalities between the rich and the poor, whites and people of color, and men and women.

EDISCRIM: Discrimination against minorities is still a very serious problem in our society.

HREVDIS2: It seems like blacks, women, homosexuals and other groups don't want equal rights, they want special rights just for them.

HFEMININ: Society as a whole has become too soft and feminine.

Cultural values scale



■ Fig. 28.5

Short-form culture scales. Short forms for Individualism–communitarianism (Cronbach's $\alpha = 0.76$) and Hierarchy–egalitarianism (Cronbach's $\alpha = 0.84$), each of which consists of six items loading on orthogonal principal components

Group: Individualism - Communitarian

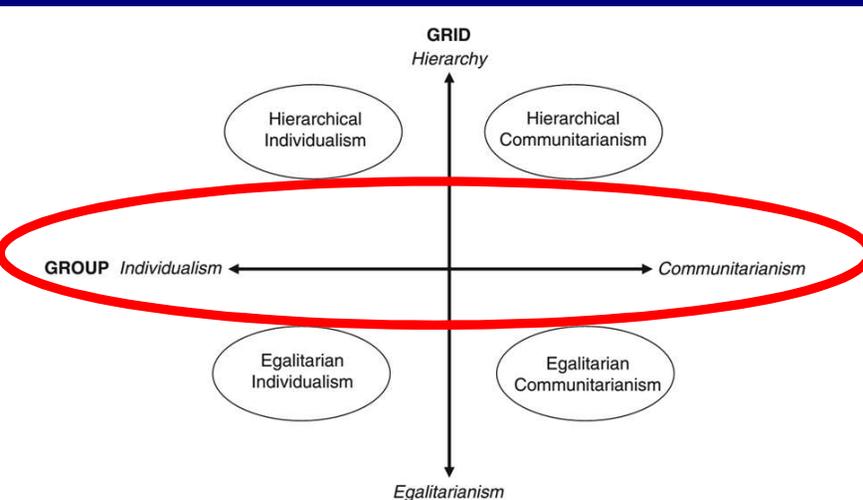
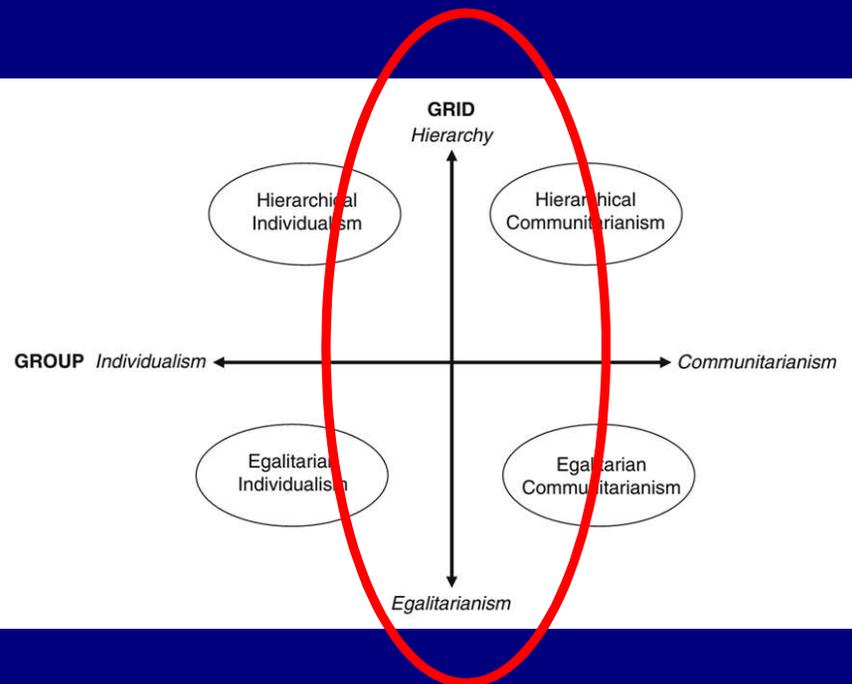


Fig. 28.6

Cultural cognition "ways of life." Cultural cognition scales contemplate that combinations of high and low values could have distinctive effects, which admit of measurement through a product interaction term

- A weak group way of life inclines people toward an individualistic worldview, highly competitive in nature. They are expected to fend for themselves without collective assistance or interference.
- A strong group way of life, people interact frequently in a wide range of activities. They depend on one another to achieve their ends.
- Communitarian mode of social order promotes values of solidarity rather than competitiveness of weak group mode.

