
Workshop Summary

JANUARY 2020



Synthesizing Knowledge and Gaps in Research to Inform Communication Strategies in Building a Culture of Health

Prepared by Laura Baum, Erika Franklin Fowler,
Sarah Gollust, and Jeff Niederdeppe

Overview and Vision



Since most Americans get health information from media, an understanding of how mindsets and beliefs might change to cultivate a Culture of Health requires a robust understanding of media and communication processes about the social determinants of health. (By Culture of Health, we adopt the RWJF definition of a movement to make health and health equity national priorities across sectors.) The media environment is broad and encompasses news, entertainment, and advertising across a wide variety of platforms (including streaming media, broadcast networks, cable television, websites, and social media). Understanding the content and effects of media related to health and its broad set of determinants is thus a vital component of strategic efforts to shift mindsets and beliefs to cultivate a Culture of Health. Research suggests that media portrayals can have positive, neutral or even counterproductive effects on outcomes relevant to social determinants of health. While a growing body of research on these topics exists (much of it funded by the RWJF), it is published across multiple disciplines, sometimes inaccessible to those who may be best poised to act on it (e.g., journalists and advocates), and not always engaged with potential agents of change. In a new RWJF-funded project, grantees Erika Franklin Fowler (Wesleyan University), Jeff Niederdeppe (Cornell University), and Sarah Gollust (University of Minnesota) will synthesize and advance the evidence base on communication contexts and strategies to build a Culture of Health with an eye toward filling research gaps and translating knowledge into action by engaging journalists and advocates.

The first stage of this project was an invitation-only research workshop called “Synthesizing Knowledge and Gaps in Research to Inform Communication Strategies in Building a Culture of Health” held on January 15, 2020 at Wesleyan University in Middletown, Connecticut. The meeting objectives were:

- To share collective knowledge of how various forms of media and narrative research (e.g., political ads, health insurance ads, local news, TV shows) communicate about Culture of Health-related issues;
- To share knowledge and wisdom about efforts to measure and/or engage with public, community, and policymakers’ attitudes, beliefs, and opinions related to health and health equity;
- To identify collective lessons learned about effective strategic messaging to promote mindsets and values that support a Culture of Health; and
- To outline an agenda for future research priorities for communication research relevant to building a Culture of Health.

Twenty-nine people attended the meeting. Attendees included researchers from academic and non-academic institutions, research staff, and RWJF program officers. Twenty researchers presented across four topically-oriented workshops:

- A. Understanding media content and media organizations;
- B. Strategic message design to promote mindsets and expectations related to a Culture of Health;
- C. Understanding and engaging the public, community, and policymakers related to Culture of Health communication;
- D. Communications, narrative, and systems-level interventions in the field to promote a Culture of Health.

Speakers shared lessons learned that can inform communication strategies to build a Culture of Health as well as what research studies they have done to support these lessons. The convened audience engaged in discussions to establish, based on this past research, where the important gaps are and what future research priorities should be.

The workshop was conceptually organized around a vision of three essential and inter-connected research areas that together contribute toward communication strategies to promote a Culture of Health (Figure 1). First, media tracking—which also requires understanding media organizations, norms and news production pressures—examines the volume, content and changes in messaging over time. This research should feed into analyses of messaging effects on shared values. Assessing effects of messaging on the public requires understanding mindsets, public opinion and predispositions. In turn, these insights should be fed into strategic intervention and dissemination strategies that build upon knowledge of shareholder values, organizational capacity, existing relationships and priorities. The result of these dissemination efforts could then be examined via media tracking to assess and evaluate changes in media content over time. Finally, this research agenda, like all of our collective work to advance a Culture of Health in the United States, must place attention to health equity at the center. While the key audiences are often considered in this report to be the public (or subgroups among the public), other audiences are also important—if not more so—including advocates, policymakers, and other elites.

