Changing the Narrative
of Public Health
Communication

BIG CITIES
HEALTH COALITION

The Challenge

Let's lose the invisibility rhetoric

"

The public health system is pretty invisible if it's working well. It's the dog-that-doesn't-bark agency.

Success in public health … is often invisible—we don't notice until the system breaks down.

When public health is working, nothing happens; people don't get sick or hurt or die, and in a way, public health, at its very best, is invisible.

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(1) Former Maryland health secretary Joshua Sharfstein; (2) former NYC health commissioner Dave Chokshi; (3) University of Michigan Population Health podcast

About BCHC

35 member jurisdictions, serving more than 61 million, or 1 in 5, Americans

Austin
Baltimore
Boston
Charlotte (Mecklenburg Co)
Chicago
Cleveland
Columbus
Dallas (Co)
Denver
Detroit
El Paso
Fort Worth (Tarrant Co)
Houston
Indianapolis (Marion Co)
Kansas City
Las Vegas (Southern NV Hth Dist)
Long Beach
Los Angeles (Co)

Louisville
Memphis (Shelby Co)
Milwaukee
Minneapolis
New York City
Oakland (Alameda Co)
Oklahoma City (OKC-Co)
Philadelphia
Phoenix (Maricopa Co)
Portland (Multnomah Co)
San Antonio
San Diego (Co)
San Francisco
San Jose (Santa Clara Co)
Seattle (Seattle-King Co)
Tucson (Pima Co)
Washington, D.C.
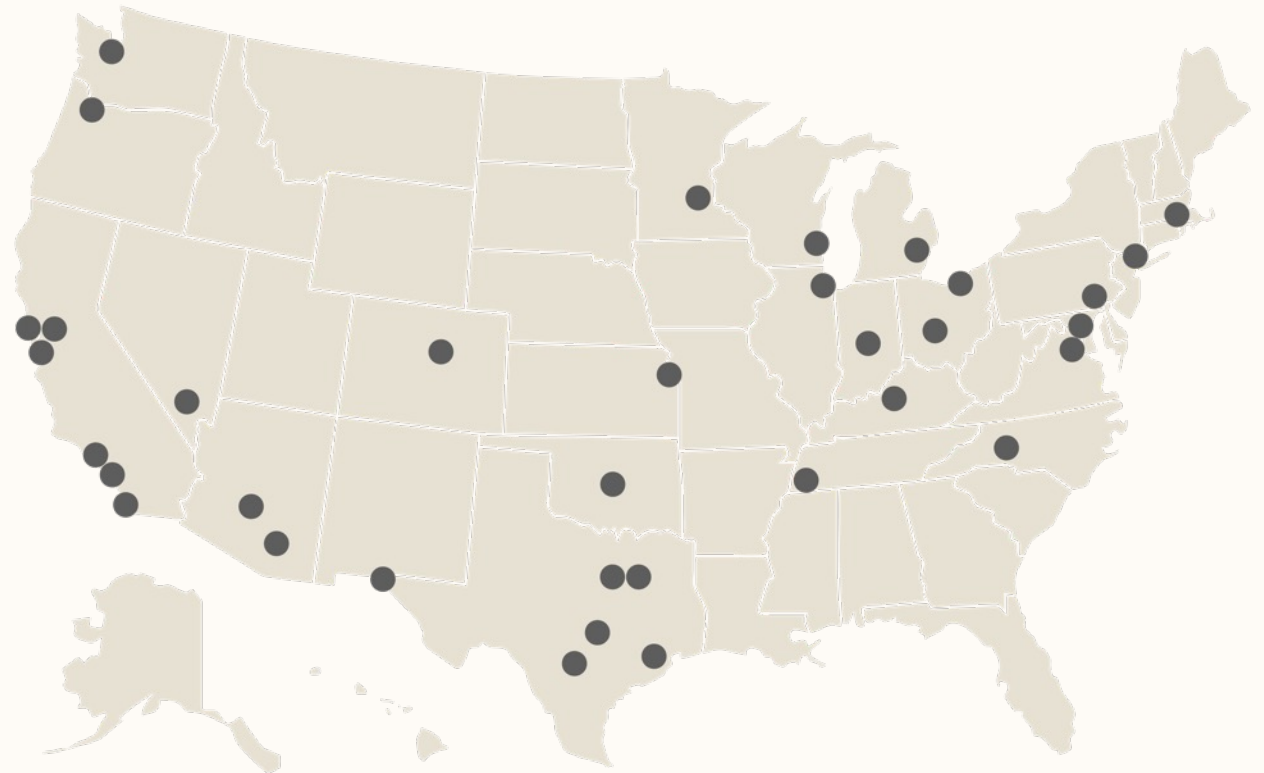
What we do

Urban PH Challenges

- Equity / structural racism
- Community safety / violence prevention
- Substance use disorder
- Infectious disease

Workforce

- Federal resources to support locals
- Pipeline/training
- Research: PH WINS, Epi Capacity Assessment

