A New Way to Talk About
THE SOCIAL DETERMINANTS OF HEALTH

Robert Wood Johnson Foundation

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WHY WE NEED A BETTER WAY *to Talk About* THE SOCIAL DETERMINANTS OF HEALTH

by Jane Isaacs Lowe, Ph.D.

When the Robert Wood Johnson Foundation went through a restructuring in 2003, it organized all the programs that worked at the community level to advance health into a new programming group called the Vulnerable Populations Portfolio. The newly created portfolio included a vast array of programs focused on areas as disparate as long-term care, school-based health and chronic homelessness. The members of the team struggled to find a meaningful connection among the programs that could help them discern a strategy for managing the current groups of programs and making future funding decisions.

What emerged from that analysis was an understanding that the programs and projects were united in that they each worked within the context of the social determinants of health. And while social determinants were well established in academic circles and have been the subject of considerable study, we quickly discovered that the concept didn't work on the ground. The grantees—most of whom were dealing with real challenges at the community level, didn't necessarily resonate with this frame. For some it was so patently obvious that it became a truism. And as unsuccessful as the concept was for existing grantees, it made even less sense to organizations that approached the team for funding who hadn't worked with us before.

As the team struggled to find a way to translate the topic so that it made sense to our colleagues and people in the field, the Foundation was developing a commission focused on the social determinants of health— specifically focusing on why some Americans are so much healthier than others and why Americans overall aren't as healthy as they could be.

This work gave us an opportunity to find a new frame for talking about the social determinants of health. Not just for people working in the field, but for policy-makers. We had to talk about the topic in a way that people could understand, that was meaningful, and that didn't align the topic with any existing political perspective or agenda.
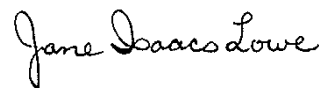
By working with a talented group of communicators, including Linda Loranger of Burness Communications, Allison Rosen of Chandler Chicco, and Elizabeth Carger of Olson Zaltman Associates, we were able to arrive at a frame that described the social determinants of health plainly, without political overtone. As we started using this new way of talking not only for the commission, but also for the work in the portfolio, we gained significant traction.

Health starts where we live, learn, work and play.

We tweaked it and refined it a little, with some additional insight from Bob McKinnon at YellowBrickRoad communications. And what we ended up with was simple: Health starts where we live, learn, work and play. We started to see the messages picked up everywhere, but most importantly in media accounts of our programs and in academic literature.

While the new framework did well in its "road test," we are an institution that prides itself on evaluation and measurement of the ideas we put forward. So we decided to test the messages more rigorously—to make sure we were getting it right—but also that we hadn't missed an opportunity to make it better. So we engaged Drew Westen, Ph.D., of Westen Strategies and author of *The Political Brain* to help us fine-tune the messages, and build on our earlier research. Dr. Westen worked closely with our own communications staff to conduct the research that's reflected here.

This work has helped us communicate more effectively, and there's no reason to keep what we've learned to ourselves. We hope that this research and the way we've applied it is helpful to you. Please use it freely, but let us know if you do. We'd love to continue to build on what follows here.

Jane Isaacs Lowe

Jane Isaacs Lowe, Ph.D.
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Peeling THE ONION

How We Found a Better Way to Talk About the Social Determinants of Health

It turns out that trying to figure out how to say something simply can be a complicated process.

Each of us has developed our own set of beliefs and values. As we listen and learn new concepts, we try to fit what we hear into these existing frames. And because many of our beliefs are so deeply held, it means that even the most seemingly innocuous terms can be laden with meaning.

How we assign meaning to what we hear is largely dependent on the context in which we hear it. And this context is something that even the most self-aware person can have a difficult time expressing. So as we developed messages and tested their reception, we benefited from advanced market research techniques developed and used by Olson Zaltman Associates and Westen Strategies to get at these deeper-level insights. This guide is informed by an iterative research and message development process that includes three steps:

1 Determine How Policy-Makers See the World of Health

In late 2006, as the Robert Wood Johnson Foundation was establishing the Commission to Build a Healthier America, the Foundation commissioned Olson Zaltman Associates (OZA), a Boston-based market research firm, to help us gain a "deep understanding of people's thoughts and feelings about health differences across populations in the United States." The insights from this research provided a framework for talking about the diverse issues addressed by the Commission, with social determinants of health chief among them. Specifically, OZA's work showed how people with different political perspectives see health differently. More importantly, the research identified ways to frame our messages about health differences that would resonate across the political spectrum. Working closely with OZA, we had the opportunity to dig deeper into how people see this issue, and then layer additional forms of research over their findings to get a more robust and precise understanding of how people see health. (Elizabeth Carger of OZA has written a highly detailed chapter on their work in this area, which is included as an appendix in this guide.)

2 Develop Messages That We Can Road Test

This research informed the commission's message strategy, and we also applied their findings to how we framed the work of the Foundation's Vulnerable Populations Portfolio, which is deeply invested in finding solutions to address the impact of social factors on those most vulnerable among us. This messaging was successfully road tested with media and policy-makers in 2008 and 2009. Our core message emphasized "new pathways for improved health that recognize the integral relationship between our health and where and how we live, learn, work and play." We looked to our grantees and the communications experts who work with them to provide valuable input that strengthened our messages and ensured that we avoided language that would fall flat on the front lines. Collaboration and a constant feedback loop were a critical part of the process at every stage.

3 Strengthen the Messages With Testing

To validate and strengthen the Vulnerable Populations messages, we engaged in a partnership with Westen Strategies, a public opinion messaging research firm. Together we developed a study built on the messages we were already using to understand which language resonated with our priority audiences. We also wanted to know whether differences existed in certain political segments' receptivity to our messages. Westen Strategies enlisted Public Opinion Strategies to conduct various stages of the research and ensure that the end product would be informed by a range of political perspectives. This study went into the field in the summer of 2009.

The first phase of this research was a series of focus groups held in multiple cities and grouped by male and female swing voters in Ohio, Blacks and Hispanics in Houston and opinion leaders in Washington, D.C.. It was conducted by Public Opinion Strategies (POS). With the feedback we got from this process, we refined the messages. POS tested the refined messages in a quantitative Internet survey of 1,000 registered voters.

In the final phase of the research, Westen Strategies took that learning one step further by exposing these messages to more than 1,700 registered voters and capturing their conscious and unconscious reactions. Dr. Westen details this research process and what we learned from it in an appendix at the end of this guide.

From start to finish, this research represents responses from more than 3,000 Americans across the country over four years—using both traditional research methods and new, sophisticated market research techniques—to answer one primary question:

How do we find a common language that will expand Americans' views about what it means to be healthy—to include not just where health ends but also where it starts?

If we can answer this question, we can pave the way for more solutions that address this critical link between our health and where we live, learn, work and play.

We've shared what we learned in settings small and large—including conferences sponsored by the Centers for Disease Control and Prevention and Grantmakers in Health—and the response has been consistent: "This is great, but how can I learn more?"

This summary is our response to that question. In the following pages, you will find both an overview of what we learned—which words, phrases and framing work and why—but also a detailed description of the methodology and what we discovered in chapters graciously authored by Elizabeth Carger and Dr. Westen, whose work was critical to our understanding of how Americans perceive this issue.

There is no silver bullet, no single word or fact that will suddenly transform how people think about health. It is an intensely personal issue that carries with it complex beliefs, conflicted values and a deeply divided electorate about what leads to better health.

Instead, in this research, we studied numerous long-form messages and shorter statements that could offer a proxy for the phrase "social determinants of health." We uncovered a series of lessons, best practices, recommended language and watch-outs that can support better and more persuasive messages.

SEVEN LESSONS:

1

Traditional phrasing of social determinant language consistently tested poorly in every phase of research. Phrases like "social determinants of health" and "social factors" failed to engage the audience, even when we added more context. However, the concept behind social determinants of health does resonate with our audiences, as evidenced by our pre- and post-testing of people's attitudes after their exposure to our messages.

2

Priming audiences about the connection with messages they already believe makes the concept more credible. Messages that incorporate the importance of available quality health care with the need to address the social factors that affect health were more convincing than those that did not discuss medical care at all. **When messages are presented in colloquial, values-driven, emotionally compelling language, they are more effective.** Academic language, including "social determinants," did not resonate with audiences the way language like "health starts in our homes, schools and communities" did.

3

Use one strong and compelling fact— a surprising point that arouses interest, attention and emotion—for maximum impact. Loading messages down with more than one or two facts tends to depress responses to them.

4

Identify the problem, but offer potential solutions. Respondents, particularly opinion leaders, prefer messages that include some kind of direction—either an example of the kind of action that would address the problem or a set of principles that can guide us to where we need to be.

5

Incorporate the role of personal responsibility. The importance of all Americans having equal opportunity to make choices that lead to good health resonated with participants across the political spectrum. Incorporating this point made respondents more receptive to the idea that society also has a role to play in ensuring that healthy choices are universally available.

6

Mix traditionally conservative values with traditionally progressive values. Every phase of research showed that while some phrasing appealed to one political perspective over another, progressives had a tendency to be more open to conservative frames. Generally, however, we need to be aware of these different worldviews and communicate using language that puts us on common ground. For example, combining the notion of personal responsibility, which is wholly embraced by conservatives with a message about opportunities, language that also appeals to progressives, will appeal to a broader audience.

7

Focus broadly on how social determinants affect all Americans (versus a specific ethnic group or socioeconomic class). This research showed that Americans believe in equal opportunity to health, but describing actual disparities consistently evokes negative reactions. Messages that described disparities based on race or ethnicity fared poorly with every audience except Black respondents. Furthermore, some focus group participants expressed concern that focusing on one ethnic group reinforced negative racial stereotypes.

BREAKING IT DOWN:

Below you'll find one long-form message that was developed, revised, tested and revised again based on what the research showed us. It was consistently the most persuasive message among all groups, regardless of their political perspective. While we are not necessarily recommending that you use this in its entirety, it is helpful to understand why the phrase worked.

America leads the world in medical research and medical care, and for all we spend on health care, we should be the healthiest people on Earth. Yet on some of the most important indicators, like how long we live, we're not even in the top 25, behind countries like Bosnia and Jordan. It's time for America to lead again on health, and that means taking three steps. The first is to ensure that everyone can afford to see a doctor when they're sick. The second is to build preventive care like screening for cancer and heart disease into every health care plan and make it available to people who otherwise won't or can't go in for it, in malls and other public places, where it's easy to stop for a test. The third is to stop thinking of health as something we get at the doctor's office but instead as something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. The more you see the problem of health this way, the more opportunities you have to improve it. Scientists have found that the conditions in which we live and work have an enormous impact on our health, long before we ever see a doctor. It's time we expand the way we think about health to include how to keep it, not just how to get it back.