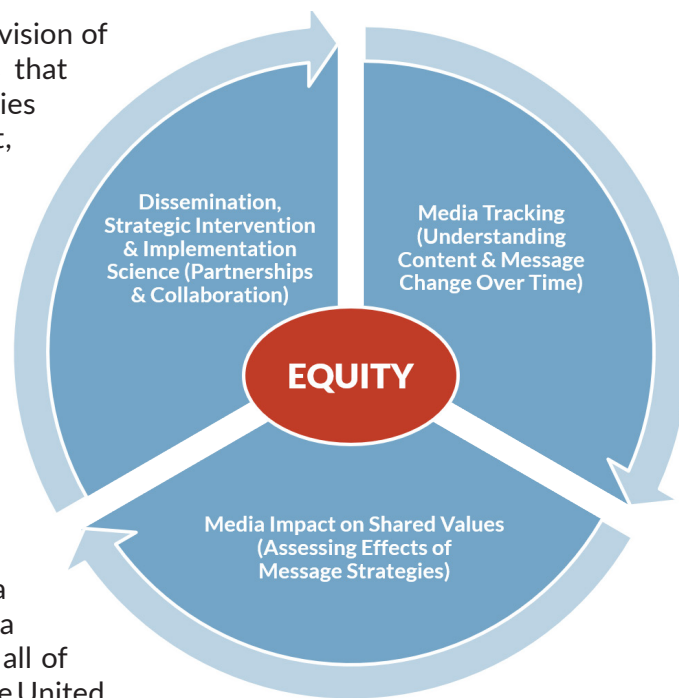


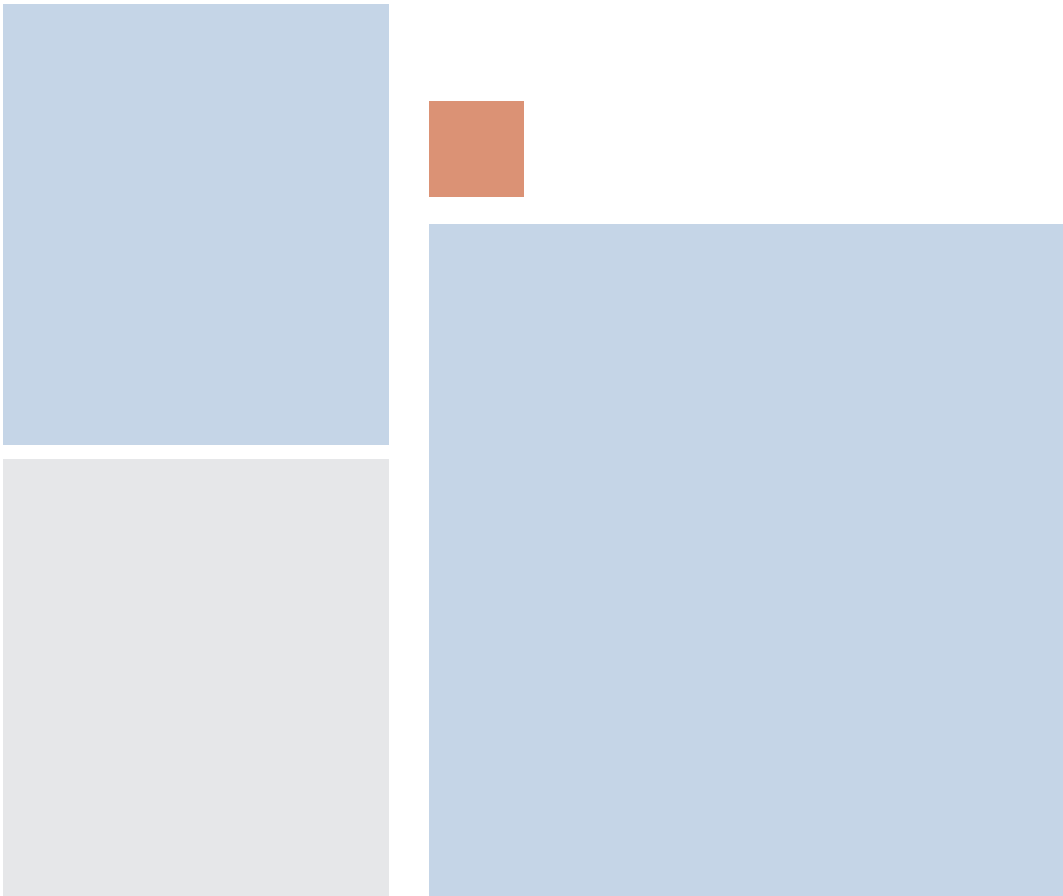
Figure 1. A Vision for Communication Strategies to Build a Culture of Health

Synthesizing what is known with respect to media content, media effects and strategic interventions at this workshop is a first step toward creating this vision of interconnected media research centered on increasing health and social equity.

Acknowledgements

We acknowledge generous support from our Senior Program Officer, Mona Shah, and the Robert Wood Johnson Foundation (grant # 77117).

We are also grateful for the contributions of Colleen Bogucki, Yiwei Xu, Margaret Tait, and Jiawei Liu in managing workshop logistics, taking notes, and keeping time throughout the day.



Takeaways from the Day

Prioritizing a Future Research Agenda



The main outcome of the workshop was a collective assessment and articulation of key research areas for investment. As noted in each of the four workshop session summaries below, participants grappled with themes held in common across presentations, identified areas of tension or disagreement, and nominated what they saw to be the most pressing research needs. One consensus theme of the workshop was the idea that communication about the social determinants of health requires the development and dissemination of complex narratives that explain the systemic and structural factors that shape individual and population health. This is a challenge within the context of an information environment that is accustomed to telling episodic, individual stories that emphasize individual agency. Presenters agreed on the need to not ignore individual agency—that people make choices that impact health and well-being—but to identify compelling ways to put individual agency in the “background” of messaging efforts in order to foreground contextual and historical factors. Researchers who presented at the workshop have had some success in telling these kinds of stories in some contexts, but there is a large need to develop more capacity to implement these findings across media organizations, channels, platforms, and topics and to track the effectiveness of such efforts in the media ecosystem.

Below, we have laid out the priorities that emerged in the workshop into two categories:

1. Specific topics for pressing research attention on communication and its effects; and
2. Areas of investment for capacity building and evaluation of multi-sector efforts to integrate communication research evidence into news, entertainment, and advertising practice.

Priority Topics for Research Attention

We have identified the following research areas that can fill some gaps in our understanding of communication / media effects in a relatively short-term investment. Research participants agreed that as much as possible, these research questions should be pursued in active engagement with community groups and communication practitioners, to ensure that the research is more usable and impactful for target audiences.

1. Exploring the effects of using health outcomes in discussing social policy domains.

We have an assumption that connecting these persistent social issues to health might be persuasive, but there is not enough evidence available on whether in fact making these connections explicit shapes public interest, support for policy action, or indeed whether messages that make these health connections resonate with the public at all.

2. Refining strategies to communicate about social determinants of health in a media environment that emphasizes personal responsibility and questions deservingness of social safety net beneficiaries.

As noted above, an emerging body of research has begun to identify some strategies that may advance public and policy maker understanding of how social, economic, and environmental factors shape human health. But these learnings may not transfer across content areas, and there is much more to learn about strategies to counter dominant media narratives of individual agency and questions about worthiness for public assistance.

3. Identifying key audience segments, beyond political ideology and partisanship, which are important to consider in messaging the social determinants of health.

While partisanship is a huge factor in this communication (as noted throughout the workshops), there is also a need to consider these subpopulations using a more intersectional lens and considering factors like community of residence (small town, urban, rural) and other types of value orientations besides ideology. Another possible segmentation need is thinking across the life course—are there cohorts of Americans (younger, older, etc.) who find issues of health equity more or less salient? Some work has begun to segment audiences in more complex and nuanced ways. For example, see a description of the American Health Values Survey on p. 17 of this report.

4. Balancing the need for broadly appealing versus tailored messages.

Building off of the work on audience segmentation, additional research is needed to consider whether communication should be tailored to populations most ready to mobilize for action around the social determinants of health, versus finding messages that can persuade (or at least buffer resistance) from those more resistant.

