Framing Health Equity: Communication Strategies that Work

February 25 from 2:00-3:00 pm ET

National Association of County and City Health Officials
FrameWorks Institute
San Antonio Metropolitan Health District

NACCHO
National Association of County & City Health Officials

Logistics

- Webinar audio will be available through your computer speakers and via phone.
  - Dial: US: +1 929 205 6099 or +1 301 715 8592
  - Webinar ID: 917 1050 2156

- This webinar is being recorded and the recording will be shared.

- Please submit questions through the chat option.

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Agenda

- Welcome
- Melanie Ruhe, NACCHO
- Julie Sweetland, PhD, FrameWorks Institute
- Dr. Colleen Bridger, San Antonio Metropolitan Health District
- Questions and Answers

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Learning Objectives

1. Understand why some common ways of talking about health disparities can reinforce misconceptions and stigma

2. Distinguish between more effective and less effective ways of framing health equity issues like tobacco-related health burdens, oral health access and outcomes, and racial disparities in maternal and infant health

3. Have increased knowledge about the evidence-based resources and tools available to LHDs to guide messaging about health equity issues

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NACCHO Mission

NACCHO is comprised of nearly **3,000 local health departments** across the United States. Our mission is to serve as a **leader**, **partner**, **catalyst**, and **voice** with local health departments.

Support health departments

Advocate on behalf of local public health

Optimize strategic alliances and partnerships

Encourage NACCHO member engagement

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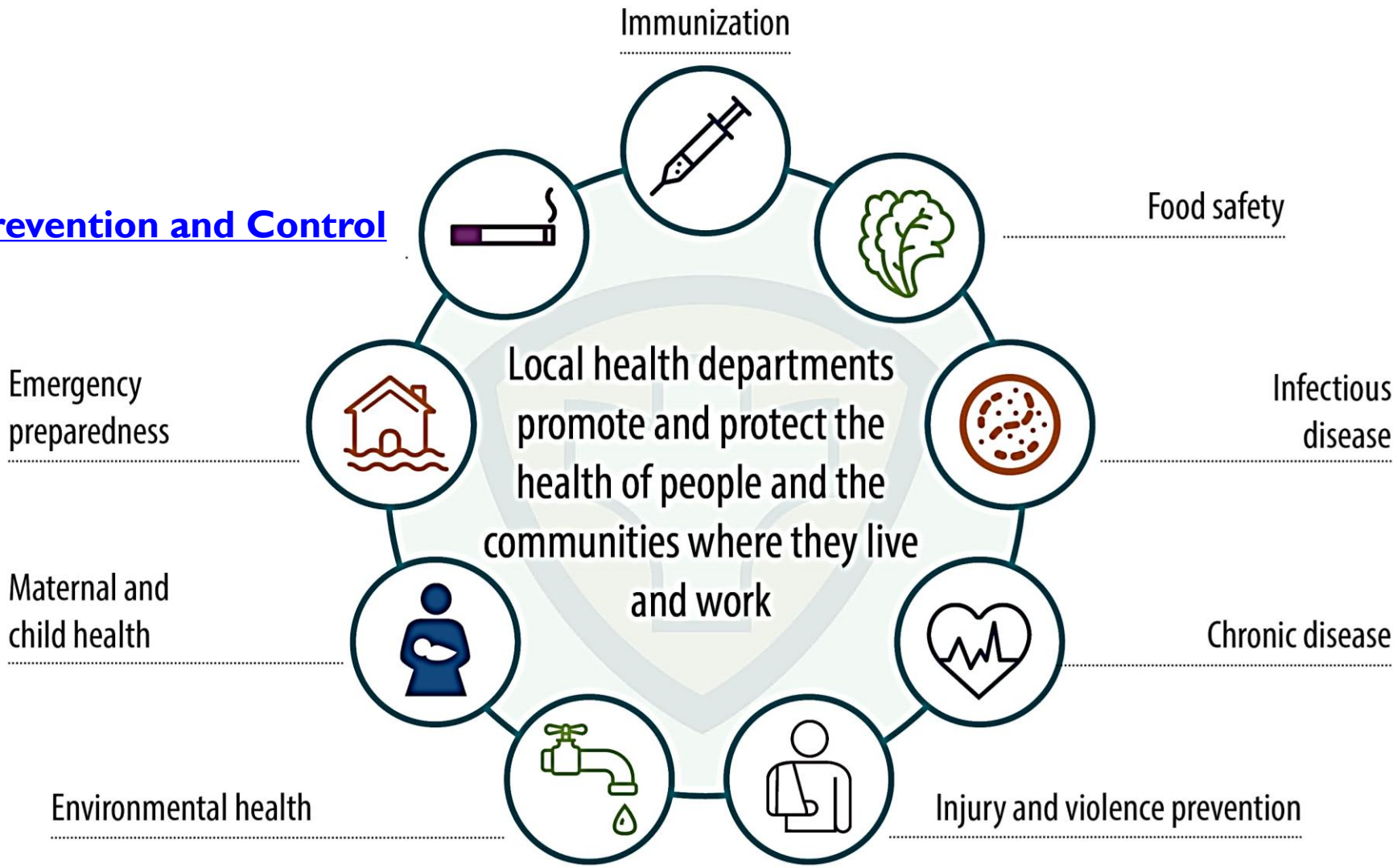
Local health departments impact our lives every day



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"Health Equity"

"Requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need."

"Health equity is realized when all people have the opportunity to achieve their full capabilities and potential for health & well-being."

"Achieved by removing obstacles to health such as poverty, discrimination, and their consequences--including powerlessness and lack of access to good jobs, education, housing, safe environments, and health care."

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Framing Health Equity:

Communications Strategies that Work

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Assistant City Manager, San Antonio

February 25, 2021

Presented to
National Association of County and City Health Officials

Today, we're drawing on the following studies of framing health equity issues

- 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

Why framing matters

The connection between communication choices and more equitable outcomes

What is framing?

