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 systems, policies and social expectations to support and make those new behaviors possible—and ultimately to make them the norm. This hypothesis centers on three elements:

- **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 renouncing the existence of disparity and inequity—creates more powerful levers for change.
- **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. What we can do to respect multicultural context and closely held values:
  - Deeply and authentically engage audiences on everything from intervention strategies to messages and evaluation.
  - Stop asking “why?” and start asking “how?” The answer need not illuminate values, motivators and barriers—just clarify that these conditions are caused, not mere coincidence (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).
  - Frame issues to connect with audiences on everything from intervention strategies to messages and evaluation.
  - Consider the specific language that resonates with audiences’ own life experiences while avoiding the mistakes that undermine effective communication.
- **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. What we can do to avoid unintended triggers:
  - Double-check (or eliminate) the checklist. Think of another list of “dos” and “don’ts” targeted toward some individuals that 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 the 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 in the grocery store or the kitchen?
  - 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.

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 determinants:

- 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 mistakes that undermine effective communication.

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.