



Civic Wellbeing:
An Analysis of Qualitative Research
Among California Residents

A FrameWorks Research Report

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Strategic Overview

The California Endowment believes significant improvements in health will occur with more public attention to the social and physical environments that influence health behaviors and health outcomes. Achieving The California Endowment's objective is necessarily dependent upon the ability of California residents to *understand* the connection between health and social conditions, and to *support* the policies that will address these conditions.

The California Endowment faces several challenges in creating a statewide conversation on this issue. The primary obstacle is that the public tends to define health as being about individual choices in diet and physical activity, not social conditions. To engage on this issue, people need to develop a new understanding of health that includes community. Fortunately, it is possible to create this understanding. During the course of the focus groups reported here, respondents began to broaden their narrow definition of health to include wellbeing and quality of life.

Californians' sense of personal responsibility extends to assigning responsibility for addressing community conditions. Once they understand that community conditions influence health, many insist that improving community conditions is the responsibility of those who live in the disadvantaged communities. This creates a second challenge for statewide policy change, because voters may not see what stake they have in addressing a community other than their own. This research demonstrates that messages that emphasize solutions that empower communities effectively address people's desire for personal responsibility while emphasizing collective action.

A third central obstacle is the public's inability to understand why race and ethnicity would be related to health outcomes. If minorities have worse health, people assert, it is due to educational level, culture or income. The wrong choice in language brings negative racial stereotypes to the surface, and causes some minorities to feel defensive or angry about being characterized as less healthy. However, this research suggests that, with the right framing, people can prioritize disadvantaged communities and recognize that all people have a stake in strengthening weak communities.

To overcome these obstacles, this phase of research investigated the effects of three possible reframes on public discourse:

- **Health Prevention Frame** – with a health focus, this frame was designed to communicate the idea that better policy choices would prevent health problems and encourage people to live in a healthier manner.
- **The Public Environment Frame** – with a community focus, this frame was designed to make the health-environment connection as explicit as possible by highlighting a number of decisions by policymakers with a real impact on public environments and on public health.
- **The Prosperity Frame** – with an economic focus, this frame was designed to link healthy environments with economic wellbeing. Some versions of this test frame placed

more emphasis on workforce health, while in other groups it emphasized community prosperity.

The Health Prevention and Public Environment Frames show promise in advancing the conversation, while the Prosperity Frame proved ineffective in this research.

The Health Prevention Frame effectively and persuasively communicates the connection between health and environmental conditions. However, with its emphasis on health, this frame can easily trigger a personal responsibility backlash. In a personal responsibility mindset, even something like parks can be narrowly construed as places for individuals' pursuit of physical activity, which respondents then easily dismiss as unnecessary because committed individuals will exercise without a park. Conversely, parks can be positioned as much more than just a location for exercise; they can be defined as being central to a community's wellbeing because of their physical, mental and environmental health benefits.

By entering the conversation through the frame of community conditions, and by emphasizing wellbeing as much as health, the Public Environment Frame builds understanding of the health-environment connection without triggering a personal responsibility backlash. The test article's emphasis on solutions empowers people to believe that change can happen and that individuals can work collectively with the public sector to effect change. Importantly, this frame heightens the priority of poor communities without triggering negative stereotypes. In fact, some respondents become protective and worry about the poor being priced out of their homes once the community is improved.

While some Prosperity Frame approaches were better than others, none were particularly effective. Respondents are easily distracted into talking about the structural economic problems with which they are familiar, such as downsizing and outsourcing. One of the more problematic failings of the Prosperity Frame is that some reject the economic dynamic described in the article. According to focus group participants, prosperity does not follow business, business follows prosperity.

Elements of the Health Prevention and Public Environment Frames can be integrated into a cohesive narrative that advances understanding. Specifically, communicators should incorporate the following lessons into their materials:

- Rather than a narrow definition of physical health, communicators should advance a broader understanding of wellbeing. The relationship between mental health and environment is a particularly intriguing connection.
- Entering the conversation through a discussion of public environments or community conditions allows people to begin the conversation in a collective frame of mind, rather than thinking of individual health choices. "Civic wellbeing" is a very beneficial term with a lot of meaning that advances the conversation. The Patchwork Effect Simplifying Model is also helpful in creating new ways of thinking about public resources and struggling communities.
- Once they understand the relationship between wellbeing and social conditions, people readily understand that communities with fewer resources will have worse health. They

recognize they have a stake in making sure all communities provide healthy public environments.