Framing means making choices
about how information is presented:

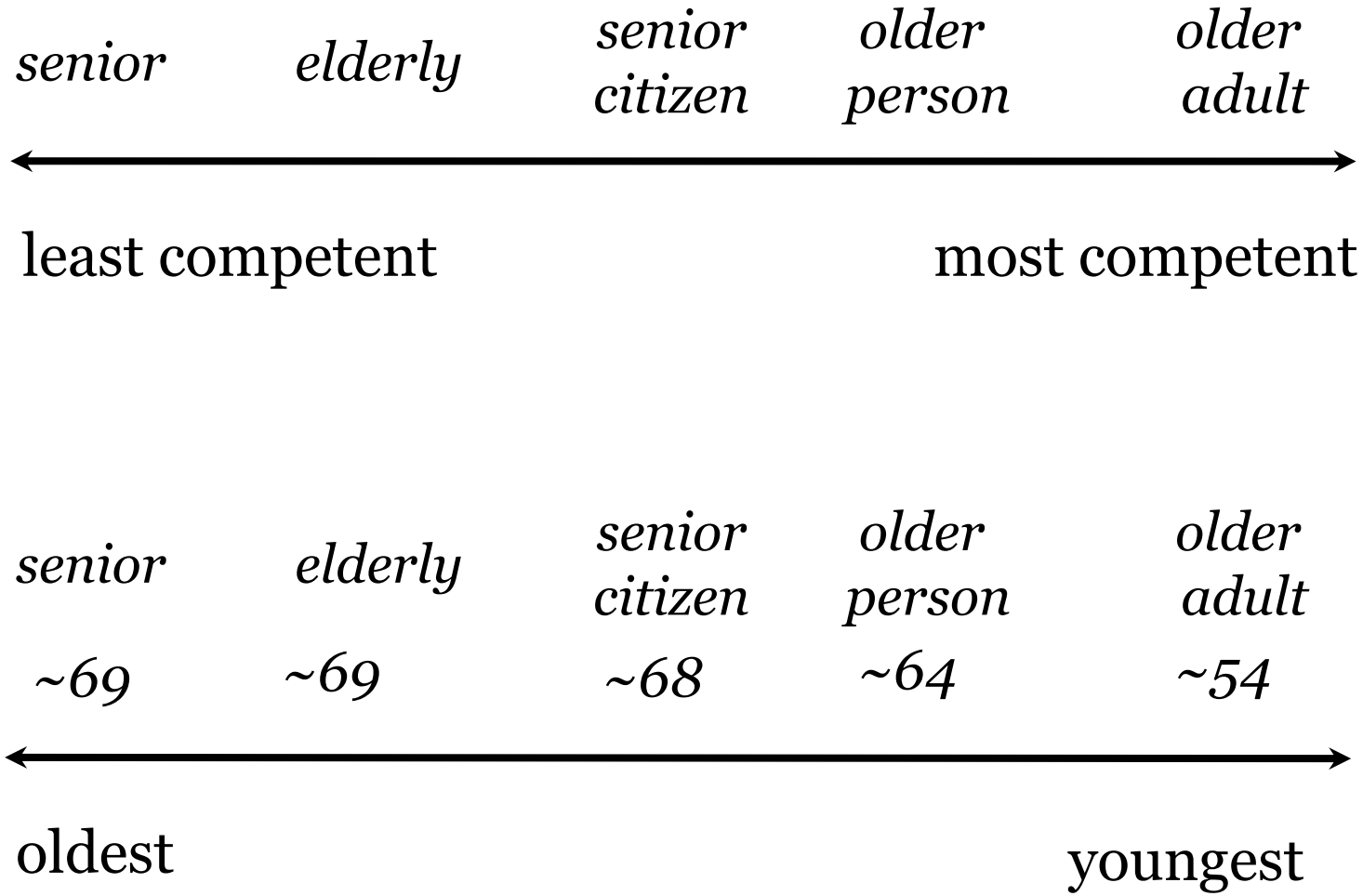
What to emphasize, how to explain it,
and what to leave unsaid.

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

Words Matter

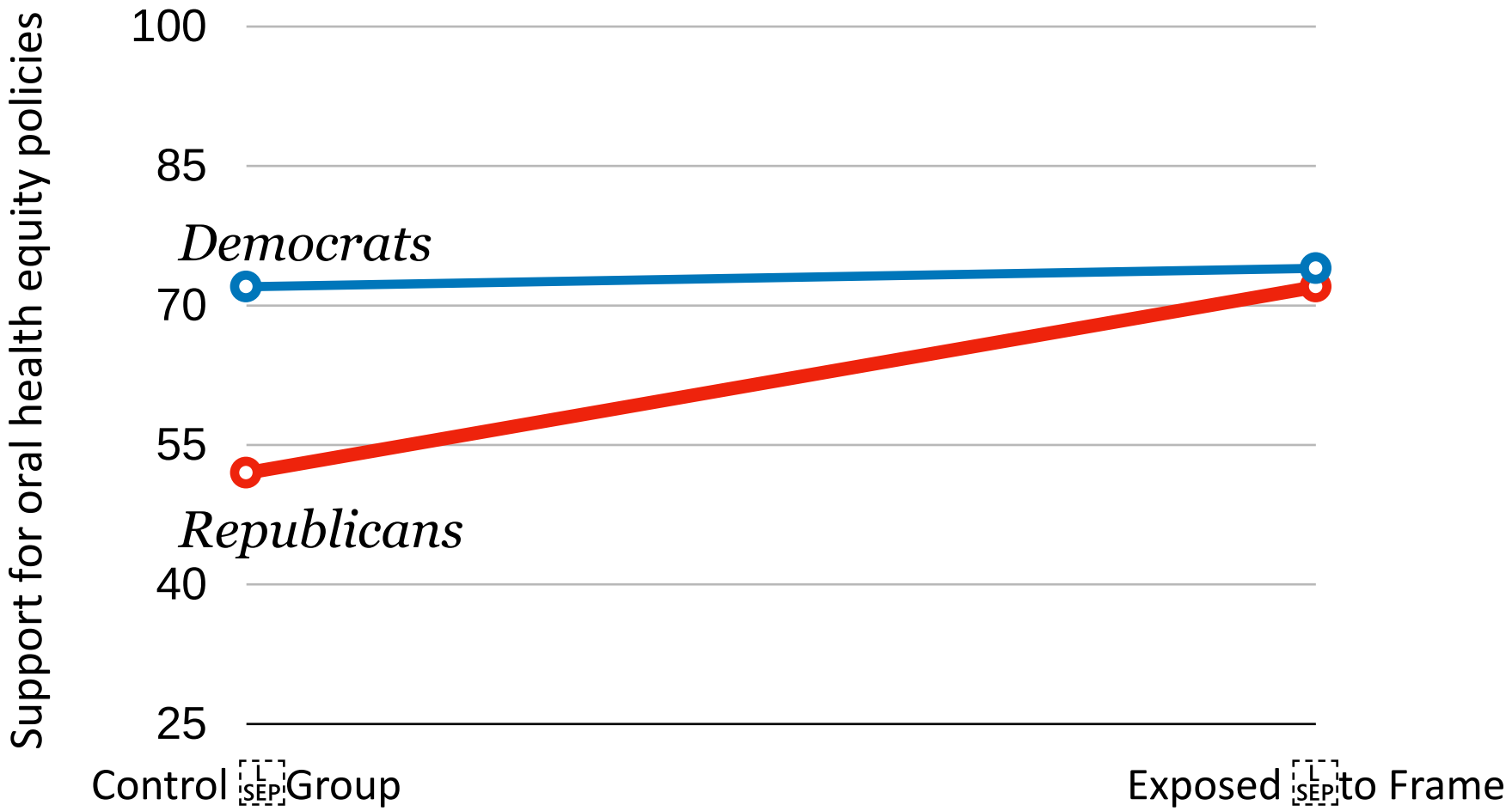
Researchers ran an experiment exploring the public's associations with a few common reference terms for older adults

The recommendation:
Use the term
older person/people.
It cues *both*
"over age 60" *and* "competent."



