PROMOTING HEALTH EQUITY IN THREE DIMENSIONS

creating messages and strategies that are credible, connected and convincing

Metropolitan Group

the power of voice

We developed *this article as a thought starter for communicators, advocates and strategists working to increase health equity. We invite you to consider how creating three dimensional strategies and messages that are credible, connected and convincing can increase your impact by:*

- *Engaging communities most affected by health disparities. This approach helps ensure that messages are relevant, respectful and empowering, while keeping the focus solidly on community change rather than individual blame and shame.*
- *Mobilizing policymakers and decision-makers. This approach keeps their focus on the system rather than individual level, and helps them see the opportunity to focus their work where it will have the most impact.*

Health equity

Health equity means that everyone—regardless of who they are, where they live or how much they earn—has what they need to reach their best health and well-being.[1]

Achieving this requires that in every community, healthy foods are available and affordable to everyone. Parks and walking and biking routes are plentiful and safe. Schools prioritize physical and mental health as critical components of educational success. Everywhere, the most convenient, affordable, accessible and desirable option is the healthiest one. All people have the power to make decisions about their reproductive health and to raise children, if they choose to, in a safe and supportive community with stable housing, family-wage jobs and strong schools. Discrimination, racism and oppression are not tolerated.

Addressing critical health issues—and tackling the deep inequities that exist in many communities—demands that this description becomes reality everywhere. Everyone expects this, helps create it, and will accept nothing less for their community—and for every community—from elected officials, decision-makers and each other.

Without this fundamental shift, gaps will continue to widen in lifespan, health and well-being, incidence of chronic diseases, educational outcomes, people's ability to work, and other measures of equity and opportunity. The impact of this gap on our economy, education system and other measures has been well documented.[2]

Reports of health inequities are delivered through an individual responsibility frame. Scientific reports and the news media tell us how certain groups of people—usually defined by race, ethnicity or socioeconomic status—experience more than their share of health challenges. Many public health efforts focus on helping those groups adopt different behaviors: eat healthier, move more, brush your teeth, quit smoking, reduce stress.

But the burden can't be solely on individuals to change themselves. There must be a simultaneous recognition of the systems, structures and policies our society has built over many years that disproportionately advantage some people or communities over others. And there must be a concerted effort to disrupt the systems that foster inequity and to create access to health and well-being.

To propel this shift, Metropolitan Group (MG) applies our approach to strategic communication, creating **three-dimensional** strategies and messages that are:

Credible – Infused with authentic and accurate understanding of current reality, historical context, and systemic and structural conditions—objective data as well as the "who" and "why" behind the numbers

Connected – Grounded in the deeply held values, cultural perspective and lived experience that shape people's worldview and influence their receptivity to new information

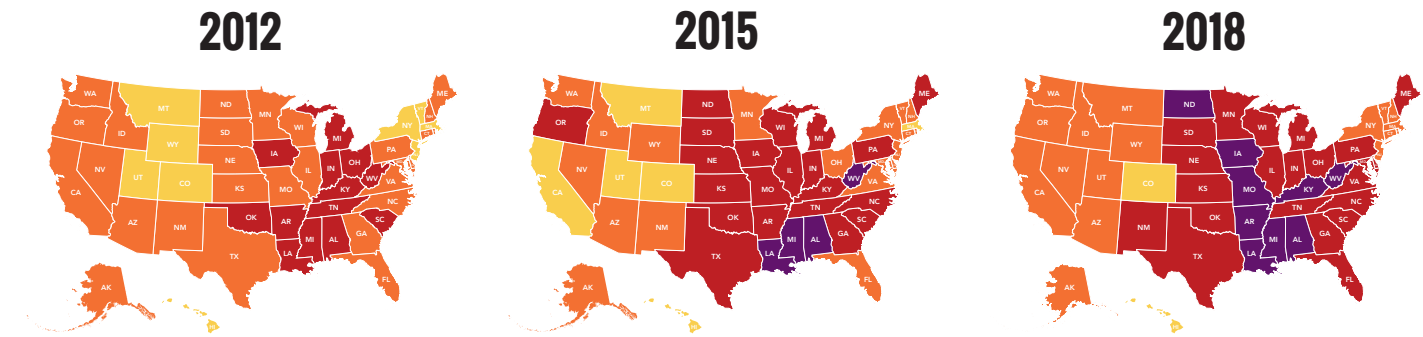
Convincing – Reflective of the thought patterns and reasoning that people use to process new information and make decisions about what to believe or do

The imperative to build health equity

In local communities and nationwide, policies and systems—health care, education, employment, justice, neighborhood investment and others—perpetuate persistent inequities in health among some communities, especially those living in poverty and communities of color. This pattern is becoming ever more prominent and problematic as the income gap grows and the United States population continues to diversify. Perhaps the most stark example is the spread of obesity and obesity-related diseases across the U.S., a pattern that grew exponentially and persists in communities experiencing deep poverty, racially driven inequity and economic distress. (See Fig. 1.)