WHY THIS WORKED:

- Audiences flat out didn't believe the statement, "America is not among the top 25 countries in life expectancy," and they responded negatively to any message that led with that statement. However, when we start off with something most Americans already believe, "Americans lead the world in medical research and medical care," they are more likely to believe everything that follows.

- Words like "insured or "uninsured" are politically loaded. But the phrase "ensure everyone can afford to see a doctor when they are sick" doesn't touch existing political hot buttons.

- Framing our message in the context of accepted beliefs like the importance of access to care or prevention helps our message fit into the broader thinking of what it takes to be healthy.

- The inclusion of specific solutions increased acceptance of the core message.

- Illustrating with examples like "playgrounds and parks" and "in the air we breathe and water we drink," makes the concept of social factors more tangible.

- In the statement, "Scientists have found," other options were tested with more specificity, such as "Scientists at the Centers for Disease Control and at universities around the country have shown that the conditions in which people live and work have more than five times the effect on our health than all the errors doctors and hospitals make combined." Presenting the fact in a more colloquial, relatable way, stripped of the academic support, is more effective than a longer statement.

SIX WAYS TO TALK ABOUT SOCIAL DETERMINANTS OF HEALTH:

Our hope in this research was to find a tidy proxy that could replace "the social determinants of health" as the leading descriptor for this area of work. While our testing showed that this phrase doesn't work for any of our audiences, we still don't have that neat replacement. But what you'll find here is a list of phrases that—in context—helped people understand the concept more clearly. These are the precise phrases that we tested and that scored well.

1	Health starts—long before illness—in our homes, schools and jobs.
2	All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.
3	Your neighborhood or job shouldn't be hazardous to your health.
4	Your opportunity for health starts long before you need medical care.
5	Health begins where we live, learn, work and play.
6	The opportunity for health begins in our families, neighborhoods, schools and jobs.

WHY THESE WORK:

- The proxy statements use colloquial, values-driven language and relatable lifestyle references that engage audiences.

- These statements all focus on the solution versus the problem.

- Some of the statements implicitly acknowledge the notion of personal responsibility.

A GLOSSARY OF "OTHER TERMS"

The terms that people often use to describe health disparities can get in the way of others accepting the idea of social determinants of health and who they are most likely to affect. One of the things we learned from OZA's research is that people with more conservative views tend to have negative reactions to the goal of equal levels of health for everyone. As such, below are some phrases we suggest avoiding.

- Any variation of equal, equality or equalizing
- Leveling the playing field
- Creating balance

People with a more liberal perspective on this issue often describe health disparities as an injustice, whereas more conservative people never use this phrase. Though it was never commented on directly in the OZA health disparities research, we suspect that the idea of health differences being unjust would not resonate with conservative audiences because it may activate the same response as inequality. This would include the following type of language, which you should also avoid:

- Unjust/injustice
- Outrage
- Immoral
- Unconscionable

A GLOSSARY OF "OTHER TERMS" (continued)

Below is an evolving list of terms that describe the groups most profoundly affected by this issue. These descriptions are not only technically accurate but more representative of how we relate to each other as human beings and fellow Americans. These phrases have not been tested, but are reflective of the insights we gained from the research.

Vulnerable Populations

- Too many Americans don't have the same opportunities to be as healthy as others
- Americans who face significant barriers to better health
- People whose circumstances have made them vulnerable to poor health
- All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background
- Our opportunities to better health begin where we live, learn, work and play
- People's health is significantly affected by their homes, jobs and schools

Health Disparities

- Raising the bar for everyone
- Setting a fair and adequate baseline of care for all
- Lifting everyone up
- Giving everyone a chance to live a healthy life
- Unfair
- Not right

- Disappointing (as in Americans should be able to do better, not let people fall through the cracks)
- It's time we made it possible for all Americans to afford to see a doctor, but it's also time we made it less likely that they need to

Poverty

- Families who can't afford the basics in life
- Americans who struggle financially
- Americans struggling to get by

Low-income workers and families

- People who work for a living and still can't pay their rent
- Hard-working Americans who have gotten squeezed out of the middle class in tough times
- Families whose dreams are being foreclosed

Violence in general, as well as gangs and intimate partner violence

- Unsafe streets
- The epidemic of violence
- Street violence
- Intergenerational cycle of violence and abuse
- Teen dating violence and abuse

The elderly population and their families, nursing homes and elder care

- Our aging parents and grandparents
- Our elders
- Elders
- Caring for people as they age

Refugees and immigrants including children

- People seeking a new home in America
- Children caught between two worlds
- From undocumented immigrants to productive, tax-paying American citizens

Youth and teens

- The years of opportunity and danger
- Teenagers: They aren't just young adults

Mental health or illness, including young people

- It's just as dangerous and debilitating as any other chronic disease

Finding ONE FACT TO FIGHT FICTION

The Use of Data and Information to Support—Not Make—Your Case

As communicators, we can't do our work without making use of the facts that are the foundation of our work. They establish the prevalence of an issue; communicate its effect in both economic and human terms; and communicate responsibly about the effectiveness of an approach or intervention. Funders and policy-makers place increasing value on sound evaluation and research to guide their investments and decision-making.

RWJF relies exclusively on objective data sources, but over the course of this project, we were sometimes astonished by how people responded to specific data points that we used to support our messages. So much so that we thought it would be worthwhile to share some of those lessons here.

NINE FACTS ABOUT FACTS

1. Less Is Always More

Regardless of how good or reliable the data is, this research showed us that less is more. If you can use two facts instead of three, use two. Or better yet, use just one great fact. When introducing information to people who may be skeptical about social determinants, we found that more facts made people feel like they were being sold or spun.

2. Use Complementary—Not Competing—Data

If you are using multiple pieces of information, they should be used to advance—not repeat—your narrative. If you are using multiple facts, they should be complementary in advancing your message. For example, use one that underscores the problem and another that highlights the promise of an approach.

"In a Little Rock, Ark., middle school last month, over 108 suspensions resulted from fights during recess—a time when kids should be playing, recharging their batteries and return to class ready to learn. After a new program called Playworks was introduced into the school, suspensions dropped to zero. The program allows kids to spend more time playing instead of fighting, and teachers to spend more time teaching instead of dealing with conflicts that carry over to the classroom. In fact, the program has been shown to restore a whole week's worth of class time that would have previously been spent dealing with fights."

3. Context Is King

"Just the facts, ma'am" may help advance police work on *Dragnet* but it doesn't help advance our messaging. How and where a fact is presented in your message is critical, especially when that fact may challenge an existing belief. For example, if your fact could be perceived as a criticism, whether to a person's race, country or cause, then he/she will most likely reject your fact at face value unless it is put in a more acceptable context. We shared an effective example of providing such context in the long-form message example used earlier.

America leads the world in medical research and medical care, and for all we spend on health care, we should be the healthiest people on Earth. Yet on some of the most important indicators, like how long we live, we're not even in the top 25, behind countries like Bosnia and Jordan.

4. Specific Examples Matter

In the previous example, POS tested several versions where the only thing that changed was which countries we used to illustrate the point. We had 25 different countries to choose from. In earlier drafts, we used France, Spain or Turkey as examples. The respondents rejected them outright and refused to believe them. One said, "Why are you picking on Spain? Others said these countries were too "socialist" or "backward" to have better health than the U.S. does. However, when we switched the countries to Bosnia and Jordan, the respondents were more open to the information.

5. Don't Let Numbers Be Forgettable

Specificity matters when it comes to examples, but not so much when dealing with the actual number. Our level of precision doesn't need to approach the level of pi to prove that the research is valid. Why say 23.6 percent of those in poverty didn't graduate high school when you can say almost 25 percent? Complicated numbers are difficult to remember. Just think of the way you remember or forget phone numbers. The larger the number the more important it is to round it into something memorable. We don't suggest using this approach in a scientific journal.

6. Break Down Big Numbers

Speaking of big numbers, unless they are put into some kind of context, they can lose their meaning and intended impact. Recently, the founder of TED, Richard Saul Wurman, illustrated this point when trying to put "a trillion" into perspective.

"Imagine a very wealthy couple who had a lot of cash in reserve. I mean a lot. Well, one day 30 years ago, they decided to start a small business. And it was an awful business plan. So every day, for the last 30 years, their business lost a million dollars every single day. To show you how much a trillion dollars is, they would have to lose a million dollars a day for another 2,700 years to lose a trillion dollars."

The numbers we work with can be both mind-boggling and mind-numbing. It is our job to break them down in a way that is both comprehensible and meaningful. Reporting that health insurance legislation costs a trillion dollars (over 10 years) is an accurate estimate but creates a completely different meaning than telling someone that the cost of reform breaks down to $3 a day for every American.

7. The Value in a Number Is in Its Values

Numbers can represent both a value and our values. You can say that half of all parents in poor neighborhoods don't feel safe letting their children play on the streets. Or you can try and create a picture of what it must be like to feel trapped in your own home, unable to move because of your job or income, not able to give your kids the most basic opportunities to play outside or run free, but instead fear that they could get caught up with the wrong crowd or struck down by a stray bullet, like the neighbor's kid next door.

8. Imagine Why Someone Might Cry Foul?

Some of the most important lessons from the research involved life expectancy data. For example, when we stated that there was up to a 25-year difference in life expectancy between

The numbers we work with can be both mind-boggling and mind-numbing. It is our job to break them down in a way that is both comprehensive and meaningful.

a person who lives in a certain zip code in Connecticut and someone who lives in North Dakota, respondents cried foul, thinking we cherry-picked the data and that this was an extreme example. On the other hand, when we told people that there was a life expectancy difference of seven years between someone who graduated from college versus those who didn't graduate high school, people responded differently, and those differences were often associated with very different life circumstances. So for those participants who had graduated college and were more conservative, they actually believed the data but amazingly didn't think that seven years of life was that much of a difference. Conversely, those who were not college graduates rejected the idea that education played any role in how long someone might live.

9. Overall Messaging Rules Still Apply

Finally, we need to realize that facts aren't a separate part of our message but an essential ingredient to telling our story. They benefit from the same lessons we've shared earlier in this report.

