

Building Bridges: Health Equity and Narrative Change in Challenging Times

February 18, 2025

1-2:30 p.m. ET

COLLABORATIVE FOR

**Anti-Racism &
Equity**

CARE Mission

The Collaborative for Anti-Racism & Equity (CARE) strengthens collective efforts advance health equity and implement anti-racism in public health practice by streamlining access to the information and resources needed to inform solutions that will transform institutions and create healthy and equitable communities.

COLLABORATIVE FOR
**Anti-Racism &
Equity**

COLLABORATIVE FOR
**Anti-Racism &
Equity**



Partnering to Advance Health and Racial Equity Through Systems Change

By making information accessible, identifying ways to take action, and building partnerships, we can create upstream change. We all have a stake in promoting health equity, advancing anti-racism action, and creating healthier, more equitable communities.

The Collaborative for Anti-Racism & Equity (CARE) strengthens collective efforts to address racism as a public health crisis and implement anti-racism in public health practice by streamlining access to the information and resources needed to inform solutions that will transform institutions and create healthy and equitable communities.

WHO WE ARE

Founded in 2021, CARE is a group of organizations that believes that we can achieve better health for all by addressing racism as a public health crisis.

WHAT WE DO

CARE facilitates collective efforts to advance health, racial equity, and anti-racism work at a systems level by organizing trainings and workshops; strengthening capacity; and identifying, developing, and sharing essential resources to help people and communities take informed action.

WHAT WE FOCUS ON

- **Collaboration:** Increasing reach and achieving greater impact by connecting partners and facilitating collective efforts to develop and share resources and take action.
- **Communications:** Ensuring the national narrative centers the impact of racism and other structural factors on the systems that shape our health and sharing resources to support the work.
- **Community:** Centering and amplifying community-led efforts and community-generated ideas to advance health equity, racial equity, and justice.
- **Policy:** Assessing, designing, and sharing legal and policy solutions that advance health, racial equity, and anti-racism efforts.
- **Research:** Connecting people to evidence and expertise and identifying opportunities to collaborate on research projects.

PARTNER WITH US!

- **Suggest resources to share:** CARE wants to uplift examples of work being done to advance health and racial equity. Let us know about laws, policies, best practices, or research to highlight.
- **Participate in a CARE event:** Engage in workshops, webinars, and the Anti-Racism in Public Health Peer Learning Community hosted by CARE and access resources on the CARE website.
- **Provide financial support:** We are always seeking funding, especially from partners interested in working together to realize a shared vision of racial equity within systems, institutions, and communities. We want to build the movement, and we need resources to support administration, training, and communications that advance upstream, macro-level change.

To connect with us, please email careconnect@herenow.org and visit our website at herenow.org.

Download our One Pager at HereNow.org

Overview of CARE

We are peers from the following types of organizations:

- Academic institutions
- Federal agencies
- Legal services
- Nonprofit
- State health departments
- Research or policy organization
- Tribal organizations

COLLABORATIVE FOR

Anti-Racism &
Equity

Peer Learning Community

Be a part of the **Anti-Racism in Public Health Peer Learning Community** hosted by CARE and connect with others to share, learn, and grow in the work to advance racial health equity and declarations of racism as a public health crisis.

Join Us

- Acknowledge, unlearn, and move against racism in public practice
- Support individuals dedicated to anti-racism work and to strengthen a public health workforce that welcomes and values diverse perspectives
- Build capacity and shared learning around the development, implementation, and evaluation of declarations of racism as a public health crisis
- Enhance empathy and compassion as it applies to building inclusive and equitable communities

Peer Learning Community

The next PLC meeting is Monday, March 17th, from 1-2 p.m. ET.



COLLABORATIVE FOR
**Anti-Racism &
Equity**

 **JOIN US!**
3.17
@1-2:00pm ET

**Join the next meeting of
our peer learning community**

- >> Discuss the definitions, communications strategies, practical tools and other resources shared during the February webinar.
- >> Examine the roles of community groups in advancing health equity and discover ways to amplify their influence through strategic partnerships.

Details / register: herenow.org

CARE as a Collective Action Team

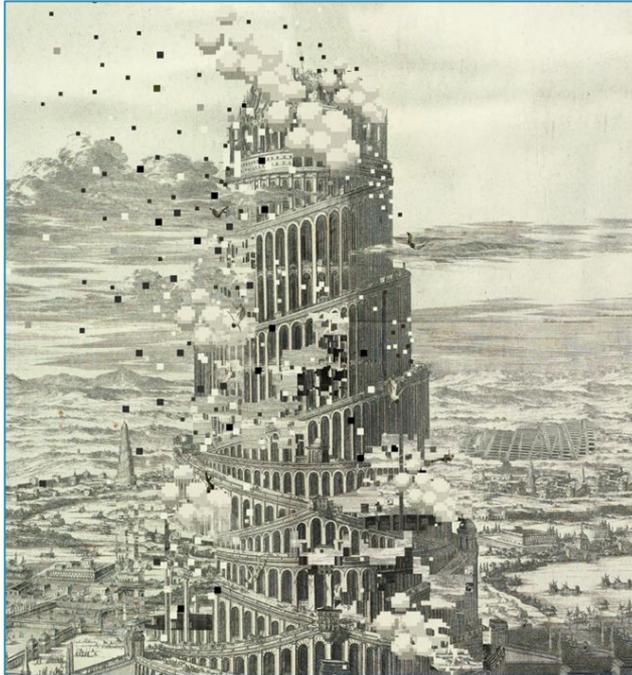


COLLABORATIVE FOR

Anti-Racism & Equity

COLLABORATIVE FOR
Anti-Racism & Equity

Setting the Context



IDEAS

WHY THE PAST 10 YEARS OF AMERICAN LIFE HAVE BEEN UNIQUELY STUPID

It's not just a phase.

By Jonathan Haidt

Illustrations by Nicolás Ortega

Image of an article in The Atlantic by Jonathan Haidt, “Why The Past 10 Years of American Life Have Been Uniquely Stupid,” April 11, 2022

https://www.theatlantic.com/magazine/archive/2022/05/social-media-democracy-trust-babel/629369/?utm_source=copy-link&utm_medium=social&utm_campaign=share



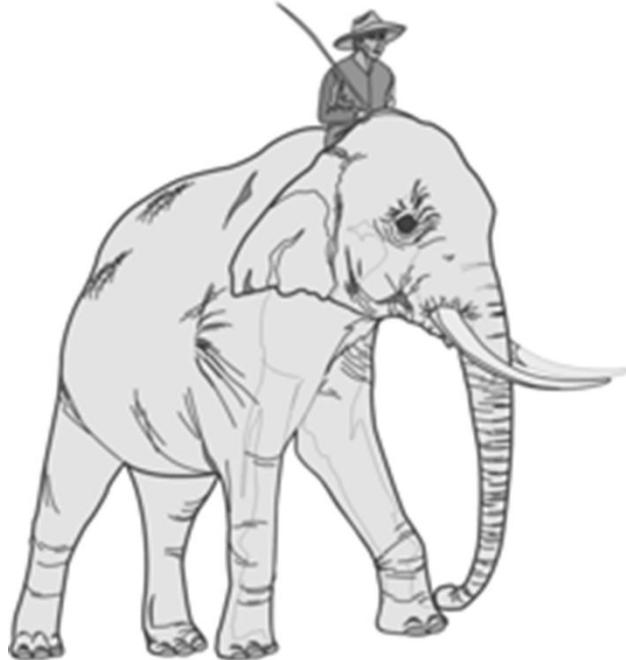
The most reliable cure for confirmation bias is interaction with people who don't share your beliefs.