Positive or negative emphasis can matter

Selected results from a 2017 FrameWorks experiment on framing oral health equity



Inaction Leads to Losses.

This message emphasized that if society *fails* to act on oral health, economic *losses* and public health *problems* would follow.

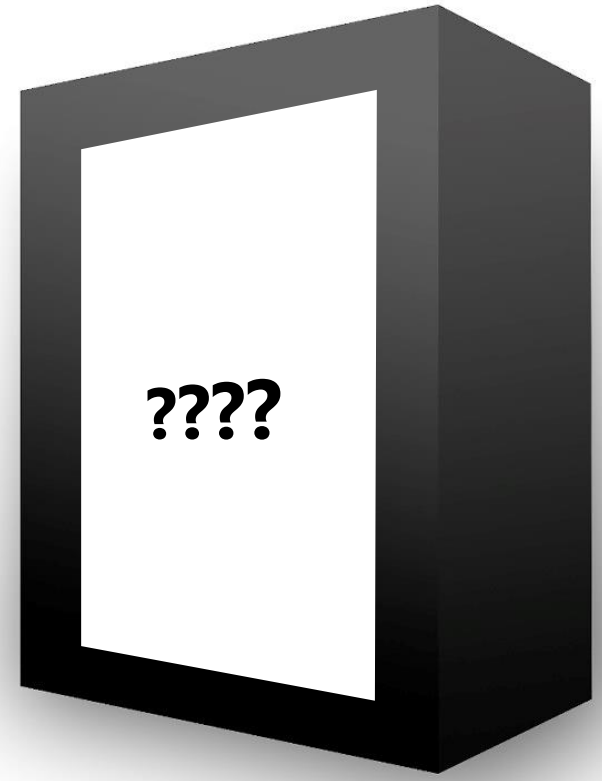
Messengers can matter

Public mindsets

Default thinking about health and health equity

“What are the factors or conditions that affect people’s health?”

The public does not understand the mechanisms that create, maintain, reproduce social inequities



Pervasive mindsets on health

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

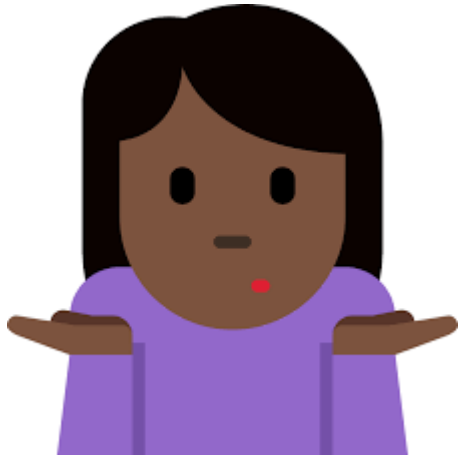
Diet + Exercise = Health
Assumption that personal lifestyle - and mostly choices about food and physical activity - are the main drivers of health outcomes.

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

Pervasive mindsets on racial disparities

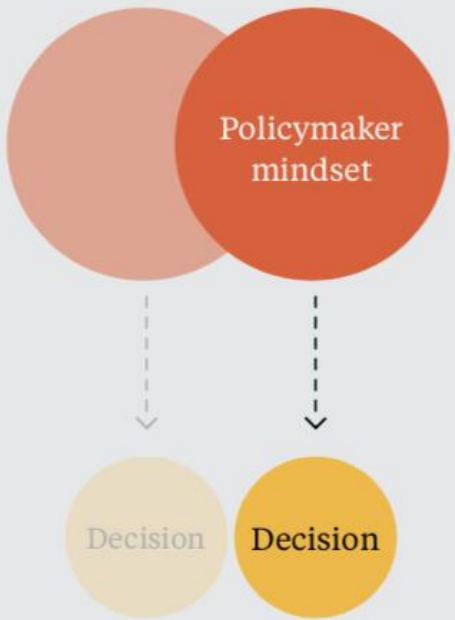
Failure of Willpower
Assumption that adult health problems are due, at some level, to personal failings.

Cultural Pathology
Assumption that racial disparities today are due to cultural failings such as misguided values and poor choices.