Urban Health Agenda

- Vision document
- Webinar series

Infrastructure

- "Post"-COVID public health ecosystem
- Sustained federal funds
- Data systems, city-level data
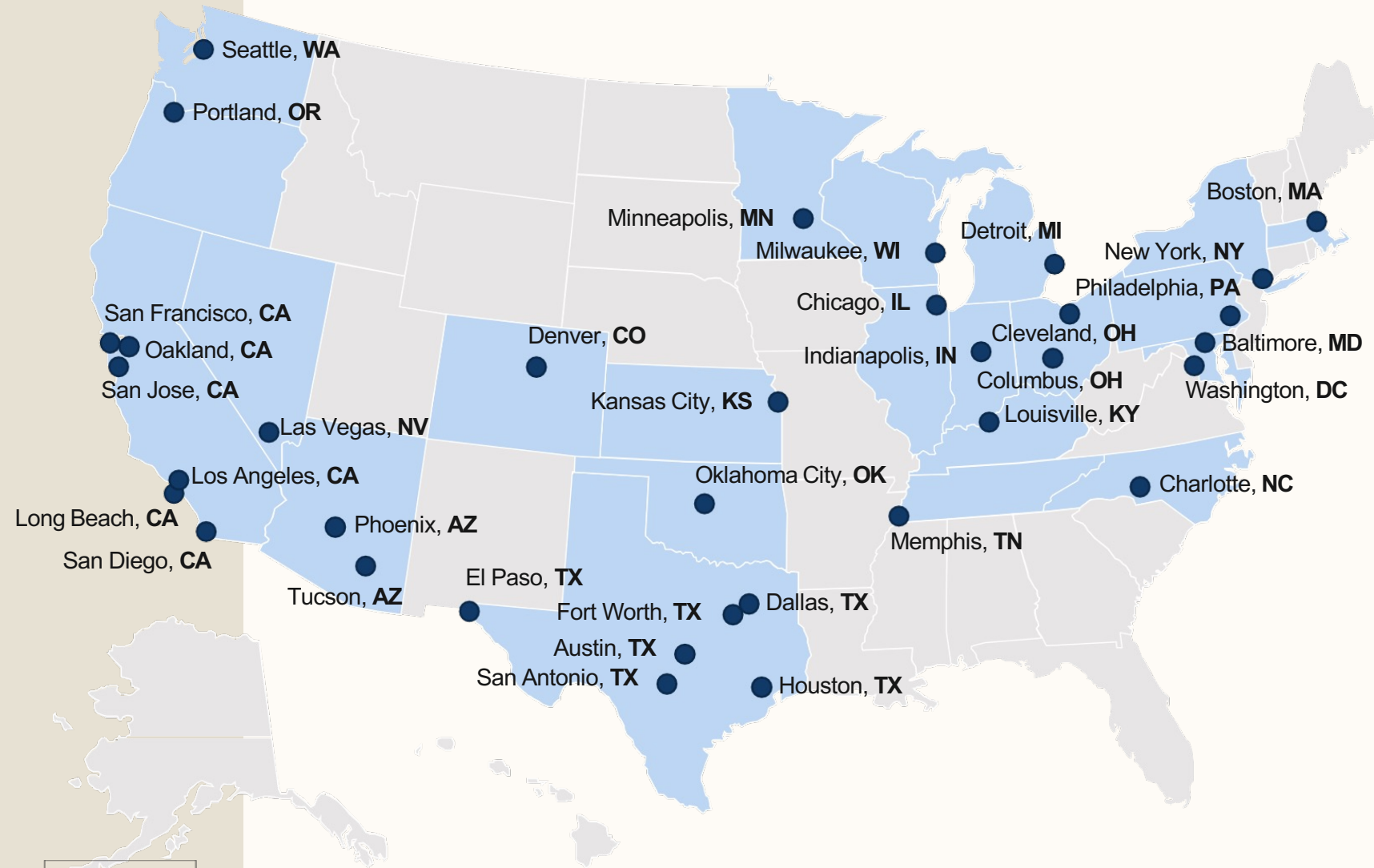
CITIES
THE FUTURE OF HEALTH

The Study

Goal

Give public health leaders tested language to help persuade engaged voters and policymakers that governmental public health is an important and trusted partner in building health equitably in your communities.

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Methodology

- **Two focus groups** with white centrist and Black residents living in Philadelphia, March 2023

- **Two online discussion boards** with white center-right and Black and Hispanic residents living in BCHC's 35 member cities, March 2023

- **Online survey** of 1,006 "policy influencers" (news-attentive, civically engaged voters) in BCHC's 35 member cities, May 2023

  - Includes oversamples of Black and Hispanic policy influencers

Map labels:
Seattle, WA
Portland, OR
San Francisco, CA
Oakland, CA
San Jose, CA
Las Vegas, NV
Los Angeles, CA
Long Beach, CA
San Diego, CA
Phoenix, AZ
Tucson, AZ
El Paso, TX
Denver, CO
Kansas City, KS
Oklahoma City, OK
Fort Worth, TX
Dallas, TX
Austin, TX
San Antonio, TX
Houston, TX
Minneapolis, MN
Milwaukee, WI
Chicago, IL
Detroit, MI
Indianapolis, IN
Cleveland, OH
Columbus, OH
Louisville, KY
Memphis, TN
Charlotte, NC
New York, NY
Philadelphia, PA
Baltimore, MD
Washington, DC
Boston, MA

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HART RESEARCH ASSOCIATES

Prior research on framing

Related study from RWJF

Structural Racism and Health: Messages to Inspire Broader Understanding and Action (March 2023)

- RWJF's study focused on a related goal: how to move persuadable people to see the connection between structural racism and health.

- Format that worked with this audience:

  - Start with a shared, values-based ideal;

  - Move into positive vision (*change is possible*) and a problem statement rooted in specific place (consider incl. race & class);

  - End with call to action and unity statement.

① **Start with a shared value**

Lead with values, not problems

Why Framing Matters: A Review of the Basics

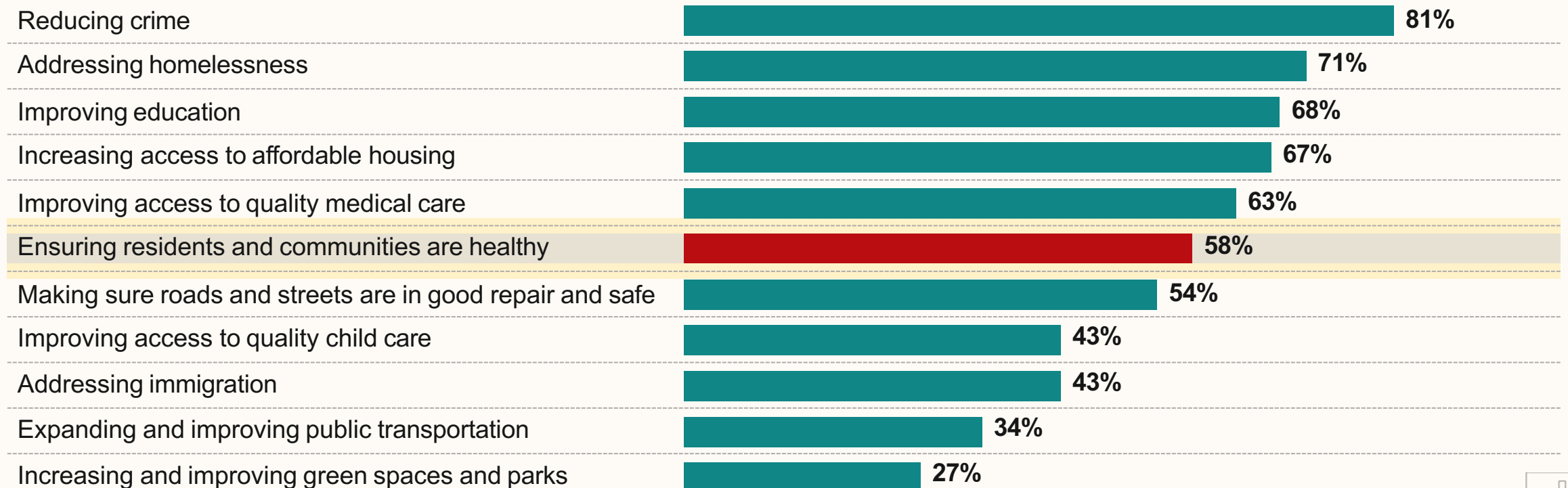Tracy Wareing Evans, President & CEO, American Public Human Services Assn

"

To create a well-designed frame, we need to start by setting up what is at stake and why it matters. We need to help our audience see themselves in the issue by connecting them to a shared value. For example, … Americans want to hear what can be done—and we are more open to understanding issues when we believe something can be done. We need to avoid the stories of urgency and 'doom and gloom.'"

