

Changing the Way We Think about Health:

Reframing the Social Determinants of Health

Jen Morel, MPH, CHES

Agenda

Who else cares about SDOH

About the research

Best practices of language & framing

Using the data

Case study/group work

Citation:

A New Way to Talk about the Social Determinants of Health. Robert Wood Johnson Foundation Vulnerable Populations Portfolio

<https://www.rwjf.org/en/library/research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html>

...but I Brought RJWF with me

- SDOH was a common emergence in academic circles, but didn't translate into practice.
- Sought to learn how to talk about SDOH in a meaningful way, so it resonated with everyone, especially policy-makers , and in a way that didn't align with a political agenda.
- Framework was “road tested” and scientifically evaluated.



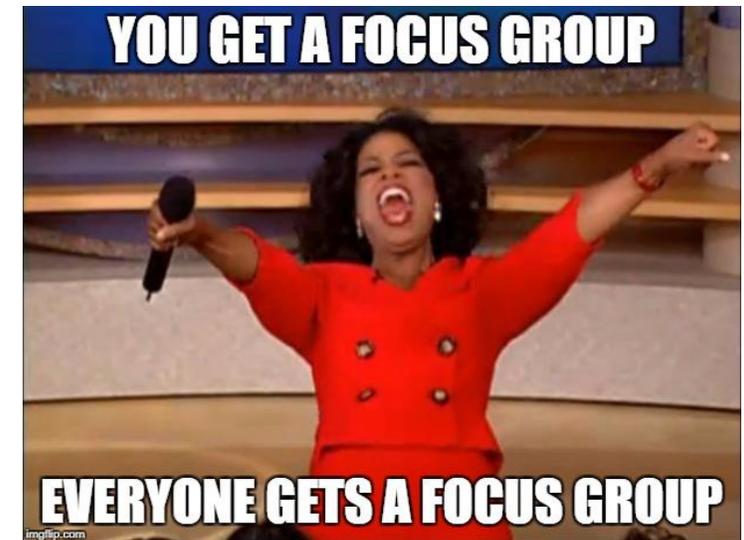
If You're Not Drinking the Kool-Aid Yet...

RJWF developed messages in conjunction with a marketing firm that had advanced market research at their disposal to inform the message strategy

Road tested with policy-makers and media via collaboration and feedback at every state of the cycle.

Validated messages by creating a study to find which messages resonated with priority audiences & if differences existed in how people representing different political segments received the messages.

