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Towards a More Effective Message on Health Equity

Findings from Qualitative Message Testing

Cultural Logic LLC and Public Knowledge LLC

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Part 1. Research Brief

Introduction

In its work to improve health and reduce health inequities in the city of Louisville, the Center takes as one of its key assumptions (supported by the experience of practitioners and advocates in many other issue areas), that the support of the general public can make an important difference in whether progress and change ultimately occur. The goal of the current research project has been to begin creating the communications tools and strategies that can help make that public support a reality.

In an earlier phase of the project¹, the researchers explored the stubborn and counterproductive patterns that currently characterize average Louisvillians' thinking on topics related to health inequities (and that no doubt have much in common with the thinking of other Americans). Research questions at that stage included:

- How do Louisvillians currently think about health disparities/ inequities?
- What are the key obstacles to having a more productive public conversation on the issue?
- How does local news coverage contribute – both positively and negatively – to that conversation?

The findings from that earlier work are briefly reviewed in this report, and formed the basis for the strategies explored in this second, “reframing” stage of the project, which aimed at identifying promising ways of shifting the conversation in more constructive directions.

While the topic of health inequities is a national issue – and a difficult and stubborn one, as the report describes – the efforts of a local organization such as the Center can make an important contribution towards the broader effort that will ultimately be required in order to give all Americans their best opportunity to live healthy lives.

Research Team

The researchers who conducted the project have engaged in years of collaborative work developing strategies for effective communication on public interest issues. The principals of the team include: Axel Aubrun (anthropologist, Cultural Logic), Margaret Bostrom (public opinion researcher, Public Knowledge) and Joe Grady (linguist, Cultural Logic). Together, they bring a unique combination of perspectives to the work of exploring and changing the “landscape” of public understanding where issues play out. Their innovative approach and techniques focus on three areas:

- Re-examining an issue “from the ground up” – identifying default patterns of belief and strongly held values that can lead people’s thinking in counterproductive directions as they approach a topic
- Developing and empirically testing new communications tools, with the capacity to enter the public conversation and reframe the issue in a more constructive way
- Helping advocates and other communicators develop new and more effective habits of both speech and thought as they address the issue in their own work.

¹ See “External Factors vs. Right Choices: Findings from Cognitive Elicitations and Media Analysis on Health Disparities and Inequities in Louisville, Kentucky,” Cultural Logic, May 2007

Review of Exploratory Findings

Before turning to discussion of the reframing effort, we offer a brief review of key findings from the Exploratory phase of the project, which guided the development of new approaches. These findings are important to keep in mind when thinking about communications strategies.

The exploratory findings focused on the stubborn dominance of a “Right Choices model²” of health outcomes. It is important to note that this model is dominant *even among minorities and those lower on the health/SES scale*. According to the Right Choices model – which is a common default pattern even for people who “know better” on some level – our health outcomes are simply the product of our own choices, which in turn result from our personal character.

Key points to bear in mind about the Right Choices perspective are that:

- It reduces thinking about health to the personal level – excluding thinking about populations or about systemic problems, such as environmental circumstances.
- It “blocks out” awareness of other factors that influence health.
- It implies that everyone has an equal opportunity to be healthy.
- It is a morally reassuring model – people “get the outcomes they deserve.”
- It appears to “make sense of” disparities. According to this way of thinking, if different groups have different health outcomes, this is natural since they have made different choices. (Note again that this perspective is dominant also in minority communities.)
- It renders Disparities messages ineffective. When thinking in Right Choices mode, people are not particularly surprised or troubled by disparities. This is particularly important because advocates tend naturally to emphasize the salient facts related to disparities.
- Finally, the Right Choices perspective *has no real competition*, as a narrative for explaining why some people are healthier than others, and what we should do about it (if anything).

² The term “model” refers to what social and cognitive scientists think of as a basic unit of understanding – a pattern that is so basic in our thinking that it is hardly questioned, and may not even be consciously articulated. For instance, lay people’s thinking about how children develop is often dominated by a “Family Bubble” model, in which *everything about the child’s outcomes is determined by what happens within the family*. While people recognize on a conscious level that economic conditions, housing, social conditions etc. actually have effects on a child’s development and outcomes, they often return *by default* to a perspective in which the family is all that matters. This Family Bubble model has consequences in a wide variety of issue areas.

Other patterns were also clear in the Exploratory phase – e.g. that thinking about health is often dominated by thinking about *health care* (i.e. treatment, as opposed to prevention or wellness). See the discussion of Traps and Challenges below.

We now turn to discussion of the reframing effort.

Methodology

The exploratory phase of the project led to a clearer understanding of counterproductive patterns of thinking about health outcomes and health disparities, and allowed us to begin developing alternative narratives that could help people avoid these patterns and move in more constructive directions.

In this second phase of work, those new narratives were refined and tested with a group of 300 subjects, including including 113 individuals living in Louisville and Jefferson County³. Subjects were diverse in terms of age, gender, education and ethnicity. They had no special expertise in areas related to health. Subjects were recruited from Cultural Logic's existing panel of subjects as well as through standard qualitative research methods.