*Also see studies from FrameWorks Institute/de Beaumont Foundation; Berkeley Media Studies Group; Race Class Narrative Action;

Reducing crime and addressing homelessness are the largest priorities for policy influencers. Traditional public health investments are a second-tier concern.

This issue should be a TOP PRIORITY for the city I live in to address.

Issue	Percentage
Reducing crime	81%
Addressing homelessness	71%
Improving education	68%
Increasing access to affordable housing	67%
Improving access to quality medical care	63%
Ensuring residents and communities are healthy	58%
Making sure roads and streets are in good repair and safe	54%
Improving access to quality child care	43%
Addressing immigration	43%
Expanding and improving public transportation	34%
Increasing and improving green spaces and parks	27%

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One reason policy influencers see a need for public health investments: they see a wide gap between the health of their families and the people in their city.

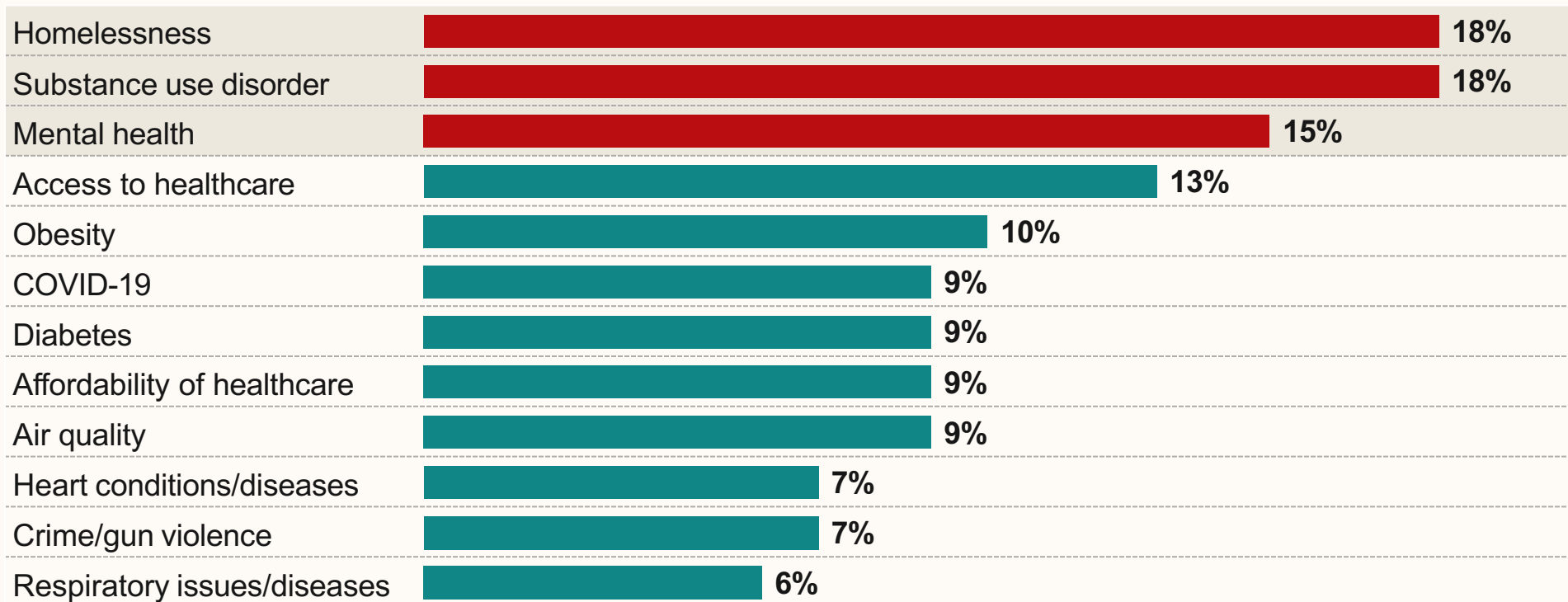*Self-rated health of members of household*

45%

41%

14%

33%

12%

13%
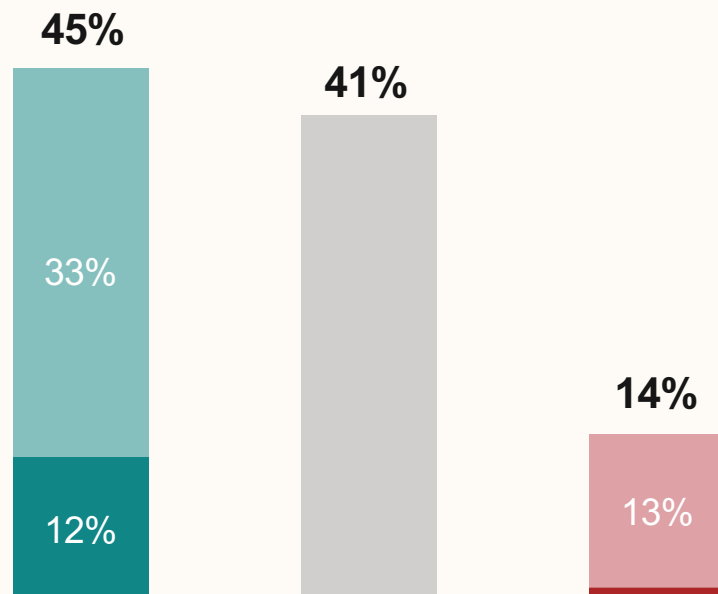
Self-rated health of the people in their city