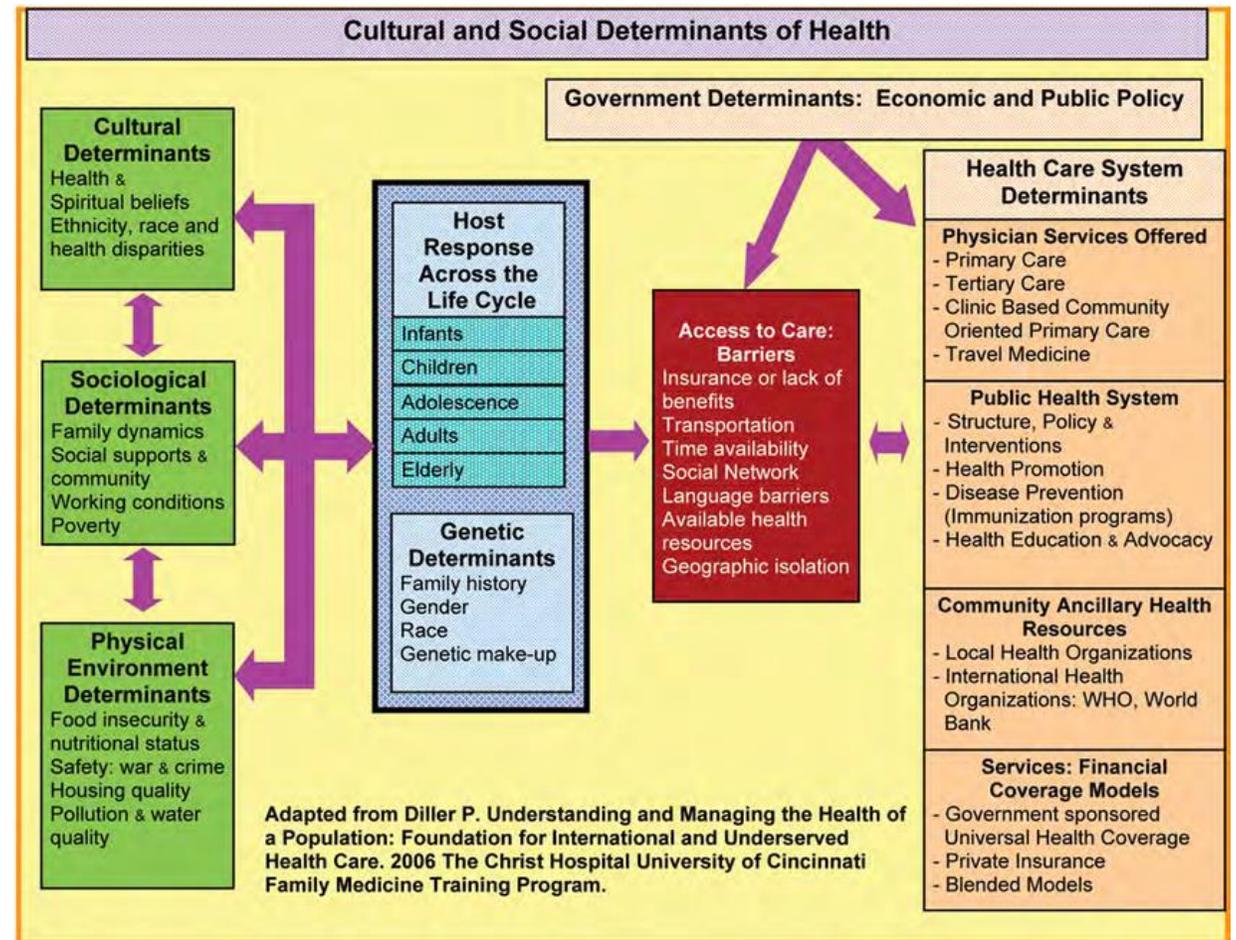
Focus groups with a variety of audiences representing a variety of demographics, including M/F swing voters in Columbus, Ohio.



Lesson 1: Nobody cares about “SDOH”

Traditional SDOH language failed to engage everyone in every market.

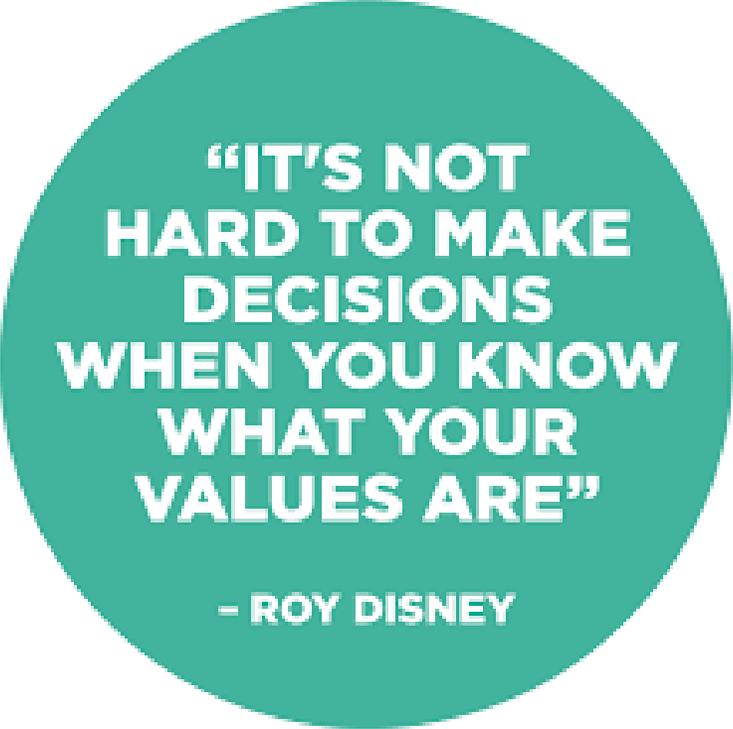
But the concept behind SDOH does resonate with most audiences.



