


hot topics in practice

A Public Health Webinar Series by **Northwest Center FOR PUBLIC HEALTH PRACTICE**

Reframing Health Disparities: Strategies That Work

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FRAMEWORKS

www.nwph.org/hot-topics

1

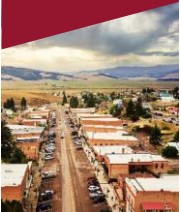


How confident do you feel when communicating about the causes of health disparities?


- A. Not at all confident - I worry about saying the wrong thing.
- B. Somewhat confident - I can talk about it, but I'm not sure it's effective.
- C. Confident - I can explain the topic clearly in most situations.
- D. Very confident - I communicate about it often and adapt messages for different audiences.

2


Why We Need to Rethink Our Framing



5 Steps to Shift the Narrative



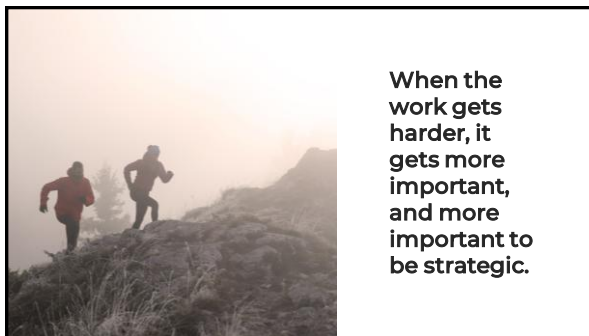
Resources You Can Use



3



4



5

What This Reframing Strategy Is (and Isn't)

<p>Designed for...</p> <ul style="list-style-type: none"> Local voices developing communications for rural audiences Issue-based education, advocacy, and outreach Navigating and reducing public and political skepticism 	<p>Not Designed for...</p> <ul style="list-style-type: none"> Local voices in search of turnkey, ready-to-go messaging Health behavior change campaigns or other health literacy efforts Lobbying a specific legislator or "winning" adversarial debates
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6

Phases of Inquiry



Descriptive
How people think **now**




Prescriptive
How to spark **new thinking**

7

Our Multi-Method Approach Queried Over 6700 Americans


Descriptive Inquiry

- Stakeholder Interviews
- Exploratory Peer Discourse Sessions (Rural Sample)



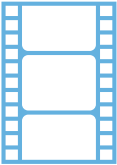
Reframing Inquiry

- Tool Design
- Controlled Tests – Pilot & Survey Experiments
- Testing in Peer Discourse Sessions (Rural Sample)



8

Health Individualism Mindset




Video Slide

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[May 2025 Hot Topics Recorded Session](#)


9

Public Mindsets: Where they are and where we could move them



Current Thinking

- Health individualism
- Health reductionism
- Health otherism
- Unconnected dots



Reframed Thinking

- Environments matter
- Health as overall wellbeing
- Shared fates
- Racism affects health

10

5 Steps to Shift the Narrative



11

Restructuring Health Equity Messaging



- Step 1: **Lead with the idea of dignity.**
- Step 2: **Use explanations to expand people's ideas of "health" and "health disparities."**
- Step 3: **Speak to history.**
- Step 4: **Connect the past to the present.**
- Step 5: **Point to the future.**

12

Step 1: Lead with the Idea of Dignity

Reframing How We Communicate Health Disparities

- Opening with statistics can cause audiences to disengage.
- Sharing data without context may reinforce harmful stereotypes.
- This risk increases when discussing stigmatized or sensationalized health topics.

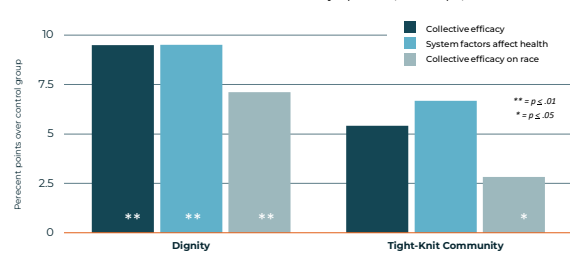
What Can We Do Instead?

- Lead with a values-based message:** Start with a shared ideal or principle to shape how people interpret the message.
 - Equity is powerful—but politicized**
 - Seek resonant alternatives**

13

Among Values Messages Tested, Dignity Worked Best

Selected results from a FrameWorks controlled survey experiment, rural sample, June 2023



14



15

Reframing Messaging

Instead of Leading with Challenges...

Rural Americans—who make up at least 15 to 20% of the U.S. population—face inequities that result in poorer health outcomes than that of urban and suburban residents.

U.S. rural communities—from Appalachia and the Deep South to the Midwest and western states to Alaska and Hawaii—share challenges, including poverty, few local doctors, and remote locations.

These factors contribute to lack of access to health care. Limited access to care burdens rural health systems with patients with more serious or more advanced health conditions.

16

Adapting Messaging

Instead of Leading with Challenges...

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...Try Leading with the Idea of Dignity

Because every community has dignity and worth, every action we take should honor it.