Grid: Hierarchy - Egalitarian

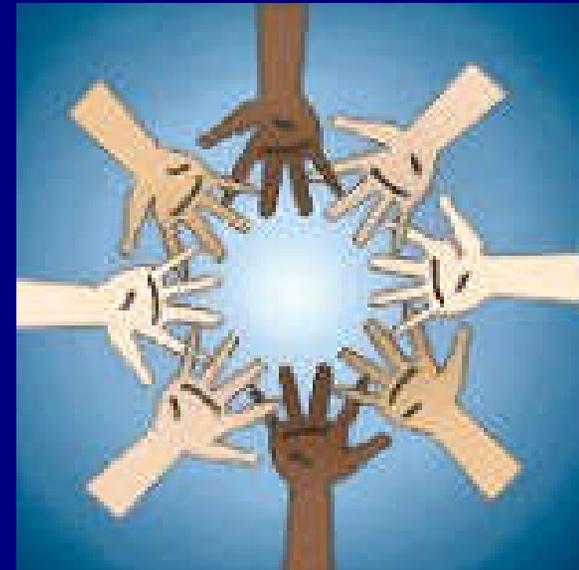


- High grid way of life organizes itself through pervasive and stratified role differentiation. Goods, offices, duties and entitlements are all distributed on the basis of explicit public social classes (e.g. sex, color). Thus, a hierarchic worldview disposes people to devote a great deal of attention to maintaining the rank-based constraints that underwrite their own position and interests.
- Low grid way of life consists of an egalitarian state in which no one is prevented from participation in any social role because they are the wrong class.

SO WHAT CAN WE DO?
LIVE IN SEPARATE
WORLDS?

NO!

TRY PLURALISM



PLURALISM: Definition

- Society in which the members of minority groups maintain their independent cultural traditions.
- System in which two or more states, groups, principles, sources of authority, etc., coexist.
- System of power-sharing among a number of political parties.
- System of devolution and autonomy for individual groups in preference to monolithic state control.
- System that recognizes more than one ultimate principle.

STRATEGY FOR FIGHTING CULTURE WAR ON FACTS: FEAR HIJACKS REASON AND EMOTION TRUMPS LOGIC

"We've come to a sad and bad misadventure where diverse citizens conflict over diverse systems of cultural certification."

"Effectively, to signal a détente in the culture war on fact, don't lead with the facts in order to convince. Lead with values to give facts a fighting chance."

"If you want someone to accept new evidence, present it to them in a context that doesn't trigger a defensive, emotional reaction."



DAN KAHAN

Potential Pitfalls Associated with SDH Frames, Narratives, and Visual Images

1. Distract from the message: Story or image must connect global stereotypes of an issue and not distract attention from the broader policy objective.
2. Lack of effect: Messaging strategies may merely raise awareness but not affect any action.

Potential Pitfalls Associated with SDH Frames, Narratives, and Visual Images

3. Elicit counterproductive emotional reactions:

- Story arouses negative thoughts and angry emotions causing rejection of the intended message.
- Awareness of a message's persuasive intention results in less likelihood of accepting it because audiences form negative thoughts and angry emotions toward the message's source.
- Messages arousing a high level of guilt inhibit persuasion and arouse negative emotions, such as anger, resentment or annoyance.
- Using the word "YOU" in the message produces guilt and anger.

Cultural debasing strategies: Communication for individuals of diverse cultural outlooks opens their minds to information

- Cultural-identity affirmation thesis: Greater effect when communicating information about risk that affirms rather than threatens the other group's cultural worldview.
- Adroit framing of information, and policies: Make narratives bear a plurality of meanings that can be simultaneously endorsed by opposing cultural groups.
- Pluralistic advocacy: Confront person with a policy-advocate alignment that counters that the issue was one that divided their cultural group from the competing group.