There is no shortage of good data that supports the idea that our health starts long before illness—in our homes, schools and jobs. But there is still a long way to go to make sure that we are using it to maximum effect. To this end, we have begun to aggregate these sources and refine these messages online at **http//sites.google.com/factsthatfightfiction.** We invite you to visit this site, add your own compelling data and comment on how you've been able to successfully use great information to make good things happen.

APPENDICES

Thinking IN PICTURES

**The Deep Metaphors That Drive How Politicians See Health Disparities
by Elizabeth Carger**

The following document is a summary of the report "Thoughts and Feelings About Health Differences Across Populations in the United States," which was delivered to the Robert Wood Johnson Foundation in the summer of 2007. It reflects the findings from interviews conducted in Washington, D.C., with 31 congressional staffers and health experts who were affiliated in some way with either the Democratic or Republican Parties. This report will outline the Democratic view of social determinants of health, then the Republican view, and then summarize implications for communication strategies and common ground between the parties.

Throughout the report we detail the deep metaphor frames that Democrats and Republicans hold. For those unfamiliar with the concept of a deep metaphor, they can be described as basic filters. These are frames that shape everything we hear, think, say and do. They operate largely below awareness and for this reason are especially powerful as they normally escape conscious attention. A given group of people or stakeholder community will typically share the same few deep metaphors on a topic. Knowing what their deep metaphors are has important implications for communications strategy.

The Democratic Frames for Social Determinants of Health and Health Disparities Across Populations

SYSTEM

The deep metaphor of system forms the fundamental underpinning for the Democratic view of social determinants of health. Broadly, the system-deep metaphor refers to the unification and organization of separate entities into a whole. The unity of a system means that the parts are interdependent; these connected parts often operate in a predictable and recurrent pattern with certain results.

For Democrats in particular, the system frame operates on two levels. First, American society as a whole is a complex system that unifies all citizens. As such, all individuals, from the poorest person in the Bronx to the wealthiest person in Manhattan, are interdependent, even if this is not readily apparent. When poor levels of health exist in some communities it eventually affects everyone and weakens the entire system that is America. What holds this American system together is a foundation of rights such as freedom, opportunity, and equality. For Democrats, health is itself a right; all Americans have the right to health care and the right to lead a healthy life. One Democrat states, "Health care is a right, it's so fundamental to being able to have a healthy lifestyle. [What makes it a right are] the values of society, of federal government." Another states that "one of the real founding principles [of America] was the notion of absence of privilege by virtue of birth," and goes on to discuss how unequal levels of health based solely on the zip code in which a person was born contradicts this foundational principle of American society.

The second level on which the deep metaphor system operates is that Democrats view poor levels of health as emerging from a complex and interrelated system of social, cultural, economic, and biological factors. One Democrat states, "It's all tied together—housing, health care, energy, food." Consequently, changing any one factor, such as access to insurance, is not going to fix the problem of health disparities. There are numerous social determinants that we must address simultaneously and comprehensively in order to overcome the system of interrelated factors that results in poor levels of health, in certain communities. Because this frame of a complex system permeates the Democratic view of health they often feel the need to discuss a multitude of issues and factors simultaneously, quickly moving from one cause to another cause. This makes their discussions seem complex and, at times, muddled. Even though comprehensively addressing all social determinants of health makes perfect sense to individuals operating in the world of public health and policy who hold the same system frame, it may be cumbersome and frustrating to those who hold a different frame, as we will see with the Republican world-view.

CONTAINER

Where the deep metaphor system underpins the Democratic view of American society and health-related issues, the deep metaphor container frames the way they view communities affected by social determinants of health. Broadly, containers keep things in and keep things out; they are physical, psychological, or social places. Containers can protect us or trap us; they can be open or closed, positive or negative.

For Democrats, low-income communities are isolated and self-contained on all three levels—physical, psychological, and social. They are physically isolated in locations that lack resources necessary to live a healthy life such as easily accessible doctors' offices, grocery stores with fresh foods, and places to exercise safely. One Democrat says "it's like living within your own little world…the reality for poor people is never leaving their culture of poverty." On a psychological level this "culture of poverty" traps them in a mentality that they can never get ahead, they are unable to take advantage of the opportunities in broader society. Democrats describe the poor as "a self-contained group at the bottom of the pyramid with high unemployment, low job status." Solving health-related problems seems particularly hopeless. The poor have watched grandparents and parents die of diabetes-related complications or heart disease and it has become almost an expected life outcome. There exists a psychological and cultural barrier to reaching out to the medical community. A common Democratic manifestation of the container frame involves barriers. They bring images of blockades and "significant barriers related to health care [exist between the Latino community/African-American community and White folks."]

Finally, on a social level, the poor are left out of the larger social system that Democrats see as underpinning America. This is particularly troubling for Democrats as part of their fundamental view of society is that everyone is interconnected, so having some groups left out of this system is not only morally wrong, it weakens the overall view of America as a well functioning system of inclusion. One Democrat states, "Individuals at the bottom of society's rungs, economically, socially, etc., they're the ones who get left out when it comes to access to affordable, quality health care. …we leave a sixth of Americans outside the system…we as a society have a responsibility, an obligation, and it's in our best interests to bring them in." Consider the digital collage that one Democrat created, which exemplifies the way low-income communities trap individuals in "containers" that separate them from the larger social system, as represented by the well-dressed white students at the bottom of the image (see Figure 1).

BALANCE

The balance-deep metaphor encompasses ideas of equilibrium, adjusting, maintaining or offsetting forces, and things being as they should. Balance themes can structure peoples' thinking about social, moral, psychological and emotional domains. Democrats predominantly express the negative side of balance. Having an interconnected social system while simultaneously tolerating pockets of isolated, self-contained, impoverished citizens leaves Democrats with a profound sense of imbalance. Health disparities and wealth disparities (issues that are so deeply interconnected for Democrats

that they are hard to separate at times) are a reflection of extreme imbalance in American society between the "haves" and the "have nots." For Democrats, a situation where "it would take this chief executive two hours to earn enough to fund a community kitchen for three years" is morally wrong—"Something is wrong there, it's out of balance." This is an important touch point for Democrats. As we will see later, Republicans have a more optimistic view of Americans' health status, whereas Democrats are angered by this profound social imbalance, "It makes me very angry…it's unjust and unfair and profoundly disturbing." "[I feel] really angry, I mean really angry…I didn't realize how angry I was about that until you asked me." Or, in the collage below, "This woman who's screaming [represents that] she's angry that these problems existed for so long."

The second way that the balance-deep metaphor frames how Democrats view issues related to health disparities is in their discussion of remedies and outcomes. Democrats seek equality—balanced distribution of resources, the same health care treatment for everyone, and (ideally) equal outcomes in that all communities would have roughly the same levels of health. The language of equality has been a cornerstone of Democratic discussions of a multitude of social issues, from health disparities to employment to education. Statements like, "Equality assumes that we are all going to end up at the same level. Equity to me presumes a fair and even distribution of resources" pepper the Democratic discussion of social determinants of health. Critically, this is not the language that is effective

Fig. 1 Collage created by a Democrat to show the separation of poor communities from wealthy White society.

Fig. 2 Collage created by a Democrat highlighting anger over persistent social imbalance with regards to health levels.

for Republicans, as we will see below. However, it is important to understand that this frame of equality—as expressed by the desire for balance in terms of access, treatment, and outcome—is a cornerstone of how Democrats construct solutions to health disparities across American populations.

The Republican Frames for Social Determinants of Health and Health Disparities Across Populations

JOURNEY

Where system forms the fundamental lens through which Democrats view society and health, the deep metaphor journey is the predominant frame through which Republicans view American society and health issues. Broadly, journey often frames our discussion of life itself. Journeys can be fraught with challenge or can be smooth sailing; they can be direct or divergent. Some journeys are unpredictable, where others focus on a series of steps that, if followed, will take you to a predetermined place or goal.

The type of journey that a group describes can yield much insight into how they view a given topic. For Republicans, American society as a whole is on a long, unpredictable health journey through time. They use metaphors of winding paths and stress the importance of adaptability in the face of an unknown future direction. One Republican states:

"A long, windy road. There needs to be constant movement, a journey—it's not where you're going, it's the fact that you're moving…We're a very different population than we were a hundred years ago; the person laying out that road a hundred years ago—they had no idea what society was going to look like." This long-term journey frame makes Republicans more hesitant to institutionalize programs to address social determinants of health, particularly in a federal government that is slow to adapt to unforeseen, yet inevitable changes over time.

Another important ramification of this much longer and linear journey frame as compared to the Democratic system frame is that Republicans are fundamentally more optimistic about where we are today in terms of the health of the American population. Where the Democrats expressed extreme anger over perceived social imbalances, Republicans state, "Look back to where the world was 80 years ago, 90 years ago. The average life expectancy was middle age. …I'm not going to die before I'm 55, where 100 years ago I couldn't say that. It's collective improvement that goes full spectrum." They also tend to compare us to other countries to show how much farther along we are on our American journey overall, and our health journey in particular. "The African lady with the bundle on her head symbolizes that ours is a society that has come so much farther than that. …We have forgotten where our health system was 20 years ago. We don't have the perspective…it's a little unrealistic to think that because we are short of perfection, that the system is somehow deeply flawed."

The difference in base level of optimism versus anger between the Republicans and Democrats could be a real source of tension between the two groups when it comes to discussing social determinants of health. Understanding these basic differences in emotional response to the issue could help anticipate touch points in a conversation where communication might break down.

Much as they see America and health care as a whole on a journey through time, Republicans see individuals as on their own health journeys. Echoing the common theme of "individual responsibility," Republicans view poor health as arising from bad choices along one's path and the inability to overcome obstacles to health that one encounters along the way. Rather than employing the Democratic frame of externally-imposed barriers that trap communities in poverty and low levels of health, Republicans frame poor levels of health in terms of a failure to give individuals in a community "a road map of how to achieve [health]." However, in the same line of thought they feel they must acknowledge that "…some of these differences we create because… we lead ourselves to places." In other words, Republicans feel it is important to give individuals the opportunity and the tools to make good choices in their health journey, but at the same time we must acknowledge that they will also make their own, sometimes bad, choices. The following collage portrays the common Republican theme of a divergent path that individuals encounter in their health journey. This Republican states, "We start down the road…as the baby progresses, there are two paths that he could take. One

Fig. 3 Collage created by a Republican to show different choices along the journey of health and how they lead to either positive or negative life outcomes.

would lead him to a lower path, which is disadvantage. Or the baby could take the upper path where they don't have a care about anything." Thus, where Democrats view American society and the causes of low levels of health in certain populations as interconnected systems, Republicans view both as unpredictable journeys.