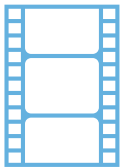
Treating people with respect involves valuing health and wellbeing in every community. Right now, our policies don't show respect for rural Americans, who make up at least 15% of the US population.

Our collective decisions have led to a rural America with too few good-paying jobs, transportation options, and nearby places to get nutritious food.

That mix of policy problems contributes to health problems, which are further complicated by limited access to health care.

17

Dignity Value Working



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18

Step 2: Expand People's Ideas of Health and Health Disparities

- Define health broadly as **overall wellbeing**, including **mental and emotional** health.
- Emphasize health at both the **individual** and **community** levels.
- Highlight the role of **access to resources** in shaping health outcomes.
- Use the concept of wellbeing to **reveal health disparities** more clearly.
- Connect health discussions to **public health policies and programs** that can drive change and support equitable wellbeing.

19

Common Mindsets Narrow the Meaning of "Health"



Health = Absence of Illness

Assumption that health is primarily a physical state in which the body is free from infections or other acute illness



Health = Health Care

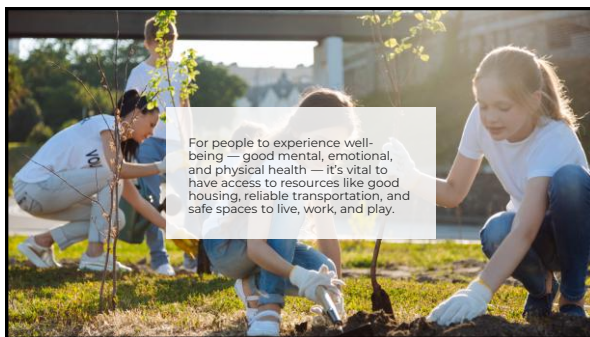
Assumption that the main way to address health problems is through medical treatment



Health = Diet + Exercise

Assumption that personal lifestyle – and mainly choices about food and physical activity – are the main drivers of health outcomes

20



21

Connect Messaging to Community Challenges

For people to experience well-being — good mental, emotional, and physical health — it's vital to have access to resources like good housing, reliable transportation, and safe spaces to live, work, and play. **But right now, access is uneven and unfair due to decisions and policies of the past.**

For instance, decades of disinvestment in our "main street" business has made it hard for our county to attract and retain young professionals. Without a strong workforce, it's hard to attract investments for small businesses, new housing, and other essential elements of a community. Our county isn't alone in this — it's a challenge that faces many rural areas with small towns. But to demonstrate and demand respect for everyone who calls this county home, we need to remember that the policies we choose today affect the health and wellbeing of our community for years to come.

Offers an expansive definition of health

22

Connect Messaging to Community Challenges

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Introduces the ideas of disparities and underlying inequities

23

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Gives a clear, relatable example

24

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Names groups who are minoritized or marginalized

25

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Returns to the theme of dignity

26

Step 3: Speak to History

Why History Matters in Framing Health Equity

- **History is key** to explaining current health disparities—a point long recognized by advocates.
- What's **new**: *How* we present history makes a difference.
- There's a crucial distinction between:
 - Simply **asserting** a historical cause
 - Clearly **explaining** how the past shapes present conditions
- Effective framing connects the past to the present in a way that builds understanding and support.

27

Frame Health Disparities in Terms of Past, Present, Future

Past	Present	Future
Speak to history. Give specific examples of historical policies that help to explain contemporary health disparities.	Connect the past to the present. Show how the prior policy established conditions that help to explain health disparities now.	Point to the future. Offer an aspirational vision of the desired end state, showing what it could look like if we took action.

28

Assertion Vs. Explanation

Assertion

Today's housing patterns continue to reflect past discriminatory policies, such as redlining, and leave communities of color people facing increased health risks and higher rates of health problems such as asthma, cancer, and cardiovascular disease.

Communities of color face a disproportionate burden of environmental hazards, and reduced access to quality food, transportation, health care, and educational and employment opportunities.

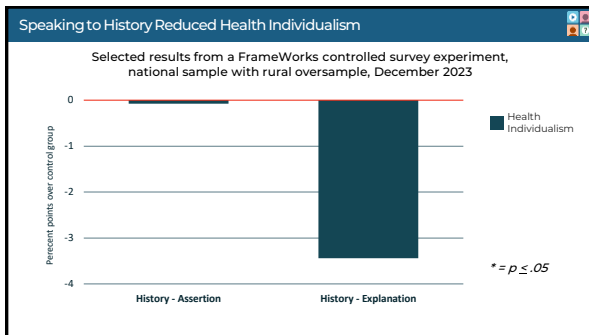
This legacy of racism contributes to significant health disparities, with communities of color experiencing higher rates of chronic diseases and lower life expectancy compared to their white counterparts.