Pluralistic Advocacy: What is it?

- Goal: Narrative we relate to with embedded message opens our minds.
- Acknowledge different values of other people; give up our compulsion to be right.
- Information processed in narratives (i.e. good guy, bad guy, drama, beginning-middle-end, moral and conclusion). Every story has a narrator and an audience.
- Need message, messenger, narrative and spokesperson aligned and delivered to diverse groups. Then, each group arrives at truth within their own cultural values and responds to problems with respect and tolerance for others.
- Pluralistic advocacy environment: We see people like us on both sides of the issue and also people not like us on both sides.

Persuasion: Endorse emotional values not facts

- Few people rely on empirical data to form attitudes or to change behavior.
- To be persuasive, appeal to people's values and speak from a moral position rather than layer on more data and statistics.
- Too many facts, too much logic and too little emotion create confusion. Then meaning becomes elusive and arguments less persuasive. Pure evidence is no basis for debate as public is ill-equipped to analyze all the facts.

Persuasion: Endorse emotional values not facts

- Fighting over facts fails to lead to consensus or policy action. Gridlock results when everyone claims to speak the truth. Minds close when we claim superiority of facts. Shifts happen when minds and hearts open and when we have the will to let go.
- Need clarity on our values, drop the language of policy and use the emotional language of values.
- “Speak the truth but not punish” Nhat Hahn

SDH: Need for refutational two-sided messages

- General public believes individuals are primarily responsible for their own health behaviors and medical care is a primary determinant of health.
- Yet they recognize social and economic determinants of health and government's responsibility for improving access to health care, income, education and other social and economic conditions.

Message strategy: The Big But

- (1) Acknowledge role for individual decisions **but**
- (2) Refutes idea that individual behavior and medical care **alone** cause poor health
- (3) Emphasizes unemployment, racial discrimination and poverty shape individual behaviors and medical care (e.g. constrain choices owing to a lack of resources and poor neighborhood environments) and contribute to disparities in the population's health.

WAYS TO TALK ABOUT SOCIAL DETERMINANTS OF HEALTH WITHOUT USING THAT TERM

1	Health starts—long before illness—in our homes, schools and jobs.
2	All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.
3	Your neighborhood or job shouldn't be hazardous to your health.
4	Your opportunity for health starts long before you need medical care.
5	Health begins where we live, learn, work and play.
6	The opportunity for health begins in our families, neighborhoods, schools and jobs.

WHY THESE WORK:

- The proxy statements use colloquial, values-driven language and relatable lifestyle references that engage audiences.
- These statements all focus on the solution versus the problem.
- Some of the statements implicitly acknowledge the notion of personal responsibility.