RESOURCE

While Republicans focus on personal responsibility for choices made along one's health journey, they also acknowledge that people living in low-income communities may lack the means and ability to choose the right path toward health. This is an activation of the resource-deep metaphor. Resources are essential to our survival. They can be physical—such as a tool, person, or an organization, or intangible—such as a skill, a body of knowledge, or a network of relationships. Resources act as agents enabling us to achieve important goals.

The second Republican expression of resource highlights an important aspect of this deep metaphor. Physical resources are finite; we use up natural resources, we spend money, we consume food. Replenishing a resource takes time and effort, and some resources can never be replaced. For Republicans, American society has a finite amount of resources, both monetary and service-related. We need to be realistic that every person cannot have everything; we simply do not have enough to go around equally. One Republican states, "because of this world of scarce resources, there's always rationing…balancing out how you're going to ration things with how much redistribution you want." Another says, "If we had unlimited resources, it'd be great to say that everybody deserves and can have access to Cadillac health care, but we don't."

Because of American's limited resources, Republicans focus more intensely on getting the most "bang for the buck,"

meaning that they want to be certain that they infuse resources into the most critical programs and services that demonstrate effectiveness in helping individuals in low-income communities make better health choices. Where Democrats tend to see resources going into a system where they circulate through different communities and programs without necessarily being exhausted, Republicans see a zero-sum game. If you pour all of your resources into low-income communities, there is less for the rest of America, and you simultaneously have not guaranteed that you actually help that community because you did not necessarily pinpoint the most strategic uses of those funds and services.

BALANCE

The final deep metaphor that frames the issue of social determinants of health for Republicans is balance, but it is expressed in a very different way than the Democratic framing of social imbalance. Where Democrats see equality as both a solution (giving everyone equal services and access) and a desired outcome (equal levels of health across all communities), the language and ideas around equality are extremely off-putting to Republicans. They understand equality quite differently than Democrats. While Democrats see equality as raising the bottom so everyone is at the same level (lifting people out of the entrapping holes of poverty), Republicans view equality as more of a scale where you have to take things away from the people who are well-off in order to give them to the poor. This frame directly relates to the zero-sum view of resources held by Republicans. One Republican states,

"[Democrats] would be just as happy bringing the high end down as you would bringing the low end up…I care about bringing the low end up and the fact that this reduces disparities is great, but it's not the disparity that worries me, it's the low end people not doing well." As illustrated very clearly by this participant, Republicans are concerned about social determinants of health and low levels of health in poor communities, but they immediately object to any plan that uses the language of equality or creating equal levels of health because it activates the deep metaphors of limited resources and creating balance by taking things away from the "haves" to give to the "have nots."

Another important expression of balance for Republicans is their conviction that it is unrealistic to expect that everyone is going to have the same levels of health. In a free society where individuals make their own choices (again, relating back to the journey theme), it is natural that there will be differences in individual's health. We should, however, establish a minimum acceptable level, providing enough resources that people are able to achieve health goals they set for themselves. A Republican states, "There [are] bound to be differences in health outcomes, there are good reasons why some people should be healthier than others. As long as we are willing to live in a society where people are different and given different levels of income, [we] will have to have different levels."

Finally, Republicans frame the best solution to health disparities as a balance between what is provided by the government and what is expected of the individual. Neither one of these entities should bear the sole burden of raising levels of health in poor communities. "Government makes decisions…and there has to be some balancing of altruistic motivation to redistribute and efficiency," meaning that we should infuse resources into the best places, but we should expect individuals to take personal responsibility in using them.

Implications and Common Ground

Considering the very different deep metaphors that frame Democratic and Republican thinking about health disparities, it is not surprising that political gridlock prevents progress. Both groups use language and frames that are simultaneously foreign and frustrating to the other side. But areas of common ground do exist; there are ways to discuss social determinants of health that can improve the receptivity to and impact of communications among those who are initially less open to the issue.

Before drafting specific language for a discussion of social determinants of health and public policy that would address them, the Robert Wood Johnson Foundation had to devise an overall strategy for framing both the Commission and the larger conversation. Obviously, both Democratic and the Republican views on health disparities could not be simultaneously communicated, particularly as some issues, like equality, cause direct conflict between the groups. It was determined that there were more Republicans that needed to be convinced of the importance of social determinants of health than there were Democrats; most Democrats would readily accept the argument that we needed to address this problem regardless of the type of language that was used. This is not to say that their frames were ignored, but rather that the communication strategy would employ language and images that were more in line with how Republicans frame the issue.

This first meant scrapping all language of equality since it was alienating to Republicans. This included moving away from phrases like:

- Equality in health
- Equal levels of health
- Uniform health
- Ending disparities
- Closing the health divide

For Republicans, the above language activated the negative frame of taking away from the well-off and giving to the poor. Better framing revolves around language of fairness and choice:

- Fair chance for good health
- Opportunities for better health choices
- Giving a fair shot in all communities
- Enabling people to choose the right path
- Giving tools to make better decisions

The last two phrases point toward the deep metaphors of journey and resource, which were prominent frames for presenting data and information about social determinants of health. Rather than discussing factors that created poor levels of health in low-income communities (a Democratic system frame), the Foundation talked about "resource-poor neighborhoods" that do not offer "the same choices" for individuals to pursue paths to better health. We can focus on language that conveys the lack of options, choices, tools, resources, or opportunities in poor neighborhoods rather than inequality, barriers to health, or systems of factors working against the poor. This allows the Foundation to discuss the social determinants of health, but in a way that also resonates at a deeper level with Republicans. Likewise, language such

as: choosing better paths, moving in the right direction, or enabling the pursuit of health goals all activate the frame of journey and individual responsibility more effectively than words like: lifting people out of poverty, breaking boundaries, or providing access to health, all of which evoke the Democratic frame of containers of poverty.

With the overall strategy of framing social determinants of health using more journey and resource-related language, it is possible to use a map of the common ground between Democrats and Republicans in terms of what creates poor health levels to identify specific topics to begin a more open discussion.

One way to begin messaging to both Democrats and Republicans is to select constructs on this map as the starting point. This contrasts with choosing issues that only Democrats discuss (such as dangers in homes like lead paint and mold or racism in the health care system) or issues that only Republicans discuss (such as the role of genetics or the breakdown of families). This is not to say that these issues cannot or should not be brought into a discussion of the social determinants of health. Rather, it means progress will be smoother and faster by opening a dialogue and establishing a rapport using shared ideas. This will also facilitate the later introduction of ideas where there is more disagreement. Conveying these social problems using individual stories supported by only a few powerful statistics or facts will also help to persuade skeptics more than many facts and figures. This would be particularly effective in trying to persuade a Republican skeptic; telling the story

Fig. 4 Map of common ground between Democrats and Republicans regarding the causes of poor levels of health.
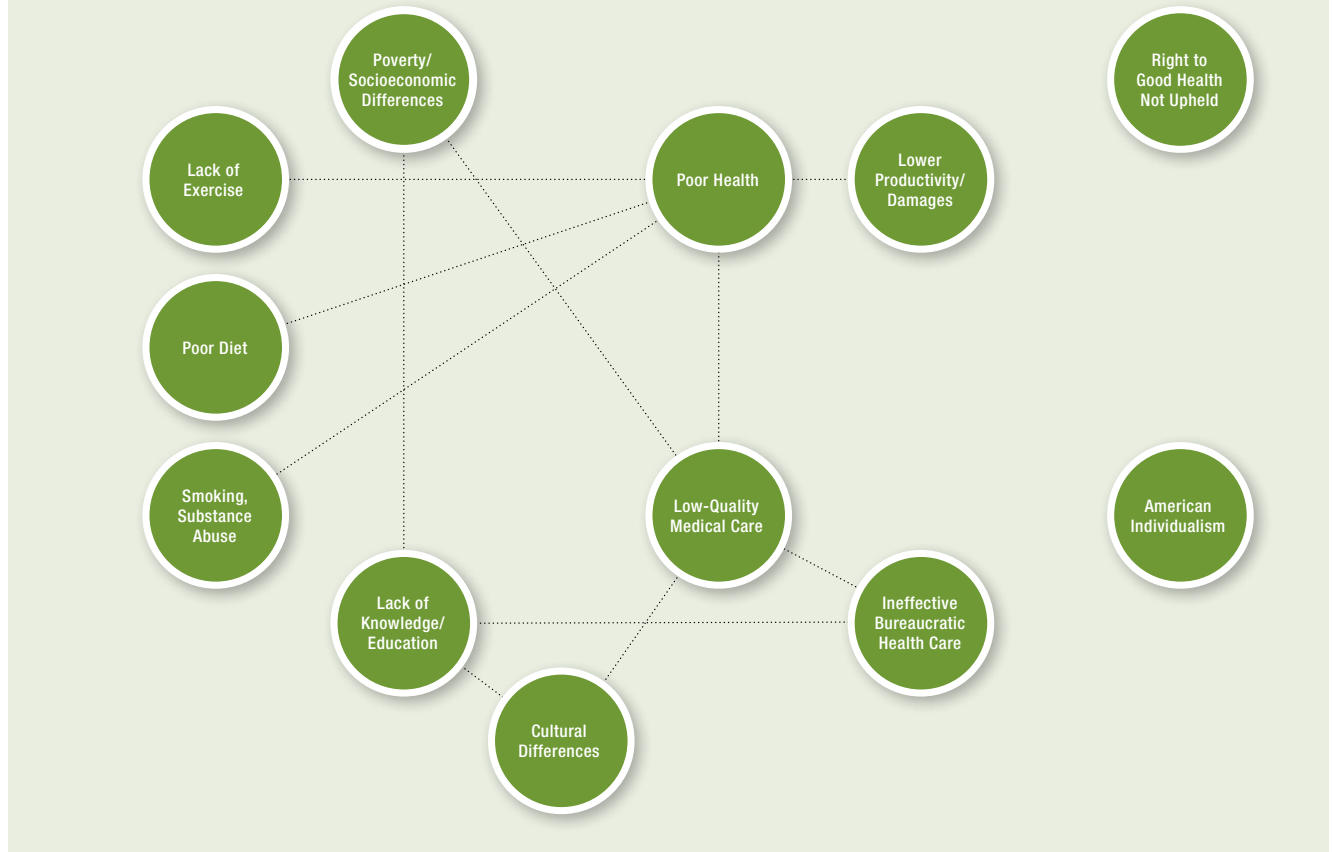
of an individual who could not exercise in a poor community due to the lack of a safe place to go jogging and a community program that provided an effective solution, which this individual took advantage of and subsequently lost weight, for example, would activate the frame of an individual journey while concentrating on one of the shared constructs on the map.

