



Framing Health Equity

Communications Strategies that Work

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Center for Health Leadership & Practice /
Dialogue for Health



Our agenda for today

- Introduction to FrameWorks & framing
- What you're up against: mental models of health & disparities
- Strategies for shifting mindsets toward health equity:
 - Attribute responsibility carefully.
 - Lead with the aspiration, not the problem.
 - Be clear that solutions exist and are within reach.
 - Center explanation.
- Concluding thoughts

FrameWorks is on a mission...

to advance the nonprofit sector's capacity
to **frame the public discourse** on social and scientific issues

Research base for today (and available to you!)

- How to build support for **equity-focused approaches to tobacco prevention and control** with the CDC Office of Smoking & Health and ChangeLab Solutions
- How to build support for eliminating **oral health disparities** with the Oral Health Progress and Equity Network and the DentaQuest Foundation
- How to center race equity in nationwide efforts to reduce **disparities in maternal and infant health** outcomes, with the Prematurity Prevention Collaborative and March of Dimes
- How to **reduce ageism** and advance health equity in later life, with Leaders of Aging Organizations
- How **environmental health** challenges perpetuate health inequities, with the American Public Health Association and the CDC National Center for Environmental Health

Why framing matters

The connection between communication choices
and more equitable outcomes

What is framing?

Framing means making choices about how ideas are presented:

What to emphasize, how to explain it, what connections are made, and which commitments are invoked.

Our choices have *frame effects* — they shape how people think about social problems & solutions.

Words Matter

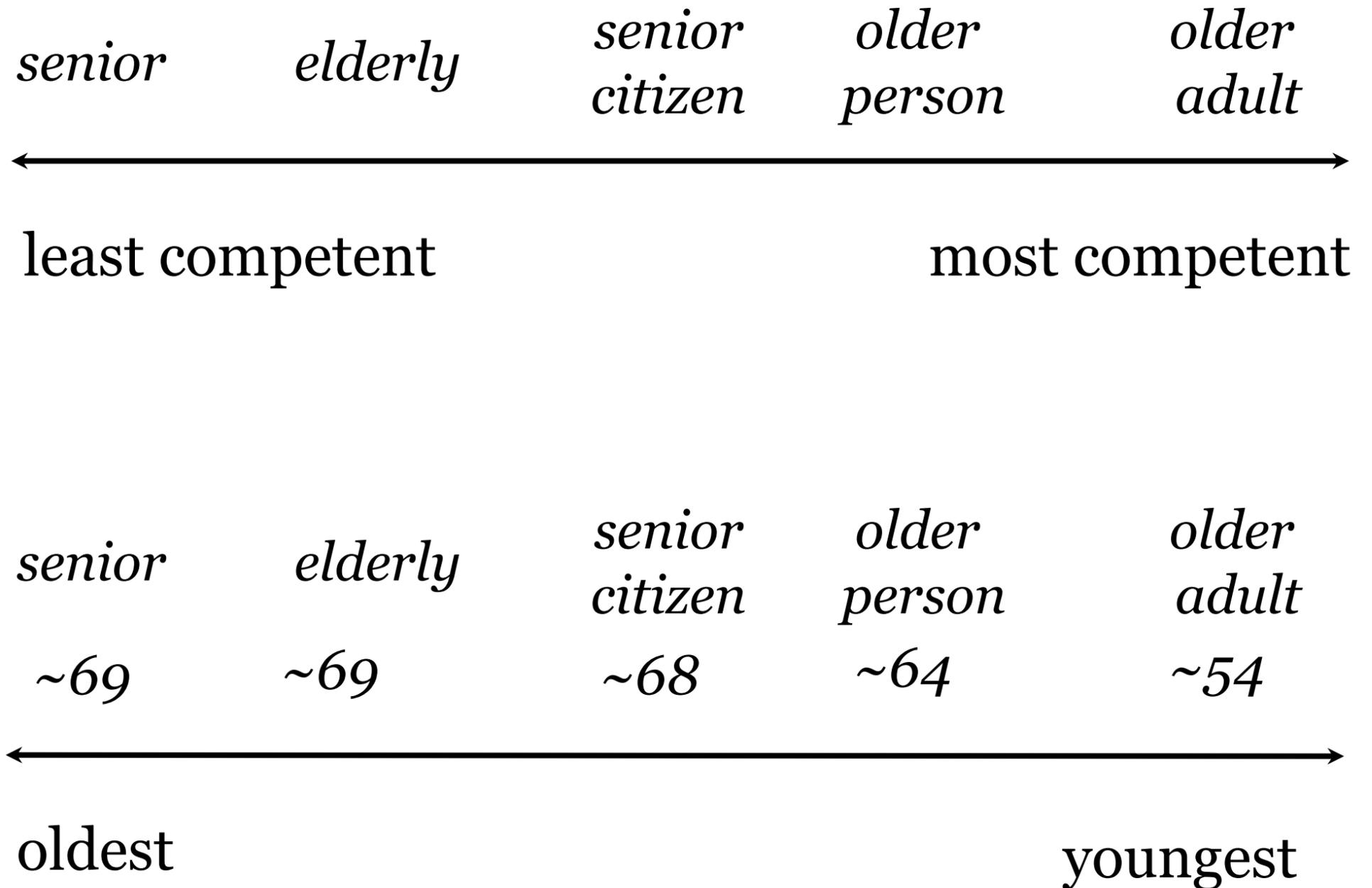
Researchers ran an experiment exploring the public's associations with a few common reference terms for older adults

The recommendation:

Use the term *older person/people*.

It cues *both*

“over age 60” *and* “competent.”



He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.



According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

DOCTORS in every branch of medicine—113,597 in all—were queried in this nationwide study of cigarette preference. Three leading research organizations made the survey. The gist of the query was—What cigarette do you smoke, Doctor?

The brand named most was Camel!

The rich, full flavor and cool mildness of Camel's superb blend of costlier tobaccos seem to have the same appeal to the smoking tastes of doctors as to millions of other smokers. If you are a Camel smoker, this preference among doctors will hardly surprise you. If you're not—well, try Camels now.



Your "T-Zone" Will Tell You...

T for Taste . . .
T for Throat . . .