LET'S HEAL THE DIVIDE: YOUR BRIGHT IDEAS AND FRESH INSIGHTS

SUGGESTIONS FOR MESSAGES THAT
CAPTURE AND ENRAPTURE BOTH

Blacks and Whites

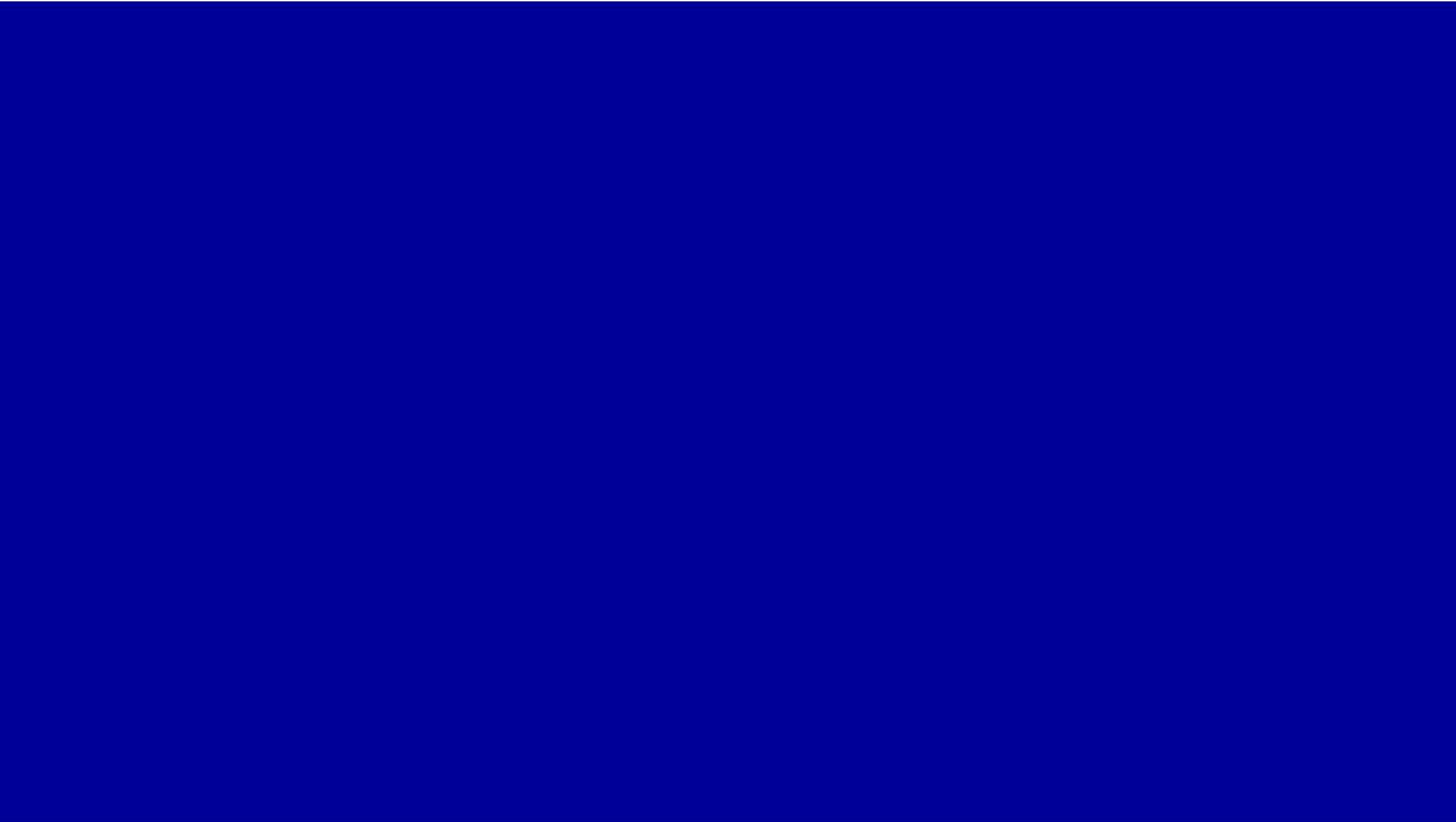
Poor and Rich

Birmingham City and Mountain Brook

Jefferson and Shelby

**TO MAKE ONE GREAT
COMMUNITY!**





IN THE MARKET PLACE OF IDEAS

JUST HOW FRESH
ARE THESE
INSIGHTS?



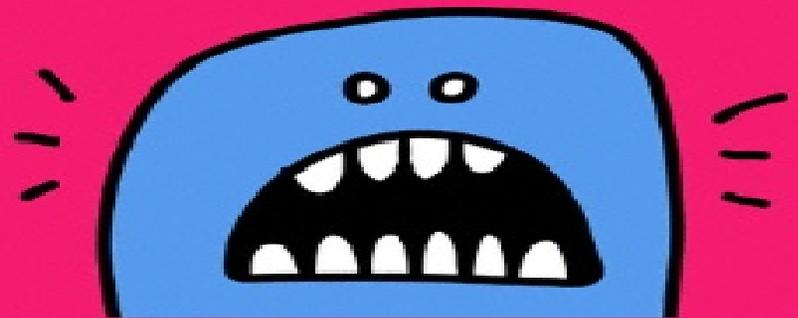
Ideation Frustration



"I'd like to thank the team for a VERY productive session"



Love
THE
HARD
QUESTIONS!