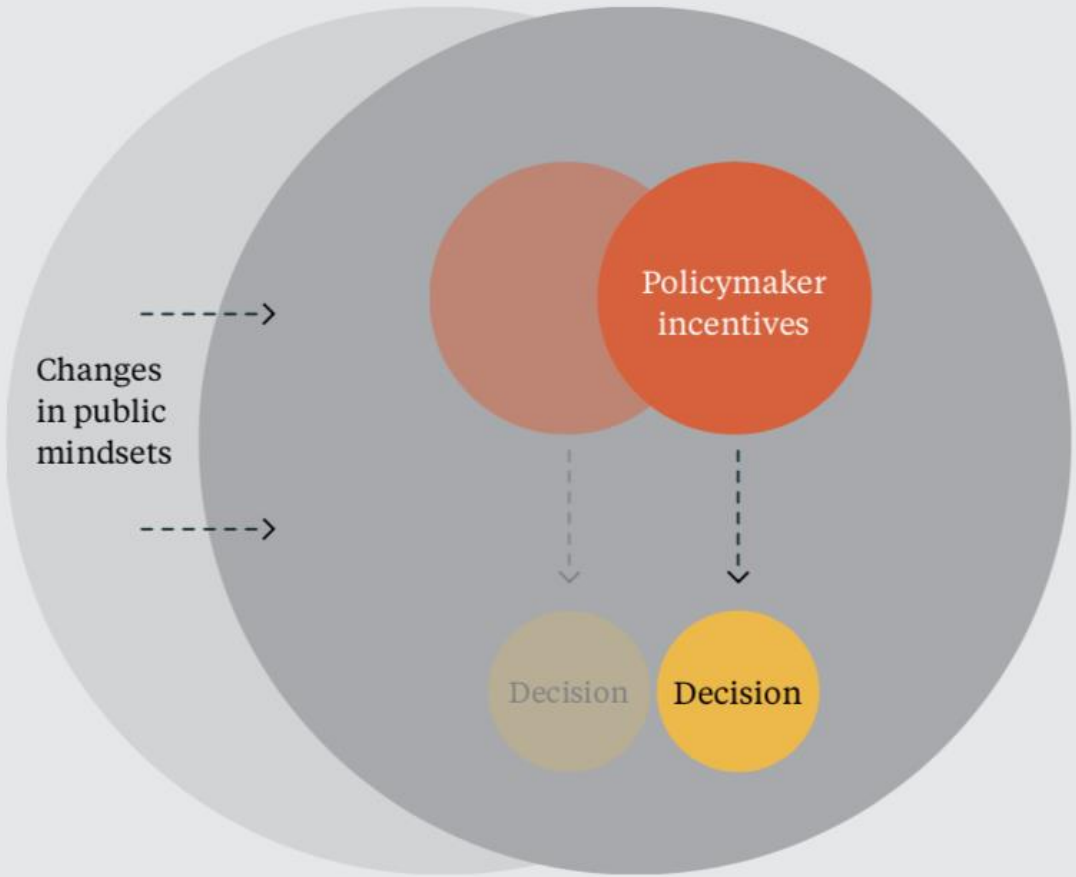


Fatalism
Assumption that inequities are inevitable, and that racial disparities in particular are intractable.

Policy is changed either via a change in a policymaker's mindset,



or when public mindsets create pressure on a policymaker to make a different decision.



Obstacles and Opportunity

In Orange County, we take pride in our community's rich history, natural beauty, and world-class education. We are a community where people choose to live and raise their families. If there is one thing families in Orange County have in common, it is the hope that they can pay their bills, put healthy food on the table, keep their children safe, and see them grow up to succeed in school and life.

Yet, in Orange County, we're seeing discouraging trends in our families' ability to realize their dreams. More children are living in poverty, more babies are being born too small, fewer low-income children have health insurance, and large differences in reading and writing achievement remain. This is especially true for African-American and Latino children and families. As the data and stories in this report show, Orange County is a community of great prosperity but even greater economic disparities, with over 4,600 children living in poverty in 2011. When significant inequality exists, and families struggle to make ends meet, it impacts our children now, and throughout their lives. Research has proven that adverse experiences in childhood affect the way children's brains form and will ultimately impact their future prosperity and health.

more than 4,600 children in poverty in 2011 in Orange County

This matters not only for those children, but also their families, and the entire community if our goal is to continue as a vibrant, prosperous community that supports and provides opportunities for everyone.

TOBACCO 21 TOWN HALL

THE CITY OF SAN ANTONIO IS CURRENTLY CONSIDERING A PROPOSAL TO INCREASE THE SALE AGE FOR TOBACCO PRODUCTS FROM 18 TO 21. THE METROPOLITAN HEALTH DISTRICT WILL BE HOLDING A TOWN HALL THAT IS OPEN TO THE PUBLIC TO GATHER COMMUNITY FEEDBACK AND ANSWER ANY QUESTIONS.

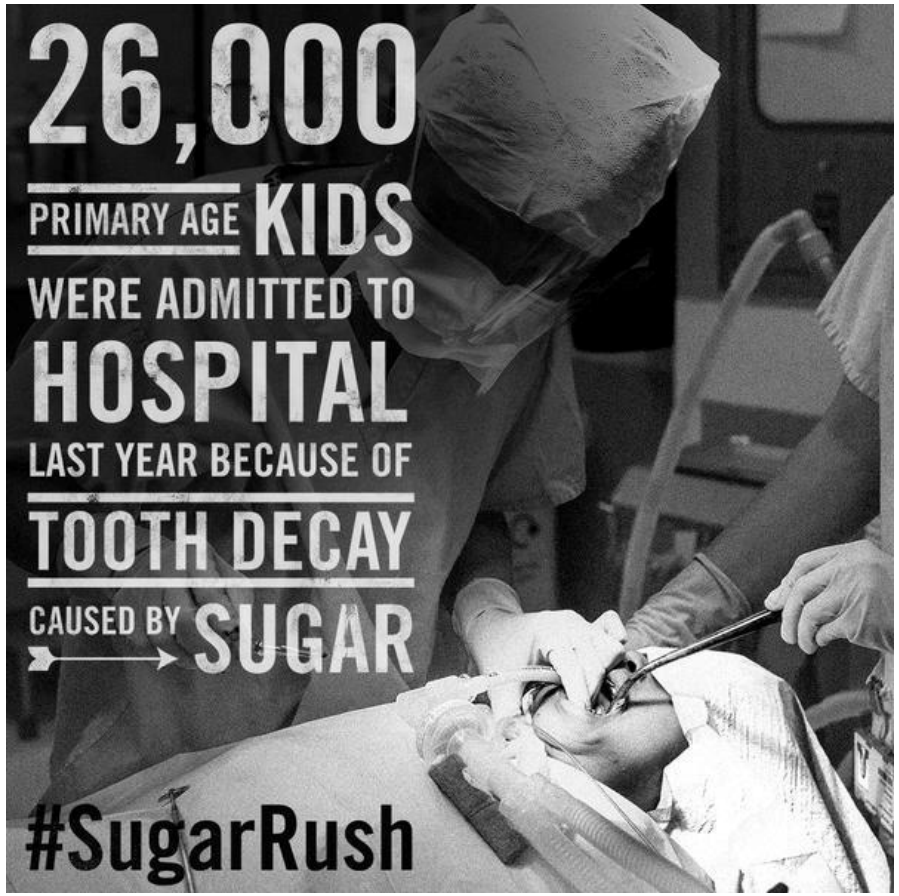
CITY OF SAN ANTONIO METROPOLITAN HEALTH DISTRICT

THURSDAY
NOVEMBER 16
5:30PM – 6:30PM

LA ORILLA DEL RIO BALLROOM

203 S. ST. MARY'S STREET, SUITE 385, SAN ANTONIO, TX 78205

“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.
4

Love Lassi @LoveLassi1 · Sep 3
@jamieoliver #SugarRush educate educate educate - cook home made food, drink water, take responsibility for your children's health
2 3

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
1 2

Brushbaby @brushbabytweet · Sep 4
@scoobs1969 & we can help with the toothbrushing! Take a look: brushbaby.co.uk
1

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

Reframing does work

Tobacco Framed as “Vice”

Vital industry

At stake: freedom of choice

Bad behavior: smokers

Addiction: regrettable personal failing

Responsibility of parents to instill values

Solution: protect yourself (‘just say no’)

FIX THE PEOPLE

Tobacco Framed as “Defective Product”

Deviant industry

At stake: lack of choice

Bad behavior: companies

Addiction: result of corporate manipulation

Responsibility of government to regulate

Solution: protective policies (limit advertising, etc.)