Dozens of similar maps highlight other gaps in health conditions, education status, poverty and other indicators of well-being and opportunity. Huge portions of our population aren't able to reach their best well-being largely because of systems created to protect the status quo and promote inequity. Communities in poverty don't have access to affordable, healthy food and safe places to be active. Schools suspend more African American boys than

Figure 1: Adult obesity trend in the United States



Percentage of obese adults
(Body mass index of 30+)

- 0 – 9.9%
- 10 – 14.9%
- 15 – 19.9%
- 20 – 24.9%
- 25 – 29.9%
- 30 – 34.9%
- 35% +

Source: The State of Obesity[3]

any other student group. Low-wage jobs trap people in generations of poverty. Lack of affordable health coverage drives people into bankruptcy.

These are the social determinants of health, which the World Health Organization defines as "the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness ... in turn shaped by a wider set of forces: economics, social policies, and politics."[4] Yet many efforts to improve health are focused on individual behaviors and choices.

In large part, the focus on the individual is because of a national narrative built on values of self-sufficiency, self-determination and self-actualization—values MG consistently sees in our own focus groups and polling. **Values are powerful, immediate triggers.** Contemporary brain science helps us understand why.

Human decision-making, at its most fundamental level, emanates from our limbic system, a collection of brain structures that processes emotions. This part of our brain is responsible for all human behavior and all decision-making. Interestingly, it has no capacity for language, and it works fast—200 times faster than our cognitive brain. In tapping into values and feelings—the "connected" dimension of our model—people tap into the most primal aspect of who they are. Their cognitive brain—reflected in our "convincing" dimension—then searches for data to validate or reject this initial values-driven assessment, a process that leads to personal conviction. All of us are hardwired to think this way.

Presented with straight-ahead facts and information about the health status of a population, people immediately layer in their own values and feelings, then look for data to make sense of it all. Arguments become lopsided, highlighting health conditions without getting to the "why" behind those facts.

This leads to all sorts of judgment, bias and made-up stories about why Latino children have higher rates of tooth decay than their non-Latino peers, why people living on poverty wages smoke more than people who earn more, or who has diabetes and why. It also creates blame and defeat in communities that hear over and over that they are "more at risk," ignoring or even suppressing resilience factors and leaving out important backstories, such as lack of economic investment and structural racism. Research shows that these negative stereotypes pose a real threat to health.[5]

We focus in this article on using a three-dimensional approach to shift policies, systems and norms. The same concepts can be used in campaigns that motivate people to change their behavior, ensuring authenticity, and avoiding inadvertently derailing system and policy change.

1. Credible

Use facts and information to define opportunity, not to create justifications or blame

Information about health behaviors and epidemiological data showing rates of disease tell us where—and among which specific groups—actions are needed to improve health equity. Facts about social determinants of health—household income, education, racism and discrimination, social connection, housing security, etc.—can help shape prevention efforts.

But as powerful as this information can be, using it alone, without integrating context about how those facts came to be, can derail even the best-intentioned efforts.

Some risks:

- Confronted with a problem, people have a natural tendency to assign blame. So if data show that one group has higher rates of disease than another, the assumption is that they must be doing something wrong. This can hinder policy change by reinforcing personal responsibility and individual action as the only solutions.*
- People also assume that unhealthy conditions happen naturally. In reality, though, communities don't "fall into disrepair"; they are created that way, often because of historic discrimination and racism.*
- Data taken out of context can make those directly affected by the problem feel resigned, overwhelmed, disempowered and stigmatized. And those not directly impacted can find a rationale for inaction because "it's not my problem." The result can be a failure to develop the public will among either group for making changes to public policy.
- Generalized facts about a group can lead people to paint diverse audiences with the same brush, ignoring the myriad differences within even a small population. Disaggregating data–breaking out specific information by audience group to illuminate unique needs and opportunities–is vital.

*As an example of the first two points above, rates of tobacco use are higher among communities living in poverty, communities of color, American Indians and Alaska Natives, and LGBTQI+ people. Behind this fact is a long history of racist and predatory marketing of an addictive product by the tobacco industry, lack of community investment and protective policies, and denial of power to change community conditions.[6]

Facts become a more powerful lever for change when they are put in the context of *how* these conditions have been created—rather than occurring naturally—and how they can change. This can help shift the narrative for policymakers and others not experiencing the disparity by illuminating structural causes and interrupting the tendency to blame the community or point to education as the solution. And for people directly affected, it creates hope and a call to action, rather than merely reinforcing the existence of inequity.

Here's how this might play out in a hypothetical community with low rates of physical activity:

- Decision-makers need to hear that people are facing elevated health risks and that a major cause is disinvestment in some areas. "People in this community have to take two buses to get to the grocery store and have not had sidewalks built or updated in 20 years. As a result, they do not have access to what they need to be healthy."
- People in the community don't need the facts because they already live them. Instead, they need to believe that they have the opportunity and right to demand something better. They need examples of real people creating change, and they need clear steps to take. "We have a right to demand more parks, sidewalks and healthy food for our children. Here's one positive thing that has happened, and here's how we can create more change."