Testing techniques included the following:

- “TalkBack” telephone interviews and internet surveys: Subjects read (or heard) a brief text and were then asked a series of questions that test the message's clarity, repeatability, and impacts on reasoning.
- “EchoTest Chains”: Subjects attempted to pass a message from one person to another from memory. (This test sets a very high bar, since recall and even comprehension of a new message is hindered by previous beliefs and understandings.)
- “Focus Groups”: groups of 8-10 individuals reviewed a series of brief texts and discussed meaning, problem and solution definitions, emotional connections and audience. The group dynamic allows the rhetorical strength and weakness of different arguments to emerge.

This combination of methods – each of which receives additional discussion below – allowed the researchers to evaluate critical aspects of the messages:

- Clarity – Do people take away the right point, or do they misunderstand the argument?

³ In order to maximize the learning from this effort, a set of messages was “pre-tested” with a group of 187 Americans from around the country, before being edited and refined to the list tested in Louisville.

- Repeatability – If people can pass along a message to others themselves, this is a good indication that they grasp it, *and that it has the potential to become part of the public conversation on the issue.*
- Impact on reasoning about the issue – Does the new narrative help people reach new conclusions, including views about actions that can/should be taken?
- Motivation – Is the new narrative engaging and compelling?
- “Rhetorical strength” – Does the new narrative help people make arguments out loud, and defend their position against opposition?

TalkBack Testing

In the TalkBack method, subjects are presented with brief texts (roughly 80-150 words) and then asked several open-ended questions, one of which focuses on their ability to repeat the core of the message, or pass it along to others.

In this case the messages focused primarily on explaining poorly understood aspects of the topic area – particularly, the ways in which external factors beyond an individual’s control affect health.

Measures of the effectiveness of a message include subjects’ ability to remember, explain, use and repeat the explanatory idea. The testing is designed to assess whether a given idea has the capacity to become an organizing principle for thinking and communicating about the issue.

A total of 15 distinct messaging directions were tested in this way.

Sample TalkBack text

Despite massive spending on health care, the US isn’t one of the healthiest nations. Experts say they now have a good understanding of why this is, and it has to do with what they call the *Health Environments* we live in. Besides obvious things like the availability of healthy foods in a given neighborhood or sidewalks and parks that allow for exercise, the Health Environment also includes everything from the availability of decent paying jobs to decent housing to good education and preschool. All of these factors have important impacts on how healthy a given place is to live in. Experts say investments in all these areas will significantly improve overall American health and reduce health care spending.

Sample “TalkBack” questions

- Please describe what experts mean by Health Environment.
- Please type in as much as the information as you can remember from the paragraph you read, including ideas and terms.
- What do you think can be done about this problem?

- Who do you think you might share this information with? Why?
- Do you agree with the statement? Why (not)?

EchoTest “Chains”

Forty-five Louisvillians participated in EchoTest “Chains,” conducted by phone. In this exercise, which resembles the child’s game of Telephone or Gossip, the first subject hears a brief text and is then asked to pass it along to a new subject brought into the conversation. The second subject then passes it along to a third subject.

This method represents a crucial test for any potential message that is meant to be picked up, remembered and discussed by people. Information that is unclear or does not resonate well tends to degrade quickly, and conversations tend to wander to irrelevant or counterproductive takes on the issue.

When the central ideas are preserved, and sometimes even expressed *more* clearly by later subjects in the chain, this is a good sign that a message can be introduced successfully to the public.

Focus Groups

Four focus group sessions with a total of 38 respondents were conducted in Louisville. All focus group participants were screened to meet an engaged citizen profile, meaning they are registered to vote, read the newspaper frequently, and are involved in community organizations. Groups were divided by party identification. To determine the racial effects of this conversation, two groups were composed of equal proportions of white and non-white respondents, and two groups were composed of white respondents. Otherwise, participants represented a mix of gender, age, and education. The focus groups were each two hours in length.

During the focus groups, respondents were exposed to a number of communications approaches to determine how the course of conversation shifts when a particular conceptual “lens” is brought to the issue. The focus group guide is included in the Appendix.

New Message Development

The topic of health inequities is a complex one that can be approached from many different angles. Insiders would ideally like the public to understand ideas such as the following:

- The significant gaps between the health of *wealthy and poor* people
- The *gradient* of health along *all* socioeconomic levels
- The significant *race-based* gaps in health outcomes

- The significance of the gap between U.S. *spending* and *outcomes* when it comes to health
- The *unexpected factors* that have important effects on health (economics, housing, education, etc.)
- The role of *social exclusion* in determining health outcomes
- The role of circumstances-induced *stress* as a mechanism leading to health disparities between different populations
- The importance of both *psycho-social and material causalities* in creating disparities
- The role of differences in healthcare *access*

In addition to these and other factual, explanatory ideas, advocates would like the public to be more aware of the *Solutions* (i.e. interventions) that are available, and the *Moral Dimension* of the problem (i.e. these are *inequities* as opposed to mere *differences*).