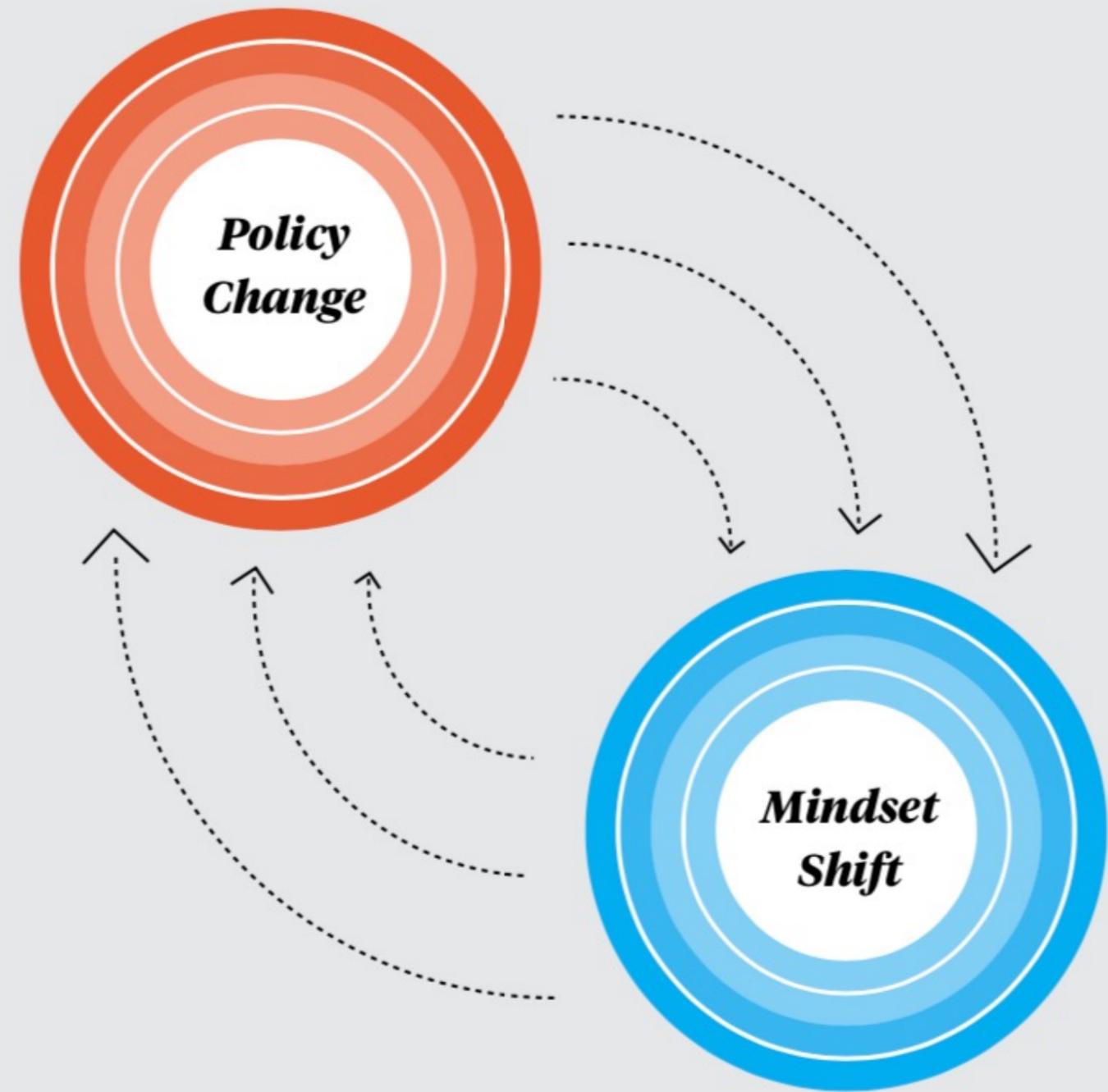
that's your proving ground for any cigarette. See if Camels don't suit your "T-Zone" to a "T."



CAMELS *Costlier Tobaccos*

About 440,000 Americans die each year from diseases related to smoking.
90% of them started as teen smokers.

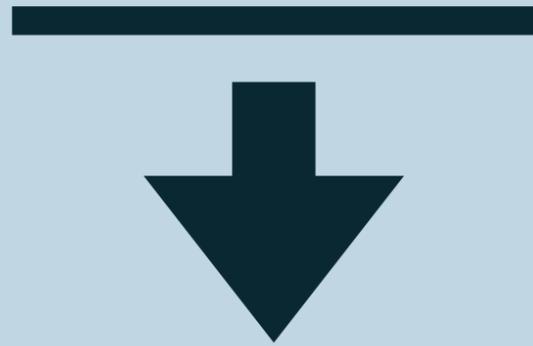




Anticipating mindsets

It helps to know what you're up against

How do mental models work?



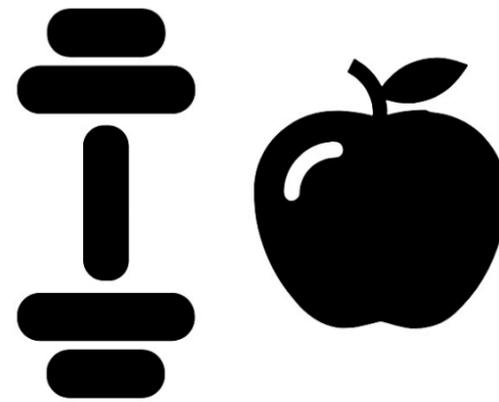


Common mental models of health



Individualism

Assumption that the causes of health/illness - and their benefits/consequences - happen entirely at the individual level.



Diet + Exercise = Health

Assumption that personal lifestyle - and mostly choices about food and physical activity - are the main drivers of health outcomes.

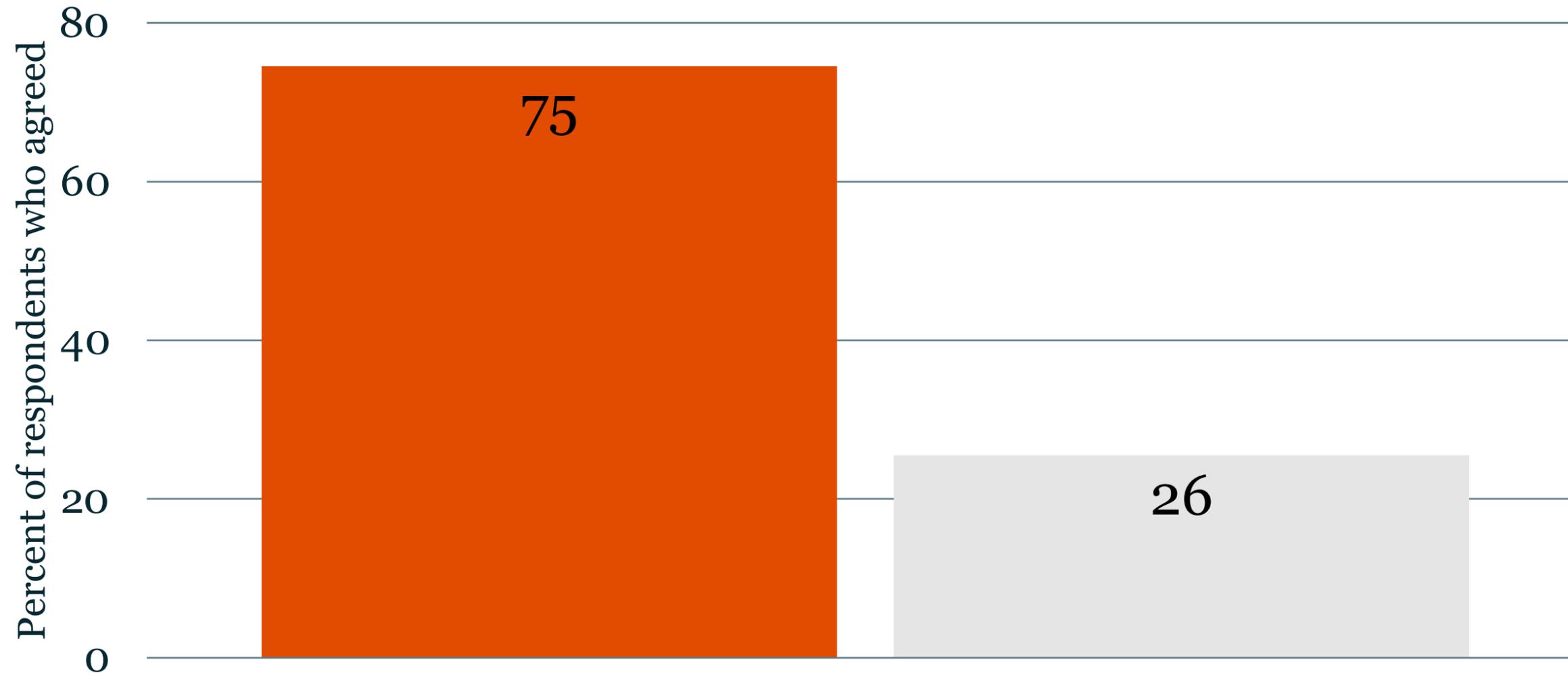


Solution = Awareness

Assumption that the best way to influence health outcomes is to provide individuals with information to guide personal choices.