Moral Foundations Theory

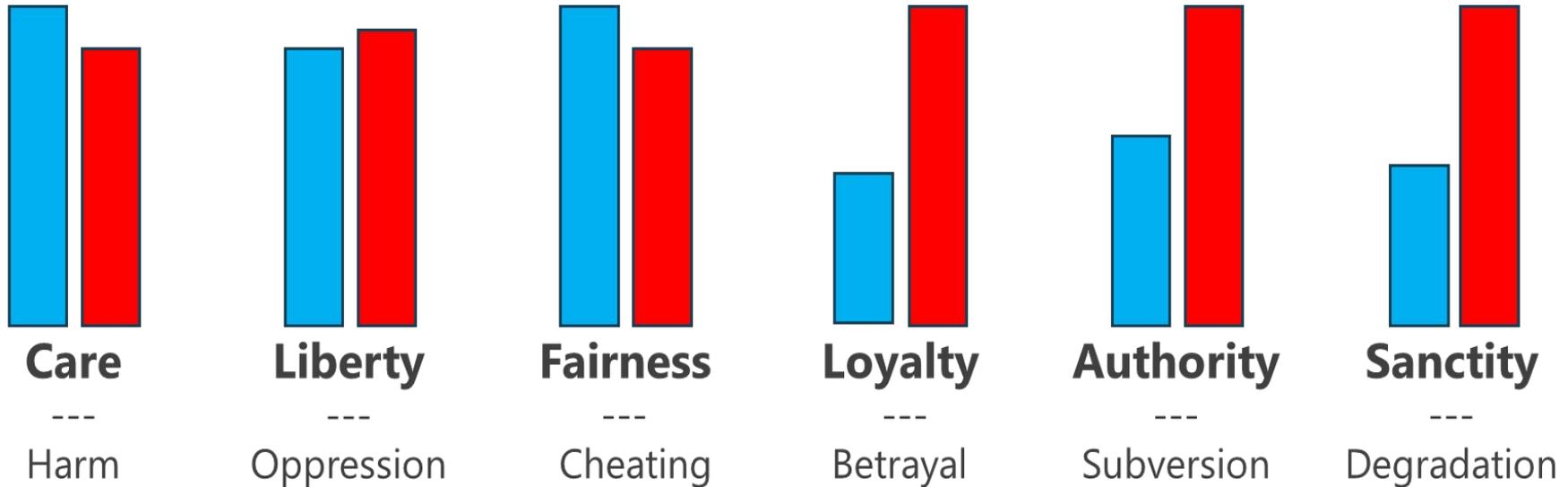
Adapted from Haidt, *The Righteous Mind*, Vintage Books (2012)

The Intuitive Elephant



Moral Foundations Theory

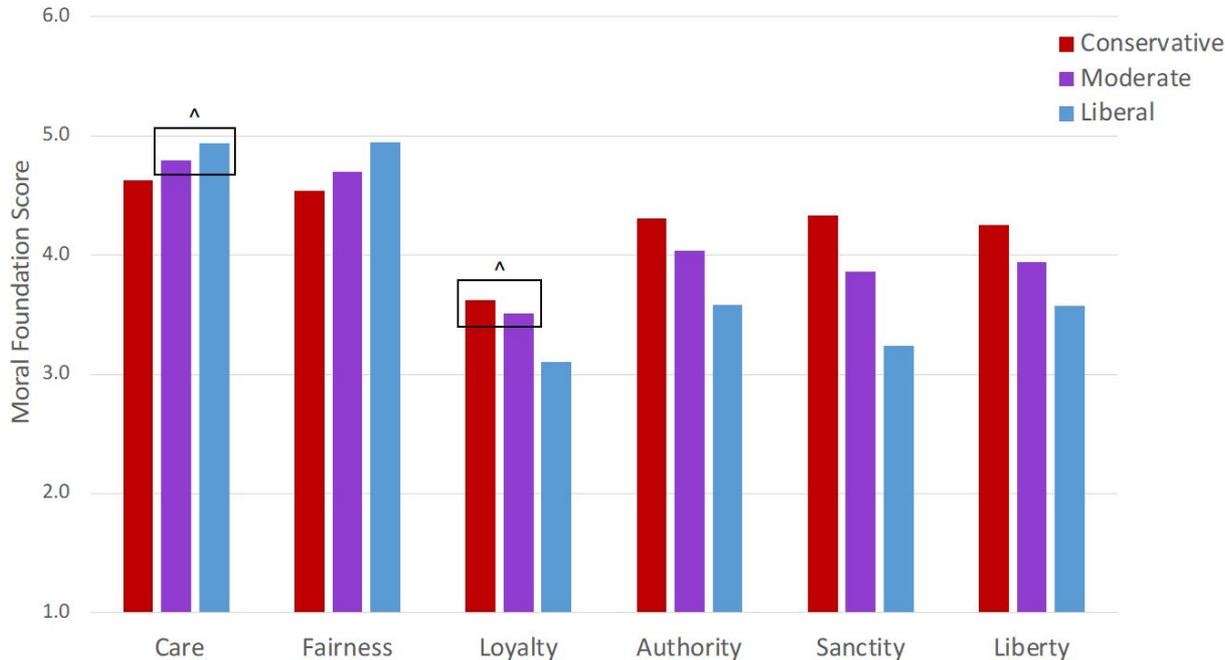
Adapted from Haidt, The Righteous Mind, Vintage Books (2012)



<https://tinyurl.com/MFTsurvey-book>

Moral Foundations Theory

Differences by Political Views



^ Means for the pairs in the boxes were not significantly different from each other. All other pairwise comparisons were significantly different. n = 519 public health & local officials in North Carolina.
Credit: Dr. Barbara Alvarez Martin, UNC Lineberger Comprehensive Cancer Center.

Moral Foundations Theory

Bridging the Gap



Public health has more in common with other sectors than we might realize



Know your audience – and speak to their values

Example: education level and generational differences



Values can have different meaning for conservatives vs. liberals

Example: Fairness as equality vs. proportionality



Messages appealing to Care and Fairness can have broad appeal

Today's Panelists

- **Camara Jones, MD, MPH, PhD**
- **Elizabeth Green, PhD,**
Communications Director, Big
Cities Health Coalition
- **Neil Lewis, Jr., PhD,** Cornell
University, Collaborative on Media
& Messaging for Health and Social
Policy



doing the work
and naming the problem

Camara Phyllis Jones, MD, MPH, PhD

**Building Bridges:
Health Equity and Narrative Changes in Challenging Times**

CARE Webinar

Collaborative for Anti-Racism and Equity

Via Zoom from London, England, United Kingdom

18 February 2025

What is health equity?

**Assurance
of the conditions for optimal health
for all people**

Our shared goal

**Assurance
of the conditions for optimal health
for all people**

Principles

for achieving our shared goal

- ❑ **Value all individuals and populations equally**
- ❑ **Recognize and rectify historical injustices**
- ❑ **Provide resources according to need**

What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

Jones CP, Truman BI, Elam-Evans LD, Jones CA, Jones CY, Jiles R, Rumisha SF, Perry GS. Using “socially assigned race” to probe *White* advantages in health status. *Ethn Dis* 2008;18(4):496-504.

Anti-racism is a process

Name racism

Ask “How is racism operating here?”

Organize and strategize to act

Jones CP. Toward the Science and Practice of Anti-Racism: Launching a National Campaign Against Racism. *Ethnicity and Disease* 2018;28(Suppl 1):231-234.

Jones CP, Jones CY, Jones CA. Anti-Racism Primer: Naming Racism and Moving to Action. In KB Holden and CP Jones (editors), *Black Women and Resilience: Power, Perseverance, and Public Health*. Albany, New York: State University of New York Press, 2024.

Four key messages *when naming racism*

Racism exists

Racism is a system

Racism saps the strength of the whole society

We can act to dismantle racism

Barriers to achieving our shared goal

❑ **Narrow focus on the individual**

- Systems and structures as invisible or irrelevant
- Self-interest narrowly defined
- Limited sense of interdependence
- Limited sense of collective efficacy

❑ **A-historical stance**

- The present as disconnected from the past
- Current distribution of advantage/disadvantage as happenstance
- Systems and structures as givens and immutable

Barriers to achieving our shared goal

❑ Myth of meritocracy

- “If you work hard, you will make it”
- Denial of racism
- Two babies: Assume equal potential or equal opportunity?

❑ Myth of zero-sum game

- “If you gain, I lose”
- Fosters competition over cooperation
- Masks the costs of inequity
- Hinders efforts to grow the pie

Barriers to achieving our shared goal

- ❑ **Limited future orientation**
 - Disregard for the children
No “*Seven generations*” perspective
No “How are the children?” focus
 - Usurious relationship with the planet
- ❑ **Myth of “American” exceptionalism**
 - Sense of US entitlement
 - Disinterest in learning from others

Barriers to achieving our shared goal

□ **White supremacist ideology**

- False idea of hierarchy in human valuation
- False idea of “White” as the ideal and the norm
- Sense of “White” entitlement
- Devaluation and dehumanization of people of color
- Fear at the “browning” of America

Alternative strategies *for navigating these barriers*

- ❑ **Change behaviors without shifting values from *self-interest***
- ❑ **Change behaviors by shifting values toward *caring about all of us***
- ❑ **Demonstrate that racism saps the strength of the whole society
so *self interest* and *caring about all of us* converge
to motivate behavioral and structural change**

Camara Phyllis Jones, MD, MPH, PhD

Commissioner

O'Neill-Lancet Commission on Racism, Structural Discrimination, and Global Health

Past President

American Public Health Association

Visiting Professor

King's College London

Adjunct Professor

Rollins School of Public Health at Emory University

Senior Fellow and Adjunct Associate Professor

Morehouse School of Medicine

cpjones@msm.edu

camara.jones@kcl.ac.uk

Copyright © Camara Phyllis Jones Collaborative, LLC, 2025

All rights reserved. This presentation and its contents are protected by copyright laws. Unauthorized use or reproduction of any part of this presentation without prior written permission from the author is strictly prohibited.

Suggested citation:

Jones CP. Doing the Work and Naming the Problem. Building Bridges: Health Equity and Narrative Change in Challenging Times, CARE Webinar, Collaborative for Anti-Racism and Equity. Via Zoom from London, England, United Kingdom, 18 February 2025.