5. Spillover effects of messages on one topic (e.g., childhood obesity) to others (e.g., housing).

Considering the interrelationships among and across the topics we study is an important priority, so grant funding should encourage and research proposals should examine multiple topics at once, rather than focusing on topics in isolation, as we typically do (such as a grant on childhood obesity messaging, a grant on ACEs, etc.).

6. Identifying communication strategies used by entrenched sources of power to counterbalance their efforts.

Many efforts to improve social determinants of health among disadvantaged groups threaten existing power structures and the status quo. These strategies often involve placing blame and agency on individuals rather than larger social factors. There is a critical need to identify and monitor the groups and communication strategies that undermine efforts to promote a Culture of Health in the U.S. in service of the broader goal of researching the best messages to respond, mitigate, or counter them.

7. Gathering information about news production and media organizations, and how processes and structures prevent or promote content centered on health equity.

In order to think about how to better intervene, we need more information about how journalists go about their work telling stories, how they think about issues related to health equity, and what sorts of resources or interventions might be most effective. Given the crisis in local journalism, these efforts might especially focus on what information subsidies at the local level are most needed and what sets of information would be most used.

8. Focusing on misinformation and misperceptions, and the extent that these are part of media discourse around social determinants of health.

Misinformation in other health domains (e.g., vaccines) has been an important focus of research inquiry, but to date there has been less on examining the extent to which misinformation might be a challenge for broader public understanding of the social determinants of health and health equity.

In addition to the above research questions related to media production and media effects, there was strong consensus among participants about the need for more dissemination and translation about the current state of the evidence. Specifically, participants asked for:

- Databases available for codebooks, measures, and survey instruments around analyzing media content and public understanding of health and health equity.
- Definitions and common language about elements of media, communication, and public understanding, such as narratives, beliefs, mindsets, episodic framing, etc.

Capacity-Building Research Needs

Discussion at the workshop ventured into longer-term research and implementation needs to reach the goals of culture change and community mobilization toward policies to promote improved population health. Among these longer-term needs are the following issues and questions:

1. Building additional media tracking efforts to span the broad range of places messaging occurs.

Efforts to monitor and assess the effectiveness of communication need to span the broad range of media types that the public consumes and need to be in concert with each other, so that researchers and strategists can understand the big picture of where and through which types of media they might intervene.

2. Engaging more with communication, dissemination, and implementation scientists to determine how best we can integrate communication science into the practice of organizations.

These efforts might include local and state health departments, non-profit organizations, and community organizers who work to varying degrees on strategic communication and mobilizing communities, sometimes without sufficient communication training and communication evidence.

3. Studying processes of organizing and coalition building, and how dissemination of evidence about health equity across multiple sectors might build community and policy demand for action, particularly at local levels.

Participants shared some examples of local multi-sector communication strategy which illuminate important processes of change in local communities, but building broader capacity for these efforts at scale remains a tremendous challenge amid constraints in financial, human and time resources.

4. Examining culture change requires long term investment in monitoring attitudes and beliefs over 20+ year time frames to better understand how public prioritization of equity and support for policy actions changes over time and across generations.

Funding agencies are not well-equipped to support such long-term needs, though periodic efforts to synthesize the knowledge base and structures for cross-sector collaboration are strategies that might be leveraged in service to this challenge.

Summary of Breakout Sessions and the Group Discussions that Followed



Opening Presentation



Erika Franklin Fowler opened the workshop by welcoming attendees to Wesleyan University and provided an overview of the Wesleyan Media Project (WMP), which tracks and analyzes political advertising across the country in real-time, and the research it has conducted with Sarah Gollust and Jeff Niederdeppe and a team of collaborators. For example, the team has used WMP data to examine ACA-related messages in political advertising, health insurance advertising and local television news since 2013. Most recently, the team analyzed messages related to a Culture of Health in all televised political advertising from the past two presidential election cycles and has been tracking local television news messages related to four issue areas (health insurance, early childhood education, family leave and housing). The team's work tracking media messages highlights gaps in news attention to important substantive issues (e.g., the prominence of politics over helpful information that citizens could use, etc). On the political advertising research side, in-depth analyses of all campaign messages up and down the ballot suggest that Culture of Health-related topics are prevalent but also rarely explicitly connected to health. These insights could better serve building a Culture of Health if they fed directly into connected research on media effects and into dissemination efforts with strategic partners as displayed in the team's vision as outlined in Figure 1.



Workshop A

Understanding media content and media organizations relevant to Culture of Health communication



The objective of this workshop was to identify key lessons and gaps in research on how media content and media organizations communicate about topics related to the social determinants of health and health equity. The presentations in Workshop A were somewhat diverse in focus and also touched on themes covered in workshops B, C, and D.

Participants

Laura Baum,
Wesleyan University (Chair)

Elisia Cohen,
University of Minnesota

Lori Dorfman,
Berkeley Media Studies Group

Janet Harris,
Upstream Analysis

Matthew Weber,
University of Minnesota

Liana Winett,
OHSU-PSU

Summary of Presentations

- **Elisia Cohen** discussed intervention development to improve the Culture of Health in medically underserved communities, with particular attention to general audience and minority media. Important lessons learned include: (1) we need to understand when and how media are the right messengers and (2) more information is not always better; better communication is better.
- **Lori Dorfman** shared three lessons to inform communication strategies in building a Culture of Health. Her first lesson, “message is never first”, highlighted the idea that before you can know what to say, you have to know what you’re going to do. Her second message, “make the landscape visible”, discussed how episodic/portrait/individual stories dominate in news media and we need to try to bring out more thematic/landscape stories. Her third message, “bring history forward”, emphasized that we have to understand the history behind our current policies.
- **Janet Harris** discussed changing the media narrative and shifting mindsets, with a content analysis of coverage of County Health Rankings & Roadmaps. She raised three key questions we can ask: Are the media framing your issue the same way you do (messages)? Who is echoing the message (voices)? And, is your work having a real impact (actions)?
- **Matthew Weber** examined media, policymaking and a Culture of Health, with lessons from EPIK (Evaluating Policymakers’ Information and Knowledge) through content analyses of news organization’s webpages and network analytics to learn who is connected to whom and who is passing information on to whom. His work highlighted the paucity of original, local content overall and an even smaller amount that is available to serve local health needs. Although local news plays a small role in policy hearings, it is often used for anecdotal evidence and is a primary resource for staffers learning about an issue, which attests to its importance.