Lesson 2: Start with What They Already Know.

When messages are presented in a values-driven, emotionally compelling language, they are more effective

Ex: messages that incorporate the importance of quality health care when you are talking about the need to address SDOH were more convincing than those did not integrate health care at all.



**“IT’S NOT
HARD TO MAKE
DECISIONS
WHEN YOU KNOW
WHAT YOUR
VALUES ARE”**

- ROY DISNEY

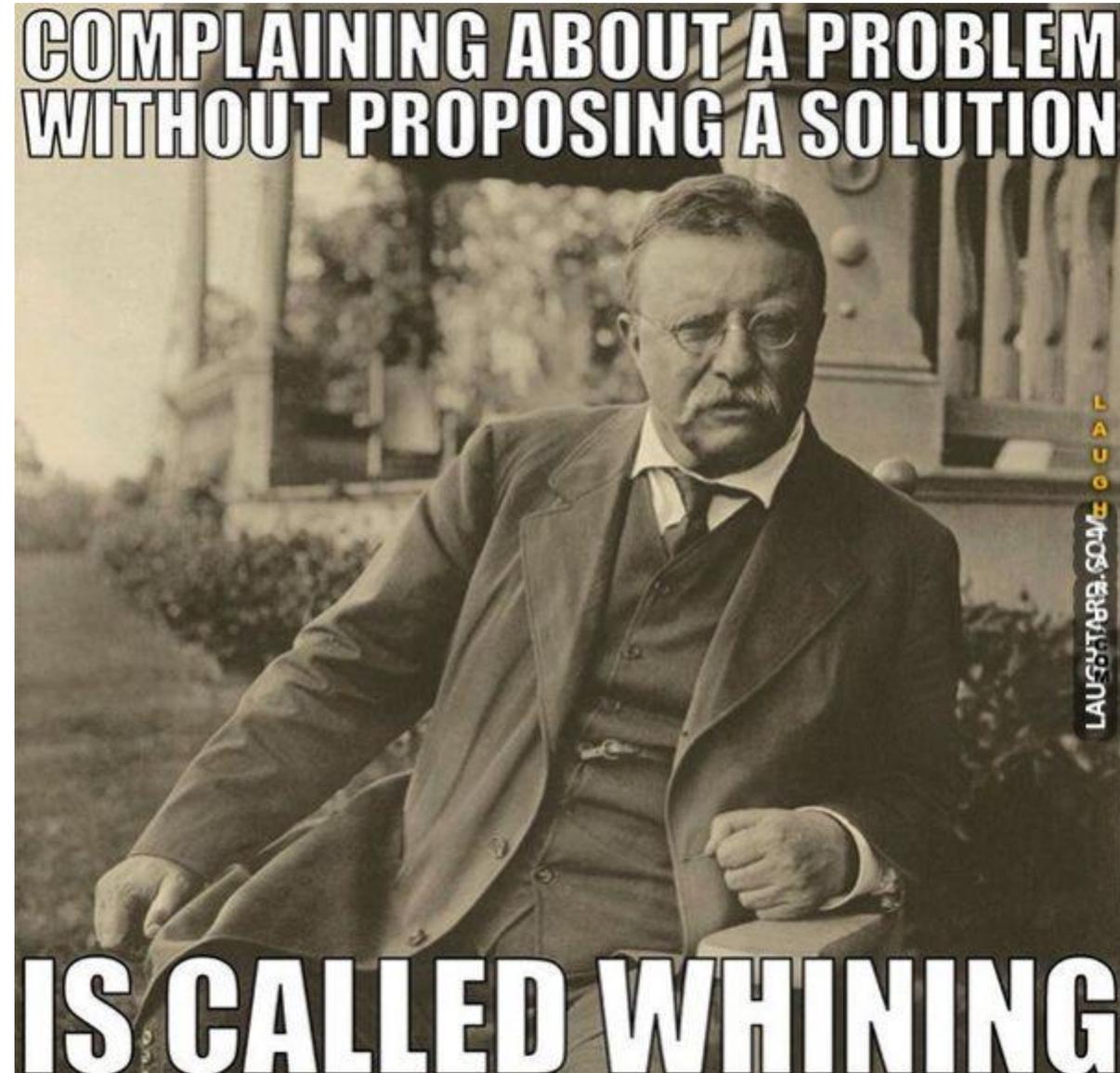
Lesson 3: Stick to (one) fact