Health individualism remains strong despite pandemic

Selected results of FrameWorks' national 'culture change' tracking survey, October 2020



Individuals' lifestyle choices, including diet and exercise, determine how healthy they are.

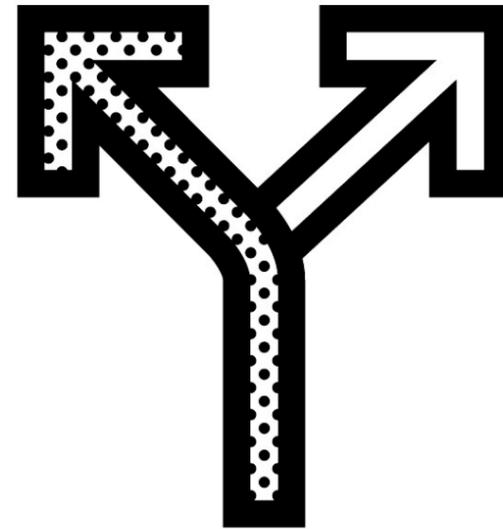
The neighborhood people live in determines how healthy they are.

Mental models of “the other” shape understanding of health disparities



Cultural Pathology

“those people just don’t have the right values”



Separate Fates

“Different groups live in different worlds”



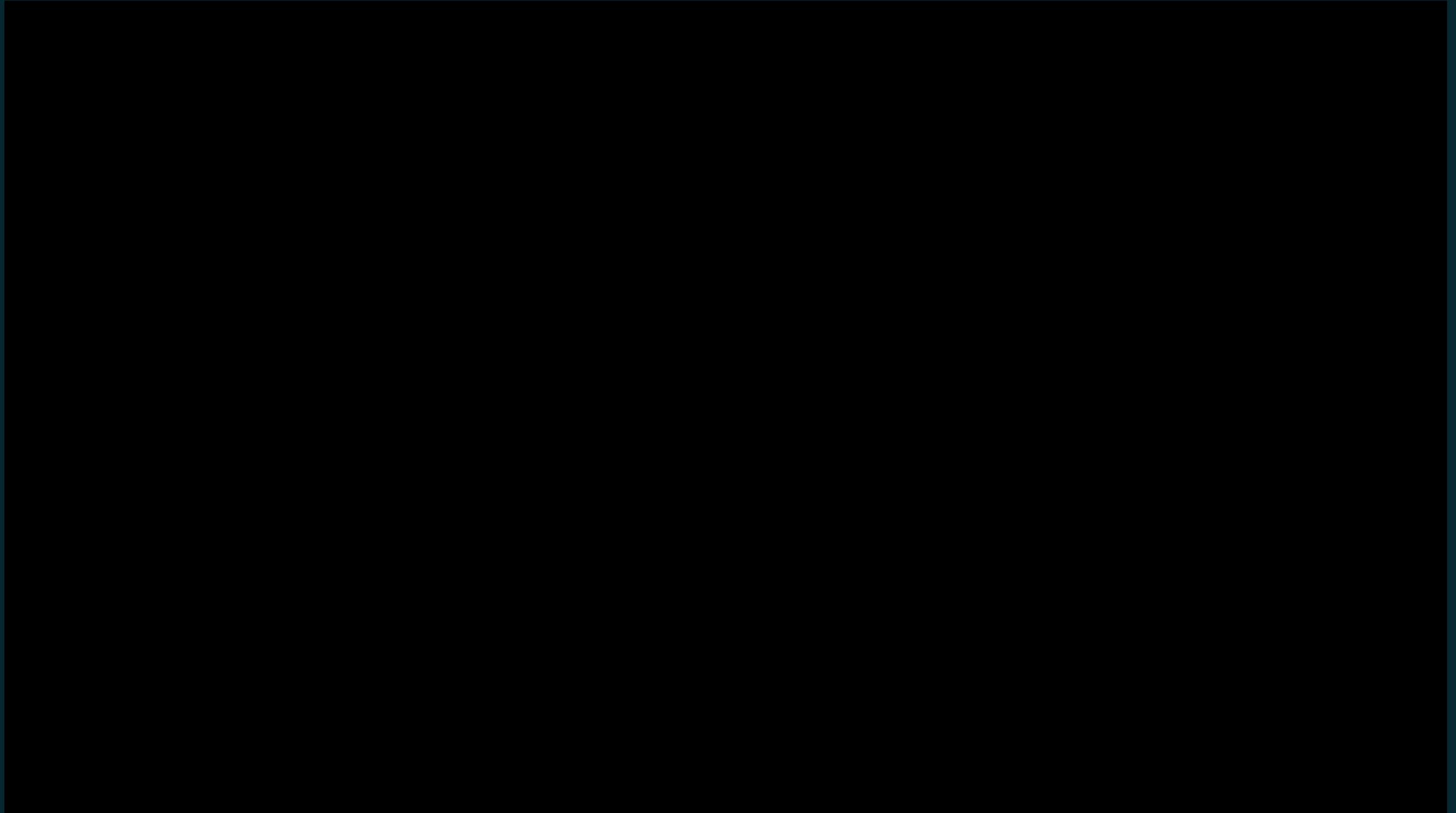
Fatalism

“Not much can change anyway - it is what it is”

Messages about 'health' often don't work as expected

- In a 2014 experiment testing different ways of framing environmental health, **emphasizing 'protection' or 'public health' had no effect.** (Framing the issue in terms of fairness across places worked better.)
- A 2017 experiment testing different ways of elevating the issue of oral health disparities found that **economic arguments had mixed effects.** (A **targeted universalism argument worked better.**)
- In 2018 and 2019 experiments testing different ways of framing tobacco-related health disparities, **emphasizing the negative health impacts had no effect** on public support for equity-focused tobacco policy. (Framing the issue in terms of **justice worked better.**)
- In a 2020 experiment testing different ways of framing gun violence prevention in a heavily Republican midwest state, **messages about potential health benefits had no effect**, while **messages about negative health impacts reduced support for policy.** (Framing the issue in terms of **democracy worked better.**)

**Just saying
“equity”
isn’t
enough**



Thoughts? Reactions? Questions?



Shifting mindsets

Strategies for changing the conversation

Framing to avoid

- Does the communication leave room for people to assume the problem lies with the people experiencing it?
- Does the communication begin with numbers about poor health outcomes or “textbook definitions” of health equity?
- Does the communication omit solutions - or talk about them in very limited ways?
- Does the communication focus attention on *who* experiences disparities, rather than *how* they come to be and how to end them?



Framing to use

- Attribute responsibility to systemic, structural, or policy-level factors.
- Lead with justice/fairness
- Emphasize collective solutions
- Center explanation

Framing fix #1

Attribute responsibility carefully.

Missing attribution

In the U.S., too many women are suffering from pregnancy complications that lead to serious injury and death.

Systems-level attribution

The U.S. is failing to manage pregnancy complications that lead to serious injury and death.

Individual attribution

Every year, roughly 3,600 babies in the US die suddenly for unknown reasons. Researchers estimate that if expectant moms would just quit smoking, we could prevent 800 of those deaths.

Systems-level attribution

Researchers estimate that if we connected expecting families to treatment for nicotine dependency, we could prevent 800 infant deaths a year.

Affected group attribution

In the U.S., too many women are suffering from pregnancy complications that lead to serious injury and death.

Systems-level attribution

The U.S. is failing to manage pregnancy complications that lead to serious injury and death.

Framing fix #2

Lead with the aspiration, not the problem.