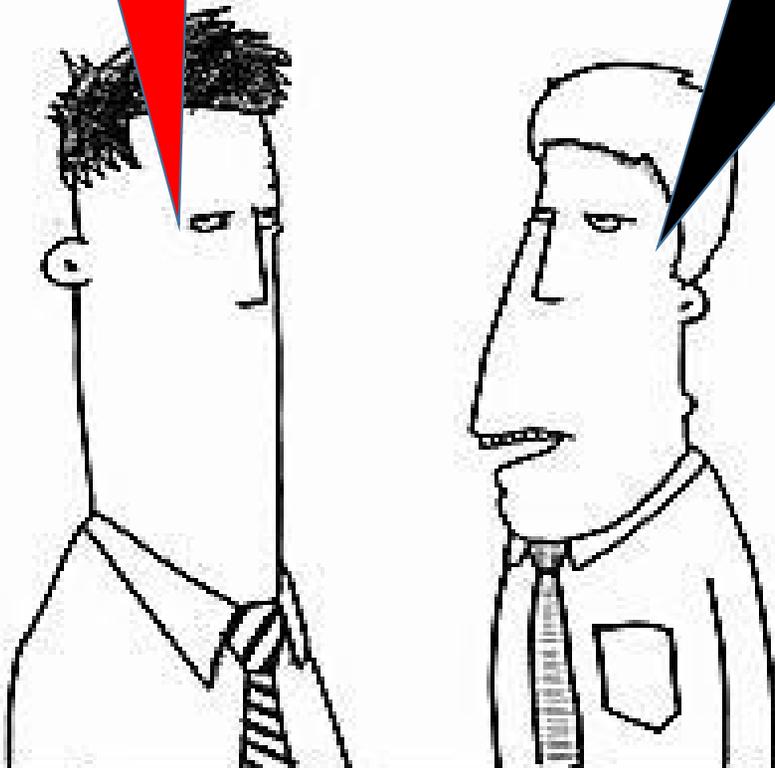


@gapingvoid

THE END

But why?

It's just life – it
has no meaning.
I'm hungry.



Two parties view balance and equality differently

Democrats	Republicans
Imbalance in levels of health is unjust.	Imbalance in levels of health is natural.
Equality should be our goal. <ul style="list-style-type: none">- Equal distribution of resources- Equal treatment for all- Equal outcomes	Equality is unrealistic and unfair. <ul style="list-style-type: none">- Tailor distribution of [limited] resources to particular needs, not same for all- Cannot guarantee equal outcomes.
We need to “level the playing field”	We need to raise the bottom.
Society bears primary responsibility for inequality, thus to fix it requires more change in society than in the individual.	Both society and individual choices create disparities, thus social aid must be balanced against individual responsibility.
	

Communication strategy more in line with how Republicans frame the issue.

Use these

- Fair chance for good health
- Opportunities for better health choices
- Giving a fair shot in all communities
- Enabling people to choose right path
- Giving tools to make better decisions

Avoid These

- Equality in health
- Equal levels of health
- Uniform health
- Ending disparities
- Closing the health divide

General SDH Communication Guidelines:

Proxy for the phrase “social determinants of health.”

- Problem:
 - Each of us has developed our own set of beliefs and values. As we listen and learn new concepts, we try to fit what we hear into these existing frames. And because many of our beliefs are so deeply held, it means that even the most seemingly innocuous terms can be laden with meaning.
 - People with different political perspectives see health differently.
 - Figuring out how to say something simply is a complicated process.
- Solution:
 - Talk in a meaningful and understandable way that does not align with any existing political perspective or agenda.
 - Arrive at a frame describing SDH plainly, without political overtone.

General SDH Communication Guidelines: Proxy for the phrase “social determinants of health.”

- Need to identify ways to frame our messages about health differences that would resonate across the political spectrum. RWJ’s Our core message emphasized “new pathways for improved health that recognize the integral relationship between our health and where and how we live, learn, work and play.” How do we find a common language that will expand Americans’ views about what it means to be healthy—to include not just where health ends but also where it starts? How people think about health is an intensely personal issue that carries with it complex beliefs, conflicted values and a deeply divided electorate about what leads to better health.

General SDH Communication Guidelines: Proxy for the phrase “social determinants of health.”