Catch them off guard with a compelling fact that catches their attention and sparks an emotional reaction.

How do you know which fact will stick?



Lesson 4:



Lesson 5: Incorporate Personal Responsibility

The importance of all Americans having equal opportunity to make choices that lead to good health resonated across the political spectrum.

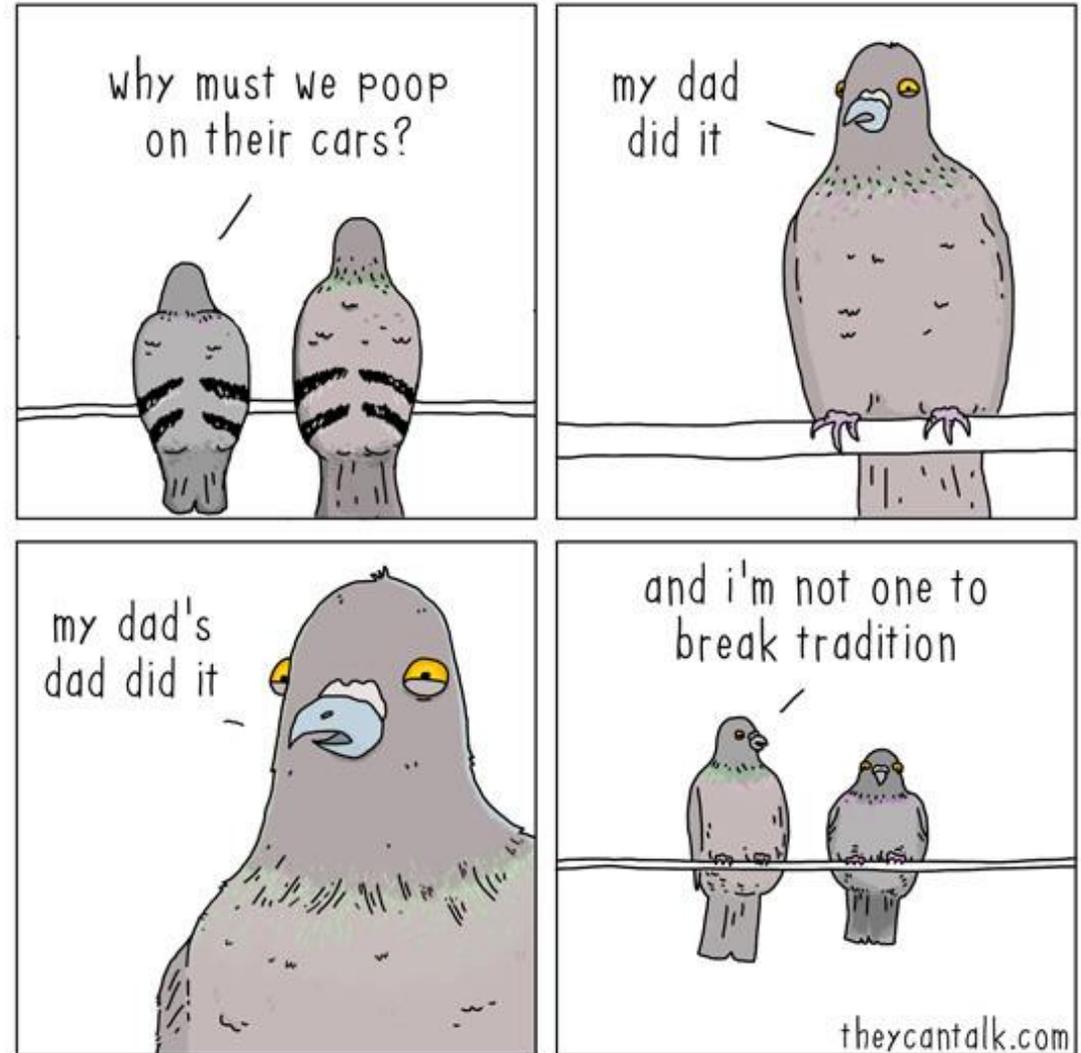
Incorporating this point made people more receptive to the role that society plays in making the healthy choice the easy choice