This is much different than focusing on behavior change or using social marketing strategies to ask people to do something in exchange for an individual benefit (e.g., stop smoking, be healthier and save money). Again, while those strategies can be effective, used alone, they can obscure underlying factors and inadvertently trip up policy change. For example, in efforts to promote breastfeeding, pointing out which groups of women are less likely to breastfeed and then focusing solely on the health benefits had the unintended consequence of placing sole responsibility for babies' health on mothers. This, in turn, masked the policies and practices, such as inadequate maternity leave and a lack of lactation rooms in the workplace, that undermine women's efforts to breastfeed.[7]

In contrast, our approach focuses on understanding why certain conditions exist, and what structural changes are needed to address them.

2. Connected

Understand and respect multicultural context and closely held values

Because of the way people's brains process information, their core values, cultural reality, worldview and life experiences inform their interpretation of facts and data. Put simply, values override facts every time. So it's crucial that, as communicators, we understand those values and experiences and work with our audiences to create messages that resonate with them.

For example, in work to promote healthy and effective parenting and prevent child abuse and neglect, the dominant values of family and privacy present considerable barriers. Researchers Axel Aubrun and Joseph Grady describe the "family bubble" in which "people tend to perceive the family as something like a free-standing world, into which the broader community should not and does not intrude."[8] This makes it harder for struggling parents to ask for help and for advocates to advance policies to protect children.

Another example is the value of individualism. Remember the earlier discussion about the tendency to look for someone to blame when things go wrong? In focus groups, we've heard that parents just need to feed their children better, that people should discipline their children, that people don't exercise because they're lazy. Individualism is such a dominant value in American society, it's almost reflexive.[9] It can prevent people from seeing the conditions that influence or even force their behaviors. Great care is needed to avoid language that prompts blame of individuals or reinforces individual action over policy and environmental change.

As health equity advocates, we sometimes assume that health is a shared value. But while most people say they value their health, it frequently seems to be overshadowed by other values. For example, national surveys show that people know walking is good for them. But our research with Every Body Walk! found that a sense of community and connection was much more powerful in motivating people to walk.

There's no replacement for engaging authentically with audiences and stakeholders to define values and filters.[10] Engagement also helps illuminate what might be standing in the way of people believing in or supporting community-level change, including historical experiences of being alienated or silenced, or exposure to adverse childhood experiences and trauma. Those experiences indelibly shape people's belief in their own ability to change a situation, along with their trust in other people and systems.

For example, in focus groups for Power to Decide, the campaign to prevent unplanned pregnancy, we heard that planning for the future, much less for pregnancy, feels impossible. And although having a baby in high school is a bad idea, it usually works out. Young women who have given birth talk about how hard it is, but often say the experience turned their life around. And for young women growing up in poverty and unstable family circumstances, it's often hard to see what "better future" awaits them if they use contraception. The deeply held value of being loved and the low self-efficacy around future planning are critically important to address if contraceptive campaigns are to take hold. (More on this on the next page.)

Understanding policymakers' values is crucial, too. In our work with Voices for Healthy Kids to make public policy more equitable, we used Jonathan Haidt's Moral Foundations values theory[11] and other values research to inform messaging. We found that leaning into policymakers' values of human potential, commmunity and effective policymaking opened a productive conversation about focusing policy benefits first where the need is greatest.[12]

> **"Although many of us may think of ourselves as thinking creatures that feel, biologically we are feeling creatures that think."**
>
> **–Jill Bolte Taylor**
> ***My Stroke of Insight: A Brain Scientist's Personal Journey***

3. Convincing

Use cognitive linguistic science to understand how people process information

The right words and persuasive language will align with the way people receive and process information. The wrong ones can send unintended signals that cause people to take an action opposite of what is desired or to tune out the entire message. Cognitive linguistics and behavioral psychology can provide valuable insights.

Cognitive biases, explored by Nobel prize-winning behavioral economist Daniel Kahneman and others, are an interesting starting point. These biases are persistent and predictable errors in thinking that influence people's decision-making. For example, confirmation bias is people's tendency to seek out or interpret information in a way that confirms what they already believe. The in-group bias is the tendency to favor one's own group above others. In loss aversion, people would rather avoid losses than potentially gain something equivalent: it is better to not lose $5 than to find $5.[13,14] Temporal discounting leads people to value near-term benefits more heavily than future ones, even if the future benefits are objectively more valuable.[15] This is just a handful of examples from a rich set to explore in message development.

Here are four other ways cognitive linguistic cues can play out and shape—intentionally or not—the way people process information, informed by our work with Real Reason.

Narratives

Narratives represent a way of seeing that informs what people accept as true and normative, and that shapes what they think, believe and do. Often created and maintained to protect entrenched power and privilege, they are sustained through stories, art, experiences and more.