Habits of mind for social justice warriors

The four “BC”s

- ❑ Be **courageous**
- ❑ Be **curious**
- ❑ Be **collective**
- ❑ Build **community**

Jones CP, Corbie G (podcast host). *A Different Kind of Leader, Season 2 Opener, Part I, October 13, 2020.*

See <https://www.differentkindofleader.com/episodes/episode/4bb6851e/be-courageous-be-curious-interviewing-dr-camara-jones-part-i>.

Jones CP, Corbie G (podcast host). *A Different Kind of Leader, Season 2 Opener, Part II, October 15, 2020.*

See <https://www.differentkindofleader.com/episodes/episode/4a606685/be-a-citizen-and-build-a-community-interviewing-dr-camara-jones-part-ii>.

Jones CP, Jones CY, Jones CA. Anti-Racism Primer: Naming Racism and Moving to Action. In KB Holden and CP Jones (editors), *Black Women and Resilience: Power, Perseverance, and Public Health*. Albany, New York: State University of New York Press, 2024.

Be courageous

- ❑ **Speak your truth**
- ❑ **Be unafraid of controversy**
- ❑ **Embrace challenge**
- ❑ **Know that the edge of your comfort is your growing edge**

Jones CP, Corbie G (podcast host). *A Different Kind of Leader, Season 2 Opener, Part I, October 13, 2020.*

See <https://www.differentkindofleader.com/episodes/episode/4bb6851e/be-courageous-be-curious-interviewing-dr-camara-jones-part-i>.

Jones CP, Corbie G (podcast host). *A Different Kind of Leader, Season 2 Opener, Part II, October 15, 2020.*

See <https://www.differentkindofleader.com/episodes/episode/4a606685/be-a-citizen-and-build-a-community-interviewing-dr-camara-jones-part-ii>.

Jones CP, Jones CY, Jones CA. Anti-Racism Primer: Naming Racism and Moving to Action. In KB Holden and CP Jones (editors), *Black Women and Resilience: Power, Perseverance, and Public Health*. Albany, New York: State University of New York Press, 2024.

Be curious

- ❑ **Ask “why?” and “why?” and “why?” again**
- ❑ **Read widely | read history**
- ❑ **Stay woke and walk in wonder**
- ❑ **Learn more than one language**
- ❑ **Travel as much as you can, especially across town as well as around the world**

Jones CP, Corbie G (podcast host). *A Different Kind of Leader, Season 2 Opener, Part I, October 13, 2020.*

See <https://www.differentkindofleader.com/episodes/episode/4bb6851e/be-courageous-be-curious-interviewing-dr-camara-jones-part-i>.

Jones CP, Corbie G (podcast host). *A Different Kind of Leader, Season 2 Opener, Part II, October 15, 2020.*

See <https://www.differentkindofleader.com/episodes/episode/4a606685/be-a-citizen-and-build-a-community-interviewing-dr-camara-jones-part-ii>.

Jones CP, Jones CY, Jones CA. Anti-Racism Primer: Naming Racism and Moving to Action. In KB Holden and CP Jones (editors), *Black Women and Resilience: Power, Perseverance, and Public Health*. Albany, New York: State University of New York Press, 2024.

Be collective

- ❑ Care about the whole
- ❑ Share your ideas | time | energy | “stuff” with others
- ❑ Recognize yourself as a global citizen
- ❑ Organize! Collective action is power

Jones CP, Corbie G (podcast host). *A Different Kind of Leader, Season 2 Opener, Part I, October 13, 2020.*

See <https://www.differentkindofleader.com/episodes/episode/4bb6851e/be-courageous-be-curious-interviewing-dr-camara-jones-part-i>.

Jones CP, Corbie G (podcast host). *A Different Kind of Leader, Season 2 Opener, Part II, October 15, 2020.*

See <https://www.differentkindofleader.com/episodes/episode/4a606685/be-a-citizen-and-build-a-community-interviewing-dr-camara-jones-part-ii>.

Jones CP, Jones CY, Jones CA. Anti-Racism Primer: Naming Racism and Moving to Action. In KB Holden and CP Jones (editors), *Black Women and Resilience: Power, Perseverance, and Public Health*. Albany, New York: State University of New York Press, 2024.

Build community

- ❑ **Be interested | believe | join in the stories of others**
- ❑ **Talk to strangers**
- ❑ **Create bubble-bursting opportunities**
- ❑ **Speak up and take action on behalf of others**
- ❑ **Go across town and stay a while**

Jones CP, Corbie G (podcast host). *A Different Kind of Leader, Season 2 Opener, Part I, October 13, 2020.*

See <https://www.differentkindofleader.com/episodes/episode/4bb6851e/be-courageous-be-curious-interviewing-dr-camara-jones-part-i>.

Jones CP, Corbie G (podcast host). *A Different Kind of Leader, Season 2 Opener, Part II, October 15, 2020.*

See <https://www.differentkindofleader.com/episodes/episode/4a606685/be-a-citizen-and-build-a-community-interviewing-dr-camara-jones-part-ii>.

Jones CP, Jones CY, Jones CA. Anti-Racism Primer: Naming Racism and Moving to Action. In KB Holden and CP Jones (editors), *Black Women and Resilience: Power, Perseverance, and Public Health*. Albany, New York: State University of New York Press, 2024.

Camara Phyllis Jones, MD, MPH, PhD

Commissioner

O'Neill-Lancet Commission on Racism, Structural Discrimination, and Global Health

Past President

American Public Health Association

Visiting Professor

King's College London

Adjunct Professor

Rollins School of Public Health at Emory University

Senior Fellow and Adjunct Associate Professor

Morehouse School of Medicine

cpjones@msm.edu

camara.jones@kcl.ac.uk

Copyright © Camara Phyllis Jones Collaborative, LLC, 2025

All rights reserved. This presentation and its contents are protected by copyright laws. Unauthorized use or reproduction of any part of this presentation without prior written permission from the author is strictly prohibited.

Suggested citation:

Jones CP. Doing the Work and Naming the Problem. Building Bridges: Health Equity and Narrative Change in Challenging Times, CARE Webinar, Collaborative for Anti-Racism and Equity. Via Zoom from London, England, United Kingdom, 18 February 2025.



COMMUNICATING ABOUT HEALTH EQUITY

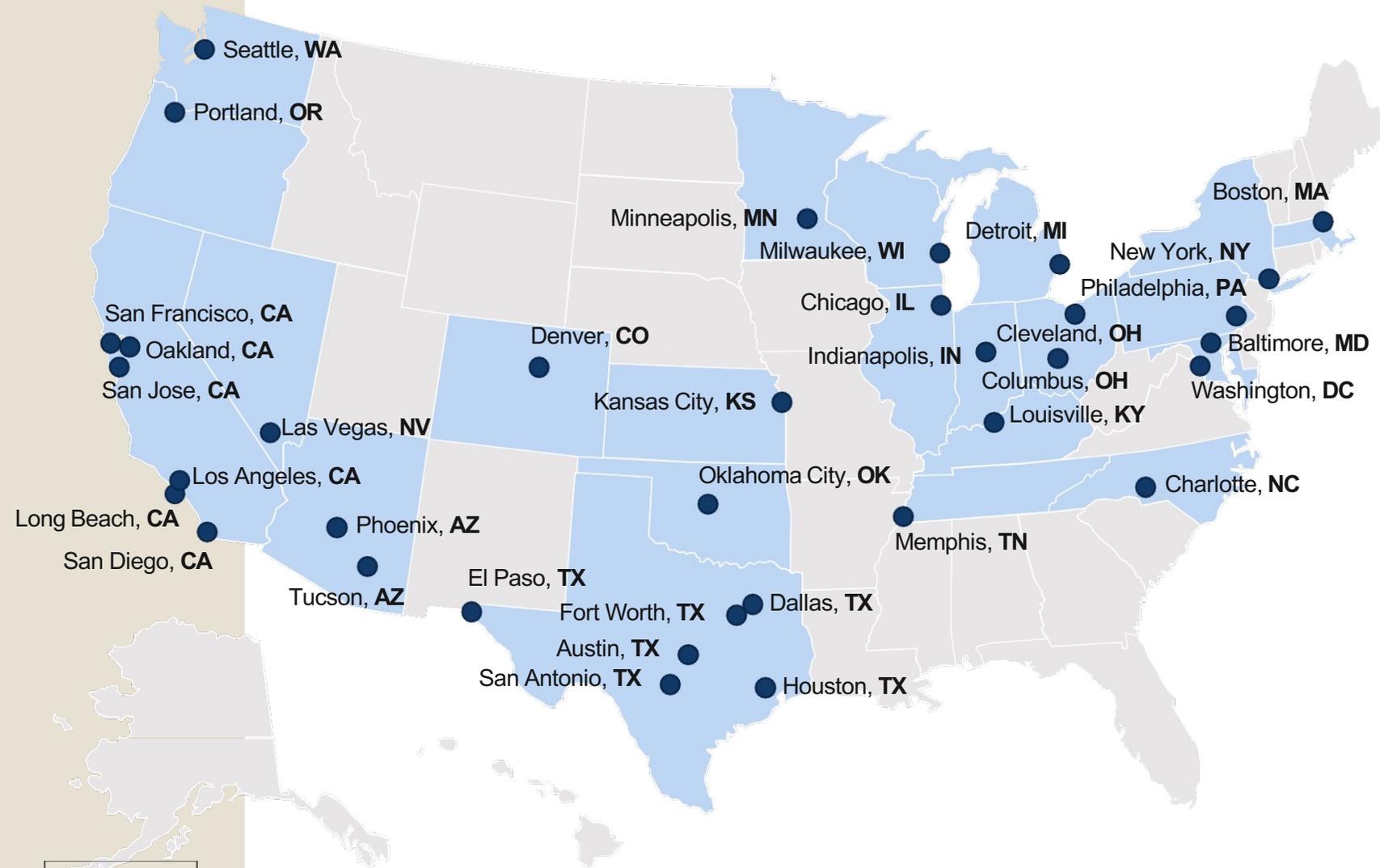
Elizabeth Green, PhD
Communication Director
Big Cities Health Coalition
egreen@bigcitieshealth.org