“Naked numbers” don’t work



RETWEETS

712

FAVORITES

377



4:07 PM - 3 Sep 2015



Judy Swafford @judykarol · Sep 3

@jamieoliver and neglectful parents forgot that part.



Love Lassi @LoveLassi1 · Sep 3

@jamieoliver #SugarRush educate educate educate - cook home made food, drink water, take responsibility for your children's health



Linda Mackenzie @lindamackenzie5 · Sep 3

@jamieoliver its impossible to omit sugar from kids diets! Fresh juice or not. What can we do?? I don't take sugar as I hate sweet things.



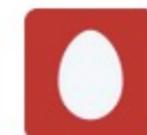
Lesley MacGregor @scoobs1969 · Sep 3

@jamieoliver I refuse to give my son drinks which contain aspartame and sweeteners in them x



Brushbaby @brushbabytweet · Sep 4

@scoobs1969 & we can help with the toothbrushing! Take a look: brushbaby.co.uk



Lisa Downes @downesrule · Sep 4

@jamieoliver well done but good luck.. ive worker in special care dental services for 27 years we have over a year waiting list. Good luck



Different statements of the problem affected public will to eliminate tobacco disparities

Preventable problem
(we can prevent tobacco-related health problems in communities facing disadvantage)



No measurable effect on attitudes or policy preferences

Economic impacts
(loss of productivity, increased health care costs)



Backfired - reduced support by 4%-6% in experiment
People blamed smokers for harming the economy

Disparities as “last mile”
(overall reduction, but high prevalence in communities of color and other groups)



Backfired - reduced public belief that policy mattered (-6%)
People blamed affected groups for poor choices

Justice
(a just society makes sure no community is singled out or over-exposed to harm)



Upped support for equity-focused tobacco policies (+4% - 6%)
Reduced stigma/blame

Lead with one of these ‘flavors of fairness’



“We need to ensure that everyone has access to what they need to support good health. This means recognizing and accommodating specific needs - because health is not one-size-fits-all.”



“Everyone should have an equitable (fair and just) opportunity to be as healthy as possible, no matter where they live, work, or play. To achieve this, we need to address social problems, unfair practices, and unjust conditions that can weaken the health of specific groups of Americans.”



“A just society ensures that no person - regardless of the color of their skin or who they love - is exposed again and again to things we know are harmful. To live up to the ideal of justice for all, we must tackle unhealthy conditions and barriers to good health that affect some communities more than others.

Opportunity for All

“We need to ensure that everyone, regardless of background, has equal access to the conditions and services that support good oral health.”

Targeted Justice

“We need to ensure that everyone has access to what they need to support good oral health. This means recognizing and accommodating specific needs.”

Framing Fairness: *Targeted Justice* outperformed *Opportunity for All*

All Selected findings from a FrameWorks' survey experiment on framing oral health equity



* $p \leq .05$
** $p \leq .01$

Framed with 'health'

Even before COVID-19, rising rates of preventable chronic disease and death were alerting us to the fact that Americans are not as healthy as they could be. Many lack access to the basic building blocks of health - like sufficient income to buy nutritious food, safe environments that promote physical and mental health, and a sense of community that promotes a range of healthy behaviors. Creating healthy environments can improve Americans' health and decrease the hardships that come with disease - including disability, loss of quality of life, and the loss of loved ones.

Reframed with 'fairness'

Even before COVID-19, different rates of chronic disease and death in different places were alerting us to the fact that Americans have uneven access to healthy environments. Conditions differ from place to place. Some neighborhoods are cut off from the supply of fresh, affordable food. Some areas have streets and buildings arranged in ways that concentrate air pollution - while others are arranged to promote a sense of community. To ensure that everyone has a fair and just opportunity to be as healthy as possible, we need to improve unhealthy conditions wherever they exist.

Framed with ‘unequal outcomes’

“Tobacco is immensely destructive in Black communities, causing more deaths than AIDS, accidents, and homicide combined. Black communities experience the greatest burden of tobacco-related mortality of any racial or ethnic group in the United States - and tobacco-related diseases are the number one cause of death among African Americans. Lung cancer kills more African Americans than any other type of cancer, and smoking is responsible for 87% of lung cancer deaths.”

Reframed with ‘unequal obstacles’

“A just society ensures that no person—regardless of race or ethnicity—is exposed again and again to things that we know are harmful. Yet our policies let tobacco companies channel higher levels of advertising, discounts, and displays of their dangerous products into Black communities. These targeted, aggressive marketing practices contribute to more health problems. To live up to the ideal of fairness, we must change these practices.”



Leading with Justice

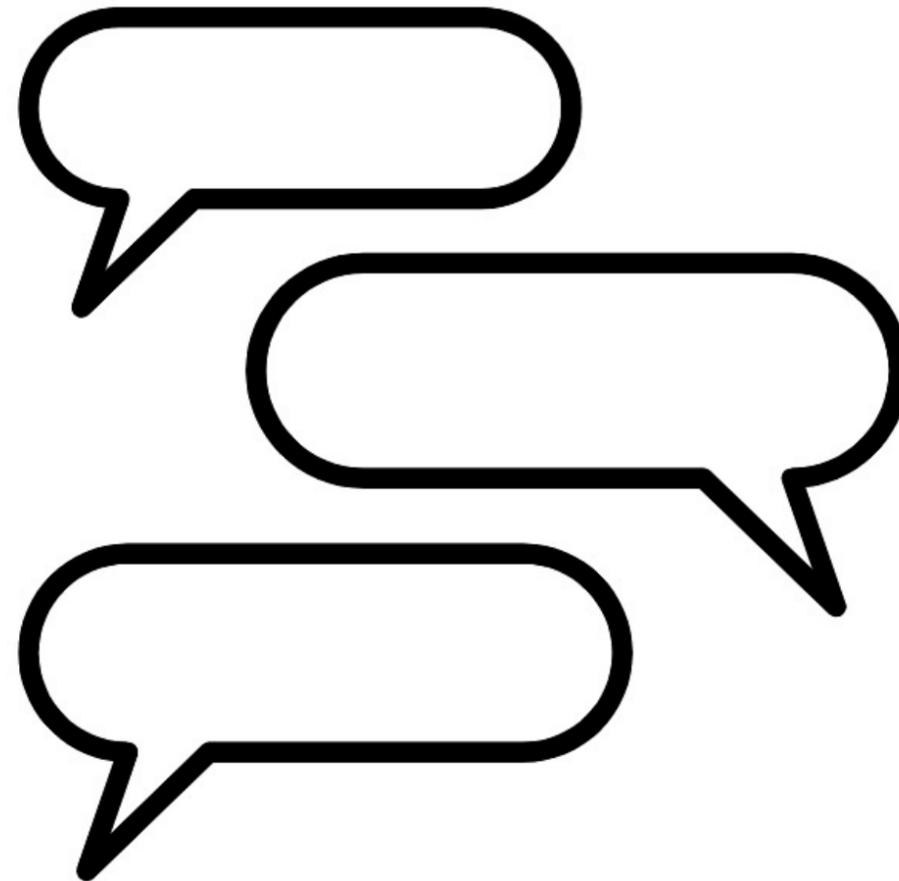
“A just society ensures that no person - regardless of who they are or where they live - is exposed again and again to things we know are harmful. To live up to the ideal of justice for all, we must tackle unhealthy conditions and barriers to good health that affect some communities more than others.”

Leading with Health Equity

“Everyone in our nation deserves an equitable (fair and just) opportunity to be as healthy as possible. Achieving health equity means addressing social problems, unfair practices, and unjust conditions that can weaken the health of specific groups of Americans.”



Thoughts? Reactions? Questions?



Framing fix #3

Be clear that solutions exist and are within reach.