- With the overall strategy of framing social determinants of health using more journey and resource-related language, it is possible to use a map of the common ground between Democrats and Republicans in terms of what creates poor health levels to identify specific topics to begin a more open discussion.

SDH Messages that Matter: Vulnerable Populations

- Too many Americans don't have the same opportunities to be as healthy as other Americans.
- Americans who face significant barriers to better health
- People whose circumstances have made them vulnerable to poor health
- All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background
- Our opportunities to better health begin where we live, learn, work and play
- People's health is significantly affected by their homes, jobs and schools.

<http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>

SDH Messages that Matter: Health Disparities

- Raising the bar for everyone
- Setting a fair and adequate baseline of care for all
- Lifting everyone up
- Giving everyone a chance to live a healthy life
- Unfair
- Not right
- Disappointing (as Americans should be able to do better, not let people fall through the cracks)
- It's time we made it possible for all Americans to afford to see a doctor, but it's also time we made it less likely that they need to.

<http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>

Seven Lessons (1)

- Traditional phrasing of social determinant language consistently tested poorly in every phase of research. Phrases like “social determinants of health” and “social factors” failed to engage the audience, even when we added more context. However, the concept behind social determinants of health does resonate with our audiences, as evidenced by our pre- and post-testing of people’s attitudes after their exposure to our messages.
- Academic language, including “social determinants,” did not resonate with audiences the way language like “health starts in our homes, schools and communities” did. When presented with the compelling narratives, Americans recognize the importance of both the social context and health disparities.
- Americans, including opinion elites, do not spontaneously consider social influences on health. They tend to think about health and illness in medical terms, as something that starts at the doctor’s office, the hospital, or the pharmacy. They recognize the impact of health care on health, and spontaneously recognize the importance of prevention, but they do not tend to think of social factors that impact health.

Seven Lessons (2)

- Priming audiences about the connection with messages they already believe makes the concept more credible. When messages are presented in colloquial, values-driven, emotionally compelling language, they are more effective. Messages that incorporate the importance of available quality health care with the need to address the social factors that affect health were more convincing than those that did not discuss medical care at all.
- Messages that sway Americans, including elites, are values-based and emotion-laden, not overly academic. Messages that sway Americans describe both facts and policy prescriptions at a moderate level of specificity—that is, at the level of principles or examples, not specific policy prescriptions or 10-point plans.

Seven Lessons (3)

- Use one strong and compelling fact—a surprising point that arouses interest, attention and emotion—for maximum impact. Loading messages down with more than one or two facts tends to depress responses to them.

Seven Lessons (4)

- Identify the problem, but offer potential solutions. Respondents, particularly opinion leaders, prefer messages that include some kind of direction—either an example of the kind of action that would address the problem or a set of principles that can guide us to where we need to be.

Seven Lessons (5)

- Incorporate the role of personal responsibility. The importance of all Americans having equal opportunity to make choices that lead to good health resonated with participants across the political spectrum. Incorporating this point made respondents more receptive to the idea that society also has a role to play in ensuring that healthy choices are universally available.

Seven Lessons (6)

- Mix traditionally conservative values with traditionally progressive values. Every phase of research showed that while some phrasing appealed to one political perspective over another, progressives had a tendency to be more open to conservative frames.
- We need to be aware of these different worldviews and communicate using language that puts us on common ground. For example, combining the notion of personal responsibility, which is wholly embraced by conservatives with a message about opportunities, language that also appeals to progressives, will appeal to a broader audience.

Seven Lessons (7)

- Focus broadly on how social determinants affect all Americans (versus a specific ethnic group or socioeconomic class). Americans believe in equal opportunity to health, but describing actual disparities consistently evokes negative reactions. Messages that described disparities based on race or ethnicity fared poorly with every audience except Black respondents. Furthermore, some focus group participants expressed concern that focusing on one ethnic group reinforced negative racial stereotypes.
- Americans consciously believe in equal opportunity to health, but messages that describe disparities evoke negative reactions unless written carefully to avoid victim-blaming and to emphasize the importance of people exercising personal responsibility. Messages about disparities trigger unconscious prejudice unless carefully constructed to redefine “them” as “us.”