- **Liana Winett** examined whether equity-based messages are being used in stories around children and child well-being, finding that equity is infrequently used and often unclear. Further, equity is perceived along partisan lines with differing definitions of fairness. Her research suggests that in talking about disparity, we should address the mechanism of injustice reflected in systems and structures and tie all of this to equity-based solutions. Advocates can build equity-focused messages and can paint the picture of problems and solutions without jargon.

Common Themes That Emerged Across Presentations

- Audiences matter – and matching the message to an audience is important.
 - » But, as Lori Dorfman highlighted, message is not the place where you should start. We should start with the outcome that we want, including having an understanding of the audience and the way they see the world.
- Participants agreed that substantive coverage of health in the media is inadequate, but when information subsidies are available, they are used.
- Level and type of media matter for the messages citizens receive – local vs national, partisan and/or entertainment media. For example, local stories are more individualized and present inherent structural bias. Local news is often not local enough and both local news and political messaging rarely focused on explicit linkages of social determinants to health.
- The way that stories are told matters, and a common theme to come out of this workshop, as well as others over the course of the day, was the importance of using (and encouraging journalists to use) landscape/ thematic frames that highlight the context, as opposed to those that focus on portrait/individual.
- Workshop participants agreed that sources (messengers) are important.
 - » However, gaps exist/persist in what we know about how and when sources matter.



Topics That Are Still Under Debate

- Participants debated how and when to use injustice framing. They wondered whether it might be context specific (e.g., it might work well in the case of child care stories, but not work as well in other domains).
 - » They went on to ask: If we think it does work, how do you change journalistic practice to make it happen?
 - » How does injustice framing play out in rural contexts vs. urban contexts?
- The question of “what is considered news?” was discussed at some length. At what point does content become purely entertainment and who decides that? Participants agreed that interventions, such as journalist training, are impacted by what we consider to be news and whom we consider to be journalists.
 - » Participants also asked: what values are held by people who define news differently than we do?
- While participants agreed that sources matter, it is unclear whether more sources are always better? Do more sources, or different types of sources, lead to better content or a more informed audience?
- Finally, the group lacked consensus on whether and how we should be explicitly tying stories/content/frames directly to health. For example, does an explicit connection of income inequality or housing to health matter? In addition, participants felt it was important for us understand what comes to mind when different people think of health.

Key Research Gaps

Workshop A participants identified two key types of research gaps: (1) areas where more research or synthesis of evidence is needed, and (2) new methods, toolkits or frameworks that would be helpful. In addition, participants want to better understand how we can connect the dots among research that is asking similar questions but in different ways.

- **Areas where research or synthesis of evidence may be needed:**
 - » Getting back to the debate about directly linking stories to health, participants want to see more research into the impact of connecting (or not connecting) content to health.
 - » Can we compare “ideal” content to standard reporting and share with journalists the opportunities for improvement?
 - » Participants would like to see a deeper analysis of sources cited in equity-focused content. What effect do sources have on key measures of interest such as audience knowledge and engagement?
 - » How would equity content be received in conservative media? How would audiences respond? What should those messages be? What impact do they have?
- **Areas where new methods/toolkits/frameworks would be useful:**
 - » Training reporters to report well on injustice, equity framing.
 - » How can/should we analyze both televisual and print media that are in a health context, that are substantive, and that have a justice lens?
 - » Tools for confronting junk science in a coordinated way.
 - » Identifying and understanding the local media landscape. Very little is known about the landscape of local news sources in an area, across media types and their content.

Workshop B

Strategic message design to promote mindsets and expectations related to a Culture of Health



The objective of this workshop was to identify key lessons and gaps in research on the effects of messages on knowledge, attitudes, and values consistent with a Culture of Health (including correcting misperceptions).

Participants

Sarah Gollust,
University of Minnesota (Chair)

Jeff Niederdeppe,
Cornell University

Emily Vraga,
University of Minnesota

Drew Volmert,
Frameworks

Marquez Rhyne,
The Narrative Initiative

Summary of Presentations

- **Sarah Gollust** described the challenges of health messaging conveying partisan or values-based cues that trigger “motivated reasoning” among the public based on partisan identity. Her findings are based on research across topics (e.g., obesity, health disparities) but she suggested more research is needed both on the content of messages across a broader range of topics and within communities of color and those more directly affected by health inequity.
- **Jeff Niederdeppe** described his research supporting two message strategies that have been shown to promote support of policies that target the social determinants of health among a range of audiences: inoculation (defined as a message that provides a forewarning about future efforts to persuade and a pre-refutation of that message) and sociological storytelling (defined as stories that emphasize the social determinants of health, don’t ignore personal agency, convey that others face these same challenges, and describe ways that policies can help). He cautioned, though, that neither of these strategies are a panacea and can backfire depending on the audience.
- **Emily Vraga** shared that health misinformation is common on social media (and spreads faster and generates more engagement than accurate health information); that “observational correction” (seeing a social media post on one’s feed that corrects false information) seems to work among those who observe it occur between others (but not those who are corrected themselves); and that misinformation is hard to define. Specifically, the definition is complicated by questions of who gets to decide who the experts are, and the fact that scientific evidence is constantly changing and building.