- Communicating racial disparities does not advance the conversation, because people do not understand why race would matter. Instead, race disparities language causes minorities to feel angry and defensive, and negative racial stereotypes surface quickly.
- Solutions need to be prominent for a number of reasons: 1) solutions can help people understand the health-environment connection; 2) solutions engage people in collective action; and 3) solutions that empower people within the targeted community address some people's desire for personal responsibility.
- The public will engage more readily in those efforts that are seen as close to home (city or town) rather than distant (state).

The following analysis explains in greater detail the obstacles and opportunities on this issue, as well as focus group participants' responses to the test articles developed to represent each frame.

Method

This phase of qualitative research was designed to test hypothetical reframes for policies to develop healthy communities in California developed in consultation with the FrameWorks Institute and based upon findings from earlier phases of research. We use the term reframe to mean changing "the context of the message exchange" so that different interpretations and probable outcomes become visible to the public (Dearing & Rogers, 1994: 98). In other words, in this process we are seeking alternatives to the dominant frame that are most likely to stimulate public reconsideration of the issues.

To test the reframes, eight focus group sessions were conducted in August 2006 in California with engaged citizens (i.e., people who say they are registered to vote, read the newspaper frequently, are involved in community organizations, and have contacted a public official or spoken out on behalf of an issue). These are the types of influential citizens who are likely to be the first receivers of any reframe on this issue. Their interpretation of the reframe is likely to determine its success or failure in public discourse. Specifically, the groups were as follows:

Irvine, CA, August 14, 2006

- Hispanic residents
- White, non-Hispanic residents

Sherman Oaks, CA, August 15, 2006

- Democratic residents
- Republican residents

Bakersfield, CA, August 16, 2006

- Women
- Men

Oakland, CA, August 17, 2006

- African American residents
- Half white, non-Hispanic residents and half Asian residents

The Hispanic group was moderated by Enrique Castillo; the African American group was moderated by Rhonda Scott; and all other groups were moderated by Meg Bostrom.

Throughout the report, focus group participants are noted by their location, gender, and any other factor that distinguishes the group participants. For example, while there were Democrats and Republicans in every other group discussion, the party identification label is added to those participants in the Democratic and Republican-only groups in Sherman Oaks. Similarly, there were African American and Hispanic respondents in every other group, but the ethnicity label is added to those participants in the African American-only group in Oakland and the Hispanic-only group in Irvine. The focus group guide is included in the Appendix.

Obstacles and Opportunities in Public Perception

The main objectives of this phase of research were to determine how different communications approaches influence public understanding of the relationship between conditions in the environment and one's health, and to build public support for policies to address harmful conditions. To meet these objectives, focus group participants were exposed to a series of fictional news articles, each incorporating different framing approaches. In reviewing responses to the test articles, several consistent themes emerged in the focus group discussions that allow us to better understand why certain communications approaches are more effective than others in advancing public understanding and support. This section reviews these overarching obstacles and opportunities. The second section of this report provides respondents' reactions to each of the test articles.

Obstacle: Health is influenced by individual choices, not social conditions.

Opportunity: This issue is less about health narrowly defined, and more about wellbeing and a better quality of life for all communities.

The most challenging obstacle advocates face in communicating the health consequences of environmental conditions is the strong default understanding of health as being determined by individual choice. This finding is very consistent with FrameWorks' description of the "Health Individualism" cognitive model: "According to this powerful and widespread Dominant Model, it is an individual's *personal responsibility* to make healthy or unhealthy choices, and the impacts affect the *individual*. Within this mental picture of how the world works, both the external causes of health and the broader implications of people's health disappear from the picture."¹

Even though the test articles were designed to avoid triggering a Health Individualism reaction, this cognitive model is so strong that given any opportunity, respondents defaulted to the importance of personal responsibility in determining good health. Focus group participants frequently asserted that people are healthy or unhealthy due to their own strength of will. "The people that are overweight to whatever degree, these are the people that eat the most food and the most unhealthy food. The people that are thin order healthy. These people know they are overweight. They don't do anything about it. They don't care. People don't care. Why do we have 60 percent overweight in this country? Because people don't care that they are overweight. They don't do anything about it. They are too lazy to do anything about it. People are lazy," asserted a Republican man from Sherman Oaks.