Initial Candidate Messages

From this complex set of ideas, the researchers identified a particular set of candidate messages with one or more of the following qualities. A candidate message should ideally:

- Offer a causal story that is different from the Right Choices model.
- Offer a “big-picture” perspective that takes the emphasis off of individuals’ actions.
- Be a new and interesting idea to lay people.
- Describe the problem in concrete terms.
- Imply policy avenues that can improve health and reduce disparities.
- Capture a truth considered important by experts.

The following are the initial candidate messages selected for testing. (See Appendix for full text of each message.)

Health Environment: The Health Environments we live in have important effects on health outcomes, and are defined by everything from the availability of decent paying jobs to decent housing to good education and preschool.

Health/Wealth Slope: The Health/Wealth Slope is like a slanted line you’d see on a graph, showing that America’s wealthiest people are also the healthiest, and everyone else is somewhere down along the rest of the slope. The reason for the Slope has to do

with the chronic stress people feel about how to pay their bills, keep their children in school or in a safe home, etc.

Social Exclusion: The chronic anxiety felt from living daily with the sense that you cannot participate in “normal” life – because you can’t afford to – leads to significant health consequences.

Health and Hierarchy: One of the surprising costs of having a huge spread between wealthy, middle class and poor is that everyone except those at the top is less healthy. The primary reason is the chronic stress people feel about things like paying their bills.

Life Odds: People with lower Life Odds – i.e. lower chances of succeeding in a career, getting a good education, etc. – end up being less healthy. Anything that lowers a person’s life odds – e.g. a lack of good schools in their neighborhood, or racial discrimination – ends up triggering worse health.

Race and the “Status Effect”: African-Americans tend to be less healthy than Whites, due to how the body is affected by the day-to-day experience of having *lower status*. As they are treated slightly differently from other people, the brain and body automatically respond as they would to a threat, in ways that can cause serious health damage.

Investing in Lower SES: One of the best investments we can make is to improve living conditions of people at the lower end of the economic scale. Investments in everything from better housing to good daycare to job training and school loans result in better health in a given community, and therefore greater productivity and lower health care spending.

Health Opportunity: At the lower and even middle ranges of society, Americans/Louisvilleans have less and less *opportunity* to make healthy decisions – due to factors such as lack of ready access to doctors and health insurance, lack of good, local food choices, lack of exercise opportunities.

Wellbeing: A feeling of wellbeing is a key to health, and it is seriously undermined by chronic worry about how to make ends meet, etc. Stress and worry trigger a host of health problems – e.g. by undermining our immune system and contributing to heart disease.

The first rounds of testing yielded insights about these messages that led to revising, refining, culling, and development of new messages.

We now turn to discussion of findings from the testing, including the recommended approach. We begin with the “bad news” about ways in which communications on this topic can go wrong.

Traps and Challenges

This is a particularly stubborn topic, where average people easily misinterpret or dismiss new ideas. In particular, the message testing revealed or confirmed a number of specific “traps” communicators need to keep in mind when they talk about topics related to health disparities and inequities. These are counterproductive patterns of thinking that average people default to *surprisingly easily*, and that are very easy to trigger inadvertently.

This list should serve as a kind of checklist for communicators, to help them think carefully about how they might accidentally be triggering the wrong assumptions.

“Right Choices” Trap

The primary trap, of course, is the Right Choices perspective identified in the exploratory research. Predictably, a number of candidate messages ended up inadvertently triggering the Right Choices trap. In general terms, any message that is compatible with the idea that health is determined by individual choices is likely to be interpreted that way, to the exclusion of other ideas.

Communicators need to work as hard as possible to eliminate references that could be understood in this way. (Even if choices are obviously a real part of the story at one level, mentioning this fact early in the discussion will almost certainly drive thinking in counterproductive directions.)

For example, references early in communications about the availability of healthy food or parks as a cause of disparities are likely to trigger the Right Choices perspective for most people. Even a reference such as “helping people make the right choices” will create counterproductive thinking.

I think people have many resources to learn about making healthy decisions. It is up to them what decisions they make.

20 year-old liberal man

I guess a lot of it for me comes to personal choices. Yeah, it's easy to drive thru McDonald's and pick up Happy Meals and have dinner, but it takes a little more time to make dinner. I think it's all just choices. I don't know. I think even people who are not as privileged as others still can make good, healthy choices when it comes to what we do to our bodies.

Female discussant in Democratic, mixed race group

“Personal Education/Information” Trap

Unfortunately, unless the topic of education is mentioned in just the right way, it easily leads people down a path related to Right Choices – the solutions to health problems involve *educating/informing people better so they make better choices*. If no concrete cause of disparities is mentioned early in communications, people are likely to assume the cause is poor personal choices and the only solution is to provide more information to make better choices. It is very important for communicators to help people see concretely that there are effective steps we could be taking. Otherwise it is easy for people to feel that there are no practical steps we could take to affect the health of large groups other than “educating them better.”

The differences in the education level . . . makes a difference in your healthcare. Needless to say . . . the ones with the better nutrition education, naturally they have access or the knowledge to take better care of themselves [and] eat better.