Over-emphasizing the problem doesn't work

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"Is _____ t we
expected? Certainly not.
Can we do anything about it? Nope.
Am I getting more and more depressed as I talk
about it?
You bet."

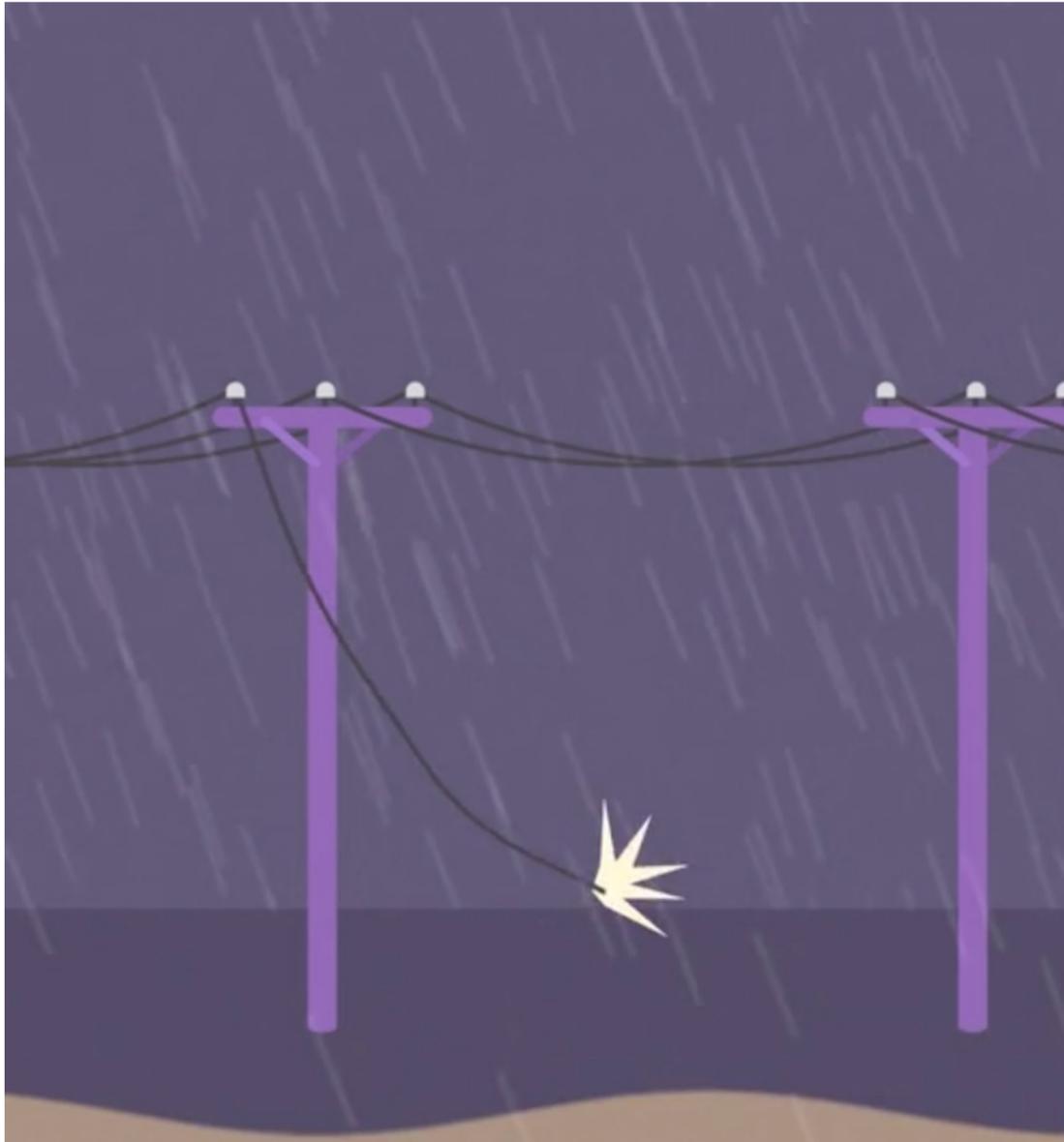
Why public health messaging needs to emphasize collective solutions more often

- When we raise a big problem but don't mention the possibility of big solutions, we spark or reinforce fatalistic attitudes.
- Many public health issues can't be solved without collective solutions - yet people are unlikely to know about them.
- Emphasizing collective solutions focuses people's attention on the policy context - which helps to reduce the tendency to blame individuals and affected communities.



STORMS AND FLOODING

“All problem, no solution” can spark avoidance

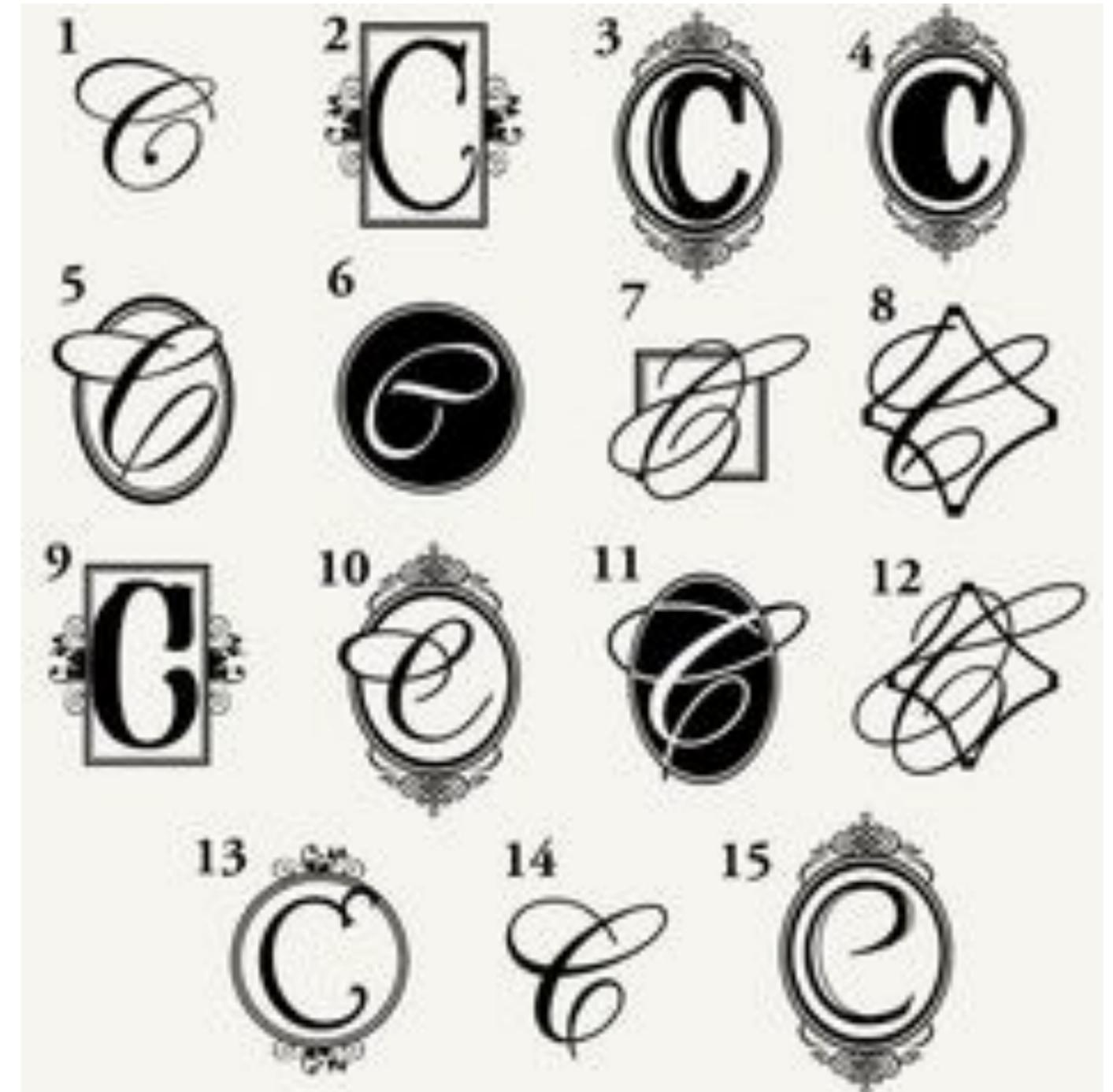


Big picture problem needs big picture solutions



Effective solutions frames are...