FIX THE CONDITIONS

Framing to avoid

- Does the communication begin with an ineffective statement of the problem?
- Does the communication omit solutions - or talk about them in very limited ways?
- Does the communication leave out who or what is responsible for disparities?

Framing to use

- Lead with justice (health equity)
- Emphasize collective solutions
- Center explanation

Defining the issue

Evidence that shows why you should shift to *leading with justice*

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

Framed with ‘unequal outcomes’

“Tobacco is immensely destructive in Black communities, causing more deaths than AIDS, accidents, and homicide combined. Because of tobacco companies’ manipulative tactics, Black communities experience the greatest burden of tobacco-related mortality of any racial or ethnic group in the United States. 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 tobacco companies channel higher levels of advertising, discounts, and displays of their dangerous products into Black communities. Such targeted, aggressive marketing practices contribute to more health problems. To live up to the ideal of fairness, we must change these practices.”

Opportunity for All

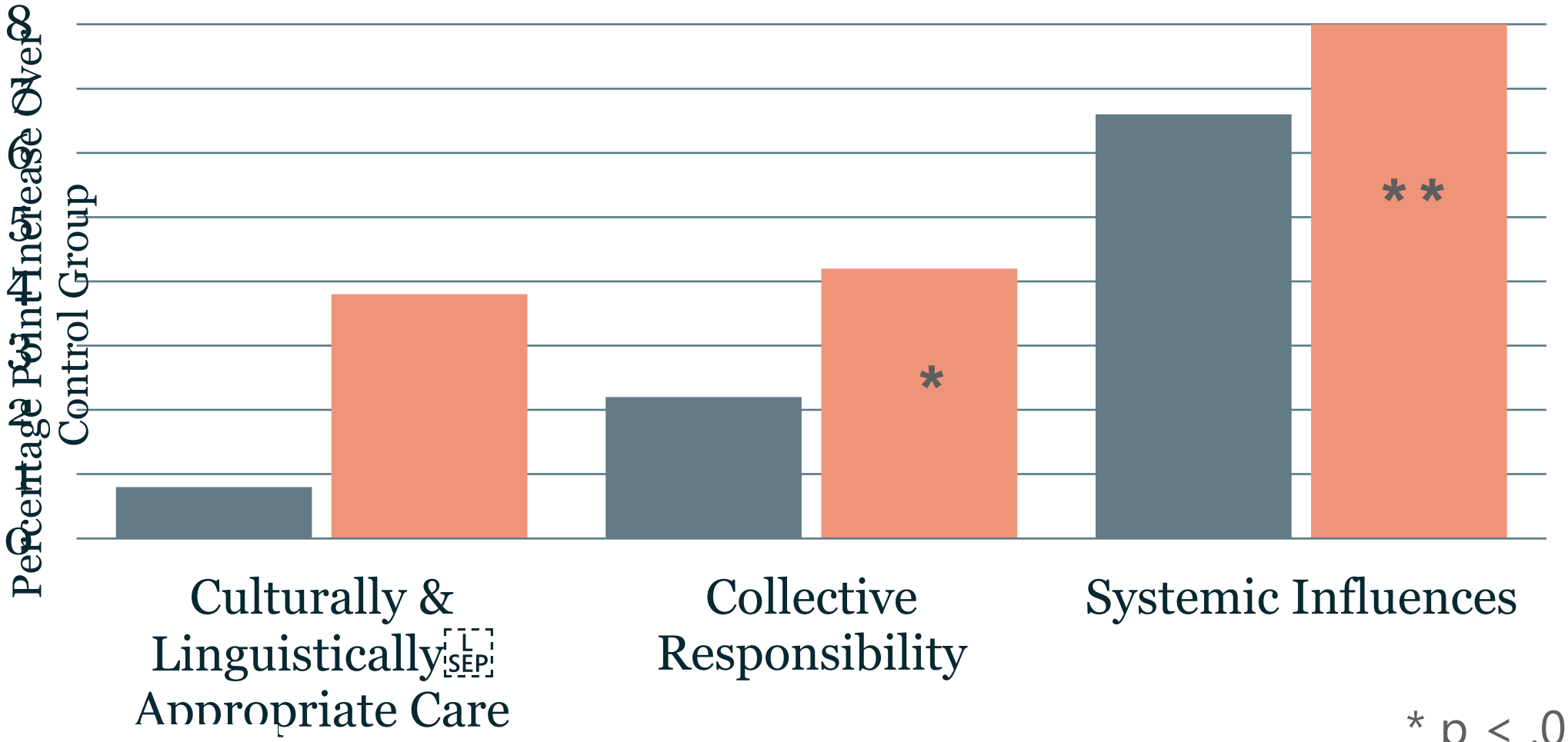
“We need to ensure that everyone, regardless of background, has equal access to the conditions and services that support good oral health.”

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*

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



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

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.”

Framing solutions

Why to emphasize collective solutions when talking about disparities

Why health equity framing needs to emphasize collective solutions

- When we raise a big problem but don't mention the possibility of big solutions, we spark or reinforce fatalistic attitudes.

- Health inequities 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.

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 incentivize health care 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."