46%

39%

15%

13%

32%

3%

7%
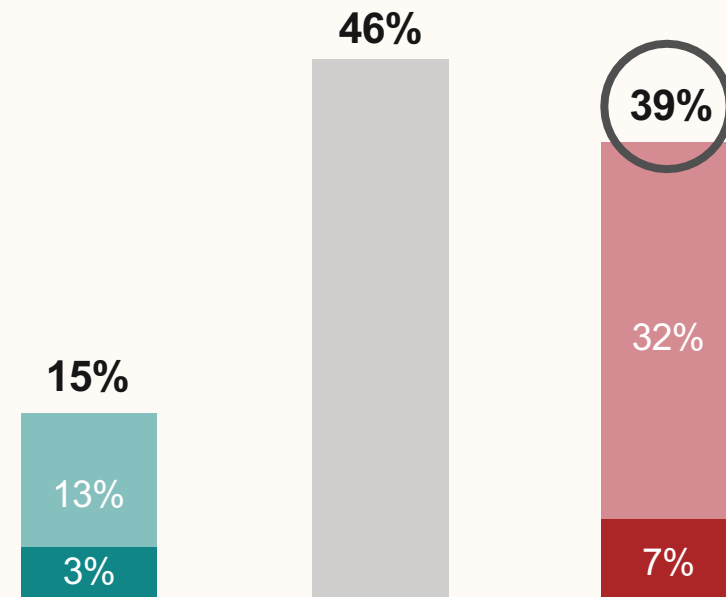
■ Excellent health   ■ Very good health   ■ Good health   ■ Fair health   ■ Poor health

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In their own words, homelessness, substance use disorder, and mental health are the most important *health-related* issues to address.

What are the most important health-related issues to address and improve in your city? (Open-ended)

Issue	Percentage
Homelessness	18%
Substance use disorder	18%
Mental health	15%
Access to healthcare	13%
Obesity	10%
COVID-19	9%
Diabetes	9%
Affordability of healthcare	9%
Air quality	9%
Heart conditions/diseases	7%
Crime/gun violence	7%
Respiratory issues/diseases	6%

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Health priorities vary somewhat by region.

What are the most important health-related issues to address and improve in your city? (Open-ended)

|	Northeast %	Midwest %	Texas %	Rest of south %	California %	Rest of west %
Homelessness	18	7	16	13	33	24
Substance use disorder	26	11	8	21	15	28
Mental health	20	16	14	12	13	12
Access to healthcare	12	14	17	9	12	10
Obesity	5	14	18	18	4	4
COVID-19	11	8	7	12	12	8
Diabetes	10	8	17	6	8	3
Affordability of healthcare	8	8	12	12	8	7
Air quality	8	7	8	6	11	12
Heart conditions/diseases	10	10	8	9	1	3
Crime/gun violence	12	9	2	10	3	6
Respiratory issues/diseases	4	6	4	5	7	9

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2 Move into a positive vision & problem statement rooted in specifics of place, race, class

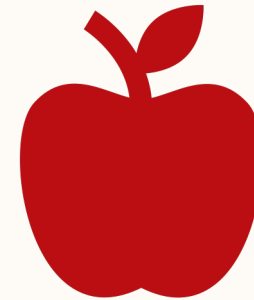# A few specific social determinants of health stand out were seen as especially important.
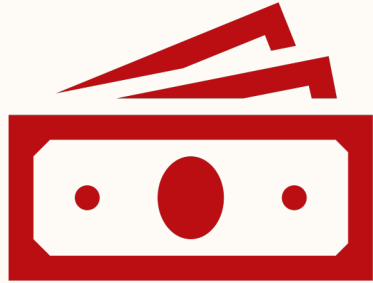
Livable wage

Safe, affordable housing

Healthy food

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Most policy influencers think people's health is affected by both individual-level factors and factors outside their control. When pushed, individual-level factors are given more weight.

What affects people's health more?

Individual-level factors
21%

Factors outside their control
15%

Both are equally important
64%
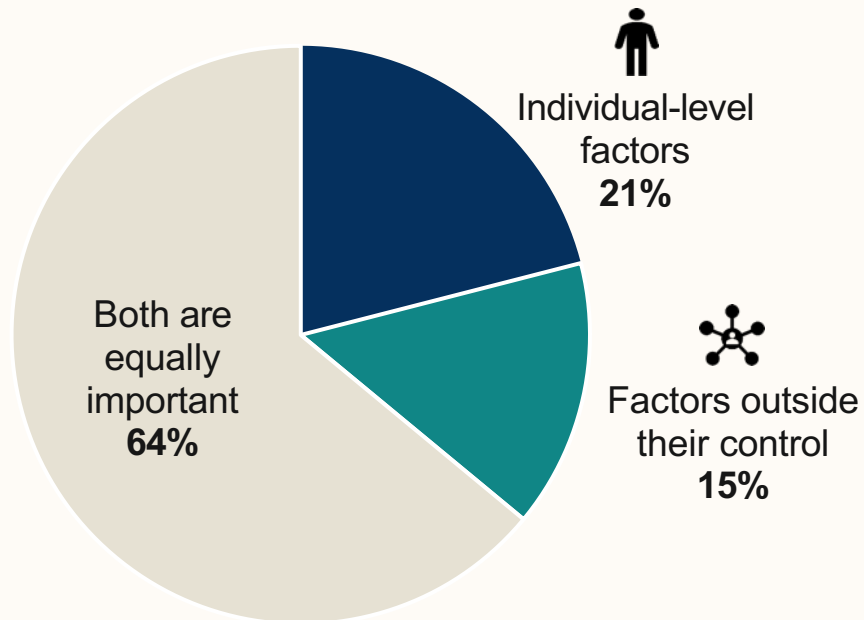
If you had to pick a side, what affects people's health more?