More from this polling:
<https://bit.ly/bchc-comms-study>

BCHC work on health equity
& racial justice:
<https://bigcitieshealth.org/issues-health-equity>

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





1

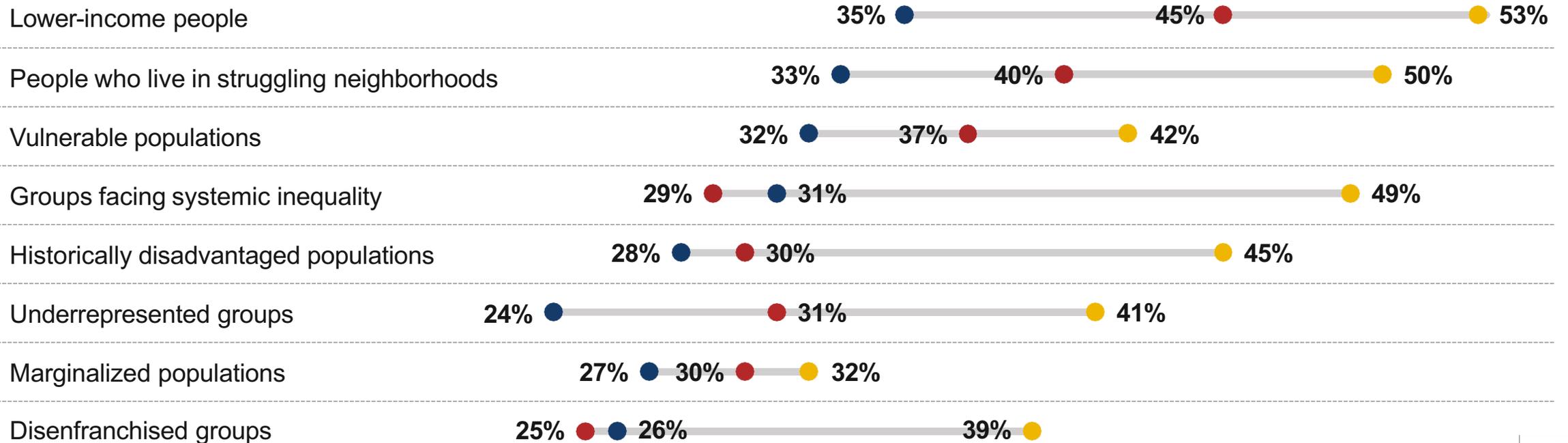
KEY
TAKEAWAYS

*Before being shown any messaging, city residents said they want their local government to address health disparities, especially with “**lower-income people.**” Liberal Democrats and Black residents prioritized addressing **racial health disparities.***

Investments to address health disparities for “lower-income people” is the highest priority for white, Black, and Hispanic/Latinx city residents.

This group should be HIGH PRIORITY (rating of 10) for your city to focus on when it comes to health:

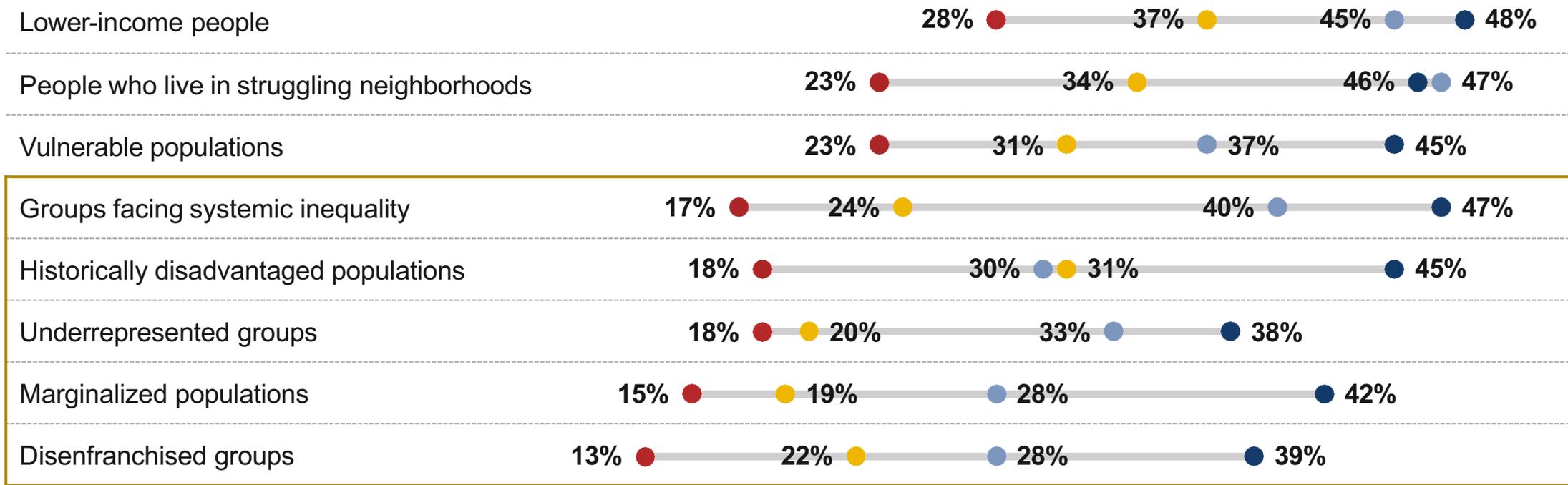
● White residents ● Black Residents ● Hispanic/Latinx Residents



Only liberal Democrats initially prioritized health investments to groups directly associated with systemic inequities.

This group should be HIGH PRIORITY for your city to focus on when it comes to health:

● Liberal Democrat
 ● Non-liberal Democrat
 ● Independent
 ● Republican





2

KEY TAKEAWAYS

Many city residents are extremely wary of **explicit language around racial equity** because they see it as “divisive.”



QUALITATIVE FINDINGS

“I don't think local government should play a role due to race or ethnicity. **I believe that causes issues among those different races or ethnicities being favored and those that feel left out or not looked out for as much.** I feel it should be based on income level more so than anything.” – **New York City, White Man, Republican**

“I think it is a **dangerous game to start treating different races differently based on their race.** I believe there are probably health disparities between different races, but I don't think the answer is to treat different races differently.” – **Chicago, White Man, Independent**

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



QUALITATIVE FINDINGS

“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/Latinx Man, Independent

“I have mixed feelings...[I don't want] identity politics to get in the way because sometimes when it gets in the way where we [do] have people from all races that need help, but at the same time sometimes our communities are the people that are underserved. **But if people come with this power struggle, and they're trying to identify the politics, like, 'Oh, this is for this, and this is for that,' then it takes away because they're arguing over, you know, apples and oranges. And then we get nothing done.**” – Philadelphia, Black Woman, Independent



3

KEY TAKEAWAYS

However, when shown several messages making the case for addressing racial health disparities, city residents strongly preferred a message about racism being a **human-made problem that people can fix** over a message that prioritized income-based disparities.

We showed city residents some statements that make the case that it is important for cities to focus on addressing the health of Black and Hispanic/Latinx residents.