Another way to use a map is to ask, "What ideas are *missing* from the map that might appeal to both Democrats and Republicans and would help bring about actions to improve levels of health?" The Foundation might then introduce these ideas into the discussion. However, the new ideas that are potentially appealing to both parties need to build upon or be complementary to those ideas

they already share. Consider a very hypothetical example—introducing the idea of individuals exerting more control over their health status, perhaps by government-sponsored programs, might be a way of responding to what both parties see as ineffective health care bureaucracies and at the same time building on the idea of American individualism. Thus, two existing ideas in the shared map, one negative and the other positive, can be used to add to the idea of sponsored programs that encourage individuals to exert more control over their health status. Cues involving achieving greater balance (a shared frame) between government and individuals might be used to introduce or discuss this idea. Each party will tend to interpret the idea in ways that are consistent with their prior positions but to do so in a way that is amenable

to open discussion. The example of the person needing a safe place to go jogging would further illustrate the idea of government helping individuals exert control and what individuals can accomplish when in a safe environment.

Through the careful and deliberate use of deep metaphor frames and consensus maps, the Robert Wood Johnson Foundation and other agents wishing to address social determinants of health and differences in levels of health across American communities can more effectively communicate programs in a way that resonates with both Republicans and Democrats. Taken in conjunction with additional research and testing conducted by the Foundation, this research can form the backbone of this communication strategy.

Changing OUR FRAME OF MIND

The Role of the Mind, Brain and Emotion in Developing Messages
by Drew Westen, Ph.D.

Messages That Move Decision-Makers and Everyday Citizens

The goal of this research was to develop messages and language designed to convey the idea of *social determinants of health* in a way that would be convincing to decision-makers and opinion leaders (often referred to in public opinion research as "decision elites" or "opinion elites") as well as to the constituencies they represent. Thus, we wanted to identify language meaningful to both, the kinds of people who make or implement policy decisions related to health (across silos, whether in public health, transportation, environmental protection, or elsewhere) and to average American voters, whose attitudes they ultimately have to shape or reflect.

What became clear over the course of this project was that the concept of social determinants of health includes two components—one more descriptive about the *context* for health or illness (the idea that where we live, learn, work and play influences our health) and one regarding *disparities* in health based on race, ethnicity, or class that raises questions about the fairness of those disparities. Translating these two components into effective messages requires different kinds of messages, with the first encountering less resistance when people are exposed to the ideas but still changing the way they naturally think about health (as something they get at the doctor's office or hospital) and the second requiring efforts to activate people's values.

GOALS

The goal of this multi-phase project was to translate the concept of social determinants (and ultimately calls for action that stem from it) that might otherwise sound bland or unintelligible to the lay ear—even the educated ear—into compelling, motivating messages that not only create concern about the way things are but create hope that problems related to social determinants are solvable (e.g., that something can be done about disparities that lead to shorter, less productive, less healthy lives for millions of people based on factors that are arbitrary or outside their control).

The problem we faced was that the language of university researchers, think tanks, and nonprofits tends to be very different from the language of decision-makers, let alone the language of the kitchen table, where everyday people discuss ideas and values and pass on attitudes to the next generation. To accomplish goals influenced by data from public health or other relevant scientific research requires translation of the language of science into the language of policy-makers—and, ultimately, the language of everyday people, whose support is essential to convince decision-makers that they can and should act on the available science, particularly where it bears on what they perceive as moral questions (e.g., health disparities).

Thus, we undertook this research with three primary aims in mind:

- To develop a small set of values-based, emotionally compelling narratives about why the social context (and associated disparities) matters and why both decision elites and ordinary citizens should care about it;

- To identify words and phrases that resonate with both decision elites and ordinary citizens and to identify words, phrases, and concepts to avoid that render them less likely to understand or care about social determinants or health disparities; and

- To develop a small number of proxy statements, "catch phrases," or "taglines" that capture the complex construct of social determinants in a way that is understandable and resonant to people other than experts in public health.

THE APPROACH

The approach to messaging or "marketing" social determinants we took is rooted in contemporary neuroscience and in both a scientific and clinical understanding of the unconscious *networks of associations*— the interconnected sets of thoughts, feelings, images, metaphors, and emotions—that are active in the brains of persuadable audiences as they read, watch, or listen to information about social determinants of health. Introducing the notion, for example, that income level affects health immediately activates a host of associations, positive and negative, that affect the persuasiveness of the message. On the one hand, Americans value fairness, and the idea that wealth translates into health runs afoul of a firmly entrenched value. Similarly, messages that convey, in a visual and especially a visceral way, the idea of toxic fumes or chemicals affecting the health of kids in a particular

neighborhood would today bring to mind populist sentiments about the recklessness of big business and the failure of government after Americans have confronted two of the biggest crises in generations, the financial meltdown that has still left nearly 10 percent of Americans out of work and the BP offshore oil spill that is decimating the Gulf Coast in ways we have not even begun to understand. On the other hand, mentions of poverty immediately evoke victim blaming and largely unconscious prejudices, as the average American associates poverty with people of color. Finding ways to speak of the impact of poverty on health without activating those networks—or activating countervailing networks related to the middle class and middle class concerns—thus becomes essential in messaging on health disparities if the goal is to influence not only public opinion but public policy.

From this standpoint, effective efforts to get people to think more broadly about social determinants (and to feel something other than contempt, anger, or unease toward people who are rendered vulnerable by virtue of the factors that produce health disparities) requires an understanding of the multiple, often conflicting neural networks active when people process messages, which can generate ambivalence or indifference. Changing people's attitudes requires activating some networks, deactivating others, and linking networks that are not currently or adequately linked in their minds (e.g., that health is the flipside of disease and hence deserves more significant attention, or that health does not begin at the doctor's office or the hospital).

Although people are aware of some of their attitudes in these regards, many of these attitudes are not only conflicting but unconscious (e.g., both concern and contempt for people who are vulnerable or less fortunate, which may be triggered by different or sometimes precisely the same cues). This has multiple ramifications. It means that we have to attend closely to the connotations—and particularly emotional connotations—of the language we use. It also means that optimal testing of messages cannot rely exclusively on conscious measures of people's attitudes. We need to complement traditional survey research with technologies that measure the level of activation of particular networks and associations to different phrases designed to address the same concept (in this case, social determinants of health).

Central to this approach is also the view that changing public opinion requires not just presentation of facts but *narratives* that "tell the story" of how someone or something got that way and what can be done about it. Effective communication uses language in the vernacular of target audiences that is clear, evocative, and readily remembered and retold, making use of the "story structure" to which our brains evolved to respond.

Finally, central to the approach we took was the distinction between *public opinion research*—the measurement of where the public stands prior to efforts to influence their attitudes— and *messaging research* designed to change public opinion. The former

represents the assessment of *what is*; the latter represents the assessment of *what could be*, or the art of the possible.

The approach we took to accomplish our goal reflects this basic distinction. In the first phase of the research, we undertook qualitative (focus group) and quantitative (survey) assessments of public opinion (focus groups and a telephone survey) when presented with the concept of social determinants, with an eye to learning how we might change it. Whereas the focus groups attempted first to understand the extent to which both everyday people and decision elites understand or spontaneously recognize social determinants of health and then tested messages designed to change their attitudes toward both social influences and disparities, the telephone survey aimed at measuring baseline public opinion on the causes of health, illness, and disparities without trying to change them (understanding "what is").

In the second phase, we use quantitative methods (online surveys and experimental methods) to see how much we could "move the needle" of both opinion elites and everyday citizens, focusing on what might be called "swing voters" on issues related to social determinants—people without much knowledge of social determinants and without strong political leanings that would render them outside the likely realm of the *persuadable*. In this second phase, we used online technologies that allowed us to assess not only how representative samples of registered voters consciously responded to messages aimed at getting them to think and feel differently about

health (to see its broader context) and health disparities but also to how they responded unconsciously, using cutting-edge technologies that allow us to identify the activity of neural networks and "gut-level" emotional responses in large samples without directly measuring brain activity.

The project was led by Drew Westen, Ph.D., of Westen Strategies, but represented a collaboration with Ann Christiano at the Robert Wood Johnson Foundation, who took an active role shaping the project at every phase of the research; Public Opinion Strategies, which conducted the focus groups and baseline survey in the first phase of the project (assessing public opinion); and Joel Weinberger, Ph.D. of Implicit Strategies, who worked with us on the measurement of unconscious responses to the top proxy statements for social determinants (terms that can be used to describe it with opinion elites and the lay public) identified through multiple rounds of testing.

METHODOLOGY
We conducted six focus groups (two with swing voters in Columbus, Ohio; two with Latino and Black voters, in Houston, Texas; and two with "opinion elites" in Bethesda, Md.) and a baseline survey in July and August of 2009. We defined swing voters in all phases of the research as people who had voted for at least some Democrats and Republicans over the last few years or considered themselves political Independents (roughly a third of the sample, and reflecting closely the population norms). We defined opinion elites in the focus groups as educated

voters who worked in Washington, D.C., mostly in government, who held management positions, and empirically for the remaining stages of the research based on high levels of educational attainment, occupation (management, small business owners, government, etc.), sources from which they derived their news, and income level. The Phase 1 baseline survey consisted of 1,000 registered voters, with an oversample of opinion elites, leading to a sample comprising approximately one third decision elites (largely matching the sample in partisan affiliation), one third swing voters, and one third non-swing/non-decision elites (partisan non-elite voters).

In Phase 2 (message testing and refinement), we conducted two studies. Both collected data from samples of voters online, obtained from panel companies that provide paid respondents for market testing, weighted to match the demographics of a random national sample of registered voters and not only measured.