30 year-old conservative man

Women have all those kids and don't care about them. Those kids are not brought up in a healthy environment at all. They're exposed to things they shouldn't be exposed to at all. And it all goes back to education. They're uneducated.

73 year-old liberal woman

So you've got to be educated for one thing. Someone has got to tell you from generation to generation, your parents had diabetes. Good chance of having breast cancer. So if you're not educated and don't go and see the doctor, then your odds are the same as the generation 20 years ago that wasn't educated.

Male discussant in Democratic, mixed race group

“Health Care” Trap

Since people understand the idea of doctors and treatment concretely, it is easy for them to exaggerate the importance of health care and health coverage in whatever story we are trying to tell. Messages are often “misheard” in this way once health care is mentioned.

We have a lower standard of health due to the status of the economy and the fact that our wages aren't high enough. We tend not to be able to afford the health care . . . We would be less likely [to go to a doctor] just because of not having enough money.

30 year-old conservative man

There are a lot of low paying jobs that don't even offer health coverage, if any at all. So I mean it all goes hand and hand with your education to get a better paying job to be able to afford health coverage to live healthy.

Male discussant in Republican, white group

“Poor People” Trap

To the extent the topic seems to be the health problems of poor people in particular, it is easy for others to be distanced from the conversation (even though “doing the right thing” is of course motivating for some people some of the time). A particularly insidious effect of the “Poor People” trap is that it simply shifts *personal responsibility* to a different area – struggling people/families are blamed for the bad choices that landed them (or are keeping them) in poverty. Communicators need to avoid direct or indirect references to “the poor” as the focus of the problem and the focus of change.

People at the lower end of the economic scale are there due to bad choices, rather than 'circumstances'. The solution is in education, strengthening the family, and eliminating the ghetto culture of rap, crime and thuggery.

31 year-old conservative man

The families I work with, they don't eat healthy while they're pregnant. Then they have the baby and then they feed the baby junk. The baby gets sick and has to go to the doctor and it's the snowball effect with health care costs and being ornery some of them. Don't want to listen. Like he said you've got \$10. You go to the store. Little Debbies are 10 for 10. What are you going to buy? Are you going to spend the money for the organic whatever bread and healthy snacks for your child? That might be two things in the whole basket.

Female discussant in Republican, white group

It's still a choice, and one choice begets another. Now you've got the choice of okay, I didn't get educated or I didn't have the motivation, the backbone to go this way, so I went this way. Now I didn't get an education. Now I can't get a job. I get on -- to take care of my anxiety and I've got to have a beer. Now one beer doesn't do it so now I've got to have 3 beers. Now 3 beers doesn't do it, so now I find the drug guy on the street. Every single one of those things is choice.

Male discussant in Republican, white group

Life is a competition. If you do well in school and you compete against other children for that egg you have a better chance of going to college and get that degree and you're out in the work field competing with other people with college degrees. . . That person who makes the right decision, whether because of the push by parents or whatever, and progresses far enough is the one who ends up at the top, so to speak. . . You see people from the ghetto who get college degrees or don't even get the education but end up being multimillionaires.

Male discussant in Democratic, white group

“Race” Trap

Similar to the Poor People Trap, to the extent the topic seems to be the health problems of people of color, it is easy for others to be distanced from the conversation. When race is featured as the main variable for consideration, it inadvertently reinforces that there are no solutions other than making better choices, taking personal responsibility, separating the races, or waiting for racism to fade away over generations. Even those who accept that racism may influence health, frequently point to an individual’s *reaction* as the central factor, not the reality of structural racism.

If you're not of a culture that is of power and of privilege, then you are oppressed and you are going to continue to feel oppressed even when you're not.

Female discussant in Republican, mixed race group

Maybe neighborhood schools. If you're taking kids out of their element, they can't learn as good as if they could as if they were comfortable.

Male discussant in Democratic, white group

We're all white. The way we're dressed. You bring in a bunch of black people and they're not going to be dressed the same way we are a lot of them. . . And I think that is setting them apart and not being accepted as if they dressed more to the norm.

Male discussant in Democratic, white group

I always tell my African American friends, the people I work with, they're not treated any different than anybody else. I was raised in an area that was all white, that just happened to not have black people. And someone is always going to be the underdog or the lower guy. It's just something to deal with. Just bring yourself up. Act the way you're supposed to, mainstream. Don't stand out there like you're different and things will improve for you.

Female discussant in Republican, white group

If you go in Save a Lot on Taylor, you'll see the big tubs of NG lard, which I never see in my grocery. Maybe I haven't noticed it but maybe that's why their health is bad.

Female discussant in Republican, white group

“Nanny Government” Trap

Americans firmly believe in personal responsibility and resist efforts to expand the role of government. They are frequently conflicted between the need for an active government that provides assistance and the concern that people will become reliant on government programs. While this trap is particularly likely to be triggered when communications

focuses on the poor, it can also be triggered by communications that implies that people are helpless or unable to control their own fate.