- **Drew Volmert** presented the foundational cognitive models that pose cross-cutting challenges to communicating about a Culture of Health: health individualism (which obscures social determinants and stigmatizes ill health); a mental model that considers health the absence of illness (which thus makes health promotion hard to conceive); and that health is medical (which limits public attention to treatment and individual-level prevention, as opposed to policy change that targets the social determinants of health). He further offered evidence that effective framing requires displacing or backgrounding these commonly-held ways of thinking.
- **Marquez Rhyne** presented on the importance of narrative in shaping public understanding of health. They explained the emergent field of practice around narrative change and the role of Narrative Initiative in building infrastructure for this field. They also offered definitions to differentiate between stories, narratives (an aggregate of stories) and deep narratives (underlying values and worldviews that animate society). They then offered an example of how Narrative Initiative has partnered with public health researchers (at the University of Chicago) to use story-based data collection in Uttar Pradesh India to help young people discuss sexual and reproductive health.

Common Themes That Emerged Across Presentations

- Participants wrestled with the differences between individualized stories and deeper narratives, and how to tell stories that can change broader narratives.
 - » Evidence from communication science consistently supports the idea that communicating using an individual story (or case, exemplar, or episodic coverage) can highlight individual-level blame and responsibility as opposed to presenting issues related to health in a more thematic way, emphasizing social context, history, and the factors that constrain choices or provide opportunity.
 - » Participants agreed that narrative forms of communication can be more effective (than simple stories or exemplars) when they are able to emphasize the thematic and contextual detail, and not only discuss an issue in an individualized way.
- Communication should not ignore individual agency (i.e., people's health-related choices), but messages must find ways to "put it in the background" and spotlight the social and structural issues that shape those choices.
- One-size-fits-all messaging is likely ineffective because of audiences' diversity of values.
 - » There is a strong evidence-base supporting the potential for backlash, particularly when values or partisanship are cued in communication that are not aligned with the values or partisanship of the audience.
- Partisan cues and politicization of messaging is a concern since it could lead to backlash or resistance to messages based on the partisan identity of the audience.

- Communication that solely conveys scientific evidence is not likely to be effective. As participants noted, “facts do not speak for themselves.”
 - » Simply communicating about the scientific-base underlying health inequity or the unequal distribution of the social factors known to promote health is unlikely to be persuasive all on its own.
 - » Related, assuming that scientific messengers have the appropriate authority and credibility to communicate for all audiences may be short-sighted given changing attitudes and trust in science.

Topics That Are Still Under Debate

- Considered in the context of misinformation (as presented by Emily Vraga), participants raised the concern that some forms of communication about the social determinants of health (SDOH) might be perceived as misinformation either to those communities not aware of the ideas of SDOH (since dissemination of these ideas into the public has been slow and unequal) or to those communities predisposed against the ideas given the mental models that emphasize individual behavior as the focal causal models for health.
 - » Investigating whether and how messages conveying social determinants might be perceived as misinformation, then, is an important area to pursue.
- Participants debated the desirability of tailoring messages to audiences versus broader or universal appeals, recognizing the likelihood of backlash noted above.
 - » The idea that a systemic or structural way of considering health is “better” may not be accepted given diversity in cultural- and values-orientation in the population (i.e., collective/holistic vs. individual/analytic orientations).
 - » However, the goals of culture change as described by RWJF suggest that broad communication is necessary to build consensus.
 - » Thus, there remains tension in how much to identify broadly appealing messages versus identifying how best to tailor messages to different populations that vary in their likelihood of accepting the messages.
- There is still debate over what types of evidence ought to be communicated. There is important variation in the evidence-base surrounding the social determinants of health (e.g., economic evidence, sociological evidence, biological evidence) and in how settled versus conflicting this evidence-base is, so communicators ought to consider the choice of evidence carefully.
 - » The evidence that drives the goals of public health (such as evidence on persistent racial disparities in health outcomes) does not have to be the same arguments that are used in communication to support policy changes (i.e., communication might highlight other kinds of concerns or values).
- There are substantial differences in the key terms and vocabulary that presenters and other participants used in describing message effects research.
 - » Participants did not have consensus over the definition of “narrative”; the differences between narratives as single communication vehicles versus “deep” narratives; or in what constitutes “values” or “mindsets.”
 - » Differences in vocabulary among the research community pose a challenge as we think about better dissemination of communication science and engaging with other types of communication stakeholders.

Key Research Gaps

- Can we identify common language and clarify key concepts so that researchers across disciplines (communication, social psychology, anthropology, political science, sociology, public health) can contribute to a shared base of knowledge?
- What are the key audience segments, beyond political ideology and partisanship, that are important to consider in messaging about the social determinants of health?
 - » There is a greater degree of diversity and intersectional identities among audiences, beyond simple categorizations based on political partisanship or ideology (e.g., considering the views of low-income Republicans vs. high-income Democrats; considering place of residence, particularly urban vs. rural; and considering other types of values, such as the belief in a just world).
- Research should also continue to be attuned to the possibility of spillover effects—that communication about one topic (such as early childhood) might spillover to influence how members of the public think about another topic (such as Medicaid or the safety net). Considering the interrelationship among and across the topics we study is an important priority, rather than only considering topics in isolation (i.e., disparities, obesity, and vaccines in separate studies).
- We need to understand the broader information environment surrounding policy discourse and the motivations of communicators — the political and structural processes that lead certain messages to become common in the public discourse. For instance, communicators with power wield messages about deservingness and personal agency strategically to maintain stereotypes about low-income and racialized populations as undeserving of government support.
- What are the best ways for communication to achieve the long-term goals of culture change to support a Culture of Health in the United States?
 - » There was some agreement that mass communication and consistency are required to achieve culture change, or at least identifying some common frameworks for communicating and then implementing them with some tailoring across communities.
 - » But evaluating these big questions requires large investments into research and communication, and a longitudinal approach to understanding shifts over time.
- How can communication efforts be mobilized across coalitions and messengers to maximize volume of exposures and consistency over time?
 - » Research is required on the most trusted channels and coalitions in communities, leveraging insights from community organizing into communication-related work.
 - » This research, ideally, would be community-engaged from the start, leveraging insights from grass-roots community members and community leaders into the research questions and research design.
- Is it even possible to change deep narratives, mindsets, or mental models surrounding health? Is the objective to change these deep models, or is a shift in the salience of these models or priming alternative models sufficient to achieve cultural change?
- The research community has to be concerned with dissemination of both the communication science and the science around the social determinants of health to distinct audiences:
 - » Health departments who engage in campaigns and communication;
 - » Advocates who engage in strategic communication;
 - » K-12 educators, who can provide the foundation for a population better prepared to understand and act to promote population health in the future.