57%

Lean
36%

21%

Individual-level factors

43%

Lean
28%

15%

Factors outside their control
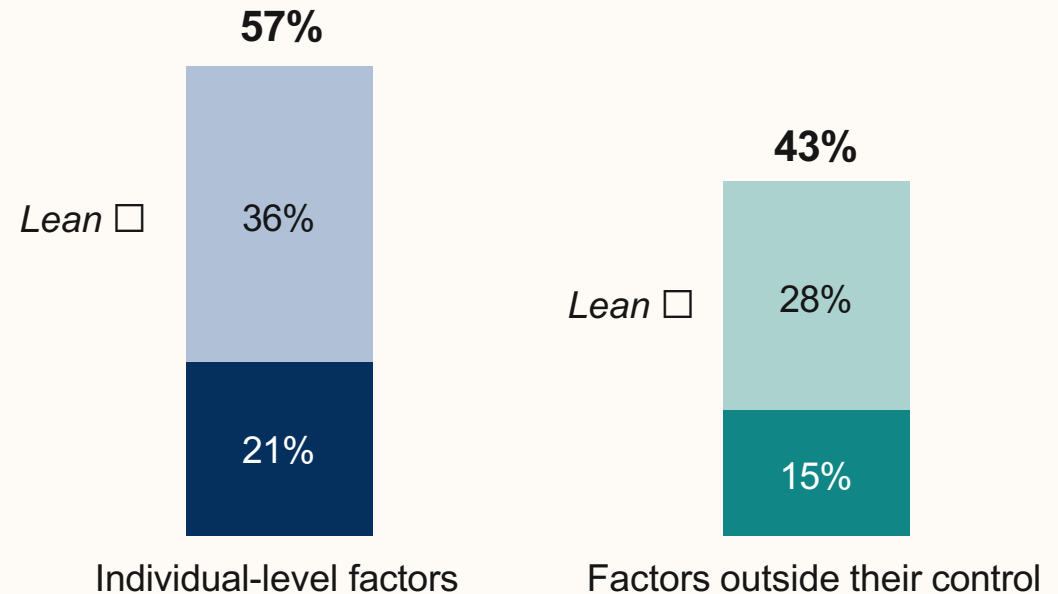
* Question included examples: Individual-level factors included genetics, family history, and lifestyle and personal choices. Factors outside of their control included what part of the city they live in and income level.

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Qualitative Findings

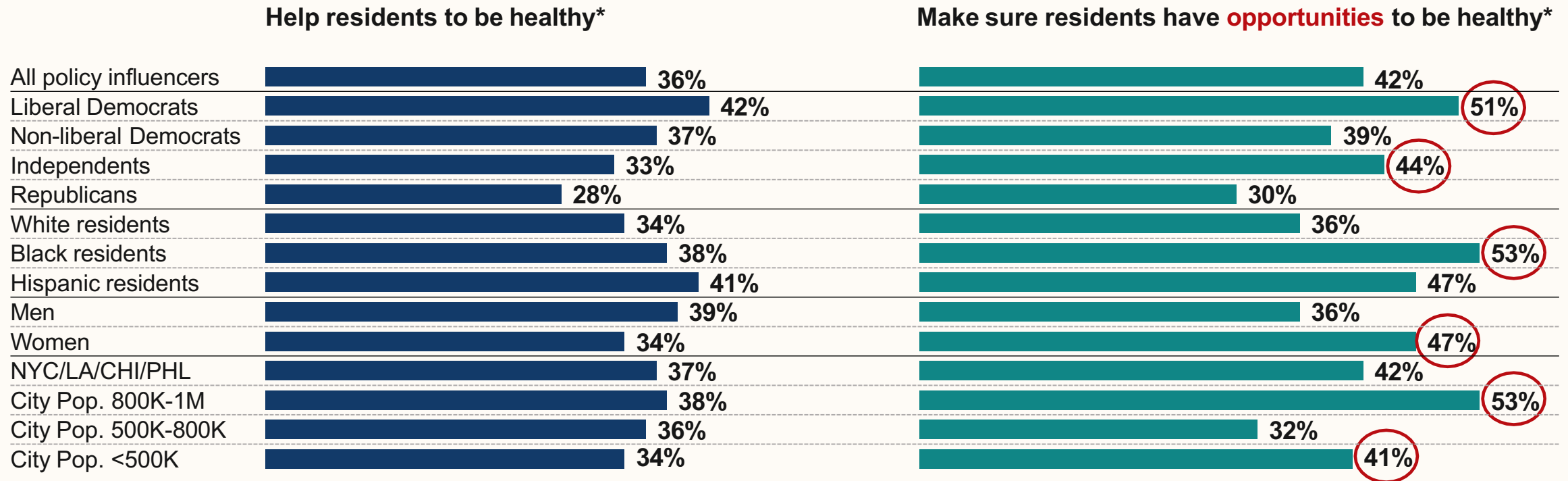Local examples helped move conversations from individual- to community-level discussions of health.

"

"About 30 minutes east of Houston there is a city called Pasadena, just driving through there you can feel the air quality change for the worse. Being that close to Houston, I'm sure that pollution travels to us."

—Hispanic Woman, Houston, Republican

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Shifting to an "empowerment" framing can increase their perception that city government has responsibility in the health realm.

The city government should have A LOT OF RESPONSIBILITY to...

Help residents to be healthy*

All policy influencers	36%
Liberal Democrats	42%
Non-liberal Democrats	37%
Independents	33%
Republicans	28%
White residents	34%
Black residents	38%
Hispanic residents	41%
Men	39%
Women	34%
NYC/LA/CHI/PHL	37%
City Pop. 800K-1M	38%
City Pop. 500K-800K	36%
City Pop. <500K	34%

Make sure residents have opportunities to be healthy*

All policy influencers	42%
Liberal Democrats	51%
Non-liberal Democrats	39%
Independents	44%
Republicans	30%
White residents	36%
Black residents	53%
Hispanic residents	47%
Men	36%
Women	47%
NYC/LA/CHI/PHL	42%
City Pop. 800K-1M	53%
City Pop. 500K-800K	32%
City Pop. <500K	41%

* Each asked of half the respondents.

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Fiscal responsibility/prevention and quality of life arguments resonate with these audiences.

This is a VERY CONVINCING REASON for city leaders to invest in public health:		All policy influencers %	Movers %
Fiscal Responsibility / Prevention	One reason the U.S. spends so much on health care is that we spend so little on preventing health problems before they start. We have one of the lowest life expectancies in the world and huge disparities across race, ethnicity, and income. We can reduce health care costs by investing in things like livable wages, healthy food access, and other things that will help prevent many health problems from occurring in the first place.	49	59
Quality of Life	Everyone wants their city to be a healthy, thriving city. We don't want to have to choose between clean air, good education, affordable housing, and access to quality food—and we shouldn't have to choose. We need all these things in order to have the best possible quality of life for our families and our neighbors, and everyone in the city needs and deserves them. The city must make investments to ensure we have them.	44	58

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The fiscal responsibility message resonates with a different audience than the quality-of-life message.

Selected as TWO Most Important Reasons:	Fiscal Responsibility/Prevention %	Quality of Life %
All policy influencers	46	44
Liberal Democrats	52	43
Non-liberal Democrats	42	50
Independents	37	45
Republicans	45	39
White residents	48	42
Black residents	43	42
Hispanic residents	43	47
18-34	45	38
35-49	43	49
50-64	45	44
65+	50	44
HS/less	34	46
Some college	46	42
College	47	44
Post Grad	55	45
NYC/LA/CHI/PHL	50	44
City Pop. 800K-1M	40	46
City Pop. 500K-800K	48	41
City Pop. <500K	46	44

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Qualitative Findings

White influencers thought income-based health disparities were a greater priority than racism-based health disparities.