For example, narratives about pregnancy prevention are often wrapped in perceived or real stigma and shame, judgment about who "should" have a child, and a long history of gender discrimination and racism. Further, the notion of "unplanned" pregnancy fails to recognize systemic inequities in access to information and the full range of contraceptive options. Power to Decide is working to disrupt this harmful narrative, shifting from "preventing something bad" to creating opportunity by ensuring that every person has the power to decide if, when and under what circumstances to get pregnant and have a child. The new narrative is holistic, empowering and relevant to all people over their lifetimes. Establishing this new idea of "the way things should be"—built on aspirational values, such as power, autonomy, inclusivity and equity—can shift the way people process information and lead to new attitudes, behaviors, practices, policies and realities.*

Words

Certain words, on their own, can generate an association that is the opposite of what was intended. These need to be discovered by researching each particular topic, but there are some that should be avoided almost universally, including the following:

- **Responsibility.** It's almost impossible for most people to hear this word without thinking of it in a personal context and connecting with the individualism value. So even "community responsibility" immediately raises judgments and blame about individual behaviors.
- **Choice or choose.** These words also suggest individual responsibility and bring in judgments about the "right" choice. With Oregon Health Authority, we tested "making the healthy choice the easy choice," as a motivator for making healthy options readily available. But in focus groups, people judged choices as "good" or "bad" and pointed out that even if healthy choices are readily available, they're not "easy." We modified the message to focus on making healthy *options* available to everyone.
- **Lifestyle.** This word pushes the same blame-the-individual buttons, with even more force.
- **False urgency.** Another consideration is words that create a false or inauthentic sense of urgency. Talking about how certain communities are "bombarded" by tobacco marketing or under an "avalanche" of junk food can be highly offensive to people who have lived through actual bombardment and avalanches or are facing threats they perceive to be more severe than tobacco use or unhealthy food.

*See MG's article, "Shifting Narratives to Create a Just and Sustainable World" for more information. You'll find the link on Page 14.

Metaphors

In describing issues and conditions, communicators often use metaphors—for example, likening cancer to an opponent to beat or physical activity as a task to complete. It is all too easy to unintentionally fall into metaphors created by proponents of individual responsibility, making it more difficult to emphasize environmental and policy change.

For example, in her book *Don't Buy It*, Anat Shenker-Osorio describes a study[16] by Stanford psychologists Paul Thibodeau and Lera Boroditsky that examined people's response to two different metaphors for crime. When crime was described as a "virus ravaging the city," people were much more likely to support a traditionally progressive approach based on prevention. When crime was described as an opponent, something to "fight back" or "beat," people were much more likely to support a traditionally conservative approach based on punishment. In fact, the metaphor used to describe crime was a stronger predictor of people's preferred solution than party identification.[17]

Similarly, in work to prevent child abuse and neglect without a default to individual responsibility that blamed "failed parents," we tested two metaphors, one grounded in nature and the other grounded in sports. The nature metaphor ("the child as the acorn and the parent as the tree") drew attention to the impact that environment (as a metaphor for the community) has on the successful growth of the child. The sports metaphor presented the parent as the quarterback ("calling the plays and carrying the ball") in raising their children, but pointed out how they rely on the other members of their team as well.

In testing, family support professionals overwhelmingly preferred the nature metaphor and were convinced that parents would reject the sports metaphor. Yet, testing with parents showed they preferred the "all together now" aspect of the sports metaphor by far. They said that it expanded their understanding of family support—reducing their judgment of parents who offered or accepted it—in ways the nature metaphor did not.

Calls to action

Sometimes the right strategy is an intervention focused on individual behavior changes. That said, it's important to consider from the outset whether policy or system change is also needed now or in the future. If so, relying heavily on behavior-change messages can create the assumption that the issue is one of personal responsibility, which may make policy change more difficult.

For example, in its work to reduce tooth decay in baby teeth, Delta Dental of Colorado Foundation narrowed in on juice as a threat not fully understood by most people. Juice consumption among lower-income families is high, and most parents think juice is healthy. But even 100 percent juice contains about as much sugar as soda, contributing to cavities as well as to obesity. So Delta Dental of Colorado Foundation created a social marketing campaign to motivate families to give their kids water instead of juice.

Here's the caution: This behavior-focused message can imply that parents' actions cause children's cavities. This reinforces the personal-responsibility frame and suggests education as the solution.

Delta Dental of Colorado Foundation balanced this with messages that reinforce the community's role in passing policies and creating an environment that supports children's dental health (e.g., through fluoridated water, taxes on sugar-sweetened beverages, funding for dental care).

A similar association occurs when using checklists to guide people in healthy (usually individual) behaviors. We don't deny the value of these checklists in some circumstances, but it's vital to remember that their very existence can reinforce the notion of individual responsibility. As a result, it becomes harder to get audiences to see the need—or become advocates—for community and policy change. Adding some community-focused items to the checklist can help. For example, in addition to recommending more fruits and vegetables at home, encourage parents to ask their day care provider, principal, after-school program and faith leader to serve healthy foods and drinks and to keep children active.

Developing messaging with insights from cognitive linguistics and social psychology enables advocates to deliver more convincing information and calls to action that are more likely to be received, processed and acted upon.

Putting it all together

Working across three dimensions to create messages and strategies that are **Credible, Connected** and **Convincing** allows MG to fully explore our audiences' reality, values and thought patterns. We use this approach to explore issues and develop our theory of change; identify, segment and prioritize audiences; create compelling messages and narratives; develop our strategy; and evaluate impact. More broadly, this approach can also guide design of programmatic interventions.