Lesson 6: Don't forget about tradition

Regardless of political views, you can't have a conversation if you can't find common ground. Make sure the messages incorporate both traditionally conservative and traditionally progressive values.

Ex. Combine messages about personal responsibility with a message about opportunity (Lesson 5)



Lesson 7: Be Inclusive

Americans believe in equal opportunity to health, but describing actual disparities can evoke negative reactions.

Messages that described disparities based on race and ethnicity fared poorly with every audience except Black respondents.

Some focus group participants expressed concern that focused on one group reinforced negative racial stereotypes.



“We want a culture that is inclusive of everyone and where everyone who joins feels they have opportunities to succeed and grow.”

Nellie Borrero

Breaking it Down- Group Discussion

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

It's time for American 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 are sick, The second is to build preventive care, like screening for cancer and heart disease into every health plan and to make it available to people who otherwise won't or can't go in for it, like in malls in public places. The third is to stop thinking of health as something we get in the doctor's office, but instead as something that starts in our families, schools, workplaces, playgrounds, parks, and the air we breathe.

The more you see the problem of health this way, the more opportunities you have to improve it. Scientists have found that the conditions that we live, work and play have an enormous impact on our health, long before we ever see a doctor. It's time that we expand the ways we think about health to include how to keep it- not just how to get it back.

