Communicating About Health Disparities: Designing Messages That Stick

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As the project manager of the Zero Disparities Committee at the Cambridge Health Alliance, I find myself spending a lot of time thinking about message design and framing. In my role training hospital registration staff and engaging with leadership about race, ethnicity, and language (REAL) data collection, one of my primary concerns is providing a compelling answer to the question “Why is this data necessary?” This has meant going beyond citing funding needs or state and federal requirements, and instead crafting impactful messages about the connection between REAL data and the promotion of health equity.

To that end, I’ve followed best practices, using stories and statistics about health disparities to try to make that connection more tangible, to render abstract concepts that much more concrete. I sometimes wonder, though, if this is enough to impart a sense of shared purpose and mission around this issue that stays with staff long after they leave a training session.

Grappling with the challenge of communicating about health equity and health disparities to diverse audiences is more than a professional necessity. As a Ph.D. student in social psychology writing a dissertation on lay perceptions of health disparities, I’ve spent a lot of time thinking about how people think about health disparities. Given these overlapping professional and academic interests, I found a recent Robert Wood Johnson Foundation issue brief on designing and translating messages related to health disparities [2] (PDF) thought-provoking and worth sharing.

The issue brief summarizes efforts to increase the awareness of members of the Commission to Build a Healthier America — a diverse, non-partisan group of public policymakers and private sector leaders — about health disparities and social determinants of health. The brief, while describing a particular approach for a particular type of audience, presents some general messaging principles that could be easily adapted to various organizations and audiences.

Although each of the suggestions discussed in the brief could inspire its own discussion, I wanted to raise two things that might have some interesting implications for designing messages that make a lasting impression:

1. I was struck by the discussion on the use of “deep metaphors” in message design. According to the issue brief, deep metaphors “reflect the basic structures in our minds that organize our perceptions and shape the sense we make of them and how we react. The feelings around these metaphors are unconscious — an automatic viewing lens that is seldom explicitly acknowledged” (p. 2). A little internet searching revealed that this is a concept commonly used in marketing products, further reinforcing my impression that much of what I do is marketing.

I have to admit that the notion of drawing upon such metaphors immediately appealed to the psychologist in me, as I could see in the examples of “journey” and “connection,” useful analogies that could facilitate understanding of unfamiliar topics across diverse audiences. Based on these examples, I could readily envision weaving into a training session, for instance, a basic theme of connection through...
the use of images, examples, and language. Not only would this lend the presentation a sense of cohesiveness, but also provide a recurring motif that could perhaps help to orient people through unfamiliar concepts. Maybe it might even increase the “stickiness” of these messages. I’m curious to hear what others think of this. Is this a useful way to think about messaging or simply obvious?

2. The theme of the 2010 American Public Health Association’s annual meeting was social justice, so I’ve been thinking a lot about social justice lately. One question prompted by the issue brief was what role, if any, should discussions of social justice play in messaging about health disparities? For example, while reading through all the examples of messages focused on the problem of health disparities in America, I noticed that none of the statements explicitly framed health inequalities in terms of social justice, but instead highlighted themes like resources, barriers, and personal choices.

I recognize that a discussion of social (in)justice may not have been appropriate for this particular audience of policymakers and leaders, especially given that the express aim was to appeal to as wide an audience as possible. However, I can’t help but wonder whether messages about disparities that incorporate social justice principles might make a more lasting impression on audiences by, perhaps, inspiring greater emotion and appealing to people’s values. I’d be interested in hearing others’ opinions and experiences with this. What are the benefits and pitfalls of taking this approach? With what kinds of audiences might such an approach work best?

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