Percent who placed in their top two best cases

Man-Made Issue	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 healthcare 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
Physical Environment	Unfair housing, mortgage, and zoning policies many decades ago led to Black and Latino people being more concentrated in neighborhoods with more air and water pollution , like those close to highways or near major industrial plants. People who live in more polluted neighborhoods have many more health problems over time.	49

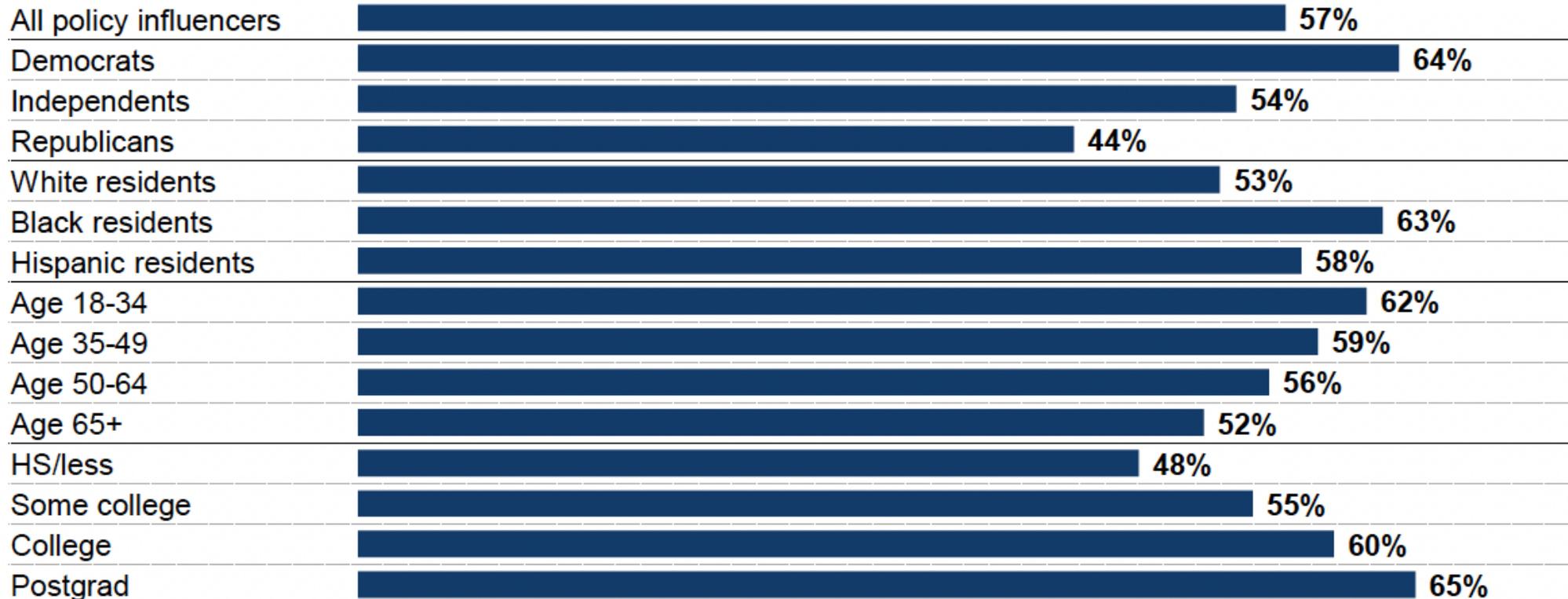
We showed city residents some statements that make the case that it is important for cities to focus on addressing the health of Black and Hispanic/Latinx residents.

Percent who placed in their top two best cases

Access to Healthcare	Black and Latino people have higher rates of being uninsured and experience many other disparities in accessing and receiving medical care , including the availability of quality doctors and hospitals in their neighborhoods. This causes Black and Latino people to experience more health issues in their lifetime and makes it harder for them to receive treatment.	47
Income Disparities	Black and Latino people tend to have more health problems throughout their lives because their incomes are, on average, lower than those of white people and lower-income people have more health challenges.	30

The best case for addressing racial health inequities is an empowerment message – people created the issue; people can fix it.

% who choose the human-made issues message as a top reason for city to focus on health of Black & Hispanic residents



The “income disparities” message came in a distant fourth among nearly all subgroups.



4

KEY TAKEAWAYS

Many city residents want to avoid discussions of how racism has engendered inequities. However, this avoidance seems in part to have roots in **concerns about the topic's divisiveness** and in the **misperception that racism is too big to fix.**

How Communication Can Support Health and Advance Social Equity

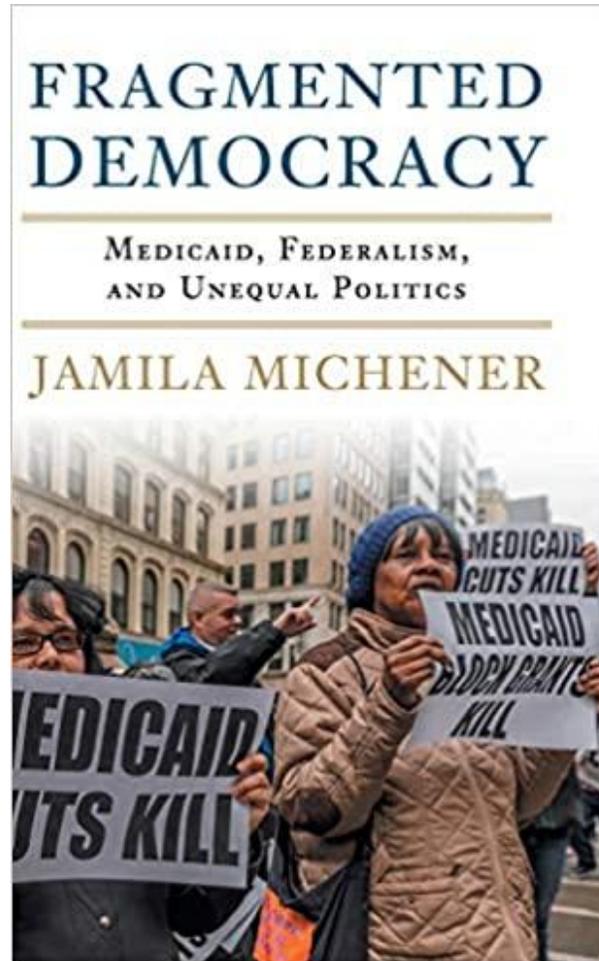
Neil Lewis, Jr.

Collaborative on Media and Messaging (COMM) for Health and Social Policy

Department of Communication & Jeb E. Brooks School of Public Policy

Cornell University

The Larger Problem



Michener, 2018

Media Environments Are Unequal, Too...

Home / Books, Arts and Culture /



'I Just Don't Hear It'

How whiteness dilutes voices of color at public radio stations

BY LAURA GARBES AUGUST 18, 2020

Garbes, 2020

...Which Matters For What People Learn

Race and Social Problems

<https://doi.org/10.1007/s12552-022-09372-5>



Local TV News Coverage of Racial Disparities in COVID-19 During the First Wave of the Pandemic, March–June 2020

Yiwei Xu¹  · Elizabeth K. Farkouh² · Caroline A. Dunetz¹ · Sravya L. Varanasi¹ · Sophia Mathews¹ · Sarah E. Gollust³ · Erika Franklin Fowler⁴ · Steven Moore⁴ · Neil A. Lewis Jr.¹ · Jeff Niederdeppe¹

Xu et al., 2023, *Race and Social Problems*

...Which Matters For What People Learn

Annual Review of Public Health

Television News Coverage of
Public Health Issues and
Implications for Public Health
Policy and Practice

Sarah E. Gollust,¹ Erika Franklin Fowler,²
and Jeff Niederdeppe³

Gollust, Fowler, & Niederdeppe, 2019, *Annual Review of Public Health*



COLLABORATIVE ON
MEDIA & MESSAGING
For Health and Social Policy

<http://commhsp.org>

The collaborative is made possible by generous support from the Robert Wood Johnson Foundation.
The views expressed by the collaborative do not necessarily reflect the views of the foundation.

Our Team

Jeff Niederdeppe



Hub Director

Neil Lewis Jr.



Leadership Team

Jamila Michener



Leadership Team

Sarah Gollust



Hub Director

Rebekah Nagler



Leadership Team

Erika Franklin Fowler



Hub Director

Steven Moore



Leadership Team

Breeze Floyd



Leadership Team

Colleen Barry



Leadership Team

Norman Porticella



Leadership Team

Jiawei Liu



Postdoctoral Researcher

Muna Hassan



Leadership Team

Kristina Medero



Postdoctoral Researcher

Pavel Oleinikov



Faculty Affiliate

Natalia de
Paula Moreira



Postdoctoral Researcher

Meiqing Zhang



Postdoctoral Researcher

Sarah Rozenblum



Postdoctoral Researcher

Teairah Taylor



Research Assistant

Rebekah Wicke



Research Assistant

CeRon Ford



Research Assistant

Chloe Gansen



Research Assistant

Yusra Murad



Research Assistant

Quin Nelson



Research Assistant

Yujin Kim



Postdoctoral Researcher



Effects of Social Comparison Framing (e.g., Reporting Health Disparities)

- 15 articles reporting on 17 studies
- Simply reporting health disparities by comparing 2 or more groups can:
 - Reduce risk perceptions among the lower disease prevalence group
 - Increase negative emotions for the higher disease prevalence group without motivating changes in health behavior
 - Polarize support for societal-level preventive measures and policies



Tips for Communicating About Health Disparities

News stories, public health messages, and social media discussions about health disparities often make direct comparisons between groups of people. These messages regularly:

- Compare disease risks and health outcomes between different social groups.
- Emphasize a comparative group disadvantage or deficit.
- Present these comparisons in the absence of the larger societal contexts of the systems and structures that are at the root of those disparities.