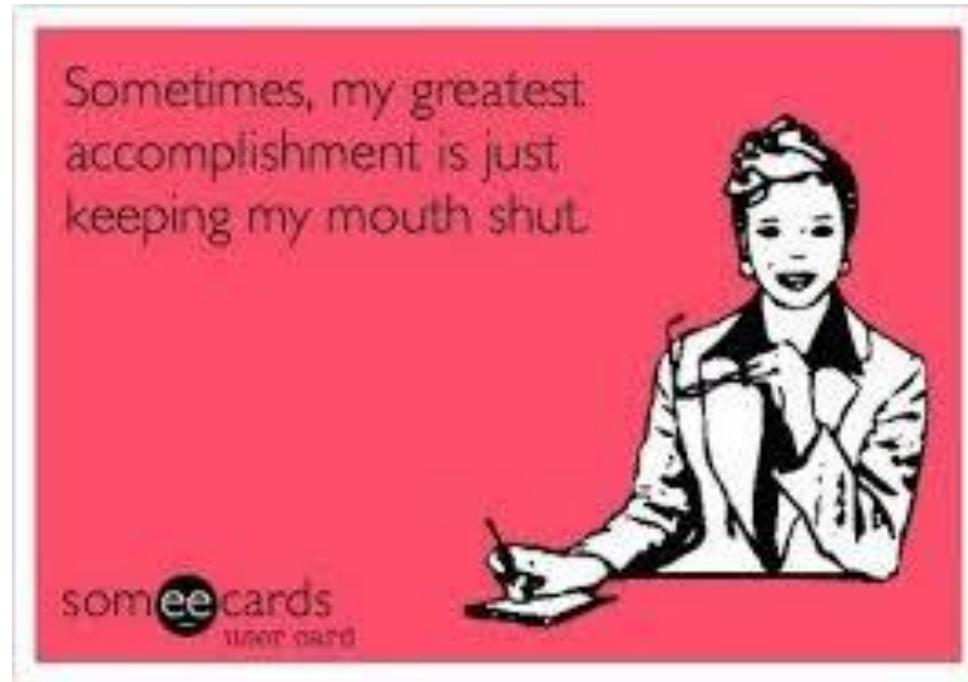
Suggestions to Talk About SDOH

- Health starts long before illness, in our homes, schools, & jobs
- 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.
- Your neighborhood or job shouldn't be hazardous to your health.
- Your opportunity for health starts long before you need medical care.
- The opportunity for health begins in our families, neighborhoods, schools and jobs.
- Health begins where we live, learn, work and play.



What NOT to say

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

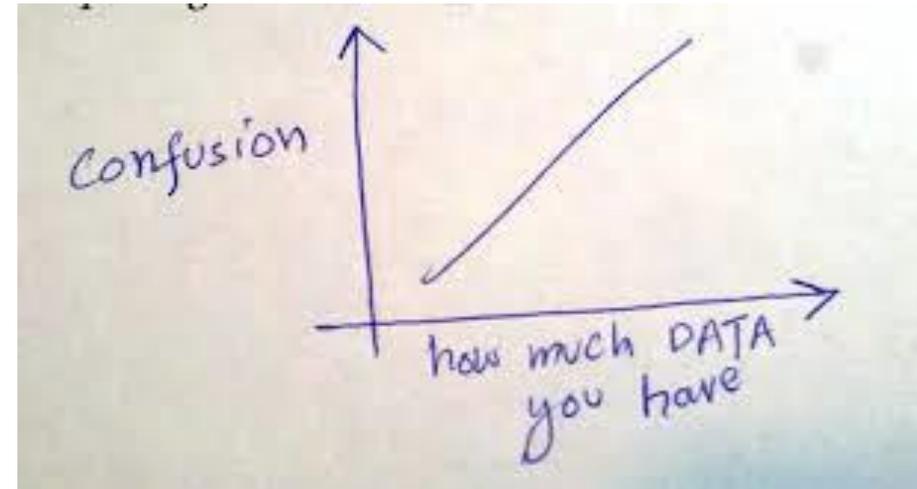


- Unjust/injustice
- Outrage
- Immoral
- Unconscionable

Use Complementary—Not Competing—Data.

If there are multiple facts in your message, choose one to underscore the problem and one to highlight 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.”



Context is King

How and where a fact is presented in your message is critical, especially when that fact may challenge an existing belief.

“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.”



Specific Examples Matter

In the previous example, several versions were tested where the only thing that changed was which countries we used to illustrate the point.

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.

When countries were switched to Bosnia and Jordan, the respondents were more open to the information.

