BUILDING MORE EFFECTIVE MESSAGING TO REDUCE HEALTH DISPARITIES

As public health communicators, we work at a critical intersection: motivating behavior change while simultaneously shifting systems, policies and social expectations to support and make those new behaviors possible—and ultimately to make them the norm. This intersection is where lasting change is most likely to occur, but also where we can inadvertently trip ourselves up.

Through a review of existing research and years of our own work in the field, Metropolitan Group and Real Reason have arrived at an informed hypothesis about what is needed to mobilize people to take action to improve their health and that of their communities. This hypothesis centers on three elements:

- **HEAD:** From cognitive linguistic research and insights from social psychology come valuable cues that can help us connect with our audiences and open the door for change at many levels.
- **HEART:** Respecting cultural context and a community's closely held values—the heart/gut driver of decisions and behavior—makes public health issues more relevant and motivates action.
- **PLACE:** Where people live, their education, income, and race/ethnicity, have a tremendous impact on their health. Conveying how these have disproportionately impacted health, and the opportunity to reverse the trend—rather than merely reinforcing the existence of disparity and inequity—creates more powerful levers for change.

HEAD: USE COGNITIVE-LINGUISTIC SCIENCE TO UNDERSTAND HOW PEOPLE PROCESS INFORMATION

Cognitively, it is easier to grasp a complex public health problem as the result of bad choices by individuals than to see a societal cause or solution. Given this cognitive default, our efforts can be easily hampered by inadvertently using language that triggers blame of individuals.

As a result, those directly affected can feel overwhelmed, disempowered and even stigmatized. And those not directly impacted can find a rationale for inaction because "it's not my problem." The result can be a failure to develop the public will among either group for policy change.

What we can do to avoid unintended triggers:

- Double-check (or eliminate) the checklists. Yet another list of "do's and don'ts" targeted toward some individuals tells others that it's not their problem, and can leave those impacted overwhelmed by pressure, blame, guilt and resentment. Each time you ask individuals to change their own behaviors, ask whether your campaign is also promoting coordinated efforts that could reduce that burden on individuals. For example, don't stop at "choose better foods." Are you also leading a public call for better standards for the food we all eat?
- Reconsider "choice" and "responsibility." As a concept, *responsibility* primarily focuses on the ability of the individual to bear a burden, and can overpower efforts to bring attention to the role of groups and institutions. It also leaves room for skeptics to blame people for their own ill health. Similarly, *choice* reinforces individual action (and "bad choices") over the need for shifts in the environment. Explore, with your audience, values or words that reinforce access, options, and opportunity.

PLACE: USE SOCIAL DETERMINANTS TO CREATE OPPORTUNITY, NOT JUSTIFICATION OR BLAME

As communicators, it is critical to explore new terminology to establish that "health disparities" aren't natural or deserved conditions, but result from decisions we make as a society.

When presented with only a current negative state ("group X is more likely to die of a certain cancer"), our minds immediately begin to fill in the blanks of the story: *Whose fault is this? What did they do wrong? What could (should) they have done to prevent it?*

Unless our messages coherently package simple, compact and consistent answers to these questions, they leave space for faulty reasoning and stereotypes to fill in, and (according to System Justification Theory and the Just-World Hypothesis) make us less likely to accept the idea of socially-caused harm.

What we can do to address social determinents:

- Avoid merely describing current negative conditions, but rather provide the thinking support people need to consider complex and large-scale causes.
- Look for ways to use words and short phrases that provide tight, efficient images that go beyond difference (e.g., disparities) to address causation (e.g., consequences), helping to clarify that these conditions are caused, not "natural."
- Illustrate the entrenched, systemic causes of disparities, using authentic and engaging language and clear solutions (or steps toward a solution).
- Determine the specific language that resonates with audiences' own life experiences while avoiding the missteps that undermine effective communication.

HEART: RESPECT MULTICULTURAL CONTEXT AND CLOSELY HELD VALUES

Public health relies on data about what causes disease, how risk spreads, and who is most affected. But public health communication can easily fall into a trap by focusing on the facts and the evidence-based solutions, while people make decisions based on interpretations and emotions.

Another trap to be avoided is defining health disparities primarily in terms of socioeconomic status or education instead of considering differences informed by cultural context, worldview or deeply held values.

Research from two recent Nielsen Scarborough modules–MARS Healthcare and Gfk MRI (cross-tabbed to show variation against racial/ethnic groups within the Nielsen Scarborough USA+ database of over 200,000 respondents)—provides valuable insight into the social science of decision making. The chart at right shows each group's self-reported likelihood to think or act in a certain way compared to the sample average.

The power of understanding this data comes not from trying to change these behaviors and attitudes, but to understand the "why" behind them. Looking at the data that show that Asians are more likely to eat healthy, let's ask "why?" It's not simply because they are Asian. What in the culture drives this? What values are triggered in the grocery store or the kitchen?

What we can do to respect multicultural values:

- Deeply and authentically engage audiences on everything from intervention strategies to messages and evaluation.
- Stop asking "what?" and start asking "why?" The answers will illuminate values, motivators and barriers—including changes that could be made in the community.
- Frame issues to connect with values and to provide an actionable solution. If we succeed in showing the cause and effect of a problem, we must illuminate the path ahead or risk creating disillusionment and inertia.

KEY:
↑↑ Significantly higher likelihood than sample average
↑ Slightly higher likelihood than sample average
– No statistical difference in likelihood
↓ Slightly less likelihood than sample average
↓↓ Significantly less likelihood than sample average

Attitude/Behavior	Whites	Blacks	Asians	Hispanics
Always looking for new ways to live a healthier life	–	↑	–	–
Follow a regular exercise routine	–	↓	↑↑	–
Go to the doctor regularly for check-ups	↑	↑↑	↓	↓↓
Prefer alternative medicine to traditional medical practices	↓	↑	↓	–
Feel they eat all right, in general	–	↓	↑	–
Try to eat healthy these days and pay attention to their nutrition	–	–	↑	↓
Regularly eat organic foods	↓	↓	↑	↑
Medical condition limits their lifestyle	↑	↑↑	↓↓	↓
Describe current health as excellent or very good	–	↓↓	↑↑	↓
Describe their current status as very stressed or somewhat stressed	↓	↓	↑	↑
Participate in preventive healthcare	↑	–	–	↓
Always do what their doctors tell them	↑	–	–	↓

* Sources: Nielsen Scarborough MARS Healthcare Module, USA+ Study, Release 2, 2013 and 2013 Nielsen Scarborough USA+ Study, Release 2, Nielsen Scarborough/Gfk MRI

JOIN THE CONVERSATION

As we continue this research, we invite our fellow practitioners and researchers to share their thoughts.

Please visit **www.metgroup.com/news/SocialChangeResearch** to let us know about your experience in these three realms of public health communication, and to suggest campaigns that have succeeded or missed the boat in any of them.

This fall, we will release an article on our complete findings, in conjunction with a presentation at the American Public Health Association's annual conference. **Please sign up at the URL above to receive updates and download a copy of this poster.**

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