Workshop C

Understanding and engaging the public, community, and policymakers related to Culture of Health communication and narratives



The objective of this workshop was to identify key lessons and gaps in research on efforts to measure and/or engage with public, community, and policymakers' attitudes, beliefs, and opinions related to health and health equity.

Participants

Erika Franklin Fowler,
Wesleyan University (Chair)

Larry Bye,
NORC

Rebekah Nagler,
University of Minnesota

Jonathan Purtle,
Drexel University

Abigail Williamson,
Trinity College and Sarah Willen,
U Connecticut

Summary of Presentations

- **Larry Bye** provided lessons for communicators from the American Health Values Survey (AHVS) and a deeper dive from similar surveys in five RWJF Sentinel Communities. The results shed light on one way to segment the U.S. general public based on values and beliefs central to the Culture of Health (CoH) vision. Three segments (comprising almost 6 in 10 adults) are supportive of the vision: a) Committed Activists, b) Health Egalitarians, and c) Equity Advocates. Two segments (comprising about 30% of the U.S. adult population) are very skeptical about the CoH vision: a) Self-Reliant Individualists and b) Disinterested Skeptics. A final group (representing 14% of adults) is conflicted: Private Sector Champions. This latter group is important because it suggests that a local focus and private sector involvement may be ways to transcend the partisan and ideological divide on at least some CoH issues. A short version of the AHVS instrument is available for use by researchers.
- **Rebekah Nagler** discussed evidence about how leveraging community partnerships among local journalists and organizations could work to improve coverage of and knowledge about health inequalities. She took a deep and hyperlocal dive into Lawrence, MA combining local media content, door-to-door surveys (collected by people from the community) and community partnerships. The results showed: (1) that public opinion in communities with health inequalities mirror national trends that focus on personal responsibility, (2) that local media coverage of inequities could explain opinion patterns and knowledge deficits and (3) that individual and institutional intervention is best to shift local media and public attention.

18 Workshop Summary | Workshop C

- **Jonathan Purtle** shared evidence from a survey of U.S. city health commissioners and mayors (from cities with 50,000 or more in population) and interviews from county-level policymakers and community-based organization leaders. The results suggest that policymaker opinions vary by ideology and that although policymakers generally understand health equity (or constructs of it), they really are not sure what to do about it and or what the mechanisms for change might be.
- **Abigail Williamson** presented work from the Americans Conceptions of Health Equity Study (ARCHES) examining public views of health deservingness from extensive qualitative work in Cleveland and previewed their survey experiments using a national sample that will test how messaging might shift mindsets about health equity. The results from the qualitative work suggest that polarization and polarized language should be avoided (importantly, language of fairness and equity could trigger partisan responses), perceptions of control over health are key (priming influence of luck or fate may clarify the limits of individual responsibility), and that recognizing structural causes can lead to support for action for intervention.



Common Themes That Emerged Across Presentations

- One of the most consistent themes was the role of partisan polarization as highly predictive (though not always determinative) of attitudes surrounding Culture of Health issues. Participants characterized the potential of partisan responses to communication as a “minefield” but not a lost cause, in that the presentations offered examples of bipartisan agreement and consensus around some ways of thinking about health and health equity-related issues.
- In addition, views of personal behavior influencing health are commonly held (and may be the most dominant view).
- Future work that focuses on communication tactics that might transcend partisanship/ideology and that highlights structural causes of health may be especially important.
- Political elites (specifically local health departments and local elected officials) are more informed about issues of equity than the general public, but most are unsure about what to do about it. This lack of clarity about whether and how to act may be due to the perceived scope and complexity of the task of addressing health inequity.
- Finally, everyone agreed that sampling issues and careful data collection to get adequate representation of the populations of interest is paramount.

Topics That Are Still Under Debate

- With regard to health equity in particular, although political elites may have more knowledge, it remains unclear how much people actually understand and how this understanding differs among subpopulations.
 - » Part of the differences in the literature may be due to differences in measures of understanding (qualitative versus quantitative or closed versus open-ended questions).
 - » The group asked: what is the appropriate or target level of understanding that the public in particular (though we might also include elites) should have surrounding health equity?
- There was consensus that additional research could be helpful in understanding what the public thinks about when issues of health are raised:
 - » Does the public think more narrowly about medical care?
 - » And do these perceptions differ across groups?
 - » Is it possible to expand thinking about drivers of health without diluting the understanding of what health is?
 - » Would terms like thriving or flourishing help to cultivate broader conceptions of health and if so among whom?

Key Research Gaps

- The group agreed that new research or syntheses of evidence surrounding what strategies might be most useful in shifting thinking among the public and in triggering policymakers to think about structural solutions were urgent areas needing attention.
- Other helpful action areas might include providing more transparency in measurement or a database or repository for concept definition and measurement strategies for health equity that could be replicated or shared across scholars in different disciplines and on different study populations.
 - » For example, the study led by Larry Bye (and supported by Carolyn Miller, RWJF) has allowed for the creation of survey measures that could be a great resource for others, but these measurement tools need to be disseminated more purposefully to scholars working in multiple disciplines that might be measuring public attitudes about health and health equity.
- In addition, more attention should be paid to stakeholders and how to align measurement and dissemination efforts to these stakeholders to increase uptake of the information as findings come out.
 - » Lessons from the local level in community partnerships (such as the experience Rebecca Nagler shared in Lawrence, Massachusetts) might be useful here.
- Finally, additional replication and validity work is needed surrounding different concepts related to attitudes about health and across different populations, especially among populations that are underrepresented.

Workshop D

Communication, narrative and systems-level interventions in the field to promote a culture of health



The objective of this workshop was to identify key lessons and gaps in research on campaigns and interventions to promote a Culture of Health.