The first study assessed 1,000 registered voters using online quantitative polling to compare the effectiveness of messages refined from the focus groups aimed at moving persuadable voters and decision elites to think and feel differently about both social influences on health and health disparities and a "highlighting tool" to allow respondents to indicate, within messages, which parts of messages moved them positively (highlighted in green) or negatively (highlighted in red). In this way, we could refine the messages for the final stage of research (much like online dial-testing, where respondents move a dial one

direction or another to indicate their moment-to-moment responses to messages presented in audio rather than text form). Respondents also rated multiple potential proxy statements for social determinants of health (phrases designed to capture the essence of the phenomenon they had just been reading about) to identify those they found most compelling and reflective of what they had just read. Messages were presented in random order across respondents.

The second study not only re-tested conscious responses to the top messages revised based on the highlighter results (indicating sections of each message that respondents found compelling or uncompelling) but also used new market research methods to assess unconscious responses messages and proxy statements. To measure the potential effectiveness of different phrases designed to capture the concept of social determinants of health, conscious tests that ask respondents what they think or feel about the phrases can only be part of an integrated testing strategy. This is because people lack access to their unconscious networks, and when asked how they think or feel, they make their best guesses. These responses which may or may not stem from their unconscious associations, particularly emotional associations. This is particularly a problem on messages in which race or ethnicity is an issue (notably disparity messages), where two decades of psychological and neuroscientific research have shown that conscious and unconscious (often called explicit and implicit) attitudes tend to diverge substantially. Thus,

we compared the "gut reactions" or unconscious emotional responses generated by the top proxy statements for "social determinants" after a large sample of respondents had heard the top narratives designed to "move the needle" on social determinants.

How Americans Spontaneously Think About Health and How to Change Their Minds: Qualitative Findings From Focus Groups

We undertook the focus groups to get a sense of how Americans naturally think about social determinants and to test some initial messages aimed at changing their minds. The purpose of the focus groups was not to produce enduring knowledge, given the limited general data from six groups of 8–10 people each. Rather, the goal was to inform the next stages of the research. Thus, we will not emphasize the findings, although we will bullet some of the most suggestive findings here:

- When asked what influences people's health, only a small fraction of respondents in the groups naturally thought of social determinants. However, when prompted with examples (e.g., social class, education, neighborhood), respondents readily recognized them as causes of health and illness.
- Respondents across these groups respond strongly to messages about social determinants of health when they were values-based and emotion-

laden but not when presented in language perceived as more academic (e.g., the language of public health experts). Failure to speak to core American values uniformly depressed people's response to narratives designed to move them toward recognizing the importance of social context or the need to act on disparities.

- As in every other domain we have studied, voters were more responsive to messages that included at least one "killer fact"—a surprising fact that arouses interest, attention and emotion—than those that focused only on abstractions. However, loading messages down with more than one or two facts tended to depress responses.

- An important lesson of the focus groups was that respondents, particularly opinion elites, strongly preferred messages that included some kind of action item or prescription. In other words, they wanted a description not only of what the problem is but either an example of the kind of action we could take to fix it or a set of principles for going from where we are now to where we need to be. Without a solution, they would frequently respond by saying that they saw the problem, but they couldn't see the solution.

- Messages that referred to disparities based on race or ethnicity fared poorly with all but Black respondents. White swing voters, like middle class Latino voters, did not want to hear about how people of a particular color or ethnicity were suffering, and they roundly rejected even relatively obvious "facts" (e.g., the high percentage of Black

urban children born into poverty) with "that's not true." Respondents preferred messages that focused more broadly on how a problem affects all Americans rather than on one group or another.

These findings proved particularly important in designing messages in Phase 2 of the project. Next, however, we turn to the findings of the baseline survey.

Attitudes Toward Health, its Context, and Disparities: Baseline Polling

The baseline survey explored voters' attitudes toward health and its social determinants. The demographics were representative of the voting population (e.g., women constituted 52% of the sample; people aged 35–43 constituted 44%; 39% had completed college; 77% reported themselves having health insurance; and a slightly higher percentage considered themselves Democrats rather than Republicans; with 26% considering themselves "Independents"). When asked to rate their top concerns, 48 percent said "the economy and jobs;" nothing else came close, including health at 14 percent. (The survey was completed just before the debates overheated over health care reform, with talk of a "government takeover" and "death panels.")

Among all voters (the focus of the statistics cited below, unless noted otherwise), by a 2:1 margin, respondents described

their own health as good or excellent relative to fair or poor (42% to 21%). Voters who reported fair or poor health included, not surprisingly, Medicare recipients, those with incomes under $20,000, people with high school educations or less, older voters, and those without insurance.

Perhaps the most instructive answer that came from the baseline survey was voters' response to the following forced-choice question: "Select which one comes closest to your own view, even if neither is exactly right: 'being healthy is something I have control over,' or 'being healthy is something beyond my control.'" By an 84 percent–16 percent margin, Americans tend to view their health as something largely under their control—and for which they have to take—and expect others to take—personal responsibility. This is consistent with American culture and with previous research conducted for the Foundation over the last few years. It is also an important theme to address in messages that appeal to Americans on social determinants, particularly messages about health disparities, which Americans readily attribute to a lack of responsible behavior, even when presented with data suggesting otherwise. This is also consistent with what social psychologists have called the "just world hypothesis," a tendency of people (at least in the West) to want to believe that people get what they deserve (that the world is just rather than morally capricious) and hence, to blame people for their own victimization or misfortunate, whether or not they had any genuine role in contributing to it.

These numbers are in part dependent upon how healthy people are or consider themselves to be. Among those with self-reported very good or excellent health, 96 percent believed that people's health is under their control. For those who report their health to be fair to poor, the number drops to 62 percent—still a majority, even among those whose health was often impacted by genetics or adversity, but not as strong a majority. These numbers are graphically illustrated below. The left-hand column shows those in self-reported good health, whereas the right-hand column shows those in worse health.

expressing agreement with the following statement: *"There is more to good health than health care. A number of things affect people's health that people do not often think of as health care concerns, like where they live and work, the quality of their neighborhoods, how rich or poor they are, their level of education, or their race or ethnicity. These social factors have a greater impact and influence on a person's health than the medical care they receive."*

Even here, however, respondents were likely to emphasize factors over which people have control, with three of the top five influences they saw on health

increase in respondents who believe the following five factors could influence health: income level, education level, job or work environment, neighborhood, and pollution. These data thus suggested that Americans do not "naturally" contextualize health socially, but when presented with effective efforts to influence them, they not only "move" in their beliefs but move substantially.

Messages That Move Voters

We conducted two rounds of message testing online using large national samples weighted by demographics to be representative of the population of registered voters. The first study presented 1,000 respondents with seven messages and nine proxy statements to get at the concept of social determinants, with one message designed to describe social determinants in a more traditional way (relatively dispassionate, factual, but written in lay language) and one proxy statement using the term "social determinants" itself. The other messages were designed to be more values-driven and evocative, building on both the theoretical approach underlying this research—attempting to "work with" rather than against the way our brains naturally work. This was accomplished by using a strong narrative structure, attempting to be emotionally evocative and involving, and focusing on the values that could bring voters on board. This approach was helpful particularly with disparities messages, using what we had learned in the focus groups and baseline survey.

Fig. 1 Good Health vs. Poor Health
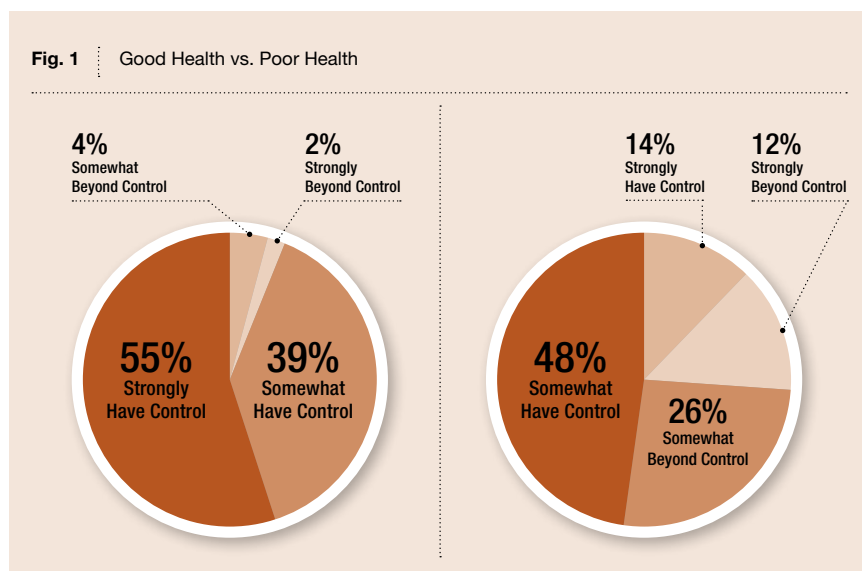
Despite the widely held belief in personal control over health, when "primed" with the idea that social factors can have a substantial impact on health, the majority of voters—virtually identical across all three groups (all voters, swing voters, opinion elites)—recognized the importance of social determinants,

being diet, exercise, and smoking, and the others were factors that could be attributed to external causes, poor personal decisions, or both (stress and lack of access to health care).

After seeing messaging on social determinants, however, beliefs substantially shifted, with a 31 percent

The second study (which sampled 1,726 voters) measured conscious responses to the top four messages identified in the first study, revised based on the data from the highlighter tool (largely altering or deleting material voters indicating that they did not find compelling). This study measured both conscious and unconscious responses to the top six proxy statements after respondents had first heard all four narrative messages.

In both studies, voters rated narrative messages on a 0–100 scale traditionally used by pollsters, in which a rating of 70–80 or above suggests a "high emotional intensity" message (i.e., one that moves people, and is likely to move them to action), and a rating of 51–100 represents agreement with the message. In both studies, we used more conservative thresholds of 80–100 as indicative of high emotional intensity and 60–100 as indicating agreement with the message. In the first study, we asked respondents to indicate their first- and second-choice proxy statements that captured for them the concepts they had read about in the messages. In the second study, after hearing and rating the top four messages revised from the prior stage of online testing, respondents saw one of the six proxy statements (300 in each experimental condition) and rated it on the same 0–100 scale as the messages and then completed two tasks aimed at assessing their unconscious responses to it, described below.

Messages that moved voters shared a particular structure:

THE STRUCTURE OF EFFECTIVE MESSAGES ON SOCIAL DETERMINANTS

STEP 1: Connect with voters with an aspirational statement, a compelling metaphor, or an otherwise emotionally compelling, attention-grabbing statement.

STEP 2: Describe the problem in a way that is concrete, visual, and evocative.