Yeah, but a lot of people don't want to get up. They want to blame somebody else for their problems rather than take the initiative to make their life better, or choose something better. They don't care because they know someone is going to give it. The same way we're talking about welfare issues. We've made it so easy for so many people not to get a job and not do anything, why bother? Everybody else is going to take care of me.

Female discussant in Republican, white group

Some people do not have anxiety because somebody else is paying their bills and paying for their children's field trips in school.

Female discussant in Republican, mixed race group

The testing also revealed or confirmed problematic associations with particular language – terms we would like to be able to highlight, but that are too often misinterpreted. The research doesn't suggest that these words need to be *avoided*, only that they should not be counted on to make the right point early in a conversation.

“Environment”

We would like this term to mean the general set of conditions that creates better or worse health outcomes, but it was consistently misinterpreted as referring specifically to the *physical* environment – e.g. whether there is lead in the soil.

The health issue is not really a health issue. It was something to do with our environment. Where we live, where we work, and having a cleaner place to live and work.

55 year-old conservative man

You want to talk about an environment. There are 23 chemical companies. The fire department won't pump water out of (the lake) because it is flammable to fight a fire with. So that's an environment that is toxic and it is something that has been a battle for a long time. I used to joke. One of these days I'm going to have a third eye pop out of my forehead because of where I grew up with all those chemicals. But all joking aside, people in that part of town have a disproportionate cancer risk, disproportionate lung disease risk than the rest of the city.

Male discussant in Republican, white group

“Stress”

From a scientific/medical perspective, the body’s responses to stress are an important part of how health disparities are created. Unfortunately, to average people “stress” is strongly associated with the kinds of daily challenges and irritations that we *all* experience – and must cope with. Additionally, “stress” is too often understood as a psychological burden rather than something that can impact both mind and body.

The quality of people’s lives determines their life span, and how much longer they live . . . The stresses of things like racial discrimination, things that affect us as people and just add to stress in life, lowers that quality of life.

55 year-old conservative man

I don’t think much can be done in the US. Some will always have more money, fame, etc. and the others will not have the same amount. And if it causes stress - what can we do about it?

65 year-old liberal woman

Chronic anxiety, I still can't believe there is that much of the population. . . So find the 1 percent, give them a Xanax and get over it.

Male discussant Democratic, mixed race group

“Opportunity”

Unfortunately, a message focusing on people’s different levels of “opportunity” to be healthy is not persuasive. Words like “opportunity” and “chance” seem to trigger the idea that “everyone can *always* make healthier choices if they want to.”

I think Louisville is a pretty good place for options as far as jobs and things to do and social activities . . . they have a lot of things going on as far as education, things to do, health classes, gyms, yoga classes and all that. I feel like it’s a pretty good opportunity for that kind of thing.

21 year-old liberal woman

Having dealt with so many kids – all they think about is fast food. Kind of an opportunity to do better or not! . . . The majority of people eat out. I think that affects their health.

55 year-old conservative woman

“Disparities,” “Inequities”

While these terms are central to insiders’ communications about the topic, the exploratory research established clearly that these terms are not clear or helpful to average people, so they were not included in testing. There is no reason to avoid the

terms, but there is also no reason to believe they can help make a compelling case early in a communication.

Despite the challenges discussed in this section, the testing also identified language and principles that *can* create a more constructive conversation on the topic. We turn next to the recommended approach.

Recommendation

When a conversation is going well, average people are able to:

- Stay focused on the role of *external factors* (as opposed to individual choices) in determining health outcomes
- Focus on the previously *previously ignored factors* that affect health (jobs, housing, education)
- Appreciate that these factors are *important/fundamental* to health outcomes

The testing established clearly that there are several key *message elements* – ideas that are parts of the message – that help create this kind of conversation:

1. ***New biological mechanism.*** If people are going to see that Right Choices isn't the (whole) story about health outcomes, they must be offered a concrete new explanation of *how* other factors play a role. More specifically, *biological* explanations seem to have a special power to get people's attention and make them look at the issue in a new way. Biological mechanisms are so concrete and have such importance that they are hard for people to ignore or dismiss.

Example:

“Exclusion Anxiety”: Anything that makes us live outside the mainstream – economically or in other ways – triggers reactions in our bodies that hurt our health. We are biologically wired to be part of a social group, and when we can't, the resulting *exclusion anxiety* has serious effects on the chemistry of our brains and bodies.

Subjects who heard this kind of explanation usually took it seriously and were able to repeat it back fairly clearly.

Exclusionary anxiety would [come from] the gap between the rich and the poor

and racial discrimination. Those would be examples of why people would feel a disconnect in the group. And then that gap causes health problems . . . when you work on that to make people feel included, then health goes up.

28 year-old liberal woman

When people suffer from exclusion anxiety, their overall health is worse. They have higher blood pressure, more diseases, that sort of thing . . . If you work to eliminate exclusion anxiety, and that can also be like the gap between rich and poor . . . then the overall health of a society is better.