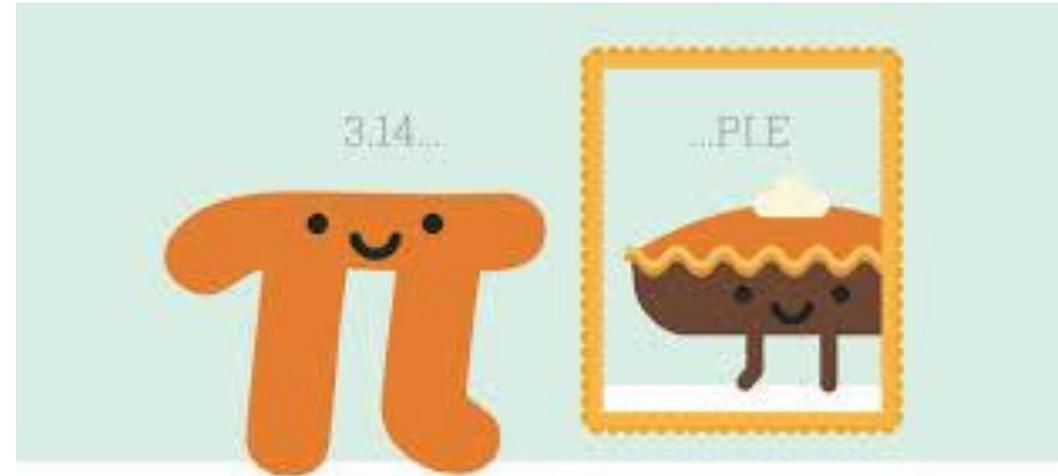
Keep the Stats Simple & Break Down Big Numbers

Specificity is important in the example, but not as much as the actual number. Big numbers are more impactful in context.

23.6% of those living in poverty didn't graduate high school

VS

Almost 25% of those living in poverty didn't graduate high school



It is our job to break down big numbers in a way that is both comprehensible and meaningful.

The Value in Values

Numbers represent a value and our personal values

50% all parents in poor neighborhoods don't feel safe letting their children play on the streets

Vs.

50% of parents feel trapped in their own home, unable to move because of their job or income, not able to give their kids the most basic opportunities to play outside or run free. Instead they fear that their kids could get caught up with the wrong crowd or struck down by a stray bullet, like the neighbor's kid next door.



Be Careful with Life Expectancy Data

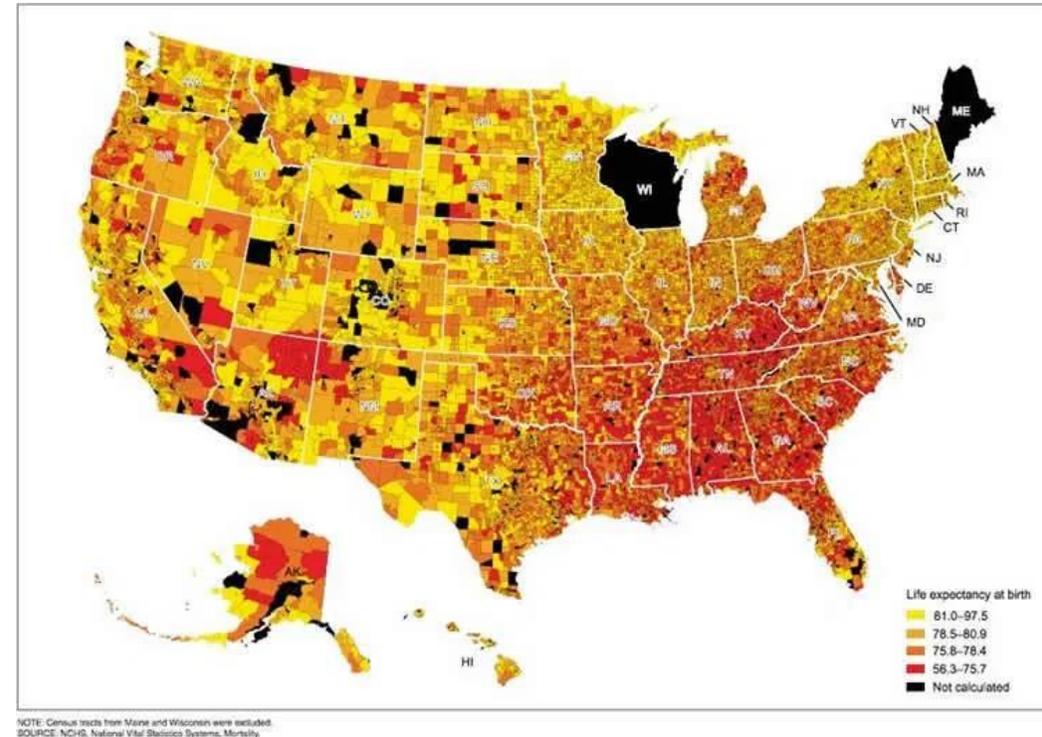
People respond differently to life expectancy data, depending on how you tell the story; those differences were associated with different life circumstances.

