Communicating Health Equity: Strategies and Challenges for Public Health Communicators

Why We Did This Study

Public health communicators play a critical role in shaping narratives around health equity, yet they operate in an increasingly polarized and distrustful information environment. Despite growing attention to structural racism and health disparities in research, public awareness remains stagnant, and discussions are often met with resistance or politicized responses. We recognized a gap in understanding how communicators public health (PH) leaders, journalists, advocates, and thought leaders—navigate these challenges in their work. Our study aimed to uncover the strategies they use, the barriers they face, and the resources they rely on to effectively communicate about health equity. By identifying these factors, we sought to inform future research and practical support to strengthen health equity messaging in a volatile sociopolitical climate.

How We Did This Study

To explore these questions, we conducted a qualitative study involving in-depth interviews with 36 public health communicators across four professional categories: PH leaders, journalists, advocates/narrative change organizers, and thought leaders. Participants were

Key Findings:

- Public health communicators (public health leaders, journalists, advocates, and thought leaders) use data and stories to explain health equity but face communication challenges such as audience resistance, political polarization, and institutional barriers.
- Communication strategies include targeting messages to audiences, emphasizing shared values, and leveraging interpersonal networks for support.
- Fragmentation across communicators and reliance on informal resources highlight the need for centralized and evidence-based tools that are accessible and actively disseminated to communicators in practice.
- Declining public trust in science and media, combined with politicization, complicates efforts to discuss structural racism and disparities.

recruited through a combination of professional networks, snowball sampling, and targeted outreach to ensure diverse perspectives and geographic representation. Interviews took place between November 2022 and June 2023, continuing until thematic saturation was reached. Using a semi-structured approach, we asked participants about their communication strategies, barriers to communication with audiences and within institutions, and the resources they valued or needed. All interviews were transcribed and analyzed through a collaborative, team-based coding process to identify key themes, patterns, and outliers. This rigorous methodology allowed us to capture nuanced insights while ensuring reliability in our interpretation.

What We Found

Our analysis revealed several critical insights. Communicators employ a range of strategies, from framing health equity issues around shared values to using community-centered storytelling, but they often face significant pushback due to political polarization and misinformation. Journalists, in particular, described institutional barriers such as editorial gatekeeping and difficulties sourcing diverse perspectives, while PH leaders expressed concerns about alienating audiences with terms like "structural racism." Across all groups, communicators relied heavily on informal networks for support, highlighting a gap in accessible, research-backed resources. The broader context—including the COVID-19 pandemic and a highly charged political environment— exacerbated these challenges, with many participants noting declining public trust in both science and news media as major obstacles.

Table 1: Thematic Challenges Communicators Face in Communicating about Health Equity in 2022-2023

Theme	Key Challenges	Exemplar Quote(s)
Institutional Barriers	Editorial gatekeeping, narrow sourcing pools, and no centralized equity- focused communication resources	"There are some editors who are willing to have those anecdotes in the story, or will really want to have like, more detail on what actually happened. Well, was it really racism? You know, those big questions pop up a lot" (Journalist)
External Pressure	Political polarization, terminology sensitivity (e.g., using "structural racism"), distrust fueled by crises, misinformation, and institutional credibility erosion	"Misinformation is rampant, and people don't believe basic facts of science about vaccines or healthcare issues" (Journalist) "The thing that I think it's more pushback is like just people not really wanting to talk about structural racism. And so, you know, when you use a framework that's very explicit about like, this is what structural racism looks like, I mean, that can be challenging for different audiences." (PH leaders)
Informal Networks/Fragmentation	Lack of formal support systems and fragmentation among institutions	"[We act like] 3000 different health departments instead of one field" (PH leader)

What These Findings Mean

The findings underscore the complex landscape in which health equity communicators operate. The reliance on interpersonal networks over formal tools suggests a need for more centralized, user-friendly resources—such as messaging guides, accessible data repositories, and training—to reduce fragmentation and enhance consistency. The pervasive challenges of polarization and mistrust call for evidence-based strategies that are adaptable to different audiences and varying geographic contexts. Additionally, the institutional barriers faced by journalists and public health professionals point to systemic issues that require organizational and policy-level solutions. Ultimately, improving health equity communication will demand a multifaceted approach, combining rigorous research, collaborative networks, and targeted messaging to bridge divides and foster public understanding.

Key Recommendations

- Develop accessible resources: Create web-based platforms with research-backed messaging guides and data.
- **Strengthen collaboration:** Build networks among communication researchers, journalists, advocates, and public health leaders to align efforts.
- Address polarization: Design context-specific strategies that address audience sensitivities and mitigate backlash.
- Train practitioners: Provide ongoing support to communicators to navigate institutional barriers and audience resistance.
- Expand research: Evaluate what communication efforts work across diverse audiences to refine equity communication over time.

For more details on what our study participants suggested for specific research questions that they perceive as urgent to address, see our previous report, <u>here</u>.

Acknowledgements

This work was funded by the Robert Wood Johnson Foundation (Grant #79754). The views expressed here do not necessarily reflect the views of the Robert Wood Johnson Foundation.

This research brief is based on the following study:

Gollust, S. E., Medero, K., Nelson, Q. M., Ford, C., Fowler, E. F., Niederdeppe, J., & Nagler, R. H. (2025). Strategies for and barriers to communicating about health equity in challenging times: Qualitative interviews with public health communicators. Milbank Quarterly, 103(2), 526. https://doi.org/10.1111/1468-0009.70022

Suggested Citation for This Research Brief:

Gollust, S. E., Medero, K., Nelson, Q. M., Ford, C., Fowler, E. F., Niederdeppe, J., & Nagler, R. H. (2025, June). Communicating health equity: Strategies and challenges for public health communicators. COMMHSP. https://commhsp.org/strategies-and-challenges-for-public-health-communicators/