Black and Hispanic influencers saw these as interrelated.

"

I think catering to a specific group of people, other than low-income persons as a whole, creates divisiveness and bias.
—**White Woman, Columbus, Independent**

I think the bigger topic would be to bring it to everyone instead of concentrating on one group over another. Being able to make sure that everyone gets their share is better, in the long run, than trying to catch people up while focusing on others.
—**Boston, Hispanic Man, Independent**

But when we framed racial health inequities through an empowerment message – *people created the issue, people can fix it* **– policy influencers showed more support.**

Racial health inequities are a result of social and economic systems that have been made by people, and therefore can be changed by people as well. Addressing racial health inequities will require examining and addressing the root causes of these disparities, including unequal access to health care and distribution of resources. But by acknowledging that these inequities are manmade and fixable, we can begin to take the necessary steps to create a more fair and just society.

57%

chose this as the best case for addressing racial health inequities (top vote getter)

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3 End with a call to action & unity statement

Conclusion & Next Steps

Key takeaways

- Policy influencers see the need to invest in public health and would like to see city governments do more to address public health issues.

  - They see **homelessness, substance use disorder, and mental health** as the most important health-related issues to address in big cities. Influencers view poor mental health as both the *result* and *cause* of many health and non-health issue priorities.

  - When promoting public health investments, messaging should emphasize **fiscal savings, prevention, and quality-of-life** benefits. It should also **incorporate crime and mental health themes** to boost support among key audiences, such as younger, lower income, and small city influencers.

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Key takeaways

- There is solid agreement with the broad brushstrokes of public health's "agenda," especially with **increasing access to healthy food, guaranteeing a livable wage,** and **building more affordable housing** – and the implications these changes could have on a city's health.

- Policy influencers **care about their city government addressing health disparities**, especially with "lower-income people." Traditional allies of public health, such as liberal Democrats and Black influencers, are more likely to prioritize addressing racial health equity.

  - ➤ The best case for addressing racial health disparities *across* audiences is an **empowerment message that emphasizes it is a human-made problem** and people can fix it.

Next steps

- **Further develop messaging recommendations**, including sample language.

- **Disseminate messaging recommendations** (Sept./Oct.).
  - ➢ Messaging toolkits for public health professionals
  - ➢ Webinar

- **Pursue further messaging research.**

Acknowledgments

Funding

Research & messaging support
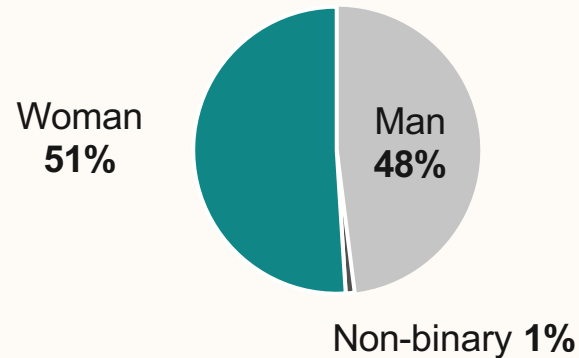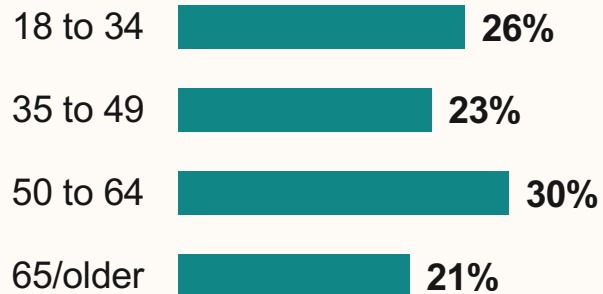
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egreen@bigcitieshealth.org
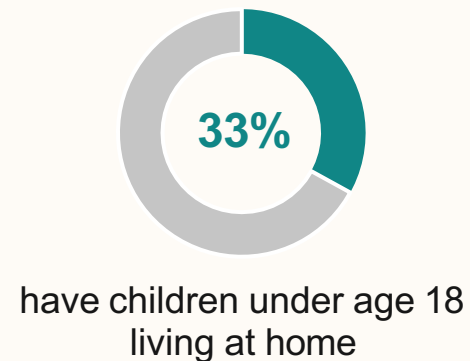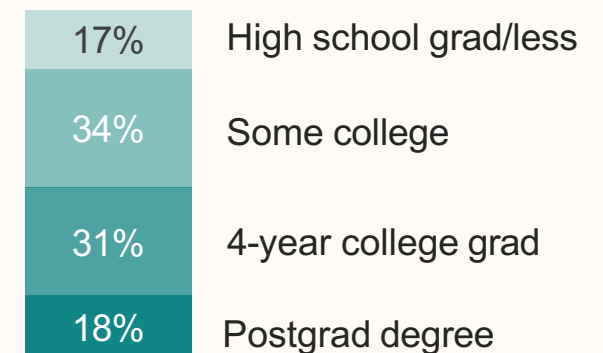
Profile of urban policy influencers