29

Assertion Vs. Explanation

Assertion	Explanation
Today's housing patterns continue to reflect past discriminatory policies, such as redlining, and leave communities of color people facing increased health risks and higher rates of health problems such as asthma, cancer, and cardiovascular disease. Communities of color face a disproportionate burden of environmental hazards, and reduced access to quality food, transportation, health care, and educational and employment opportunities. This legacy of racism contributes to significant health disparities, with communities of color experiencing higher rates of chronic diseases and lower life expectancy compared to their white counterparts.	In many US neighborhoods, most residents share the same race or ethnicity. Today's housing patterns reflect lines drawn on maps in the 1940s to keep people of color in certain areas - a federal policy known as "redlining." This history matters because neighborhoods play a major role in health. Because highways, factories, and incinerators were often placed in majority-Black communities, residents now face higher pollution and other toxins, affecting people's lungs, hearts, and overall health.

30



31

Before Exposure to History - Explanation

Video Slide

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32

To Reframe, Craft Explanations Carefully

The most effective explanations:

- Clearly lay out cause-and-effect sequences
- Have a tight logical flow—one idea leads to the next
- Include many causal transition words, guiding understanding of what affects what
- Can double the level of support for good policy, when compared with mere description or assertion

33

34

35

36

Help People Envision Healthy Conditions and Resources Across a Community



“Together, we can create a future where all our communities are treated with dignity and have the resources needed for good health.


We can make sure that good housing keeps people safe from extreme weather or poor air quality.

We can make sure that accessible transportation easily connects people to work, school, care, and community.

We can make sure that every community can readily access nutritious, affordable food, and get the health care they need in the ways that they need it.”

37

A Positive Vision Has Strong Frame Effects



- Talking about the “end state” — what society would look like if we made changes — had **strong effects with rural participants** in FrameWorks’ inquiries
- In peer discourse sessions (small group discussions), **us-is-them** talk dissipated when the topic turned to the aspirational end-state
- In a controlled survey experiment, end-state aspirational frames built a sense that we could improve racial inequities and disparities
- Significantly increased collective efficacy on racial disparities by 10% over the control

38

Instead of Public Health Jargon, Help People Embrace a Better Future

From this...

By embracing evidence-based, population-level public health measures at the federal, tribal, state, and local levels, communities can advance a state of health equity where everyone, regardless of factors like race, ethnicity, socioeconomic status, or geography, has the opportunity to achieve their best health.

Health equity also addresses the practices that lead to health inequities, such as poverty, racism, and other forms of oppression.

39

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To this...

There are steps we can take to foster a future of health and wellbeing for everyone in our county.

In this future, those of us in the paid workforce can count on jobs that pay well and keep us well through strong workplace safety measures.

In this future, we can all find affordable, reliable places to live and access transportation that gets us where we need to go.

With more resources and fewer avoidable stresses, our community's health, mental health, and wellbeing improve.

40

After exploring these reframing ideas, what seems most important to you?



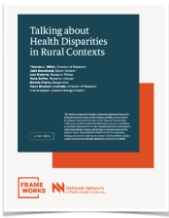
- A. Understanding unproductive mindsets
- B. Knowing we need to reframe
- C. Leading with dignity (not equity)
- D. Explaining historical decisions
- E. Painting a positive future
- F. Other (please type in chat)

41

Resources You Can Use

42

The Playbook



- Created by FrameWorks' research team
- Distills perspectives of health equity leaders in rural areas
- Summarizes new findings on how people think about health disparities
- Shares evidence for each part of the 5-step reframe

43

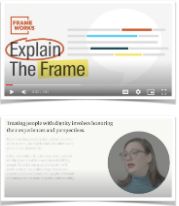
The Toolkit



- Created by FrameWorks' strategists
- Lots of "how-to" examples

44

The Video Series



- Short, explanatory videos
- How and why to expand the definition of health
- How and why to use values-based message of dignity



45

Key Takeaways

- ✓ Understand the mindsets people bring to the topic of health disparities.
- ✓ Expand people's mental picture of health and wellbeing.
- ✓ Lead with the value of dignity and return to it often.
- ✓ Show how decisions of the past affect health in the present.
- ✓ Paint a positive picture of what our future could look like if we act now.

46


A Chat With Julie Sweetland

Betty Bekemeier Julie Sweetland

47


To ask a question, please click the Q&A icon in your Zoom toolbar!



Tell us what you think about today's webinar:



48



Feel free to reach out with further questions.

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jsweetland@frameworksinstitute.org
www.frameworksinstitute.org

49

Resources & Further Reading

Reframing Health Disparities in Rural America: A Communications Toolkit
<https://www.frameworksinstitute.org/resources/reframing-health-disparities-in-rural-america-a-communications-toolkit/>

Talking about Health Disparities in Rural Contexts
<https://www.frameworksinstitute.org/resources/talking-about-health-equity-in-rural-contexts/>

Framing with Data on Pregnancy-Related Mortality and Morbidity
<https://www.frameworksinstitute.org/resources/framing-with-data-on-pregnancy-related-mortality-morbidity/>

Framing with Data
<https://www.frameworksinstitute.org/resources/framing-with-data/>

Explaining the Social Determinants of Health
<https://www.frameworksinstitute.org/resources/explaining-the-social-determinants-of-health/>

Explain the Frame Video Series
<https://www.frameworksinstitute.org/articles/explain-the-frame-introduction/>

50