Based on the findings of "[Effects of communicating health disparities using social comparison framing: A comprehensive review](#)" by Liu and Niederdeppe (2024), research shows that presenting health disparity information by comparing two or more groups can yield mixed responses from audiences, including:

- Decreased perceptions of risk among people in the group with lower disease prevalence.
- Increased negative emotions for the group with higher disease prevalence.
- Inconsistent effects on intentions to engage in health behaviors to address the issue.
- Polarized support for societal-level preventive measures and policies.

Simple comparisons based on race may result in lower support for policy-level solutions (compared to comparisons based on economic, educational, and geographic factors) among some members of population groups with lower disease prevalence. (It is yet unclear whether racial comparisons can mobilize support among members of groups with higher disease prevalence).



Rapidly Responsive

Liu & Niederdeppe, 2024, *Social Science & Medicine*

Three Evidence-Based Strategies for Effective Communication about Health and Racial Equity



Systems Thinking

Highlight the social and structural causes behind health disparities and promote collaborative efforts rather than solely concentrating on the gaps between groups.



Identify Policy Solutions

Describe policies and structures that are known, or have strong potential, to reduce inequalities between social groups.



Narrative Communication

Feature personal stories as vivid examples to illustrate structural and systems-level causes of disparities, and demonstrate how both individual and collective efforts, as well as policy remedies, can successfully reduce disparities.



Message Testing: COVID-19 Disparities as a Context

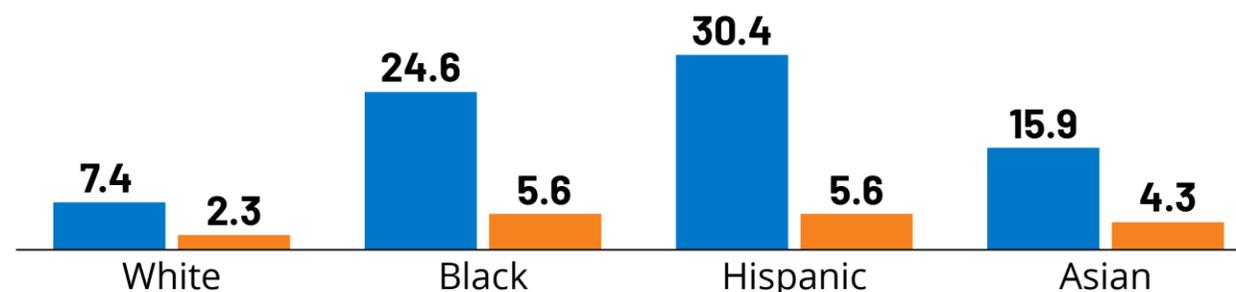
COVID-19 Hospitalization and Death Rates among Active Epic Patients by Race/Ethnicity

Rate per 10,000, as of July 2020

● Hospitalization Rate ● Death Rate



Systems Thinking



Total Active Patients (millions)	White	Black	Hispanic	Asian
	34.1	7.0	5.1	1.4

NOTE: Rates for Black, Hispanic, and Asian patients are statistically significantly different from White patients at the p<0.05 level. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. Data for other racial groups not shown due to insufficient data.

SOURCE: Epic and KFF analysis of Epic Health Record System COVID-19 related data as of July 2020.



Kaiser Family Foundation, 2020



COVID Messaging Sampling Strategy

- Study 1 - Pilot test on Prolific
 - 704 Asian people
 - 738 Black people
 - 494 Hispanic (non-White) people
 - 205 Hispanic (White)
 - 725 White (non-Hispanic) people
- Study 2 - Replication with Prime Panels
 - 1367 Asian people
 - 1924 Black people
 - 843 Hispanic (non-White) people
 - 99 Hispanic (White)
 - 2056 White (non-Hispanic) people

Lewis et al., revise & resubmit, *Social Science & Medicine*



COVID Messages Tested

- **Control:** Standard messaging strategy of describing disparities
- **Intervention:** Added explanation of structural causes of disparities:

*These differences in COVID-19 infections and deaths are due to **longstanding patterns of discrimination**. Historically, many of the laws and policies enacted by legislators have had the effect of limiting where Asian, Black, Indigenous, and Latino/a people live. That history continues to shape modern life: recent data shows that neighborhoods continue to be segregated. As a result, Asian, Black, Indigenous, and Latino/a people are more likely to live in densely populated neighborhoods and **in overcrowded households** than White Americans. Those are the very **living conditions that make it much easier for COVID-19 to spread**, according to the Centers for Disease Control and Prevention.*

Lewis et al., revise & resubmit, *Social Science & Medicine*



COVID Messages Tested

- **Control:** Standard messaging strategy of describing disparities
- **Intervention:** Added explanation of structural causes of disparities:

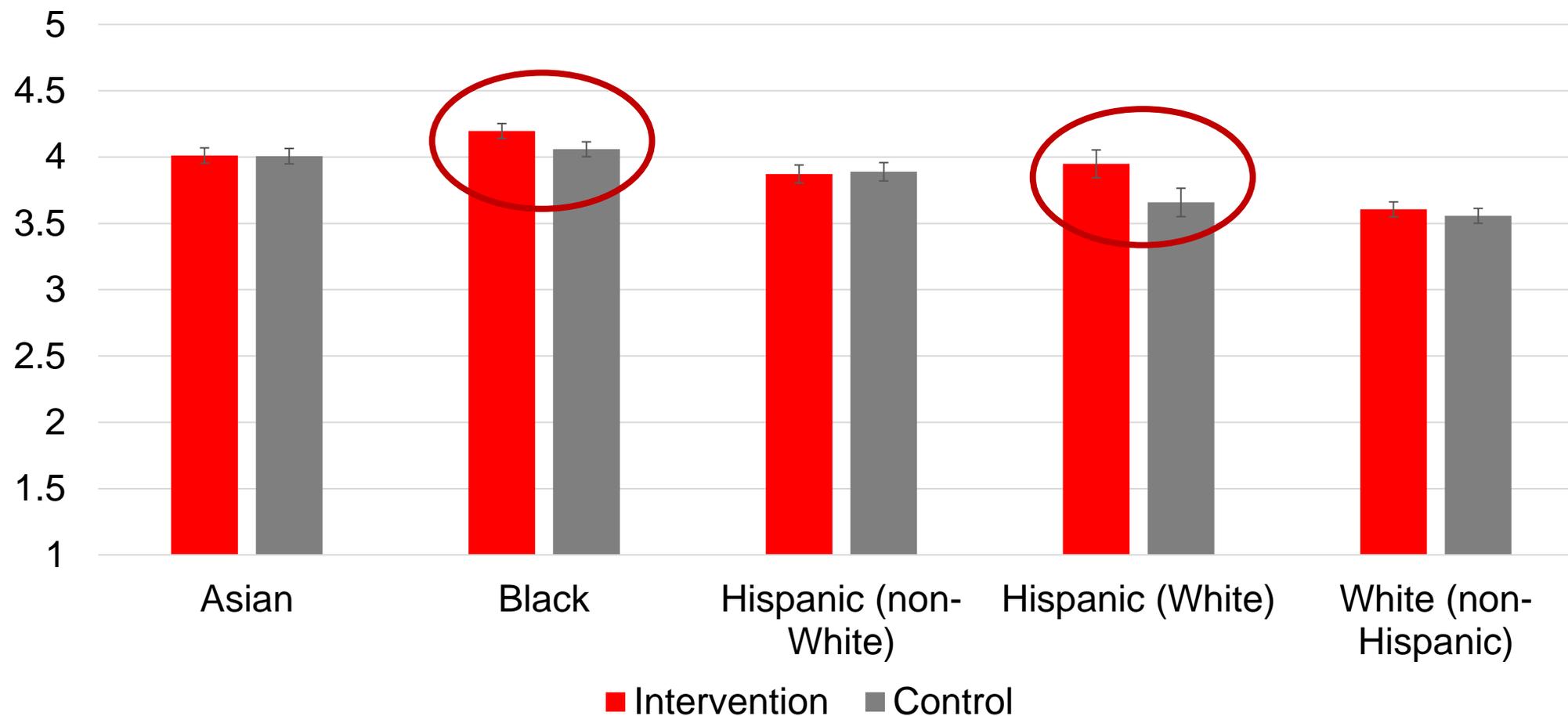
*It is not just living conditions that have contributed to COVID-19 disparities; **working conditions exacerbated these problems**, too. When the pandemic emerged, many American workplaces shifted to remote work—allowing their employees to work from home and keep a safe distance from others and the coronavirus. However, jobs that had to be done in person—that were often lower paying, like retail or food manufacturing—exposed workers to the virus. **The people who have a disproportionate share of those essential jobs** are Asian, Black, Indigenous, and Latino/a Americans.*

