

HEALTH MESSAGING AND LANGUAGE

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.”

More importantly, the research identified ways to frame our messages about health differences that would resonate across the political spectrum.

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?

If we can answer this question, we can pave the way for more solutions that address this critical link between our health and where we live, learn, work and play.

Scientists at the Centers for Disease Control and at universities around the country have shown that the conditions in which people live and work have more than five times the effect on our health than all the errors doctors and hospitals make Combined.” **Change to reflect that conditions represent more effect than personal choices, lifestyles and behaviors.**

Regardless of how good or reliable the data is, this research showed us that less is more. If you can use two facts instead of three, use two. Or better yet, use just one great fact. When introducing information to people who may be skeptical about social determinants, we found that more facts made people feel like they were being sold or spun.

Context is important

If you are using multiple facts, they should be complementary in advancing your message. For example, use one that underscores the problem and another that highlights the promise of an approach.

<http://sites.google.com/factsthatfightfiction>.

Republicans view poor health as arising from bad choices along one’s path and the inability to overcome obstacles to health that one encounters along the way. Rather than employing the Democratic frame of externally-imposed barriers that trap communities in poverty and low levels of health, Republicans frame poor levels of health in terms of a failure to give individuals in a community “a road map of how to achieve [health].”

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Republican:

- **Unpredictable journey**
- **Limited resources**
- **Balance** - it is natural that there will be differences in individual’s health; minimum acceptable level

We should, however, establish a minimum acceptable level, providing enough resources that people are able to achieve health goals they set for themselves. A Republican states, “There [are] bound to be differences in health outcomes, there are good reasons why some people should be healthier than others. As long as we are willing to live in a society where people are different and given different levels of income, [we] will have to have different levels.”

the best solution to health disparities as a balance between what is provided by the government and what is expected of the individual. Neither one of these entities should bear the sole burden of raising levels of health in poor communities. “Government makes decisions...and there has to be some balancing of altruistic motivation to redistribute and efficiency,” meaning that we should infuse resources into the best places, but we should expect individuals to take personal responsibility in using them.¹⁹

Dumbing down of the communication to engage the conservatives

communication strategy would employ language and images that were 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 the 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

Foundation talked about “**resource-poor neighborhoods**” that do not offer “**the same choices**” for individuals to pursue paths to better health. We can focus on language that conveys **the lack of options, choices, tools, resources, or opportunities in poor neighborhoods** rather than inequality, barriers to health, or systems of factors working against the poor. This allows the Foundation to discuss the social determinants of health, but in a way that also resonates at a deeper level with Republicans.

Choosing better paths, moving in the right direction, or enabling the pursuit of health goals all activate the frame of journey and individual responsibility more effectively than words like: lifting people out of poverty, breaking boundaries, or providing access to health, all of which evoke the Democratic frame of containers of poverty.

Conveying these social problems using individual stories supported by only a few powerful statistics or facts will also help to persuade skeptics more than many facts and figures. This would be particularly effective in trying to persuade a Republican skeptic;

telling the story of an individual who could not exercise in a poor community due to the lack of a safe place to go jogging and a community program that provided an effective solution, which this

individual took advantage of and subsequently lost weight, for example, would activate the frame of an individual journey while concentrating on one of the shared constructs on the map.

The example of the person needing a safe place to go jogging would further illustrate the idea of government helping individuals exert control and what individuals can accomplish when in a safe environment. Balance between government responsibility and personal choice.

GOALS

The goal of this multi-phase project was to translate the concept of social determinants (and ultimately calls for action that stem from it) that might otherwise sound bland or unintelligible to the lay ear—even the educated ear— into compelling, motivating messages that not only create concern about the way things are but create hope that problems related to social determinants are solvable (e.g., that something can be done about disparities that lead to shorter, less productive, less healthy lives for millions of people based on factors that are arbitrary or outside their control).

CHALLENGE **convincing voting public in order to influence decision makers**

Translation of the language of science into the language of policy-makers—and, ultimately, **the language of everyday people, whose support is essential to convince decision-makers that they can and should act on the available science, particularly where it bears on what they perceive as moral questions** (e.g., health disparities).

Linking networks that are not currently or adequately linked in their minds (e.g., **that health is the flipside of disease and hence deserves more significant attention, or that health does not begin at the doctor's office or the hospital**).

Effective communication uses language in the vernacular of target audiences that is clear, evocative, and readily remembered and retold, making use of the “story structure” to which our brains evolved to respond.

The other messages were designed to be more **values-driven and evocative, building on both the theoretical approach underlying this research— attempting to “work with” rather than against the way our brains naturally work**. This was accomplished by using a **strong narrative structure, attempting to be emotionally evocative and involving, and focusing on the values that could bring voters on board**. This approach was helpful particularly with disparities messages,

RESPONDENTS

Respondents preferred messages that focused more broadly on how a problem affects all Americans rather than on one group or another.

of what the problem is but either an example of the kind of action we could take to fix it or a set of principles for going from where we are now to where we need to be. Without a solution, they would frequently respond by saying that they saw the problem, but they couldn't see the solution.

Americans tend to view their health as something largely under their control—and for which they have to take—and expect others to take—personal responsibility. This is consistent with American culture and with previous research conducted for the Foundation over the last few years. It is also an important theme to address in messages that appeal to Americans on social determinants, particularly messages about health disparities, which Americans readily attribute to a lack of responsible behavior, even when presented with data suggesting otherwise. This is also consistent with what social psychologists have called the “just world hypothesis,” a tendency of people (at least in the West) to want to believe that people get what they deserve (that the world is just rather than morally capricious) and hence, to blame people for their own victimization or misfortunate, whether or not they had any genuine role in contributing to it.