Participants

Jeff Niederdeppe,
Cornell University (Chair)

Pennie Foster-Fishman,
Michigan State University

Neil Lewis Jr.,
Cornell University

Erica Lynn Rosenthal,
USC Annenberg

Doug Yeung,
RAND

Shoba Ramanadhan,
Harvard School of
Public Health

Summary of Presentations

- **Pennie Foster-Fishman** introduced the audience to the value of systems-level thinking in developing communication strategies for social change. She presented on the need (1) for communication and social change efforts to align with the larger community ecosystem, (2) for community efforts to embed changes within communities rather than trying to push it through from the top-down, and (3) to build capacity for communities to eliminate multiple sources of injustice across community settings.
- **Neil Lewis Jr.** described an identity-based motivation approach for promoting a Culture of Health. He described three primary lessons learned: that (1) people see many health behaviors through the lens of their social identities, (2) identity-based perceptions influence willingness to engage in health-related behaviors (and perhaps social change efforts more broadly), and (3) the link between identity and behavior is malleable via both communication and systems-level interventions.
- **Erica Lynn Rosenthal** described efforts by The USC Norman Lear Center to understand the current landscape of entertainment narratives relevant to health and well-being, to inspire media narratives on these issues, and to advance both the science and impact of media narratives. She illustrated three main points: (1) entertainment can be more influential than didactic information if it has broad appeal, (2) media tend to tell psychological stories about personal agency versus sociological stories about larger social systems, and (3) working with media creators can be highly effective under the right circumstances.

- **Doug Yeung** described his experience in working on the Santa Monica Wellbeing Project, highlighting three key insights about media and technology interventions at the community level: (1) community members will participate in digital health data interventions to benefit their community, (2) technology companies have an interest in doing good things for communities, particularly if they can be seen doing good, and (3) there are many challenges to linking digital health data with real-world impact, and both companies and policymakers need such information.
- **Shoba Ramanadhan** described her work in understanding how corporate leaders (the “C-Suite”) think about engagement in health and systems-level interventions in workplace settings. She emphasized that (1) work organizations are complex and involve multiple forces that include employees, communities, environmental factors, and consumers; (2) a variety of factors shape opportunities to support movement toward health values and health policies in organizational settings; and (3) community engagement, customized solutions for underserved communities, accessible metrics, and momentum around multi-level engagement are key opportunities to engage corporate leaders in efforts toward health equity.

Common Themes That Emerged Across Presentations

- The field remains challenged in ways to tell complex contextual/ landscape/ systematic/ sociological stories (different names for the same general idea) about social change and social systems in an information environment that is accustomed to telling episodic/portrait/psychological stories about individual agency.
 - » However, several projects demonstrate that it can be done, but we need to develop capacity to do this across media organizations, channels and platforms.
- Various forms of identity are important in communicating for social change.
 - » Examples include racial identity for health behavior as well as corporate identity for organizational change (e.g., auto giant as a “mobility company”).
- We need to consider various forms of context in developing effective social change communication.
 - » This includes the media context, narrative context, community context, and organizational context.
 - » To do so, we need multi-level, multi-disciplinary, multi-theoretical approaches.
- We do know more than we think we do about effective communication about social factors, as many researchers at the meeting have worked in this space for some time.
 - » Lessons learned include the need to speak to audiences with the language of values, not just evidence; to identify solutions, not just problems; and to use simple language whenever possible.

Topics That Are Still Under Debate

- Questions of power and agency were central to the discussion. This includes the fundamental question of who gets to define the parameters of the (social change) conversation? Who decides what outcomes matter?
 - » Communities? (Who within them)?
 - » Business leaders/corporations?
 - » Those who are differentially affected by health issues?
- Several attendees raised the concern that messages which emphasize systems-level thinking and the complex, multifaceted influences on health and well-being could run the risk of leading to a sense of fatalism among some audiences.
 - » There is a very limited evidence base on this topic, suggesting the need for additional research
- There was also a lively conversation about challenges in moving from research to action. This led to several comments about a variety of considerations:
 - » How best to deliver research results back to a community? And how should researchers be thinking about communities – partners? Collaborators? Interested audiences?
 - » What are researchers willing to say, to whom, and at what point in a policy discussion, about the state of the evidence related to communication about the social determinants of health? What SHOULD they be willing to say given inherent uncertainties and limitations of the evidence base?
 - » When is our knowledge “good enough” to share to inform policy and practice?
 - ♦ Is imperfect scientific knowledge better than gut feelings? The loud voices of special interests? Does this depend on the urgency of the problem?

Key Research Gaps

- How important is it to discuss health (outcomes, effects, etc.) in discussing social factors like housing, income inequality, racial discrimination, early childhood education, etc.? Does this shape public interest and concern for these issues, or does it resonate at all?
- How can we develop ecosystems for both developing different kinds of stories (and empowering people to tell them and share them) while also understanding that not all stories affect all audiences the same way, and that some stories are more compelling to some audiences?
- How can we create opportunities for sharing experiences, information, and data on the context for implementing communication interventions? What do we know about implementation science for communication about a Culture of Health? How can we synthesize this knowledge?

Appendices

Appendix 1: Meeting Evaluation Summary

Following the workshop, an evaluation survey was sent to participants asking about their overall experience, opportunities to connect with researchers in the field, understanding of the relevant research, and understanding of key research gaps. Thirteen respondents completed the survey.

All of the respondents either agreed or strongly agreed that the workshop was valuable to them and that it gave them the opportunity to connect with researchers in the field. A combined 85% of respondents agreed or strongly agreed that they have a better understanding of what is currently known from research related to communication about social determinants of health and health equity. A combined 92% reported agreeing or strongly agreeing that they have a better understanding of key research gaps in this area.