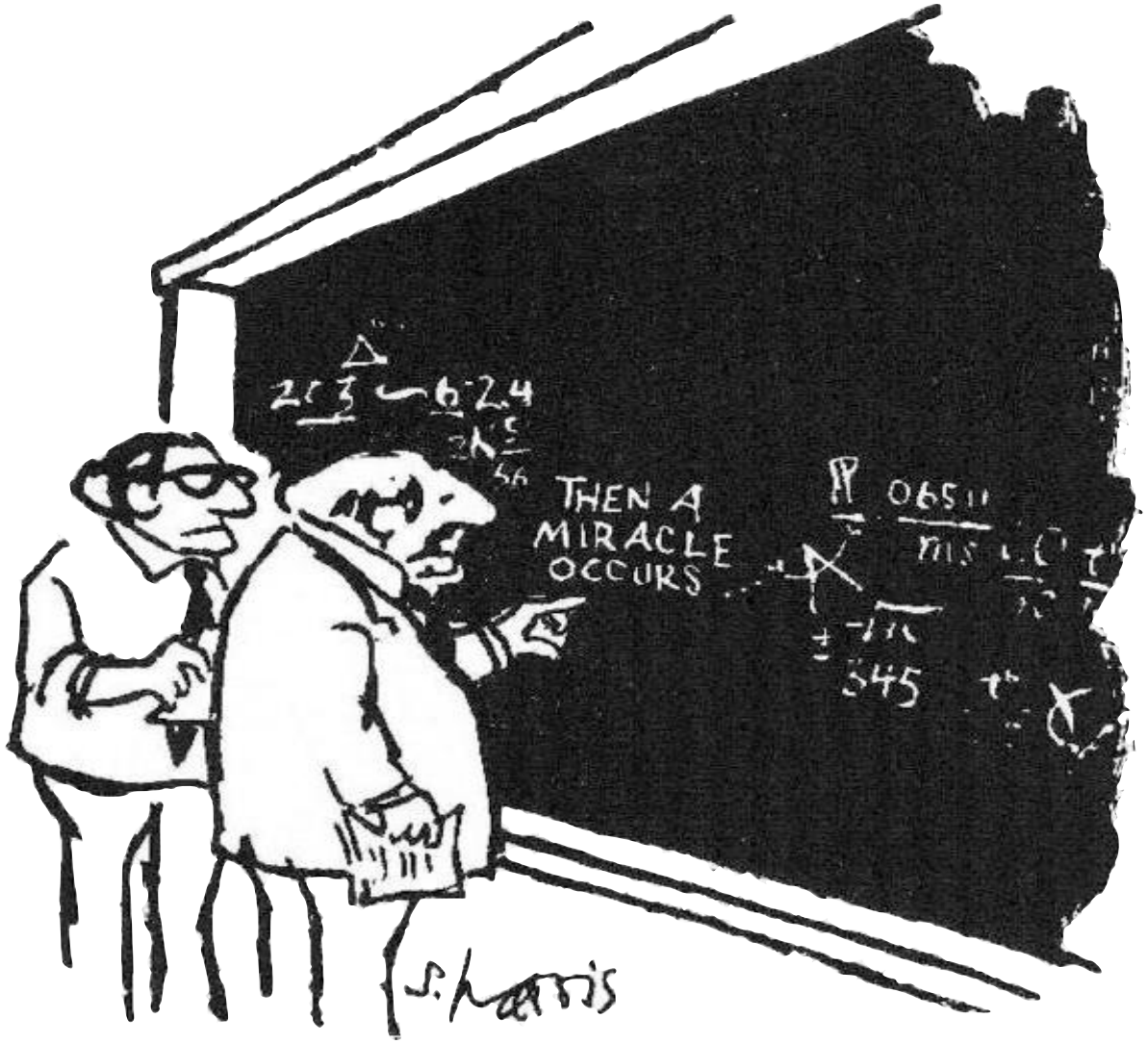
"When communities offer culturally tailored programs for expecting mothers, they get the care they need in the way they need it - and we all get the benefit of healthier pregnancies, births, babies, and moms."

Framing solutions in different contexts

Centering explanation

Building understanding of root causes and cascading consequences

The Power of How

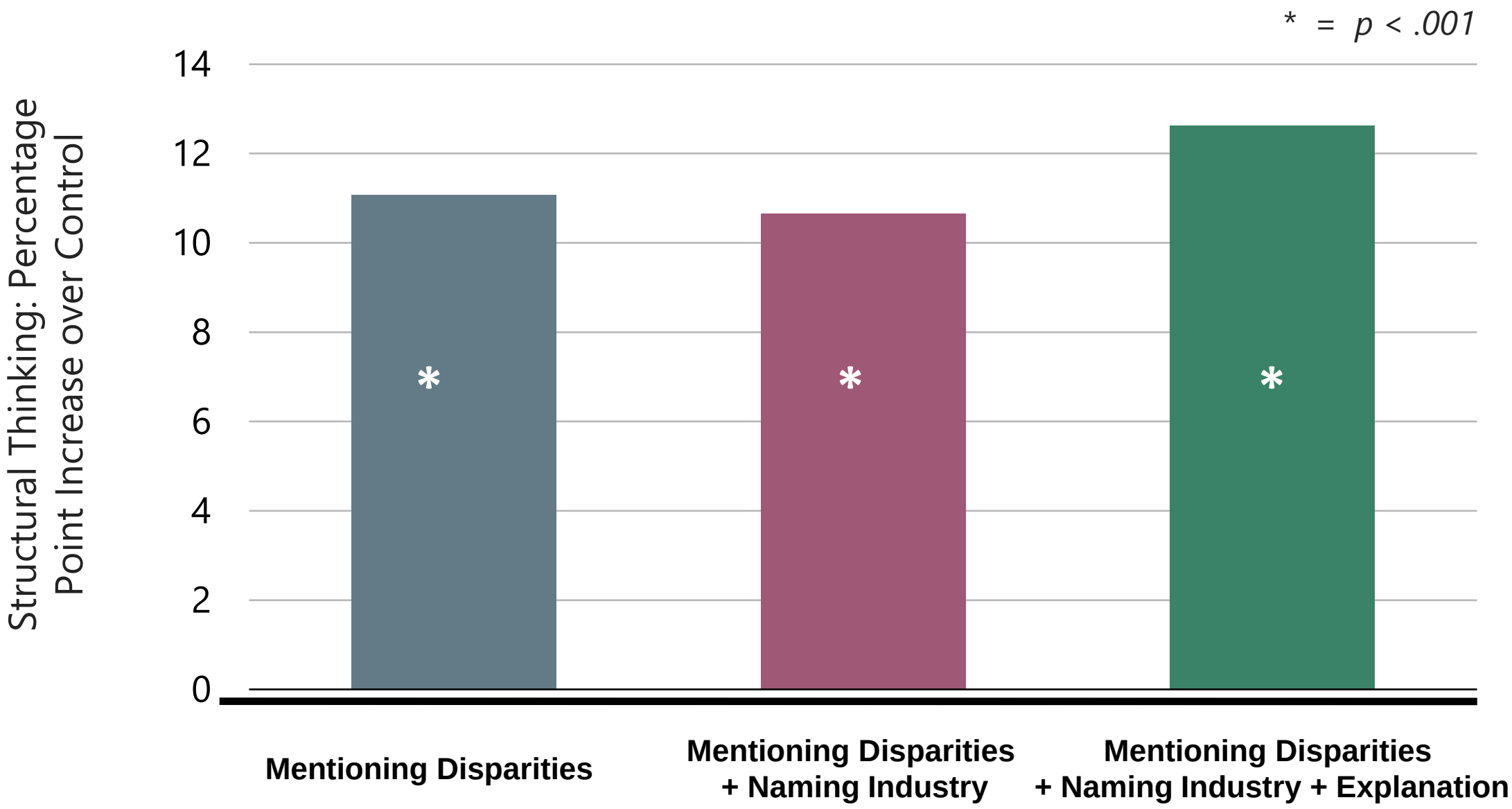


"I think you should be more explicit here in step two."