- Collective: community-level, amenable to policy
- Concrete: specific, descriptive, possible to visualize/grasp
- Conceivable: feasible, realistic
- Clear: phrased in plain language that doesn't require public health expertise to understand



Explain public health solutions, simply

Examples of well-framed collective solutions that target health disparities

“When states and communities limit the number of stores that can sell commercial tobacco products in a given neighborhood, they cut down on the advertisements people see for these harmful products.”

“We can make all workplaces smoke-free, with no exceptions.”

“We can require that all types of health insurance cover oral health as part of overall health - and build in incentives for providers to accept the plans that lower-income people use.”

“To reduce the impact of implicit bias in health care, we can set up routines that standardize important clinical screenings in all health care centers with all types of patients.”

“When communities offer culturally tailored programs for expecting mothers, they get the care they need in the way they need it - and we all get the benefit of healthier pregnancies, births, babies, and moms.”

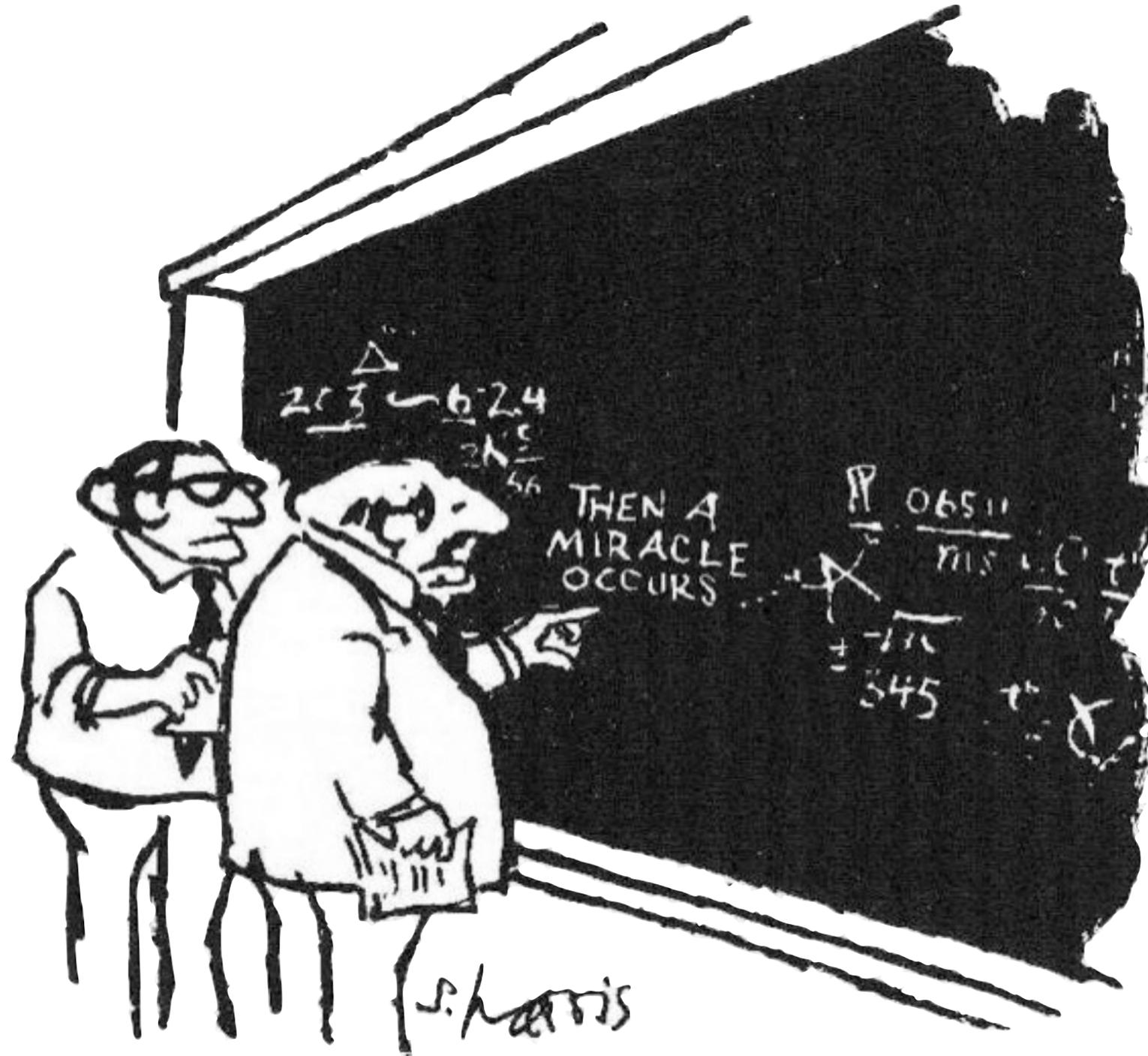
Thoughts? Reactions? Questions?



Framing fix #4

Center explanation.

The Power of How



"I think you should be more explicit here in step two."