STEP 3: End with a principled solution or example that illustrates how the problem can be addressed in a way that inspires hope, "bookends" the initial statement in a way that maximizes its memorability, or offers a metaphor that "sticks."

MESSAGE	CONVINCING (mean score)	INTENSITY (80–100)
Leads the world	68	42%
Starts where health starts	66	43%
Social by nature	66	42%
How we see a problem	64	37%
Personal responsibility	62	35%
Same opportunity	61	33%
Social disparities	57	29%
Social determinants	56	27%

In the initial study, as seen in the table above, six messages received scores in the 60s, of which three not only received ratings in the mid to high 60s but were also rated with high emotional intensity (80–100) by over 40 percent of voters, a metric frequently used as a threshold for messages likely to move people to act. Of the top five messages, four focused on the social context and one (labeled in shorthand as "Personal responsibility") focused on disparities, which was the harder "sell," particularly to conservative voters, who were more likely to blame people for their position on the totem pole. The traditional "social determinants" public health message fared relatively poorly.

Although various subgroups diverged slightly in their evaluations of the different messages (e.g., not surprisingly, Blacks were more convinced by messages about social disparities), all groups tended to rank-order the messages similarly, including swing voters and opinion elites. As in the focus groups, opinion elites tended to respond first as people and second as elites—that is, the same values-driven, emotionally compelling language that moved other voters also moved them most. They did not need to see the "fine print" on policies any more than other voters, but they did want the "gist" or examples of solutions.

The highlighter tool allowed us to see what resonated or turned off voters and hence to revise the narratives between the initial online survey and the final one. Below is an example of the information provided by aggregating what respondents highlighted across hundreds of voters in the online survey, showing the language that appealed to them most. The darkest green indicates language most frequently highlighted, and lighter green shows language that still appealed to respondents but with lower frequency. (Red highlighting for each message provided a similar window into language that voters did not find compelling. For example, voters tended not to resonate with references to particular scientific organizations such as the CDC; they were content to know that "scientists" had uncovered a particular fact.)

As can be seen from the highlighted words and concepts, voters strongly resonated with the notion of American leadership and the need to restore it. Within that context, they resonated most strongly to the idea that everyone should be able to see a doctor, and that health should include prevention. The message also convinced respondents that health starts in our families, schools and workplaces (a common-language translation of "social determinants of health."

LEADS THE WORLD

America leads the world in medical research and medical care, and for all we spend on health care, we should be the healthiest people on Earth. Yet on some of the most important indicators, like how long we live, we're not even in the top 25, behind countries like Bosnia and Jordan. It's time for America to lead again on health, and that means taking three steps. The first is to ensure that everyone can afford to see a doctor when they're sick. The second is to build preventive care like screening for cancer and heart disease into every health care plan and make it available to people who otherwise won't or can't go in for it, in malls and other public places, where it's easy to stop for a test. The third is to stop thinking of health as something we get in hospitals and doctors' offices but instead as something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. The more you see the problem of health this way, the more opportunities you have to improve it. Scientists at the Centers for Disease Control and at universities around the country have shown that the conditions in which people live and work have more than five times the effect on our health than all the errors doctors and hospitals make combined. It's time we expand the way we think about health to include how to keep it, not just how to get it back.

Key ▬▬▬▬▬

The darkest green indicates language most frequently highlighted, and lighter green shows language that still appealed to respondents but with lower frequency.

We report here the top three social determinants messages, revised based on the highlighter tool, as tested in the final online survey. We also report the top social disparities message. As can be seen from the ratings at the bottom of each, the revisions were successful, driving the ratings up roughly ten points per message, into the 70s, which indicates that respondents found them extremely convincing.

1. LEADS THE WORLD

America leads the world in medical research and medical care, and for all we spend on health care, we should be the healthiest people on Earth. Yet on some of the most important indicators, like how long we live, we're not even in the top 25, behind countries like Bosnia and Jordan. It's time for America to lead again on health, and that means taking three steps. The first is to ensure that everyone can afford to see a doctor when they're sick. The second is to build preventive care like screening for cancer and heart disease into every health care plan and make it available to people who otherwise won't or can't go in for it, in malls and other public places, where it's easy to stop for a test. The third is to stop thinking of health as something we get at the doctor's office but instead as something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. The more you see the problem of health this way, the more opportunities you have to improve it. Scientists have found that the conditions in which we live and work have an enormous impact on our health, long before we ever see a doctor. It's time we expand the way we think about health to include how to keep it, not just how to get it back.

TOTAL: 78.2   **SWING:** 77.4   **ELITE:** 79.0

As can be seen from the numbers below the message, this narrative strongly resonated with all voters as well as with swings and opinion elites. A central principle of messaging that applied in this research as in other domains is that Americans have an aversion to messages that start negative. Thus, in the focus groups, a version of this message that started with how Americans have fallen behind proved much weaker than this version, which reminded Americans that we have the best medical research and health care for those who can get it, and began the message on an aspirational note. It then spoke to the problem, with a stark contrast with Bosnia and Jordan, two countries Americans would never see as competitors. Given that these messages were tested in the midst of the debate over health care, and our goal was to focus people's attention on factors that precede getting medical attention, we emphasized three steps to putting America back on top in health. We began with health care and prevention but then moved quickly to social determinants. The language throughout is the language of the "kitchen table"—the kind of language everyday people would use in talking about health and illness.

What is notable about this message is the combination of values that drives the positive response to it. The primary one is American leadership and nationalism—values not typically associated with health policy. The message also emphasizes the values of environmental protection, families, and acting proactively to prevent a problem (problem-solving and pragmatism) before it starts.

2. START WHERE HEALTH STARTS

It's time we made it possible for all Americans to afford to see a doctor, but it's also time we made it less likely that they need to. Where people live, learn, work and play has an enormous impact whether they stay well in the first place. Health starts in strong, loving families and in neighborhoods with sidewalks safe for walking and grocery stores with fresh vegetables. Health starts in jobs we can get to without hours of commuting and in work places free of unnecessary hazards. Health starts in schools that educate our children for the jobs of the 21st century so they can compete in the world economy, that feed them healthy meals rather than junk foods, and that send them home safe at the end of the day. And health starts in having the time and financial resources to play at the end of a hard day's work, because unrelieved stress takes its toll on our hearts and immune systems. As we work on fixing health care in America, we need to start where health starts, not just where it ends.

TOTAL: 74.1   **SWING:** 75.5   **ELITE:** 72.7

This second message also begins with an aspirational statement—about ensuring that every American can see a doctor—but ends with a surprising twist that draws voters in, that we also make it less likely that they need to. This message draws on language already used by the Robert Wood Johnson Foundation to describe social determinants—"where we live, learn, work and play," and then uses a rhetorical device (repeating the

same structure in a series of statements, each beginning with "Health starts…") to expand on the meaning of that language. It closes with a memorable phrase, namely that "we need to start where health starts, not where it ends," that has the property marketers describe as "stickiness"—that is, characterized by the tendency to "stick" in people's minds.

This message draws on a number of values as well, some of which are and others of which are not traditionally associated with public health. These include the values of strong families, community, workplace safety, education, competition in the global economy, nutrition, security, and hard work.

The third top message takes a very different tack, emphasizing the social nature of social determinants, juxtaposing the colloquial phrase, "ties that bind," with a complex idea: that we are biologically predisposed to require certain social conditions to optimize our health. Like the former message, this one makes use of the rhetorical device of structural repetition ("Health begins…"). Also like the former statement, and central to a strong, memorable message, it does not overuse the device. Any message that includes more than three principles, three examples, or three structurally similar sentences

tends to drive down its ratings. People can generally read, hear, and follow three examples or themes in a message, but beyond that, they find the message incoherent or difficult to remember. It begins to lose the narrative structure essential to an effective message. The message then inoculates against a concern we heard in focus groups— that it was too utopian, that no single institution can solve the problem alone— and returns to its core theme with a final, memorable statement that "bookends" the opening statement with a touch of irony and humor that brings the message close to personal experience.

Like the other messages, this one draws on a mix of values, some of which are familiar to public health and some of which draw associative links to other domains and hence increase its power: families, communities, nurturance, safety, prosperity, dignity, respect, safe work, fair wages, business, religion and leadership. One of the central characteristics of good messages is that they activate multiple values, not simply one (good health). In so doing, they activate the positive feelings associated with each of those values unconsciously, which has an impact that is sometimes additive and sometimes multiplicative.

3. SOCIAL BY NATURE

We are social by nature, and when the ties that bind begin to unravel, so does our health. Health begins at home in our families, with a loving relationship between parents and their children, where kids can expect to be safe, nurtured and protected. Health begins with healthy communities, with safe streets, freedom from violence, and parks where kids can play. Health begins with a good education, where children learn not only how to read, write, and prepare for fulfilling, prosperous life, but how to treat each other with dignity and respect. And health begins with safe jobs and fair wage, where people derive a sense personal satisfaction from their work and connection to their co-workers. No institution alone can restore a healthy America that nurtures families and communities. That will require leadership, and a partnership of business, government, and civic and religious institutions. We can't eradicate illness, but we can foster health. And health begins with healthy relationships, healthy communities, and healthy jobs, which protect us from the stress of everyday life. That's one prescription that doesn't require a co-pay.

TOTAL: 73.9   **SWING:** 73.6   **ELITE:** 74.2

Our top health disparities message tested nearly as well as these messages (and better than some with swing voters) and hence deserves note, particularly given the difficulty developing messages on health disparities that do not "turn off" voters right of center politically, who tend to believe that hierarchies are natural and that people's misfortunes are largely of their own making:

Several points are noteworthy about this message. Perhaps most importantly, like virtually all effective messages on issues related to race, ethnicity, and social disparities, the narrative starts right and moves left. It begins with a value that all Americans share but is central to conservative ideologies, particularly when applied to people who are readily viewed as "them" rather than "us," namely personal responsibility. We learned in the focus groups, however, the importance of returning to this theme later in the message to reassure respondents to the right of center that the messenger "really means it." The message then draws upon another value, central to Americans across the political spectrum—fairness—and defines its meaning as it applies to health. This second statement would have had an entirely different meaning if not contextualized by the first statement, which establishes that the messenger views fairness and personal responsibility as complementary values, not as alternatives. The narrative then goes on to cite a single "killer fact"— that is, a fact that has a strong emotional impact—namely that within 150 square miles in the city of Detroit, it is virtually impossible to find a grocery store. This suggests that even parents who want to exercise personal responsibility and act responsibly cannot do so for structural reasons (although terms such as "structural" are toxic to effective communications with the general public). In general, messages that recite numbers (e.g., the number of millions of children born into poverty) tend to fail, particularly when they are overly "fact-heavy." In this case, however, the number has an emotional impact because of its magnitude and because the reader can readily picture how large

an area 150 miles constitutes. The message then begins to break down in-group/out-group barriers, by comparing the concerns of the middle class with the concerns of people who are poor, noting that both are disadvantaged in health vis-à-vis the wealthy. Finally, the narrative offers its central take-home message: that people ought to have *equal opportunity to make choices that lead to good health*, and that fairness requires that Americans, regardless of who they are, have a chance to make good decisions that could translate into good health.