As you apply this approach in your work to shift systems and policies to eliminate disparities (or take on any public health intervention), consider the following.

Be **Credible** by infusing data about the opportunities and limitations confronting your audiences and why those exist:

- **Ground yourself in data about who is most affected by the condition you're addressing.** Look for information that explains not only who is affected but also what factors in their environment, history, culture and social structure may be the cause and why those circumstances exist and persist.
- Rather than merely reporting disparities, **clearly communicate that they do not occur naturally–they are *caused*.** For example, rather than pointing merely to tobacco use rates, talk about how the tobacco industry appropriates cultural values and markets more heavily in some communities than others.*
- **Go beyond race/ethnicity, income and education.** What else defines the environment? Don't overlook negative experiences, such as trauma, chronic stress and systemic racism, which further define people's reality, are strong drivers of disparity and fundamentally shape worldview.
- **Be clear about who or what caused the circumstances that are creating disparities.** Use the active voice. Shenker-Osorio reminds us that "passive language obscures the choices behind these outcomes" and "prevents us from holding people in power accountable."[18]
- **Use the information you gather to begin prioritizing and segmenting audiences** based on who is experiencing health inequities and whose voices are maintaining the status quo. You'll segment them further as you conduct research to explore values and cognitive linguistic insights.
- **Engage the audience in a strength-based exploration** of needs and solutions, and identify examples of how these kinds of actions are already working. Identify assets that already exist in the community that can advance change.

*See smokefreeoregon.com for examples.

Stay **Connected** to deeply held values, cultural context and worldview:

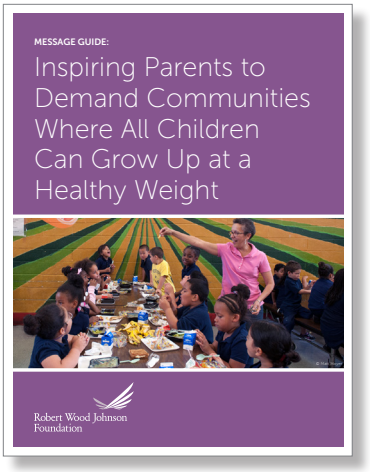
- **Drop your own assumptions** about the problem and the solution. Motivating a community to act requires more than giving them scientific information and telling them "what works."
- **Deeply and authentically engage the audience.** Use human-centered design strategies, focus and discussion groups, social media listening, or other strategies to explore values and beliefs; then craft messages and strategies together that build upon those emotionally compelling constructs. Create advisory groups made up of audience members to provide ongoing input. Continually seek feedback and be accountable through programs and interventions.
- **Keep asking "why?"** to get to drivers, root causes and deeply held values. Why is that important? Why do you think that? Why do you think that came to be? If you get answers that indicate "what," keep asking … WHY is that?
- **Look for indicators about how the audience has felt about previous efforts** to address this or other disparities, and then work with them to create something new if the past experience wasn't good. For example, in our work with the National Youth Advocacy Coalition, young African American men told us that previous HIV campaigns featuring sports or entertainment stars felt irrelevant, and that the message they took away was that no one believed they knew what to do. The campaign we created with them, "You Know Different," reinforced that young men want to be responsible for their health and the health of others, and created a more welcoming network for testing.
- **Explore–through observation, conversation and collaboration–and honor differences in culture, perspectives, traditions and experiences.** Create messages and strategies that build on that rich history.

Be **Convincing** by using words, imagery and phrases that increase the likelihood of attention, retention and action; avoid activating unhelpful defaults:

- **Don't assume you know** what language to use, any more than you know an audience's values or perspective without asking them. Listen carefully to the audience, test the language and consider inviting the audience to define the language themselves. Think of this as "getting out of your own way."
- **If you're using checklists to guide behavior, be sure to include community-level actions** to reinforce that the solution requires both individual and shared responsibility.
- **Avoid words, narratives and metaphors that generate undesired cognitive defaults.** Before you use words like "responsibility," "choice" and "lifestyle," test them to see what associations they spark. Unpack existing metaphors to be sure they reinforce causality and the need for environmental and policy change. Work with the audience to find better words and metaphors.
- **Listen to the community**. Work together to create authentic messages and approaches that are informed by lived experiences and shift or build power.
- **Explore specific words that best convey the values you've uncovered.** For example, working with UnidosUS (formerly National Council of La Raza) on an early literacy campaign, parents told us that helping their children succeed in life was a much more motivating concept than helping them succeed in school. Together with parents, we created *Lee Y Seras* ("read and you will become"), a very strategic word choice derived from the community and in cultural context, to reflect that ultimate desire.

Committing to long-term change

Social change is never easy. Health advocates seek to create long-term shifts in social norms, systems, policies and behaviors to reduce disparities, improve health and increase health equity. By ensuring that work is **Credible**, **Connected** and **Convincing**, change agents can look at the full story behind health disparities and honestly face the many shifts that need to happen to close the gap.