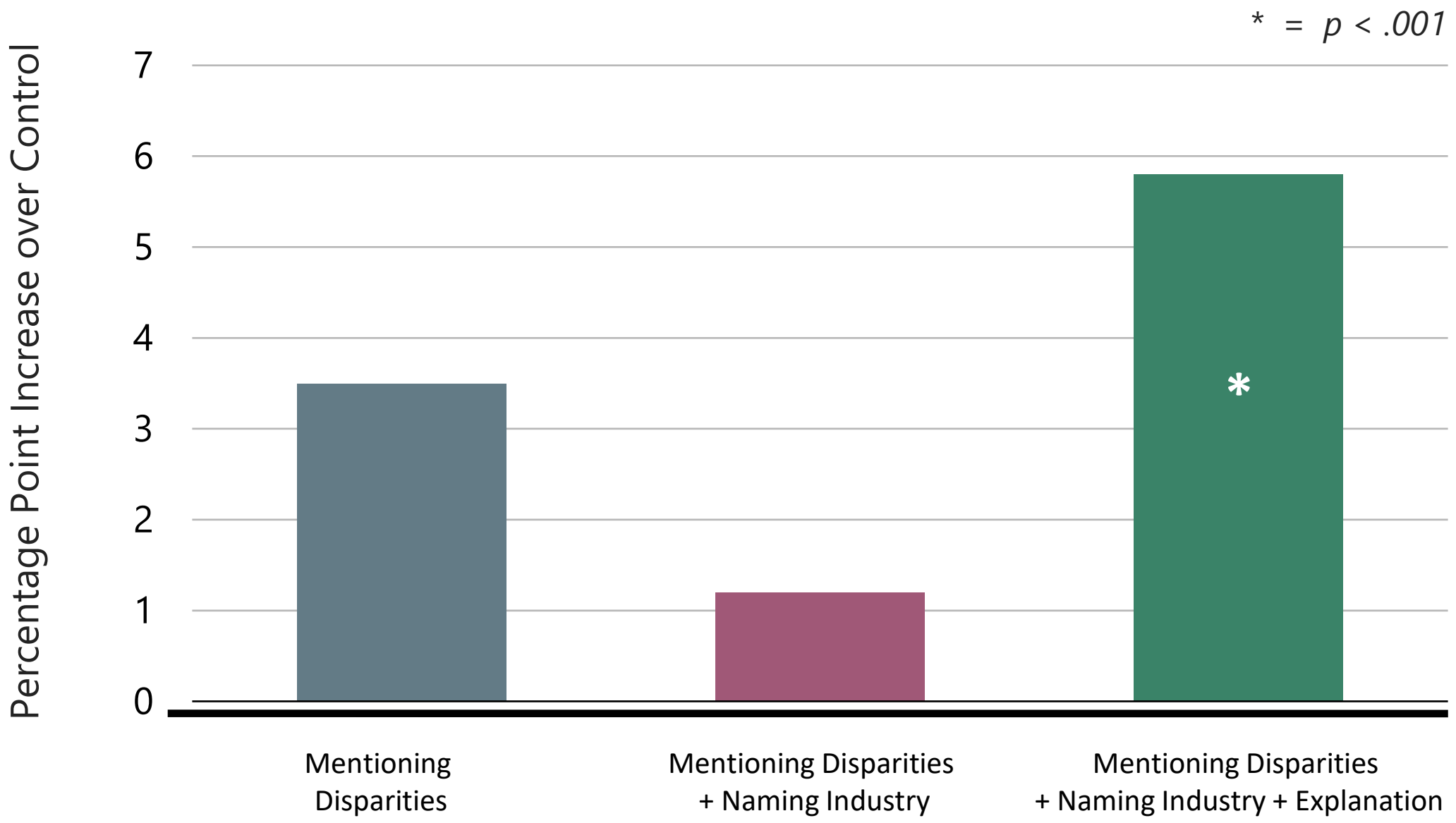
Mentioning disparities vs. explaining their cause

Mentioning Disparities	Communities facing disadvantage – including people on low incomes, racial and ethnic groups, and people who identify as lesbian, gay, bisexual, or transgender (LGBT) – are more likely to face a range of health problems related to the use of tobacco products.
Mentioning Disparities + Naming Industry	The tobacco industry has promoted their products more within certain communities. As a result of the industry's actions, rates of tobacco use, and related health problems are much higher for these communities compared to the general population. This means we need to decrease the influence of the tobacco industry, and putting the health of our country over profit. As a result of the industry's actions, rates of tobacco use, and related health problems are much higher for these communities compared to the general population.
Mentioning Disparities + Naming Industry + Explanation	Since the 1970s, the tobacco industry has handed out free cigarettes to people in low-income housing and issued discounts for tobacco products with government food vouchers. These practices have meant that the use of tobacco products is much greater in low-income communities compared to wealthier communities. Tobacco companies have also specifically promoted their products to racial and ethnic groups. For example, they spend more money to advertise in African American than white neighborhoods, and advertise heavily in magazines that are popular in African American communities. As a result, African Americans use tobacco products at higher rates compared to whites. Finally, the industry has targeted LGBT+ people through marketing efforts, such as hosting local promotions like "LGBT bar nights" featuring specific cigarette brands. This helps to explain why people who identify as LGBT+ smoke at rates of up to 2.5 times higher than other adults.

Linking tobacco to disparities can spark structural thinking



Fuller explanation sparks collective responsibility



Misplaced or Missing Responsibility

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."