Gender

Woman **51%**

Man **48%**

Non-binary **1%**

Age

18 to 34	**26%**
35 to 49	**23%**
50 to 64	**30%**
65/older	**21%**

Race

White	**51%**
Black	**20%**
Hispanic	**20%**
AAPI	**8%**

Income

Less than $30K	**20%**
$30K-49K	**15%**
$50K-99K	**35%**
$100K+	**30%**

Parents

33%

have children under age 18 living at home

Education

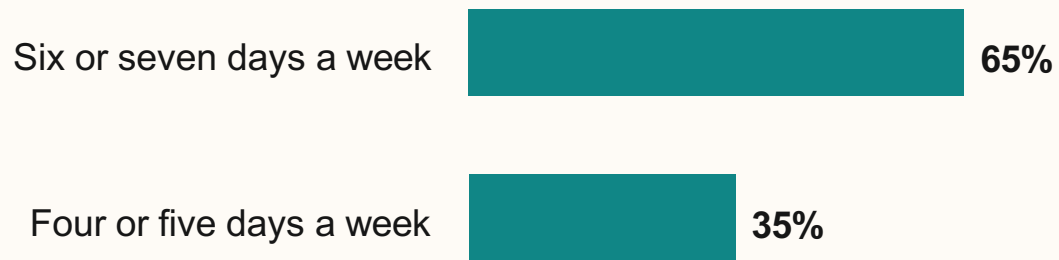|	
17%	High school grad/less
34%	Some college
31%	4-year college grad
18%	Postgrad degree
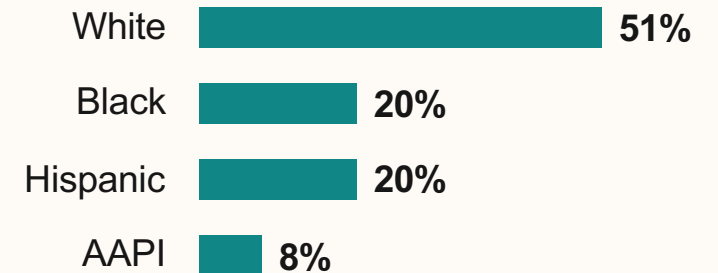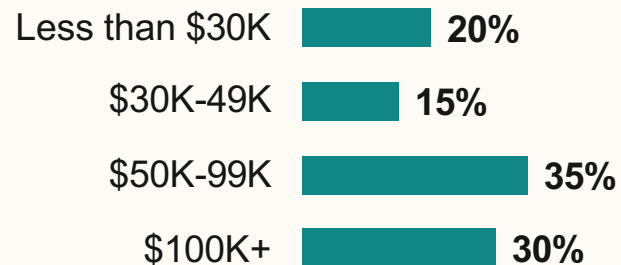
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Engagement levels & political affiliation

Read/Listen to News

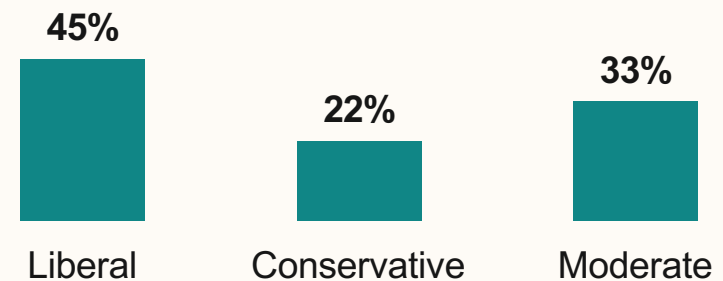|	
Six or seven days a week	65%
Four or five days a week	35%

Involvement in Issues

Very involved
22%

Somewhat involved
78%

Party ID

Democrat	Republican	Independent
60%	24%	16%

Ideology

Liberal	Conservative	Moderate
45%	22%	33%

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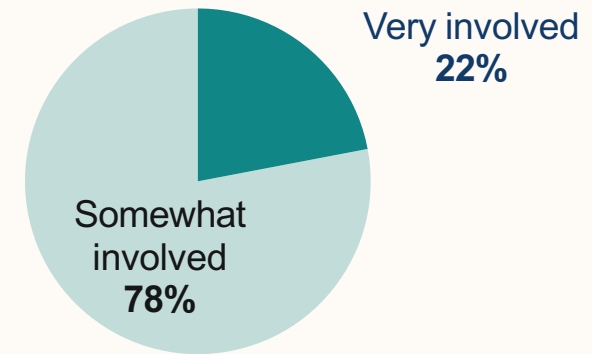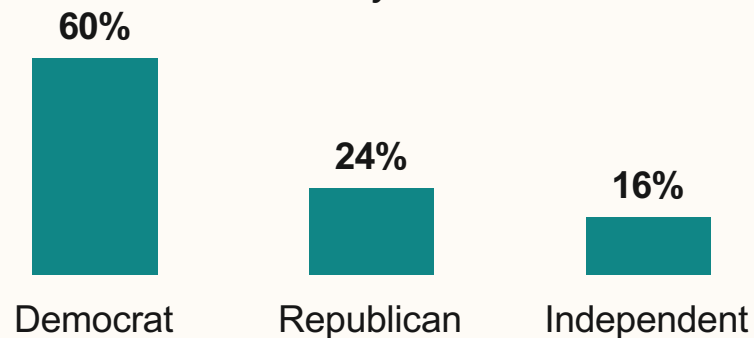
Prior research on framing

- **RWJF's sample message:** We all have dreams for ourselves and our families. But we don't all have the same opportunities to make those dreams come true. Laws and social practices place more value on some lives than others, based on race and class. Our new report shares how leaders at the forefront of change—a cultural anthropologist, members of the Navajo Nation, a nonprofit leader from the Philippines, and more—are advancing practices, based in wisdom and tradition, to create a better future for everyone's children and grandchildren.

shared, values-based ideal

problem statement rooted in specific place

call to action/unity statement

1 messaging size does not fit all

Call to action from Network for Public Health Law
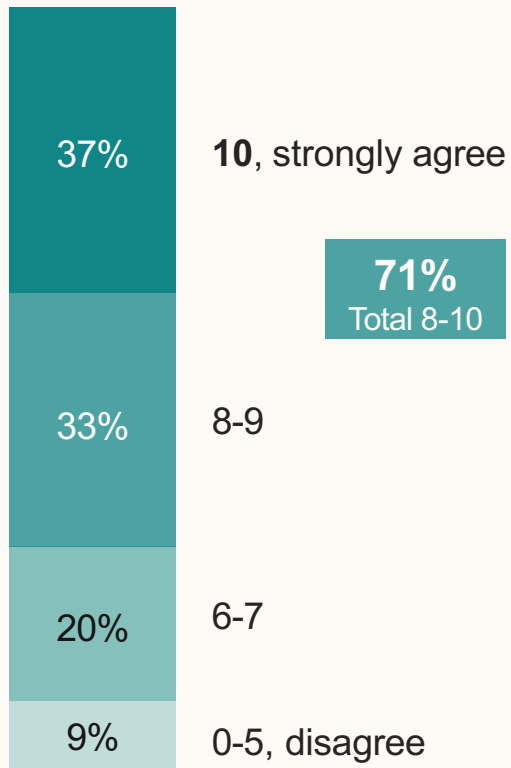
Fighting for Public Health report (Sept. 2022)