Lewis et al., revise & resubmit, *Social Science & Medicine*



COVID Messaging Study Results

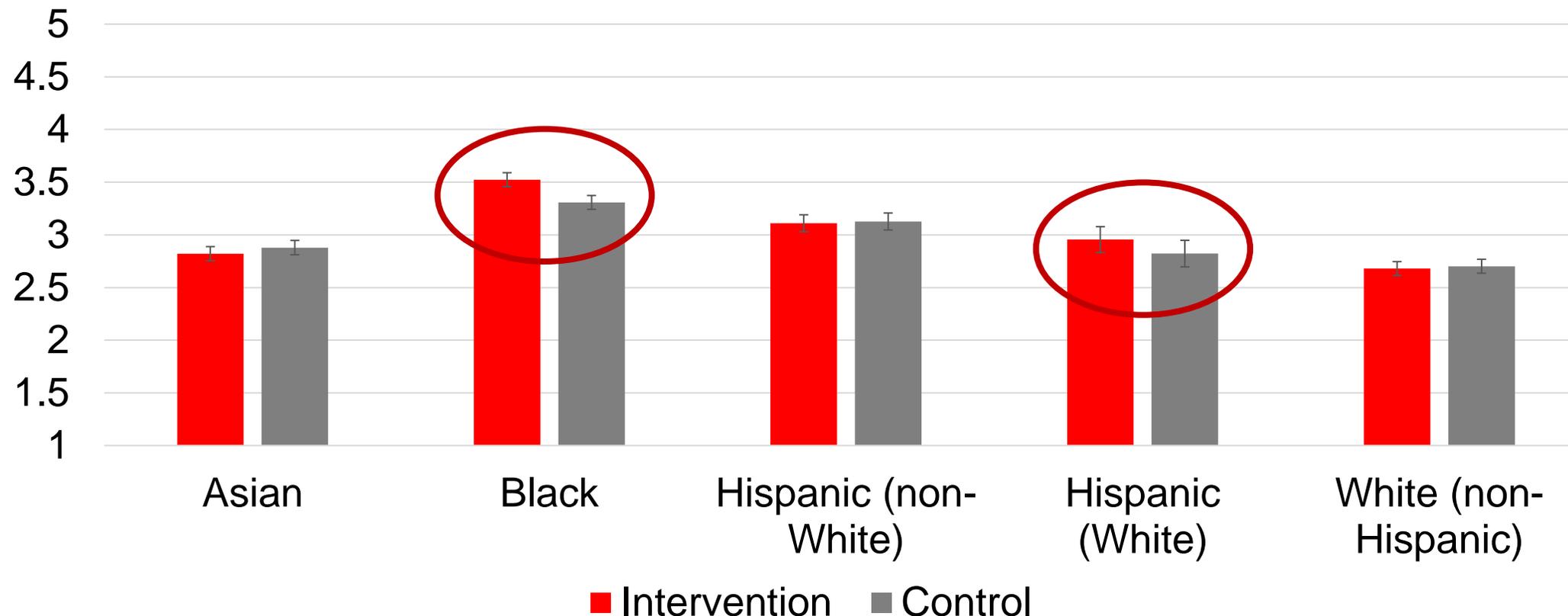
Support for COVID-19 Mitigation Policies





COVID Messaging Study Results

Willingness to Advocate for Addressing Health Disparities





Message Testing: Child Tax Credit as a Context

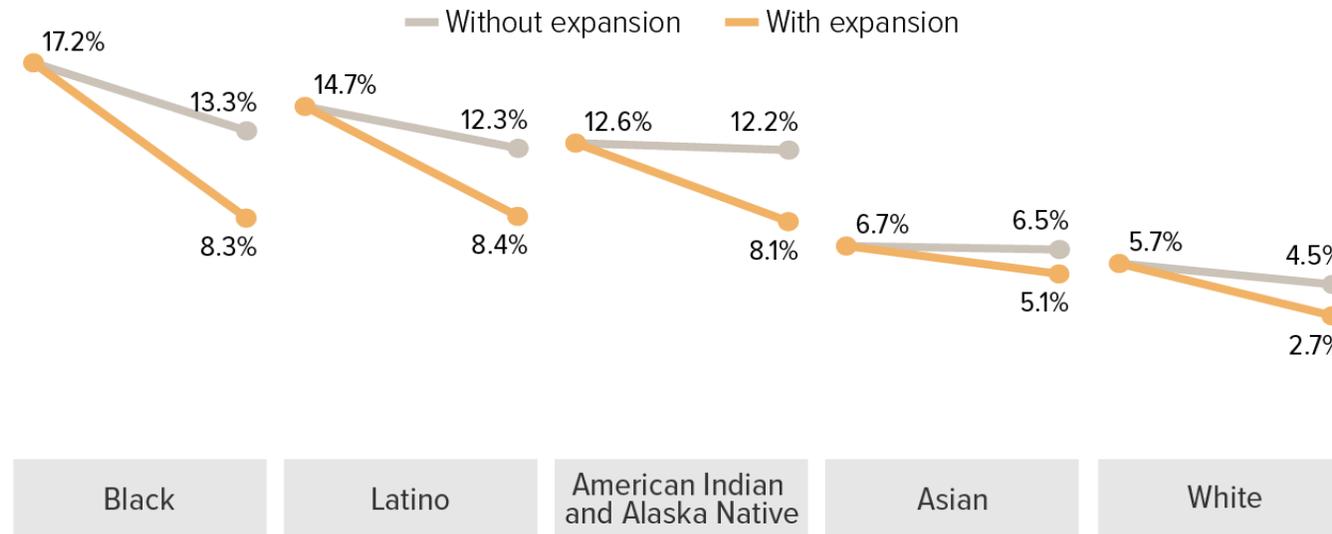
- The Child Tax Credit (CTC) Expansion was part of the American Rescue Plan, implemented July 15th, 2021 through the end of 2021
- The Expanded CTC:
 - Increased the CTC from \$2K per child to \$3K - \$3.6K per child
 - Was automatically provided based on prior tax return info
 - Delivered automatic monthly payments (v a tax return)
- States and US Congress are debating reauthorization
- There is widespread bipartisan support for this policy



Message Testing: Child Tax Credit as a Context

Child Tax Credit Expansion Drove Child Poverty Sharply Downward in 2021 Across Racial & Ethnic Groups

Child poverty rates, 2020 to 2021



Note: Figures use the federal government's Supplemental Poverty Measure (SPM). American Indian and Alaska Native (AIAN) children may be AIAN alone or in combination with other races and ethnicities; Latino (short for Latino, Hispanic, or Spanish origin) may be of any race; Black and white refer to children of that race alone and not Latino; and, Asian refers to children of that race regardless of Latino ethnicity.

Source: U.S. Census Bureau figures published September 13, 2022; additional analysis of the Census Bureau's March 2022 Current Population Survey by CBPP



CTC Expansion Sampling Strategy

- Center perspectives from historically minoritized populations, randomized and controlled messaging trials
- Study 1 - Pilot test on Prolific (non-probability sample)
 - 500 Black people
 - 500 Hispanic people
 - 500 non-Black, non-Hispanic people (majority identify as White)
- Study 2 - Replication with SSRS Panel (probability sample)
 - 1,500 Black people
 - 1,500 Hispanic people
 - 1,500 non-Black, non-Hispanic people (majority White)

Niederdeppe et al., 2025, *PNAS Nexus*



Combining Scholarly + Practice-Based Insights into Message Design

- Incorporating insights from research on race-class narrative
 - Name the problem but lead with values
 - Evidence that the policy (CTC expansion) addresses the problem
 - [Frame in terms of universal OR targeted universal impact]
 - End with a call to collective action

Niederdeppe et al., 2025, *PNAS Nexus*



CTC Expansion Messages Tested

- **Control:** Simple Description of CTC Expansion
- **Interventions:** Lead with values before describing the problem

*Millions of children in the United States are living in poverty. **[While]** childhood poverty affects families from all races, ethnicities, and backgrounds, **[rates of poverty are particularly high among Black and Hispanic children]**. While every child deserves the opportunity to pursue their dreams, growing up in poverty makes it very difficult to believe one can achieve their biggest dreams and achieve success. This country was founded on the principle that everyone should get a fair chance to succeed. When kids grow up in environments where their families have the resources they need to achieve their goals and the opportunities to thrive, we are all better off.*