45 year-old conservative woman

2. **Focus on “odds”.** Default thinking about the topic focuses so strongly on individual choice that it is critical to get people thinking in terms of bigger picture ideas like groups and probabilities. The simple and familiar idea of “odds” was often an effective way of conveying this point – particularly in combination with a focus on place or conditions.

Combined with a focus on place: The idea of *odds* and the idea of *place* work particularly well when combined – otherwise, people can easily focus on the counterproductive idea that individuals can change their own odds, through hard work, good choices, etc. Combining the idea of “odds” with “place” focuses on how being or living in a particular *place* has effects on our lives and our health. When successful, this approach takes (some of) the responsibility and focus off of individuals and puts it on the systems and conditions that make up their environment.

Example:

“Overall Life Odds”: Just living in a *particular place* gives you *higher or lower odds* of ending up in a good career and a solid family and so forth. And anything that raises or lowers the overall life odds in an area has big effects on health outcomes (and health spending).

This new idea (novelty was an important ingredient in all successful messages) was often able to get subjects to focus on the importance of our environments in determining how healthy we are.

Overall Life Odds? A person’s own chance of being healthier in a particular position is determined by things that they have no control over. You know, where they were born or where they were raised.

23 year-old female liberal

If people live in a place where there are good jobs and good schools, they have better health. But if they get put in a place that lacks good jobs and lacks good schools, they have worse health. And we need to invest in communities so that their Life Odds are better.

53 year-old conservative woman

If every child born into a community with at least somewhat equal life odds to begin with, then I think that society as a whole would be tremendously better.

Male discussant Republican, mixed race group

If there is a group that has weak odds, that have odds that are going to be stacked against them, they can't excel. They can't be productive. They can't take advantage of education. . . If those live odds were improved, those people would have a better opportunity in society. . .so you will need to work on people who have low odds of success because you're only going to be as strong as the weakest link.

Female discussant Republican, mixed race group

A focus on conditions/surprising “suspects”: Combining the idea of “odds” with “conditions” focuses on how particular *concrete and fixable conditions* have effects on our lives and our health. When these conditions are “surprising,” people are particularly able to hear the life odds message and learn appropriate actions to take. An important part of the effort as a whole is to raise support for making particular kinds of changes in Louisville communities, and this is only possible if people have a clear sense of the surprising things that need fixing. Besides being by definition new, the fact that the factors are “hidden” to some extent makes the Choice frame less relevant.

Example:

Hidden Health Factors: The various factors that influence overall life odds - from jobs to schools to housing conditions – are *hidden health factors*.

The term “hidden” helps reinforce the idea that people are learning a surprising new fact about the world, concerning the concrete conditions that need to be addressed in order to improve health.

Those Hidden Health Factors include where we live, our jobs, the environment around, economic factors, day care, school. And we have to improve those . . in order to improve our health situation.

56 year-old liberal woman

The following quotes further illustrate subjects staying on track with a fundamentally different and more constructive way of thinking about health outcomes. While a brief text cannot turn a layperson into an expert, these comments reflect perspectives very different

from the “default” responses that consistently focus on individual choices and responsibility.

Factors that people experience if they live in certain areas [that] can determine what a person’s overall health or educational status will be. And also it could be [that] people are wired to want to be in groups, and included, and if for some reason they feel excluded . . . it increases their health costs . . . Frankly, they have to change the bad areas. If they can’t change the bad areas, then they are just going to resign themselves to the fact that they’re going to have higher health costs.

30 year-old male conservative

Scientists believe that exclusion anxiety has great affects on the wellbeing of society . . . people are wired to be used to being in social settings . . . [Exclusion anxiety] has affects on health such as high blood pressure. There’s a gap between the rich and the poor, racial discrimination and other societal problems that contribute to the anxiety . . . And these same scientists believe that working on it improves health.

20 year-old conservative man

Q: Do you think everyone pretty much has the same opportunity to be healthy regardless of where they grow up?

A: Probably not. Just because some areas are less inclined to healthy activities, I guess. Like in the middle of a city it’s not as easy to get to a park to go out, and they probably don’t have many gyms, or you know, nice, friendly, neighborhood park environments, that kind of stuff.

32 year-old conservative man

Final Test Language

Communicators will find their own ways of working the recommended ideas into their discussions of the topic (see Part Two of the report for further guidance) – and there is no question that the topic warrants additional research and testing – but the following language illustrates one way in which the ideas can be expressed.

Here are two surprising things health experts have figured out about why the U.S. isn’t a very healthy nation overall, despite spending so much money on health – and about what we can do about it.

Number 1 is that **people’s health is strongly influenced by *what experts call the Overall Life Odds of the town or state or neighborhood where they live***. Just living in a particular place gives you higher or lower odds of ending up in a good career and a solid family and so forth. Even though there are exceptions, the Overall Life Odds of a given place has a big effect on how a person’s life is *likely* to turn out, and health experts now know that anything that raises or lowers the Overall Life Odds in an area – like the jobs or schools or housing conditions in a

place – ends up having big effects on health. It turns out that these are all *hidden health factors*, and improving these hidden health factors ends up improving health and reducing health spending.