Avoid extreme examples

Difference in life expectancy between certain zip codes in ND vs. CT.

<https://www.rwjf.org/en/library/interactives/whenyouliveaffectshowlongyoulive.html>

Between a College Graduate and person without a high school diploma



Frames for SDOH & Health Disparities Across Population

Group 1- Democratic System

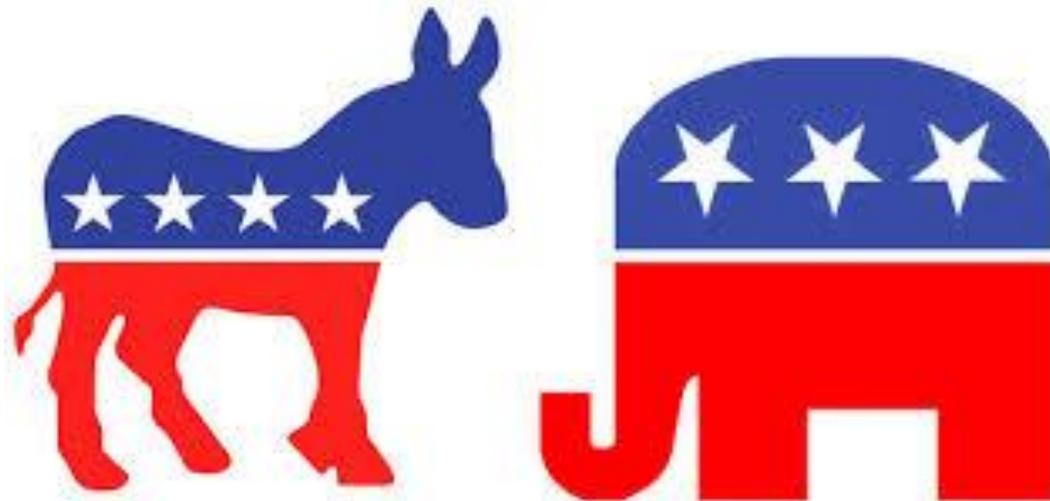
Group 2- Democratic Container

Group 3- Democratic Balance

Group 4- Republican Journey

Group 5- Republican Resource

Group 6- Republican Balance



Finding Common Ground: Scrap “Equality”

Move Away from:

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



activated the negative frame of taking away from the well-off and giving to the poor.

Incorporate language that revolves around fairness & 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



Does not discuss factors that created poor levels of health in low-income communities. More effective: “resource-poor neighborhoods” that do not offer “the same choices” for individuals to pursue paths to better health.

Additional Document Appendices

Changing Our Mind: *Messages that Move Decision-Makers and Everyday Citizens*

Translates disparities in health based on race, ethnicity and class requires different kinds of messages that need to activate individual values.



Parting thoughts

Americans do not spontaneously consider social influences on health, but recognize social factors and see their importance when primed

“SDOH” and associated “academic” language does not resonate with Americans, but core construct does

Persuasive messages are values-based and emotional-laden, not overly academic
Americans consciously believe in equal opportunity to health, but messages that describe disparities evoke negative reactions unless written to avoid victim-blaming and exercising the importance of people exercising personal responsibility

Messages that mix traditional conservative values with traditionally progressive values fare better in speaking to health disparities

Thank You!