Niederdeppe et al., 2025, *PNAS Nexus*



CTC Expansion Messages Tested

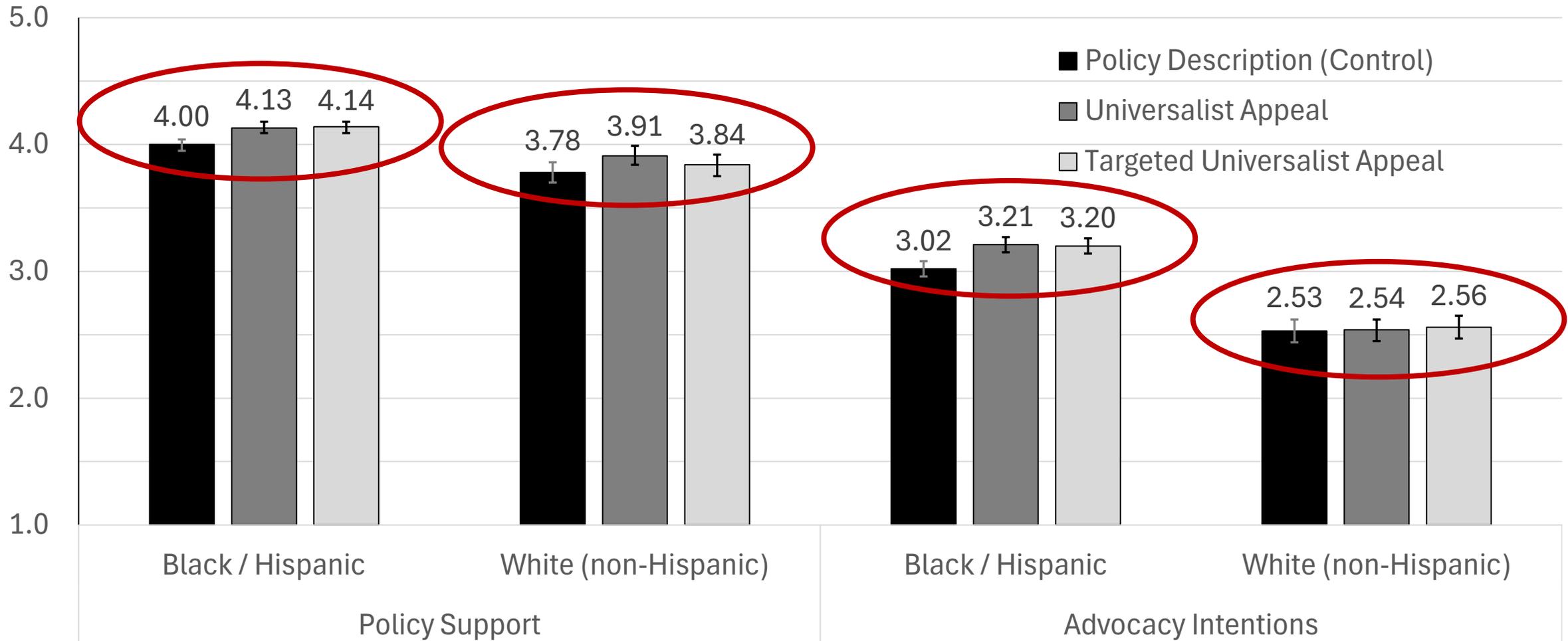
- **Control:** Simple Description of CTC Expansion
- **Interventions:** Describe the impact of the policy

*The temporary child tax credit expansion in 2021 was highly effective in reducing child poverty for everyone, According to the U.S. Census **[but its effects were even larger for Black and Hispanic children]**. Bureau, childhood poverty fell to its lowest-ever recorded level that year, cutting childhood poverty rates in half. This means that 2.1 million children were lifted out of poverty because of the temporary expansion of the child tax credit. **[These declines were largest for Black children (reducing poverty rates from 17% to 8%) and Hispanic children (reducing rates from 15% to 8%). Over 600,000 Black, 752,000 Hispanic and 649,000 non-Hispanic White children were lifted out of poverty due to the child tax credit expansion.]***

Niederdeppe et al., 2025, *PNAS Nexus*



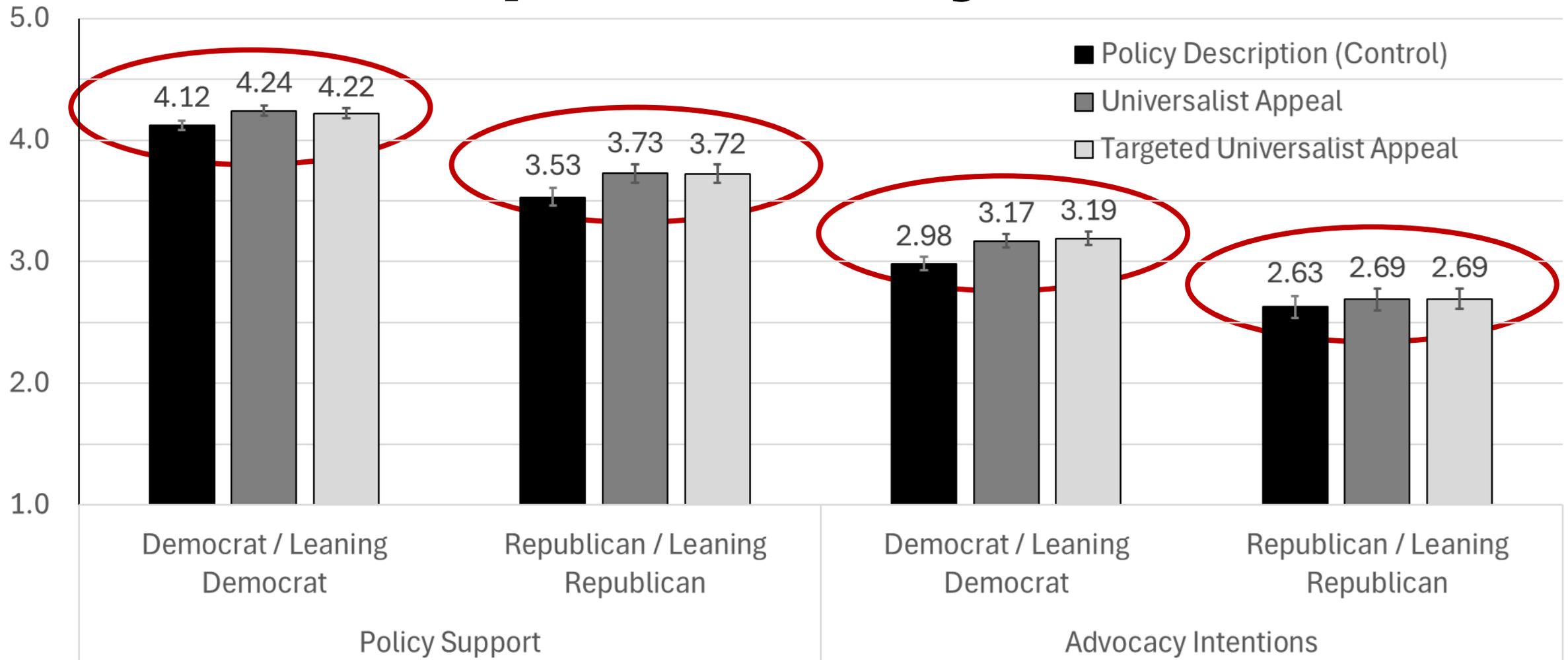
CTC Expansion Study Results



Niederdeppe et al., 2025, *PNAS Nexus*



CTC Expansion Study Results



Niederdeppe et al., 2025, *PNAS Nexus*



Concrete Guidance for Storytelling for Social Policy Change

1. **Screen (or pre-test) stories** with a small subset of the target audience to make sure incidental details don't convey unintentional messages
2. **Acknowledge a role for individual behavioral choices** while emphasizing social, economic, and environmental barriers to those choices
3. **Scale up**: Choose characters and situations that reflect broader trends and convey, via words or images, that **other people share similar experiences**
4. **Show** (in the story) how an evidence-based policy solution will **help both the character and relevant populations at large.**

Learn more at
<http://commhsp.org>

To subscribe to our newsletter:



Peer Learning Community

The next PLC meeting is Monday, March 17th, from 1-2 p.m. ET.



COLLABORATIVE FOR
**Anti-Racism &
Equity**

 **JOIN US!**
3.17
@1-2:00pm ET

**Join the next meeting of
our peer learning community**

- >> Discuss the definitions, communications strategies, practical tools and other resources shared during the February webinar.
- >> Examine the roles of community groups in advancing health equity and discover ways to amplify their influence through strategic partnerships.

Details / register: herenow.org

Share Your Questions for the March PLC

COLLABORATIVE FOR
**Anti-Racism &
Equity**

Join the next meeting of
our peer learning community

>> Discuss the definitions,
communications strategies,
practical tools and other resources
shared during the February webinar.

Questions for March Peer Learning Community

Form description

What questions, ideas, or resources would you like to discuss during the CARE Peer Learning Community Meeting in March as a follow up to the February 2025 Webinar on *Building Bridges: Health Equity and Narrative Change in Challenging Times?*

Long answer text

Google Form:
<https://forms.gle/pv1WxxJpKo1aD3Fq7>

Thank you!