CASE STUDY:

Helping all children grow up at a healthy weight

–Robert Wood Johnson Foundation

In its work to help all children grow up at a healthy weight, the Robert Wood Johnson Foundation wanted to explore how to engage parents, especially those in communities most affected by childhood obesity, to demand healthy communities. MG conducted a national poll and focus groups to explore what would resonate with parents. We then used the three dimensions to create a message frame that aligns with core values, links personal and collective responsibility, offers a clear solution and evidence that it works, and invites people to join the effort. Here is a short summary of our findings:

Credible

Accurate understanding of conditions and causes

- Many communities that have higher rates of childhood obesity also lack access to healthy food and places to be active. In nearly every case, this is because of historic, systemic discrimination, oppression, racism and lack of investment.
- Childhood obesity rates have leveled off and are declining in some places, but one-third of all kids are still overweight or obese.
- Children in communities of color and low-income communities continue to have high rates of obesity.
- Obesity rates are also higher in the southeastern U.S. and Appalachia.

Connected

Grounded in deeply held values and worldview

- Providing a better future for children and protecting them from harm are overarching values, and parents value their own ability to do this.
- Fairness and equity are shared values.
- Emotions are strong around this issue, with parents trying to do the best they can, feeling a bit helpless and feeling defensive when a doctor tells them their child needs to lose weight.
- The number of children affected by childhood obesity and the fact that they will be the first generation to live shorter lives than their parents was new and sobering information.

Convincing

Informed by understanding of thought patterns and reasoning

- The default frame is to blame parents and children for childhood obesity.
- People recognize environmental causes (marketing of unhealthy food, lack of P.E. in schools).
- Many parents have taken actions to create change but don't recognize the impact of their actions.
- "Ending childhood obesity" prompts personal responsibility and blame.
- "Helping kids grow up at a healthy weight" makes people more likely to consider environmental changes as a solution.
- By entering the conversation with an emphasis on community conditions rather than personal behaviors, parents stayed focused on steps they could take in the community to change conditions, rather than feeling ashamed or defensive about their behaviors at home or about their children's weight.

See rwjf.org/healthyweightmessaging for the message guide that resulted from this work.

JOIN THE CONVERSATION

We are grateful for the input we have received on this article, including:

- Collaboration with Real Reason to explore cognitive linguistic theory (realreason.org)
- Informal conversations with many of our clients and collaborators
- Presentations at the Centers for Disease Control and Prevention, National Physical Activity Society, Eliminating Disparities Conference, CDC Tobacco Control Action Academy and other venues
- Feedback on metgroup.com

We are continuing to explore this approach to advancing health equity and are using it in our own public health efforts on behalf of public agencies, foundations, nonprofits and others. We invite our fellow practitioners, communicators and researchers to share their reaction and input.

To share input, request a presentation or learn more, please contact:

Jennifer Messenger
Executive Vice President and Public Health Lead
jmessenger@metgroup.com
@jmessengerpdx, 503.517.3725

Citations

1 Culture of Health, Robert Wood Johnson Foundation. www.cultureofhealth.org

2 For example, insights on health and the economy: healthyamericans.org/report/90/ and insights on health and education: www.schoolbasedhealthcare.org

3 "Obesity Rates: Adults." State of Childhood Obesity, Robert Wood Johnson Foundation. stateofobesity.org/adult-obesity/

4 Social Determinants of Health, World Health Organization. www.who.int/social_determinants/en/

5 Abdou, Cleopatra M., et al. "Healthcare Stereotype Threat in Older Adults in the Health and Retirement Study." *American Journal of Preventive Medicine* 50, no. 2 (2016): 191–198. Jan. 2017. www.ncbi.nlm.nih.gov/pubmed/26497263

6 "Tobacco is a social justice issue: Racial and ethnic minorities." Truth Initiative. truthinitiative.org/research-resources/targeted-communities/tobacco-social-justice-issue-racial-and-ethnic-minorities. Accessed Dec. 3, 2019

7 "Issue 18: Talking about breastfeeding: Why the health argument isn't enough." Berkeley Media Studies Group. www.bmsg.org/resources/publications/issue-18-talking-about-breastfeeding-why-the-health-argument-isnt-enough

8 Aubrun, Axel, and Grady, Joseph. *Two Cognitive Obstacles to Preventing Child Abuse: The "Other Mind" Mistake and the "Family Bubble."* (Washington, D.C.: Cultural Logic, Aug. 2003.) ncwwi.org/files/Community_Context/TwoCognitiveObstacles.pdf

9 Lawrence Wallack and Regina Lawrence, "Talking About Public Health: Developing America's 'Second Language,'" American Journal of Public Health 95, no. 4 (April 2005): 567-70

10 Campisteguy, Maria Elena. *Building Equity Through Multicultural Engagement.* Metropolitan Group, 2017. www.metgroup.com/assets/MCC.pdf

11 moralfoundations.org

12 voicesforhealthykids.org/healthequity

13 Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. Science, 185(4157), 1124–1131. doi.org/10.1126/science.185.4157.1124

14 Kahneman, Daniel. (2011) Thinking, Fast and Slow. New York: Farrar, Straus and Giroux

15 www.behavioraleconomics.com/resources/mini-encyclopedia-of-be/time-temporal-discounting

16 Thibodeau, Paul H., and Boroditsky, Lera. *Metaphors We Think With: The Role of Metaphor in Reasoning*. PLoS ONE 6(2): e16782. doi.org/10.1371/journal.pone.0016782

17 Shenker-Osorio, Anat. *Don't Buy It: The Trouble with Talking Nonsense About the Economy* (New York: PublicAffairs, 2012), 25–36

18 Shenker-Osorio, 46

All URLs accessed Dec. 3, 2019.