Number 2 is about **how** the hidden health factors and overall life odds affect health. Basically, ***anything that makes us live outside the mainstream – economically or in other ways – triggers reactions in our bodies that hurt our health.*** *Scientists call this Exclusion Anxiety.* Like certain other species, humans are biologically wired to be part of a social group. Exclusion Anxiety results from living day to day with the sense of not being part of the normal life of the group, and it has serious effects on the chemistry of our brains and bodies. It turns out that working on things that cause Exclusion Anxiety, like racial discrimination and big income gaps, can also seriously improve our overall health.

Notes about the text:

Getting people's attention: The text begins with an introductory point that proved to be memorable and engaging: There is a significant gap between U.S. *spending* on health, and the *outcomes* we achieve. While this point is not the primary organizing idea, it does help focus people's attention on the topic.

Solutions: It is important to convey that there are solutions that can realistically help with the problem. The text talks concretely about “*improving the hidden health factors.*”

Explanation: The text overall relies heavily on explanation, since this is an issue where *lack of understanding is a critical obstacle to engagement.* Facts, values and other message elements all have their place, but unless people are offered a clear new understanding of how health disparities come about, there is little chance of a change in attitude.

Combination of ideas. Part of the challenge of this difficult topic is that no one piece of the story is as compelling when presented in isolation. Ideally, people need to hear about a new bodily mechanism *and* the surprising conditions that end up having effects on health.

No mention of disparities. It may be particularly striking to advocates that the most effective language tested does not mention health disparities at all. Nonetheless, the language *does set up a conversation where inequities have a better chance of being addressed.* Nothing in the research suggests that communicators should stay away from the idea of inequities – only that, for a general audience, it is important (though difficult) to establish a constructive new perspective *before* bringing up this key aspect of the topic.

In Part Two of this report – the User's Guide – we turn to further discussion of how to incorporate the recommendations into real communications.

Appendix: Focus Group Guide and Tested Texts

Focus Groups

Louisville, February 2008

Intro (15 minutes)

Standard intro – not vested, kitchen table conversation, one at a time, audio, video, speak opinion, etc.

Let's go around the table and introduce ourselves. Just say your name, a little about yourself and your family, involved in community.

Problem Description (60 minutes)

Some folks in Louisville have been working on some ideas to benefit everyone who lives in the metro area. I'd like to do is share with you descriptions of some problems facing Louisville and get your impressions. The first thing we will do is review some very broad descriptions of problems, and then we will review more information about specific recommendations in a few minutes. Think of each of these statements as a short summary explanation that might appear in materials, or a speech at a community meeting, or a description in the newspaper. It is not intended to give you all the specifics – we will get increasingly specific later in our discussion.

Review each statement. Rotate order. For each one ask:

Based on this description, what is this all about?

What's your reaction?

What kinds of things do you think about as you read this? What connections do you make?

How does it make you feel?

What specific steps do you imagine should be taken based on this? What activities does this call for?

Who would benefit from addressing this problem?

Would you support a metro-wide effort to address this problem?

Compare statements

Which of these do you think is most important? Why?

Which would you most like to see Louisville address? Why?

Problem Statements

Health Environments

Despite massive spending on health care, the United States isn't one of the healthiest nations. Experts say they now have a good understanding of why this is, and it has to do with what they call the Health Environments we live and work in. Besides obvious things like the availability of healthy foods in a given neighborhood or sidewalks and parks that allow for exercise, the Health Environment also includes everything from the availability of decent paying jobs to decent housing to good education and preschool. All of these factors turn out to have important impacts on how healthy a given place is to live in.

Social Exclusion

Health experts are saying that one of the most damaging factors to many Americans' health is a problem called Social Exclusion. Basically this problem relates to the chronic anxiety felt from living daily with the sense that you cannot participate in "normal" life, because you don't have what others have and cannot do what most people are doing. This isn't about envying the wealthy, but about having anxiety over basics like being able to pay bills, keep your children in a good school and a safe home, and afford very common items. This situation can result in people feeling disconnected, as though they are not part of society. The less wealthy people are, the more their health suffers from this chronic anxiety and a sense of living outside of the mainstream of society.

Health and Hierarchy

Experts are starting to see strong evidence for a surprising link between how hierarchical a society is and how healthy it *isn't*. When a country like the United States has such a huge spread between wealthy, middle class and poor people, one of the surprising costs is that everyone except the people at the very top is less healthy. In countries where people are closer together economically, overall health is better. Surprisingly, access to health care doesn't seem to be the major reason for differences in health. Instead it has to do with other things, like the chronic anxiety people feel about how to pay their bills, keep their children in school or in a safe home, etc. - as well as the feeling that they're failing compared with the people at the top.