Include a Causal Pathway

- 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
- Implict bias & biased practices built into systems shapes experiences of some groups
- Industry saturates some neighborhoods with marketing for harmful products

Framed with “the numbers show it’s race”

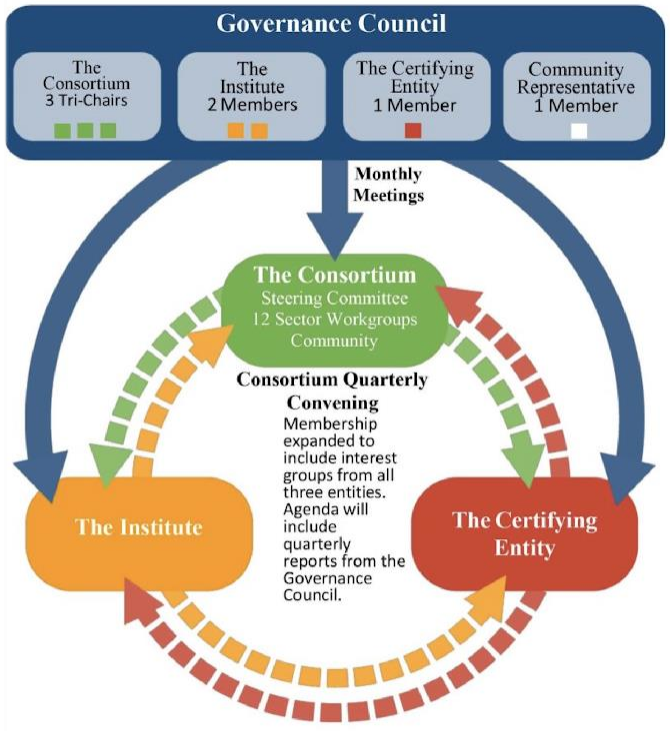
In the U.S., too many women are suffering from pregnancy complications that lead to serious injury and death. The U.S. currently ranks lower than all other developed countries when it comes to maternal death ratios. Some women are more at risk than others. Black women are 3 - 4 times more likely to die 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 racial disparities happen”

The U.S. is failing to manage pregnancy complications that cause serious injury and death. One reason is that health care providers, like all of us, absorb stereotypes that affect their decisions in ways they might not realize. For instance, the stereotype of the “strong Black woman” can lead doctors to minimize concerns about pain. This implicit bias - or “snap judgment syndrome” - helps to explain why Black women are 3-4 times more likely to die from pregnancy-related causes than other groups.

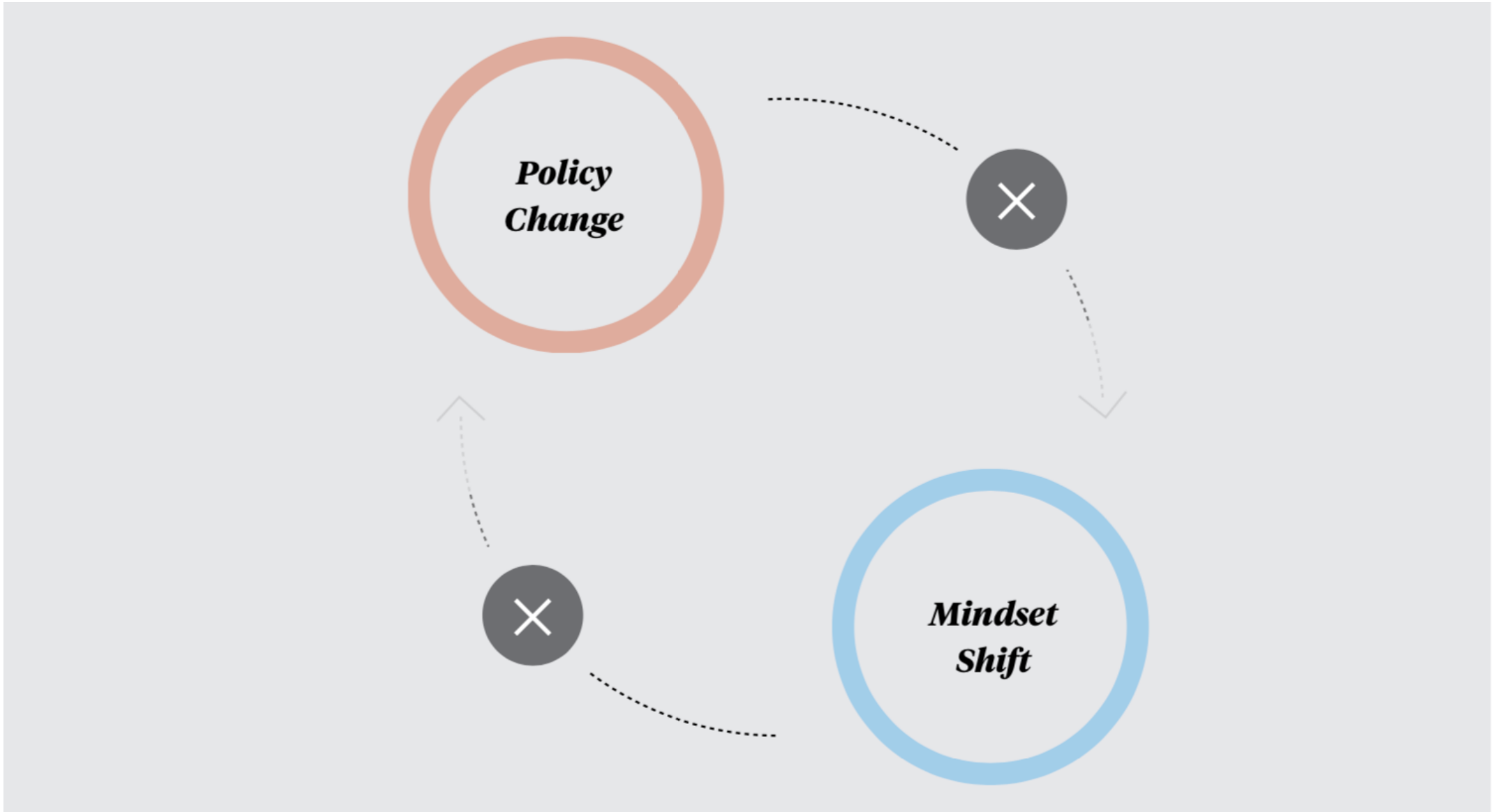
CITY OF SAN ANTONIO
invites applications for the position of:

Adverse Childhood Experiences Coordinator (Sr. Management Analyst)



Concluding thoughts

Building understanding of root causes and cascading consequences


Policy Change
Mindset Shift

“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

May also be of interest…

Adolescent Substance Use Prevention

Birth Equity

Climate & Health

Healthy Housing

Mental health

Oral Health

Social determinants of health

Tobacco disparities

Thank you.

Let’s continue the conversation.

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Questions and Answers

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Additional Resources

- Tobacco Prevention and Control
- Health Equity and Social Justice
- FrameWorks Institute
- San Antonio Metropolitan Health District

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THANK YOU!

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