Americans do not “naturally” contextualize health socially, but when presented with effective efforts to influence them, they not only “move” in their beliefs but move substantially.

A central principle of messaging that applied in this research as in other domains is that Americans have an aversion to messages that start negative.

1. LEADS THE WORLD Nationalism and leadership

America leads the world in medical research and medical care, and for all we spend on health care, we should be the healthiest people on Earth. Yet on some of the most important indicators, like how long we live, we’re not even in the top 25, behind countries like Bosnia and Jordan. It’s time for America to lead again on health, and that means taking three steps. The first is to ensure that everyone can afford to see a doctor when they’re sick. The second is to build preventive care like screening for cancer and heart disease into every health care plan and make it available to people who otherwise won’t or can’t go in for it, in malls and other public places, where it’s easy to stop for a test. The third is to stop thinking of health as something we get at the doctor’s office but instead as something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. The more you see the problem of health this way, the more opportunities you have to improve it. Scientists have found that the conditions in which we live and work have an enormous impact on our health, long before we ever see a doctor. It’s time we expand the way we think about health to include how to keep it, not just how to get it back. TOTAL: 78.2 SWING: 77.4 ELITE: 79.0

2. START WHERE HEALTH STARTS Begins with an aspirational message

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. Where people live, learn, work and play has an enormous impact whether they stay well in the first place. Health starts in strong, loving families and in neighborhoods with sidewalks safe for walking and grocery stores with fresh vegetables. Health starts in jobs we can get to without hours of commuting and in work places free of unnecessary hazards. Health starts in schools that educate our children for the jobs of the 21st century so they can compete in the world economy, that feed them healthy meals rather than junk foods, and that send them home safe at the end of the day. And health starts in having the time and financial resources to play at the end of a hard day’s work, because unrelieved stress takes its toll on our hearts and immune systems. As we work on fixing health care in America, we need to start where health starts, not just where it ends.

TOTAL: 74.1 SWING: 75.5 ELITE: 72.7

STICKINESS

“we need to start where health starts, not where it ends,” that has the property marketers describe as “stickiness”—that is, characterized by the tendency to “stick” in people’s minds.

POWER OF 3

People can generally read, hear, and follow three examples or themes in a message, but beyond that, they find the message incoherent or difficult to remember.

DRAWING ON MULTIPLE VALUES

Like the other messages, this one draws on a mix of values, some of which are familiar to public health and some of which draw associative links to other domains and hence increase its power: **families, communities, nurturance, safety, prosperity, dignity, respect, safe work, fair wages, business, religion and leadership**. One of the central characteristics of good messages is that they activate multiple values, not simply one (good health). In so doing, they activate the positive feelings associated with each of those values unconsciously, which has an impact that is sometimes additive and sometimes multiplicative

3. SOCIAL BY NATURE

We are social by nature, and when the ties that bind begin to unravel, so does our health. Health begins at home in our families, with a loving relationship between parents and their children, where kids can expect to be safe, nurtured and protected. Health begins with healthy communities, with safe streets, freedom from violence, and parks where kids can play. Health begins with a good education, where children learn not only how to read, write, and prepare for fulfilling, prosperous life, but how to treat each other with dignity and respect. And health begins with safe jobs and fair wage, where people derive a sense personal satisfaction from their work and connection to their co-workers. No institution alone can restore a healthy America that nurtures families and communities. That will require leadership, and a partnership of business, government, and civic and religious institutions. We can't eradicate illness, but we can foster health. And health begins with healthy relationships, healthy communities, and healthy jobs, which protect us from the stress of everyday life. That's one prescription that doesn't require a co-pay.

TOTAL: 73.9 SWING: 73.6 ELITE: 74.

Linking health and prosperity - one increases the existence and possibility of the other.

4. PERSONAL RESPONSIBILITY

People have a personal responsibility to take care of themselves and their health. But it isn't right when things outside our control—like where we're born or how much money we make—affect our health. In the entire city of Detroit—an area of nearly 150 square miles—there are dozens of “convenience stores” but only five grocery stores. An apple a day may keep the doctor away, but you have to be able to buy an apple. And it isn't easy to get exercise if you have to work three jobs just to get by, or if you can't easily get affordable day care for your kids. We're not just talking about the rich versus the poor. On Average, middle class Americans live shorter lives than those who are wealthy, and that's not right. Money can't buy happiness, and it shouldn't buy health. We have to take responsibility for our lives and decisions. But all Americans should have an equal opportunity to make the decisions that allow them to live a long, healthy life, regardless of their level of income, education, or ethnicity.

TOTAL: 71.4 SWING: 73.9 ELITE: 6

LEADS with Personal Responsibility and then goes into fairness

Perhaps most importantly, like virtually all effective messages on issues related to race, ethnicity, and social disparities, the narrative starts right and moves left. It begins with a value that all Americans share but is central to conservative ideologies, particularly when applied to people who are readily viewed as “them” rather than “us,” namely personal responsibility.

KEYS TO EFFECTIVE MESSAGING ON SOCIAL DETERMINANTS

- 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**.
- **They do, however, recognize social factors and see their importance when primed.** Raising awareness of social factors is not difficult, although people more readily recognize voluntary behaviors that cause illness (e.g., smoking, overeating) than arbitrary or social factors (e.g., race, ethnicity, income).
- Americans, including elites, do not resonate with the language of “social determinants of health,” but they do resonate with the core construct. When presented with the compelling narratives, Americans recognize the importance of both the social context and health disparities.

- 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.
- 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.”
- Messages that mix traditionally conservative values (e.g., the value of small business) with traditional progressive values (e.g., equal opportunity) tend to fare better in speaking to health disparities.
 - Starting right and moving left is important in connecting with conservative Americans, who tend to believe that hierarchies are natural and reflect poor choices, bad judgement or bad behavior.