Life Odds

Experts are realizing that one of the biggest reasons for the huge health gaps in our country - between wealthy, middle-class and poor - has to do with "Life Odds." In a nutshell, those who have lower Life Odds are less healthy. Having lower Life Odds means having lower chances of succeeding in a career, lower odds of educational success, lower odds of making money, and so forth. Anything that lowers a person's life odds - whether it's the lack of good jobs or good schools in their neighborhood, racial discrimination, or anything else - ends up triggering worse health. Experts say we can improve health and reduce health spending in our country by investing in improving people's Life Odds - and the biggest gains happen when we invest in things that help

those with the *lowest* Life Odds.

The Effect of Lower Status

Health experts have reached a surprising conclusion about why African-Americans tend to be less healthy than White Americans, and it has to do with how the body is affected by the day-to-day experience of having *lower status*. Even successful African-Americans experience the "status effect" on a regular basis: As they are looked at and treated slightly differently from their white counterparts, the brain and body automatically respond as they would to a threat, in ways that add up and can cause serious health damage. Heart beats speed up and blood pressure rises, along with blood sugar. Even the immune system goes into overdrive. When these protective mechanisms run in high gear for too long, it causes deep, lasting and cumulative damage to various body systems, down to the cellular level. Even black children show early signs of all these health issues at a younger age.

Solutions Description (30 minutes)

Now let's look at a broad outline of recommended solutions. HANDOUT

What's your overall reaction?

What stands out?

Anything confusing?

Let's look back at the statements we read. For each:

Does this problem fit this solution?

Why? Why not?

Do some solutions fit better or make more sense than others? How come?

Pick the problem description that you think best fits with this Plan. Hand count and discuss.

Who would you expect to lead on this issue? Who do you want to hear from?

HANDOUT: A Plan for a Healthier America

This plan is about addressing important factors that are frequently ignored in a typical discussion of health. It recognizes that improving health will require addressing both the role of limited resources and the role of chronic anxiety in undermining people's health.

According to health experts, investments in policies that provide a pathway to achieving a basic standard of living can help reduce the massive differences in life expectancy among different groups, and help reduce healthcare spending in the United States.

This plan lays out a strategy to address systematic differences in life-chances, living standards, and lifestyles by working for improvements in the following areas:

- Good quality, affordable housing,
- Successful public schools in every school district,
- Jobs that pay a living wage,
- Workplaces with less hierarchy and more employee input,

- Revitalized communities, and
- Active neighborhood groups and engaged citizens.

Wrap up (5 minutes)

What do you think about what we discussed tonight? How important is this, if at all?

Did you learn anything new? What?

What is sticking in your mind as you walk out the door?

Additional Texts

Tested before and after Focus Groups either by phone or on-line survey.

Health Resources

Despite massive spending on healthcare, the United States isn't one of the healthiest nations. Experts say they now have a good understanding of why this is and it has to do with what they call the health resources in the places where we live and work. Health resources aren't just the obvious things like whether healthy foods are available in your neighborhood or sidewalks and parks that allow for exercise. Surprisingly health resources include everything from the availability of decent-paying jobs to decent housing to good education and preschool. All of these factors turn out to have important impacts on how healthy a given place is to live in. And experts say one of the most effective ways of improving overall health and reducing health spending in our country is to invest in improving the health resources in a town or state.

Health Slope / Chronic Anxiety

Economists say one of the most troubling aspects of American society is what they call the Health/Wealth Slope, which is about the relationship between health, wealth and anxiety. The Slope is like a slanted line you'd see on a graph – and it basically shows that America's wealthiest people are also the healthiest, and everyone else is somewhere down along the rest of the Health Slope. Surprisingly, the explanation for the slope doesn't relate to something obvious like whether people can afford to go to the doctor. Instead, it relates to the chronic anxiety. The less wealthy people are, the more they suffer from chronic stress, about how to pay their bills, keep their children in school or in a safe home, etc. According to economists, investments in everything from decent housing to good daycare to safe neighborhoods to college loan programs can help reduce the massive differences in life expectancy among different groups, and help reduce healthcare spending in the U.S.

Wellbeing and Worry

Doctors say we need to change the way we think about health to recognize the importance of wellbeing. When a person is chronically worried about how to make ends meet, or how to keep a child safe at school, or how to hold onto a job in danger of being outsourced, those worries compromise both our emotional and physical health. Stress and worry trigger a host of health problems by undermining our immune system, contributing to heart disease, and so on. This worry-wellness link explains why the less wealthy people are, the less healthy they are, even when they have access to good quality health care.

Investing in Lower SES

Health experts have concluded that one of the best investments we can make as a country is in improving living conditions of people at the lower end of the economic scale. Investments in everything from better housing to good daycare to job training and school loans all result in better health in a given community. A health policy designed to improve health and reduce health care costs gets the most bang for the buck by focusing on the communities where living conditions have the most room for improvement.

Healthy Opportunities

The US could be a much, much healthier place than it is. People higher up in society have the opportunity to make healthy choices (even though they often don't make the best of that opportunity). At the lower and even middle ranges of society, however, people have less and less opportunity to make healthy decisions. Obstacles come up at every pass: lack of ready access to doctors and health insurance, lack of good, local food choices, lack of exercise opportunities. Public health officials say we need to work on making sure that everyone actually has the opportunity and ability to make a healthy choice.