About Metropolitan Group

At Metropolitan Group (MG), we do two things: We directly impact social change, and we build the capacity of organizations that drive social change.

About half of our work is designing and implementing campaigns and initiatives that change attitudes, behaviors, practices and policies. We are pioneers of public will building—creating shifts in normative community expectations to drive lasting change. Our work often includes narrative change, and is always informed by—and preferably created with—communities.

The other half is helping organizations develop effective strategic plans and powerful brands, increase capacity, align their work with an equity lens and build cultures that better help them drive social change.

We work at the intersections of public health, environmental sustainability and social justice. We know from decades of experience that these issue areas are not silos, but rather, are inextricably linked.

metgroup.com

About the authors

PRINCIPAL AUTHOR
Jennifer Messenger
Executive Vice President and Public Health Lead
jmessenger@metgroup.com
@jmessengerpdx

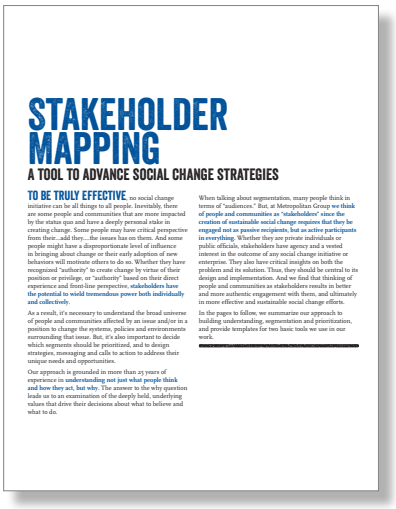
Jennifer became fascinated with public health 20 years ago while working with the Centers for Disease Control and Prevention; she now leads MG's health practice. She is passionate about creating communities that make good health the norm and increase health equity. She works with nonprofits, foundations and public agencies on issues such as increasing access to health care, creating more options for healthy food and physical activity, reducing the tobacco industry's influence, increasing reproductive well-being, and linking health and educational outcomes.

Kevin T. Kirkpatrick
Senior Executive Vice President/Principal
kkirkpatrick@metgroup.com
@ktk1961

Kevin has more than 30 years of experience in strategic communication to help clients achieve measurable, sustainable social change. Over the course of his career, Kevin has worked extensively to promote a wide range of public health issues, including tobacco and alcohol use, chronic disease, nutrition and food insecurity, adverse childhood experiences like abuse and neglect, adult and child mental health, addressing developmental disabilities and more.

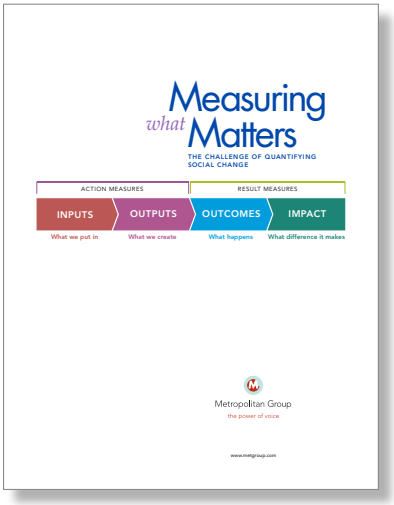
Thanks also to our former colleague Laura K. Lee Dellinger who contributed to this piece.

Additional Resources Available at metgroup.com/ideas



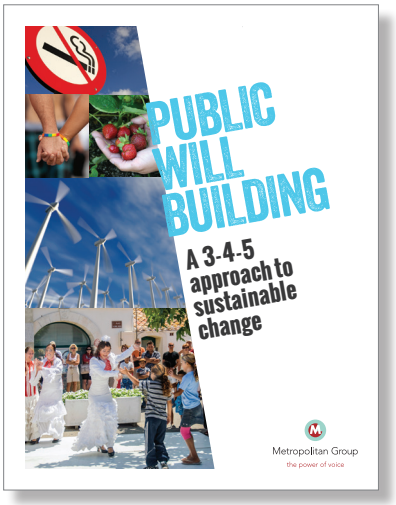
Stakeholder Mapping

An approach and tool to build understanding, segment and prioritize audiences, and advance social change strategies.



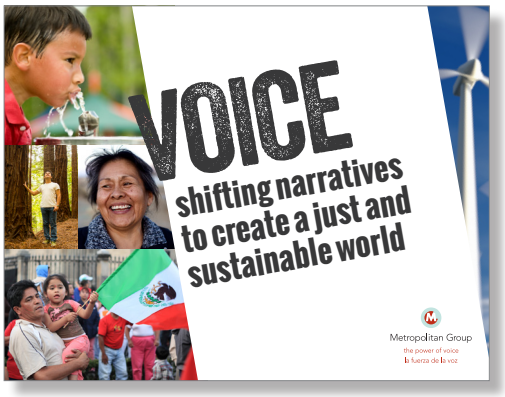
Measuring what Matters

Measuring social change, from the actions we take to the results they generate, allows us to determine what's working and what's not, and to make the modifications required to align our human, financial and political capital in pursuit of change.