Like the other messages, this one draws on a range of values, many of which we have already described, such as personal responsibility and fairness. In addition, it speaks to values of healthy eating, hard work, affordable day care, and equal opportunity.

The four statements presented here could all be used effectively in communications about social determinants with average voters, swing voters, and educated opinion elites and decision-makers. They all drew average ratings in the 70s, which is extremely high. In contrast, a message using traditional "social determinants" language, statistics, and rhetorical devices often used to speak about health with the general public drew ratings in the 50s:

A growing consensus among scientists suggests although medical care is essential for relieving suffering and curing illness, social determinants of health are as or more important than virtually any factor that contributes to health or illness. Only an estimated 10 to 15 percent of preventable mortality has been attributed to medical care. Social factors can affect health directly and indirectly as their

effects accumulate across individuals' lifetimes and across generations, leading to vicious cycles between social factors and health. A person's health and likelihood of becoming sick and dying prematurely are greatly influenced by powerful social factors such as education and income and the quality of neighborhood environments. Fortunately, many social factors can be influenced by policies and programs. Building a healthier America requires individuals to make healthy choices and a societal commitment to remove the obstacles preventing too many Americans from making those choices. This will take a commitment from every sector—government, business and foundations—to promote opportunities for Americans to live healthy and productive lives.

Note that this message is very similar in substance to the messages that were more effective: It makes the same points in its opening sentence that health begins long before people seek health care, that social factors are essential influences on health, and that the quality of neighborhoods and factors such as income and ethnicity can have a substantial effect on health and illness. However, it does so in a language that, while written for a lay audience, is not the language of the kitchen table. Further, the language of "policies and programs" is far less effective than the language of values, from which those policies and programs are ultimately derived. This message, like the successful messages, also speaks to solutions, but it does so in a way that sounds bureaucratic, even though it speaks directly to individuals making healthy choices, and it uses words such as "sector" that are abstract and distant to the average person.

Proxy Statements for Social Determinants: Conscious and Unconscious Responses

We were interested not only in effective narratives to describe social determinants but also in proxy statements for the concept—ways of describing "social determinants of health" that do not sound so distant, cold, and abstract. Thus, in the first online study we measured people's conscious responses to nine potential proxies (including the term "social determinants" itself, as a baseline for comparison), and we tested the top six in the second online study for both their conscious and unconscious appeal. Respondents rated the proxy statements for the extent to which they captured the "gist" of the messages they had been hearing in a way that was compelling to them.

To assess their unconscious responses to the proxy statements, we used a procedure that is being increasingly used in corporate marketing for testing ads and taglines, namely an unconscious priming procedure. For this procedure, all respondents first heard the four narratives described above (our top three narratives and our top disparities narrative), to familiarize them with the concept of social determinants in language we knew was compelling. They then saw one of the six top proxy statements (or the traditional social determinants statement, once again as a baseline; the traditional statement had received the lowest ratings in the first round of testing). Following a test of their associations to the proxy statements,
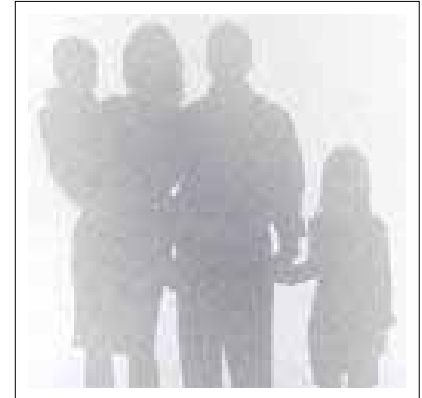
Fig. 2 Participants saw this image during the final phase of message testing.

we asked participants to fixate their eyes on an X in the middle of their computer screen and told them immediately following it they would see an image of a family, about whom they would answer some questions.

We presented these stimuli three times. However, each time, between the image of the X and the image of a family of ambiguous social class, ethnicity, and race (below), we presented the proxy statement, but this time at 30–50 milliseconds—slow enough for the brain to process (particularly since they had read it before) but too quickly for them to be aware that they had even seen anything. This is called an unconscious prime. They then rated the family on 10 positive and negative statements (e.g., "This family looks healthy," "This looks like a family that can look forward to long lives," "I get the feeling this family lives in a dangerous neighborhood"). Although they believed they were rating the family, over five decades of research have documented that unconscious primes can have a substantial impact on ratings of consciously perceived stimuli, particularly when the stimuli are ambiguous.

CONSCIOUS RATINGS OF DESCRIPTIVE PHRASES

PHRASE	TOTAL	SWING	ELITE
Your opportunity for health starts long before you need medical care.	81.7	82.0	81.5
Health starts long before illness, in our homes, schools and jobs.	81.5	81.2	81.8
All Americans should have the opportunity to make choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.	81.2	81.5	80.9
Your neighborhood or job shouldn't be hazardous to your health.	76.3	76.7	76.0
Health begins where we live, learn, work and play.	75.1	76.0	74.4
The opportunity for health begins in our families, neighborhoods, schools and jobs.	70.0	69.5	70.5
If we want to improve our health, we need to address the social determinants of health.	63.0	62.6	63.3

The conscious ratings in both rounds of research were highly similar, as shown in the accompanying table. Five messages performed extremely well, with ratings in the mid to high 70s and 80s on a 0–100 scale. Two messages performed comparatively poorly. One was somewhat "clunky," defining social determinants in terms of four components, although this statement still received an average rating of approximately 70. The only message to receive a rating below 70 was the traditional social determinants statement.

The table on the left shows how the same proxy statements fared unconsciously, with the data transformed to a 0–5 scale for ease of interpretation, with 0 representing relatively low positive emotional response and 5 representing strong positive response.

As can be seen, with the exception of the first statement, which received high conscious ratings but generated a mediocre response unconsciously (relative to the other top proxy statements), the statements performed similarly consciously and unconsciously, with the two statements that performed worst consciously also doing so unconsciously.

The three statements that performed the best both consciously and unconsciously would thus be the strongest candidates for brief ways of capturing the construct of social determinants for the general public. This includes both decision elites and swing voters, and could be readily use in public service announcements as "taglines." One message—"Health starts long before illness, in our homes, schools and jobs"—captures the general construct of social determinants in a relatively comprehensive way for such a brief statement and is easy to remember. A second—"Your neighborhood or job shouldn't be hazardous to your health"— is a strong message with a negative tinge, that provides a motivation for action. The third—"All Americans should have the opportunity to make choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background"—did remarkably well both consciously and unconsciously. Although it is longer than optimal for a proxy statement, it is a strong health disparities statement that generated strong positive responses.

UNCONSCIOUS EMOTIONAL REACTIONS TO DESCRIPTIVE PHRASES (scale of 0–5)

PHRASE	TOTAL	SWING	ELITE
Your opportunity for health starts long before you need medical care.	1.8	2.1	1.6
Health starts long before illness, in our homes, schools and jobs.	4.4	4.2	4.7
All Americans should have the opportunity to make choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.	3.4	4.5	2.5
Your neighborhood or job shouldn't be hazardous to your health.	4.7	4.1	4.8
Health begins where we live, learn, work and play.	1.8	1.7	1.9
The opportunity for health begins in our families, neighborhoods, schools and jobs.	0.3	0.1	0.4
If we want to improve our health, we need to address the social determinants of health.	0.9	1.5	0.4

Conclusions

The data reported here are only a beginning, but they represent a comprehensive effort at identifying ways of talking with the general public, including swing voters and opinion elites, about social determinants of health. The main "take-home points" include the following:

KEYS TO EFFECTIVE MESSAGING ON SOCIAL DETERMINANTS

- **Americans, including opinion elites, do not spontaneously consider social influences on health.** They tend to think about health and illness in medical terms, as something that starts at the doctor's office, the hospital, or the pharmacy. They recognize the impact of health care on health, and spontaneously recognize the importance of prevention, but they do not tend to think of social factors that impact health.

- **They do, however, recognize social factors and see their importance when primed.** Raising awareness of social factors is not difficult, although people more readily recognize voluntary behaviors that cause illness (e.g., smoking, overeating) than arbitrary or social factors (e.g., race, ethnicity, income).

- **Americans, including elites, do not resonate with the language of "social determinants of health," but they do resonate with the core construct.** When presented with the compelling narratives, Americans recognize the importance of both the social context and health disparities.

- **Messages that sway Americans, including elites, are values-based and emotion-laden, not** **overly academic.** Messages that sway Americans describe both facts and policy prescriptions at a moderate level of specificity– that is, at the level of principles or examples, not specific policy prescriptions or 10-point plans.

- **Americans consciously believe in equal opportunity to health, but messages that describe disparities evoke negative reactions unless written carefully to avoid victim-blaming and to emphasize the importance of people exercising personal responsibility.** Messages about disparities trigger unconscious prejudice unless carefully constructed to redefine "them" as "us."

- **Messages that mix traditionally conservative values (e.g., the value of small business) with traditional progressive values (e.g., equal opportunity) tend to fare better in speaking to health disparities.** Starting right and moving left is important in connecting with conservative Americans, who tend to believe that hierarchies are natural and reflect poor choices, bad judgement or bad behavior.

VULNERABLE POPULATIONS PORTFOLIO

Health begins where we live, learn, work and play. The Vulnerable Populations Portfolio looks at factors outside of the medical care system that impact how healthy—or unhealthy—we are. We create new opportunities for better health by investing in health where it starts—in our homes, schools and jobs.

LIVE   LEARN   WORK   PLAY

For more information about the Robert Wood Johnson Foundation's Vulnerable Populations Portfolio, please go to *www.rwjf.org/vulnerablepopulations*.

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