" Excellent work has been done … to shift the framing and language of public health, but advocacy messages still need to be tailored to resonate with different audiences.... One size does not fit all, or even most. Especially in the current polarized political environment, crafting advocacy that reaches blue, red, and purple audiences is vital.
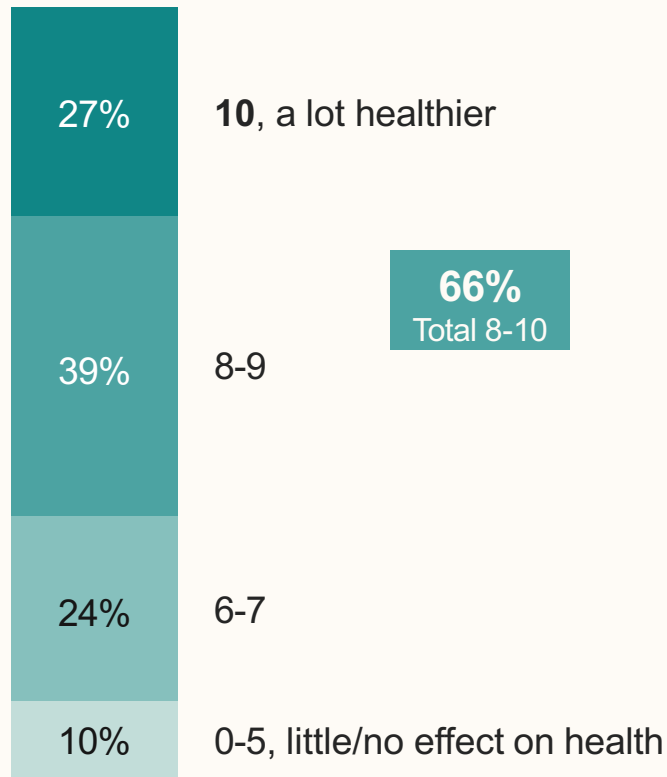
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Policy influencers solidly endorse the Urban Health Agenda.

Agreement with the statement

37%	**10**, strongly agree
33%	8-9
20%	6-7
9%	0-5, disagree

71%
Total 8-10

If ALL steps taken in statement, effect on city's residents' health overall

27%	**10**, a lot healthier
39%	8-9
24%	6-7
10%	0-5, little/no effect on health

66%
Total 8-10

If ALL steps taken in statement, effect on people who live in YOUR neighborhood

23%	**10**, a lot healthier
40%	8-9
22%	6-7
15%	0-5, little/no effect on health

64%
Total 8-10
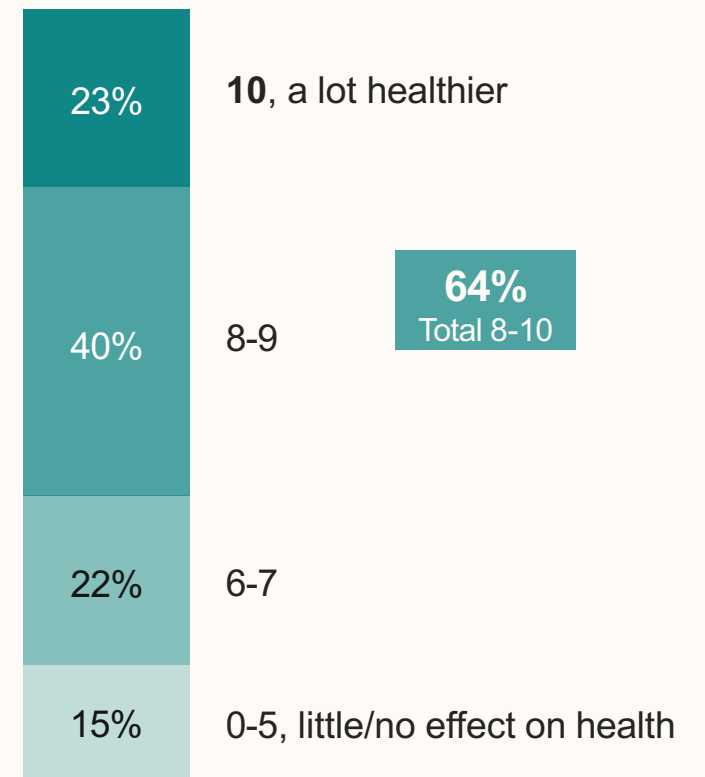
For each question, respondents were asked to rate their answer on a scale from 0 to 10.

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We conducted a split-sample experiment to test the value of making crime and mental health part of the public health narrative.

One third saw:
"Clean" Version

We all must take responsibility for our own health, but there are some things we simply cannot do on our own. We have to exercise, but we need places to do it. We have to eat healthy food, but we need places to buy it. We have to teach our children healthy habits, but we need high-quality childcare and schools to help with that teaching. We as individuals can't build parks, bring in grocery stores, or make childcare affordable ourselves--we need [CITY] leaders to do these things. Once these things are available, people will be empowered to take control of their health.

One third saw:
Crime Version

We all must take responsibility for our own health, but there are some things we simply cannot do on our own. We have to exercise, but we need safe places to do it. We have to eat healthy food, but we need places to buy it. We have to teach our children healthy habits, but we need high-quality childcare and safe schools to help with that teaching. **We have to feel safe on our streets and in our neighborhoods**. We as individuals can't build parks, bring in grocery stores, make childcare affordable, or **make our streets safer ourselves**—we need [CITY] leaders to do these things. Once these things are available, people will be empowered to take control of their health.

One third saw:
Mental Health Version

We all must take responsibility for our own health, but there are some things we simply cannot do on our own. We have to exercise, but we need places to do it. We have to eat healthy food, but we need places to buy it. We have to teach our children healthy habits, but we need high-quality childcare and schools to help with that teaching. **These things affect our stress levels and mental health as much as our physical health.** We as individuals can't build parks, bring in grocery stores, or make childcare affordable ourselves--we need [CITY] leaders to do these things. Once these things are available, **people will have lower stress levels** and will be empowered to take control of their health.

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"Crime" and "mental health" framing boost persuasiveness among key **audiences**, underscoring the value of citing these themes in public health messaging.

This is a VERY CONVINCING REASON for city leaders to invest in public health:

	"Clean" Version %	Crime Version %	Mental Health Version %
All policy influencers	44	44	43
Movers	56	36	57
Age 18-49	44	41	**49**
Age 50+	45	**48**	36
Non-college	41	**49**	45
College	48	40	41
Less than $50k	47	**53**	39
$50k or more	43	40	**45**
Rent	48	42	40
Own	40	**47**	45
NYC/LA/CHI/PHL	38	34	**49**
City Pop. 800K-1M	56	45	38
City Pop. 500K-800K	43	**51**	40
City Pop. <500K	39	**48**	44

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