Public Will Building

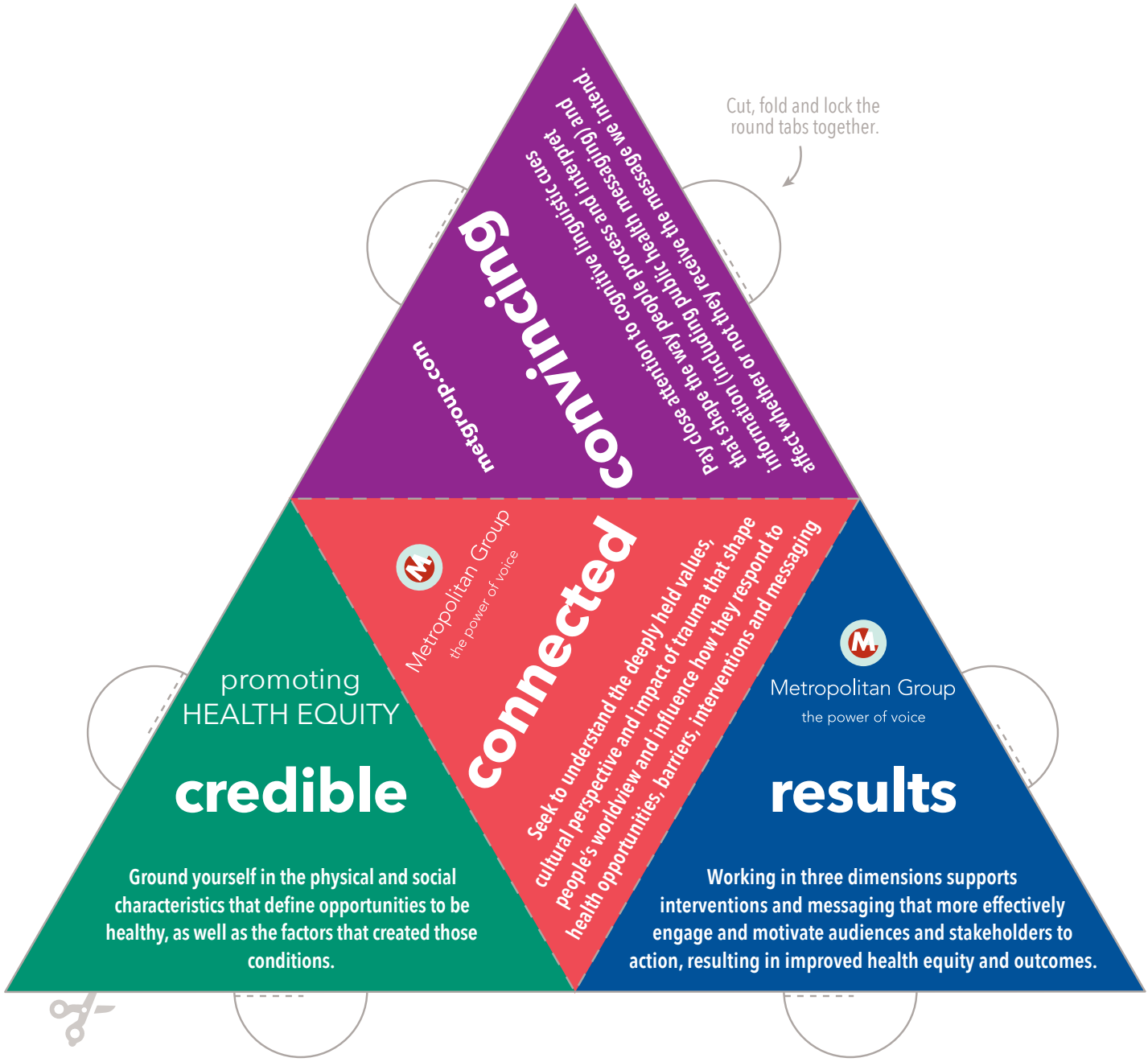
Public will building creates lasting impact by connecting issues with closely held values and combining grassroots and traditional media strategies.



Shifting Narratives to Create a Just and Sustainable World

Narrative can be one of the most powerful tools for those seeking to change a status quo rife with inequity and injustice—and to advance a more just and sustainable world.

Feel free to cut out and assemble the pyramid below and use it as a reminder of this three-dimensional approach to promoting health equity.



Chicago
Mexico City
Portland
San Francisco
Washington, D.C.

STRATEGIC COMMUNICATION
MULTICULTURAL ENGAGEMENT
ORGANIZATIONAL DEVELOPMENT

Metropolitan Group crafts strategic and creative services that empower social purpose organizations to build a just and sustainable world.

metgroup.com

Certified B Corporation Best For The World 2019 Overall Honoree

GSA Contract Holder Contract GS-07F-0224X

Metropolitan Group

the power of voice