Summary of Responses to Closed-Ended Evaluation Survey

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Overall, this workshop was valuable to me.				8%	92%
This workshop gave me the opportunity to connect with researchers in the field who I didn't know before.				8%	92%
After this workshop, I have a better understanding of what is currently known from research related to communication about social determinants of health and health equity.		8%	8%	62%	23%
After this workshop, I have a better understanding of key research gaps related to communication about social determinants of health and health equity.		8%		46%	46%

N=13

Appendix 2: Attendees

First	Last	Affiliation
Laura	Baum	Wesleyan University
Colleen	Bogucki	Wesleyan University
Larry	Bye	NORC at the University of Chicago
Elisia	Cohen	University of Minnesota
Lori	Dorfman	Berkeley Media Studies Group
Pennie	Foster-Fishman	Michigan State University
Erika	Franklin Fowler	Wesleyan University
Claire	Gibbons	Robert Wood Johnson Foundation
Sarah	Gollust	University of Minnesota
Janet	Harris	Upstream Analysis
Neil	Lewis, Jr.	Cornell University
Jiawei	Liu	Cornell University
Carolyn	Miller	Robert Wood Johnson Foundation
Rebekah	Nagler	University of Minnesota
Jeff	Niederdeppe	Cornell University
Jonathan	Purtle	Drexel University
Shoba	Ramanadhan	Harvard T.H. Chan School of Public Health
Marquez	Rhyne	Narrative Initiative
Erica Lynn	Rosenthal	USC Annenberg Norman Lear Center
Mona	Shah	Robert Wood Johnson Foundation
Margaret	Tait	University of Minnesota
Drew	Volmert	FrameWorks Institute
Emily	Vraga	University of Minnesota
Matthew	Weber	University of Minnesota
Sarah	Willen	University of Connecticut
Abigail	Williamson	Trinity College
Liana	Winett	OHSU/PSU School of Public Health
Yiwei	Xu	Cornell University
Douglas	Yeung	RAND

Appendix 3: Agenda

Synthesizing Knowledge and Gaps in Research to Inform Communication Strategies in Building a Culture of Health

Allbritton Center, Room 311,
Wesleyan University, Middletown, CT

Meeting Objectives

- To share collective knowledge of how various forms of media and narrative research (e.g., political ads, health insurance ads, local tv news, TV shows) communicate about Culture of Health-related issues;
- To share knowledge and wisdom about efforts to measure and/or engage with public, community, and policymakers' attitudes, beliefs, and opinions related to health and health equity;
- To identify collective lessons learned about effective strategic messaging to promote mindsets and values that support a Culture of Health; and
- To outline an agenda for future research priorities for communication research relevant to building a Culture of Health.

Agenda

Tuesday, January 14

6:00 p.m. Dinner and Welcome Remarks
Inn at Middletown, 2nd floor

Wednesday, January 15

7:45 a.m. Shuttle available from the Inn to Allbritton Center
Gather in hotel lobby

8:00 a.m. Breakfast Available
Allbritton Center, room 311

8:30 a.m. Welcome and Introductions
The introductions will define the scope of Culture of Health-related communications in media and its relationship to public attitudes, discuss the RWJF historical investment in this space, and suggest future opportunities for research funding and engagement.

- **Erika Franklin Fowler**, Wesleyan University
- **Jeff Niederdeppe**, Cornell University
- **Sarah Gollust**, University of Minnesota
- **Mona Shah**, Robert Wood Johnson Foundation

9:00–
10:30 a.m.

Concurrent Workshop Session 1

Workshop A: Understanding media content and media organizations relevant to Culture of Health communication (*Location: Allbritton Center*)

The objective of this workshop is to identify key lessons and gaps in research on how media content and media organizations communicate about topics related to the social determinants of health and health equity.

- Chair: Laura Baum, Wesleyan Media Project
- Elisia Cohen, University of Minnesota
- Lori Dorfman, Berkeley Media Studies Group
- Janet Harris, Upstream Analysis
- Matthew Weber, University of Minnesota
- Liana Winett, OHSU-PSU

Workshop B: Strategic message design to promote mindsets and expectations related to a Culture of Health (*Location: Allbritton Center*)

The objective of this workshop is to identify key lessons and gaps in research on the effects of messages on knowledge, attitudes, and values consistent with a Culture of Health (including correcting misperceptions).

- Chair: Sarah Gollust, University of Minnesota
- Sarah Gollust, University of Minnesota
- Jeff Niederdeppe, Cornell University
- Emily Vraga, University of Minnesota
- Drew Volmert, Frameworks
- Marquez Rhyne, The Narrative Initiative

10:30–
10:45 a.m.

Break

10:45–
11:30 a.m.

Full group discussion– Common Themes (*Location: Allbritton Center*)

The moderated discussion will seek to summarize and elevate common themes or key disjunctures across studies of media content and studies of message effects.

11:30–
12:30 p.m.

Lunch

12:30–
2:0 p.m.

Concurrent Workshop Session 2

Workshop C: Understanding and engaging the public, community and policymakers related to Culture of Health communication and narratives (*Location: Allbritton Center*)

The objective of this workshop is to identify key lessons and gaps in research on how media content and media organizations communicate about topics related to the social determinants of health and health equity.

- Chair: Erika Franklin Fowler, Wesleyan University
- Larry Bye, NORC
- Rebekah Nagler, University of Minnesota
- Jonathan Purtle, Drexel University
- Abigail Williamson, Trinity College and Sarah Willen, U Connecticut

Workshop D: Communications, Narrative and systems-level interventions in the field to promote a Culture of Health (*Location: Allbritton Center*)

The objective of this workshop is to identify key lessons and gaps in research on campaigns and interventions to intervene to promote a Culture of Health.

- Chair: Jeff Niederdeppe, Cornell University
- Pennie Foster-Fishman, Michigan State University
- Neil Lewis Jr., Cornell University
- Erica Lynn Rosenthal, USC Annenberg
- Doug Yeung, RAND
- Shoba Ramanadhan, Harvard School of Public Health

2:45–
3:00 p.m.

Break

3:00–
3:45 p.m.

Prioritizing a Future Research Agenda

3:45–
4:00 p.m.

Wrap up and Next Steps

4:00–
4:15 p.m.

Adjourn
Shuttle available back to the Inn

6:30 p.m.

Optional Dinner

*Herd Restaurant
200 Main St
Middletown, CT 06457*