Assertion

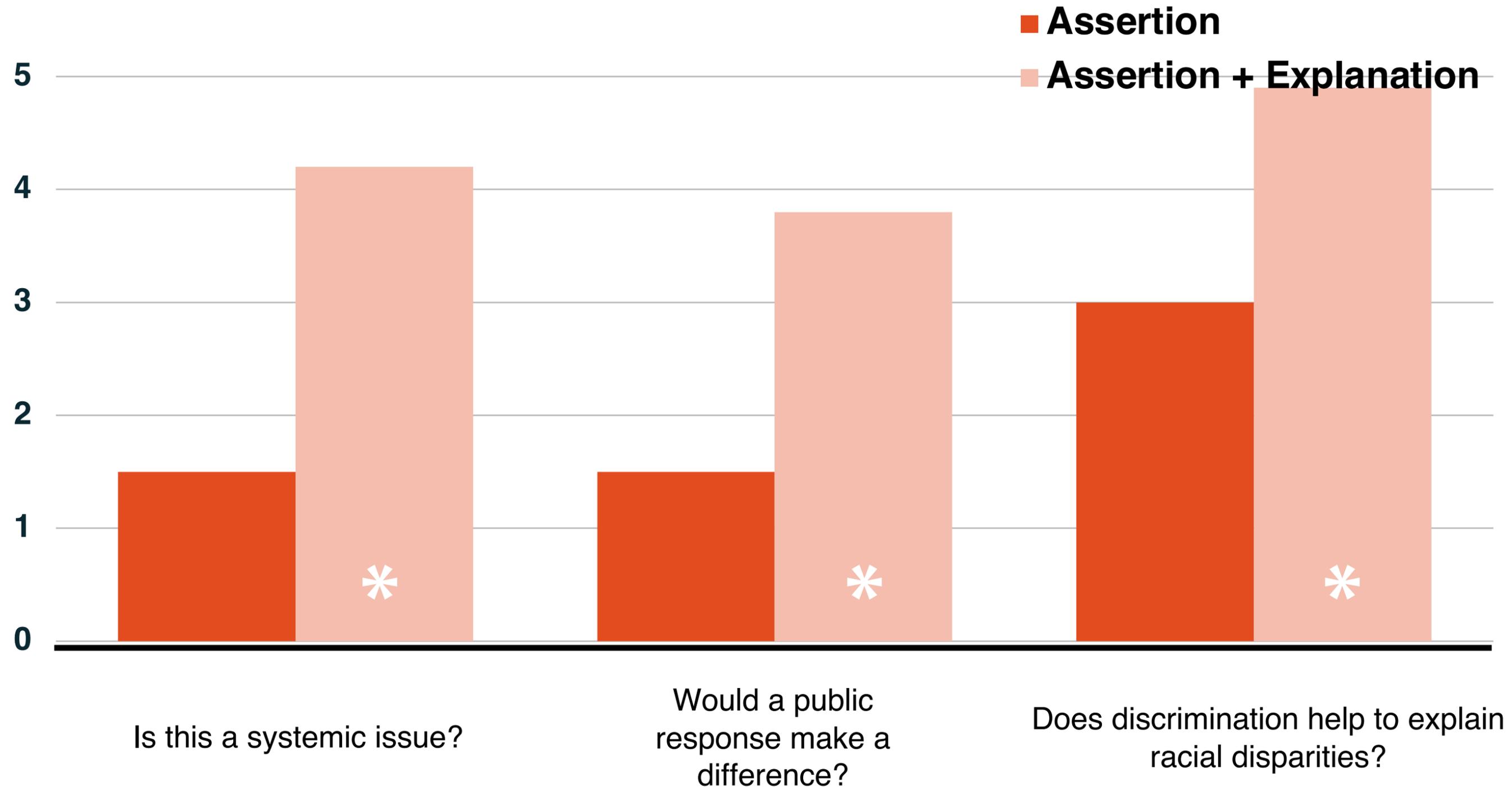
The negative effects of concentrated poverty are especially likely to affect Black Americans and Latinos, who are more likely to live in low-income neighborhoods. This is the result of legal and social discrimination against people of color, which stems from the legacy of history of enforced segregation and continues to affect residential patterns to this day.

Explanation

Banks are more likely to give subprime loans to Black and Latino applicants than to whites with the same financial history. Unfavorable payment and interest terms increase the risk of foreclosure - which brings down property values and makes it hard to sell or improve a home. This helps to explain why people of color are more likely to live in neighborhoods where most people have low incomes.

Explanation builds more policy support than assertion

Selected findings from a FrameWorks' survey experiment on framing concentrated poverty



* = $P < .01$

Explanatory chains show what affects what

- Strong explanatory chains:
 - Clearly lay out cause-and-effect sequences
 - Have a tight logical flow - one idea leads to the next
 - Include many causal transition words, guiding understanding of what affects what
 - Can double the level of support for good policy, when compared with mere description



Framed with “the numbers prove it’s race”

In the U.S., too many women are suffering from pregnancy complications that lead to serious injury and death.

The U.S. currently ranks lower than all other developed countries when it comes to maternal death ratios. Some women are more at risk than others.

Black women are 3 - 4 times more likely to die from pregnancy-related causes than White women, and women in Southern states have a higher risk of pregnancy-related death than women in most other parts of the country.

Reframed with “how disparities happen”

The U.S. is failing to manage pregnancy complications that lead to serious injury and death. One reason is “implicit bias.” Like all of us, health professionals absorb stereotypes that affect their decisions.

The stereotype of the “strong Black woman” can lead doctors to minimize Black patients’ concerns and miss opportunities to address problems before they pose a danger. Implicit bias is one reason why Black women are 3-4 times more likely to die from pregnancy-related causes than women from other groups.

Explanations need not be lengthy lectures

Millions
are exposed
to secondhand smoke

and some can't do
anything
about it.



Even if you don't smoke, you can still be exposed to secondhand smoke in your home through vents, doors, and windows.
Talk to your landlord about making your building entirely smoke-free.

Misplaced or Missing Responsibility



Include a Causal Pathway

It Just Is

“Disparities exist among populations.”

“Black women are less likely to receive prenatal treatment during pregnancy.”

Missing actor / passive voice

“Youth are highly exposed to tobacco ads.”

- Some Americans are protected from health harms - others aren't
- Discrimination & poverty increase stress, and trigger longer-term health problems, for some groups
- Unjust and unfair practices have caused harm and continue today
- Implicit bias & biased practices built into systems shape experiences of some groups
- Industry saturates some neighborhoods with marketing for harmful products

Framing moves to keep in mind

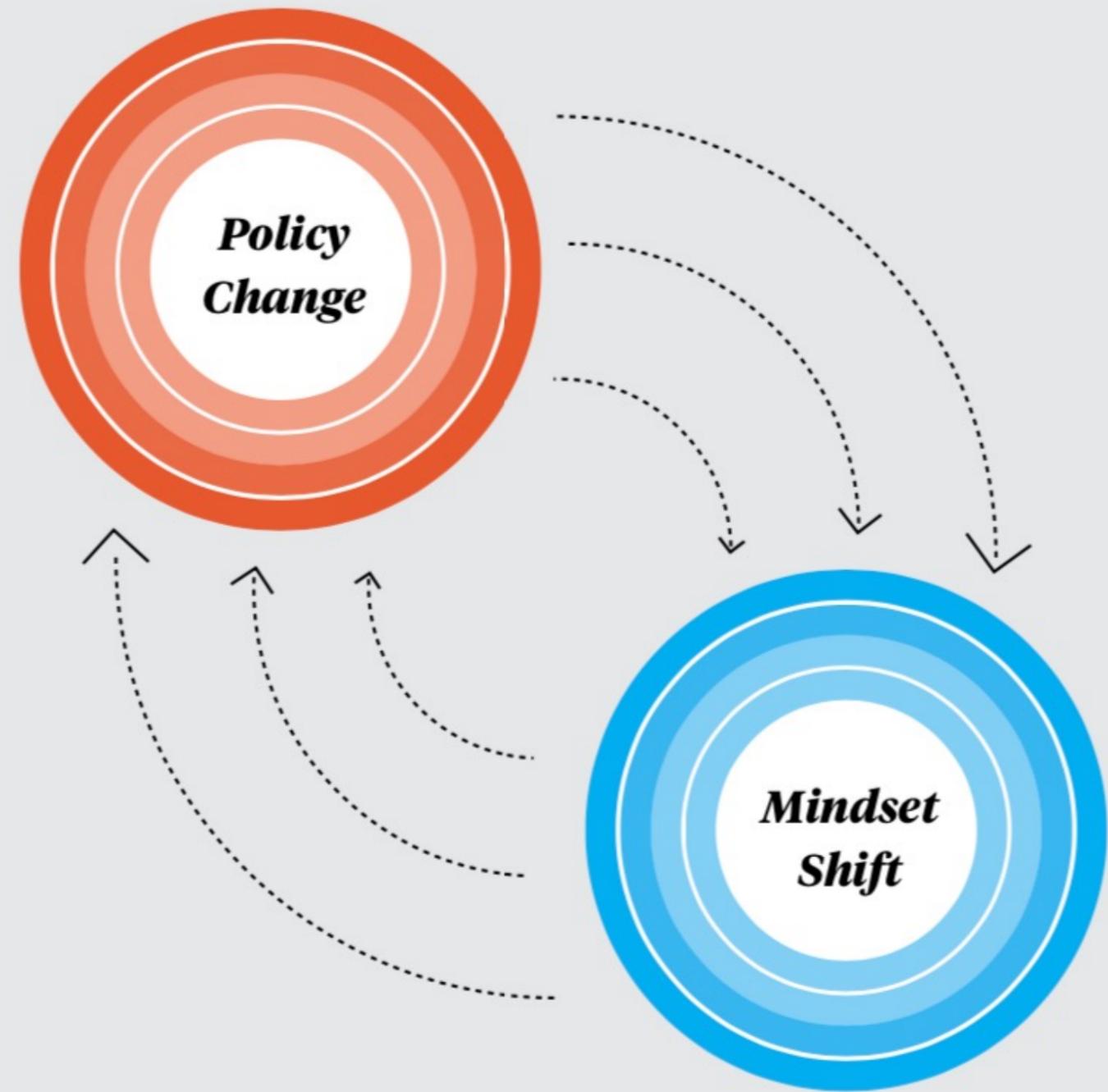
- Never mention an *association* without an *explanation*
- Don't just name-drop the past. Show how history shows up today by giving contemporary examples of unfair or unjust practices.
- List less, explain more!

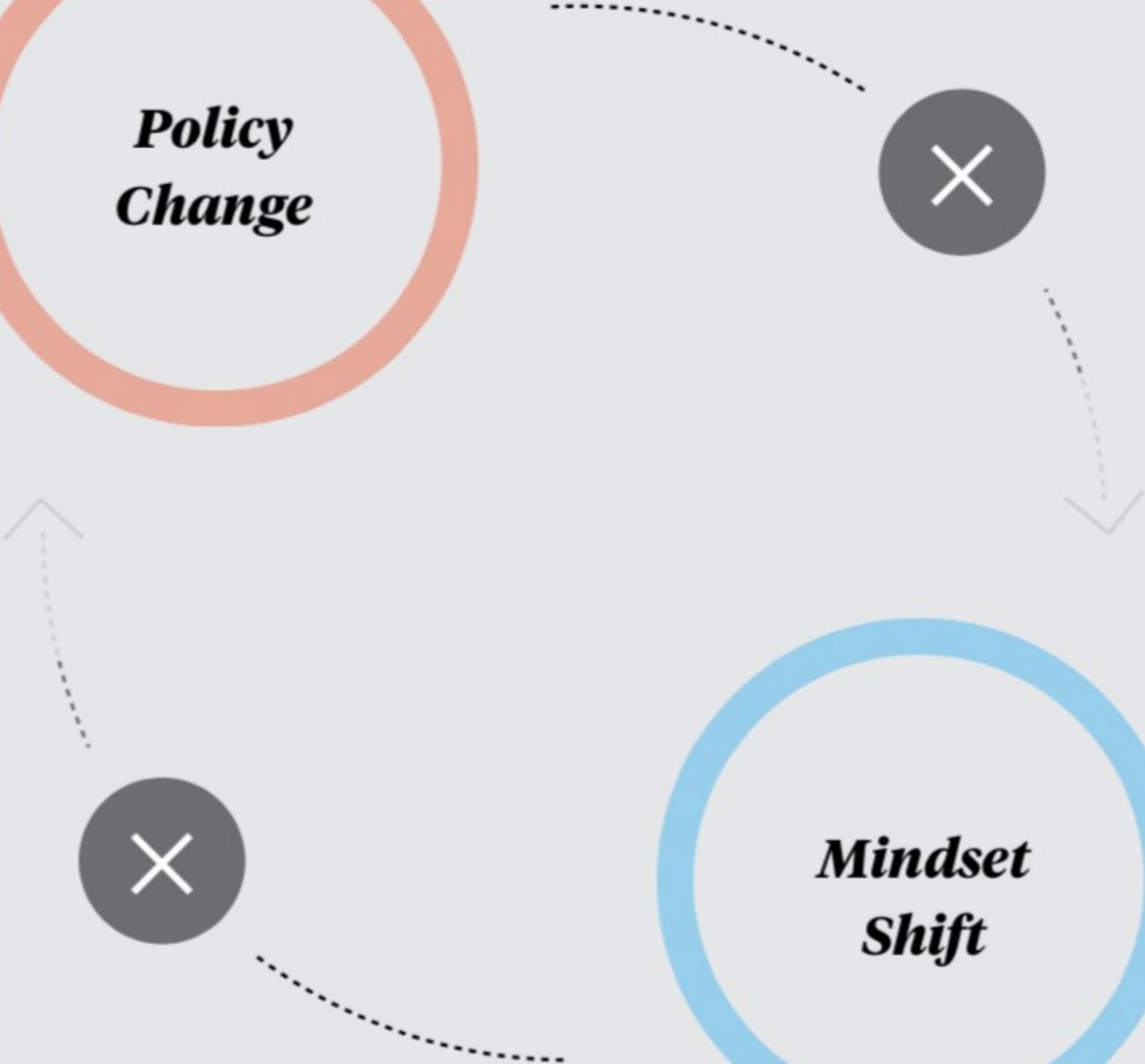
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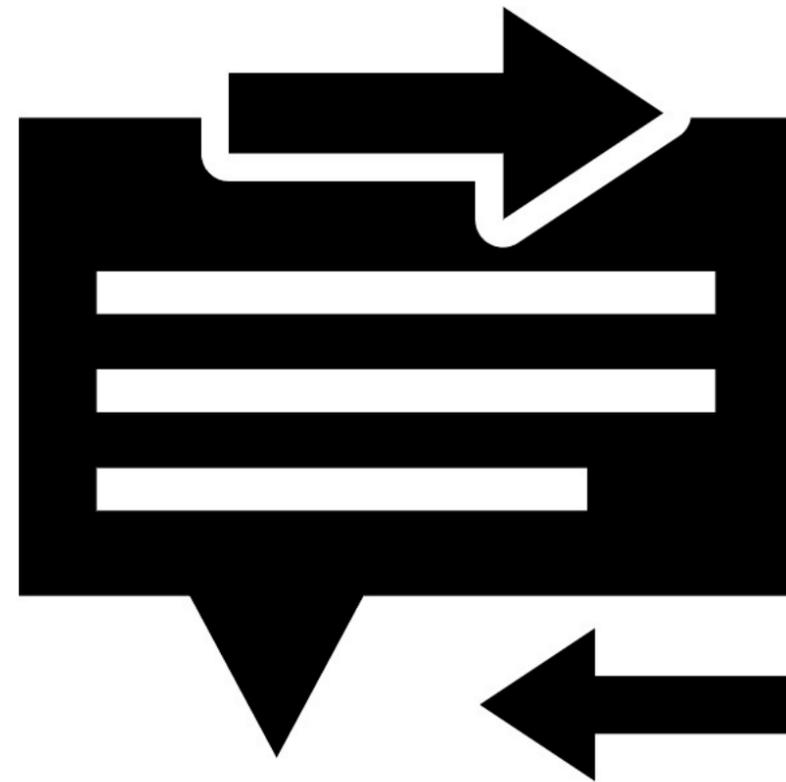
Concluding thoughts

Building understanding of root causes and cascading consequences





Let's talk about what's on your mind



Please join us on July 13

— Up next:

“Communicating in Conservative Contexts: Strategies for Raising Health Equity Issues Effectively.”

— July 13, 2021 - 1:30-3:00pm





“Shallow understanding from people of good will is more frustrating than absolute misunderstanding from people of ill will.”

–Dr. Martin Luther King, Jr.
Letter from Birmingham Jail

Thank you.

Let's continue the conversation.

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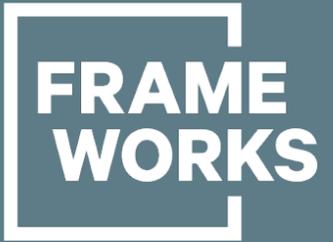
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