Even when they consider the value of health insurance, many respondents insisted that health coverage has no impact upon good health. In fact, according to one Republican man from Sherman Oaks, people without insurance have an incentive to try harder to stay healthy because they cannot afford to go to the doctor: "People that don't have health insurance stay healthy...because they

¹ See "Health Individualism," FrameWorks Institute, 2006.

know that it's going to cost them more money if they do go to the doctor because they don't have the insurance to get them in the door to get the price breaks that the doctors give to the insurance companies.” According to this way of thinking, good health is not the result of fate, circumstances, genetics, or an act of God; it is due to personal will.

By contrast, after discussing the issue for two hours, concerns about wellbeing, equality of opportunity, and future prosperity dominated participants’ conclusions. As they reflected on the night’s conversation, some respondents summarized that the central objective was really about quality of life and a broad definition of health and wellbeing, not just physical health narrowly defined. “It just goes to show you there is a diverse group here, but deep down I don't care where you come from or how poor you were or how rich you are now, everybody wants to have a better way of living,” remarked a Bakersfield man. They began to understand how community assets, prosperity and health are related. “By creating this, we will create jobs for the community also. That this will build better prosperity within the community and they can put the income that they've earned back into this community. We also feel that having more parks, better transit services, people will be using these things and it will also improve their health situation,” noted an Oakland man. The communications challenge will be how to make more contextual information available to people in a shorter time, using frame-based communications.

Obstacle: Community conditions are the responsibility of community residents.

Opportunity: Solutions that empower communities address the desire for personal responsibility while emphasizing collective action rather than individual choice.

Even when focus group respondents become convinced that community conditions influence health, some apply the same personal responsibility mindset to community residents. In this way of thinking, residents’ character is the cause of community problems, not resource distribution. Community residents are like children who need to be forced to clean up their rooms and disciplined if they refuse. Note the following responses from informants:

Before I had a permanent teaching job I substituted in a lot of different schools. (In) the schools that were nicer and cleaner, the kids were usually more well-behaved and nicer and did better in school. (In) the ones that were [not as nice], you have a lot more behavioral problems. But the problem was that every night when school ended, people cleaned up for hours, went around and picked up the trash and the next day all the kids came and ate chips and soda and threw trash everywhere and they didn't care about their school. Sometimes I have a hard time believing that if you just clean up a community, everyone in that community will keep it clean. Because a lot of the people that are in the community -- like my old neighborhood that I used to live in, I'd see people drinking 32 oz. drinks and throwing it right on the street when a trash can was 2 ft. away. A lot of this, it's not going to stay clean, so why waste the money? Republican woman, Sherman Oaks

The community turns around and blames everybody else for the problem and they don't address the problem themselves. That's just like right now with all the gang violence. It's ridiculous. I've got a solution... You take all the gang members, all the druggies and you put them out there in the Mojave Desert and you put a fenced off area. You put them in the middle of it and you give them their guns and you give them their dope and you say this is yours. Have fun. If they kill themselves, so what? Bakersfield man

Reasoning from this perspective, the appropriate response to struggling neighborhoods is not to “reward” them with more resources. Rather, the solution is to punish them with harsher discipline.

Focus group participants quickly become frustrated with having to shoulder the responsibility of yet another social problem. They would rather turn attention to solutions. “I'm tired of hearing about these reports and all the stuff they're looking at. When you know it is there, why do you keep going and doing this research over and over again about how we need this? Stop saying it and writing it and just do it,” insisted an African American woman.

In this particular instance, focus group respondents believe the solutions need to involve residents in the affected or afflicted communities. Part of this response is due to research participants’ desire to enforce personal responsibility. “I like the idea that in paragraph 3 it said parents are running recreation activities in the park. What happened is we are now giving ownership and responsibility back to parents and back to local people. We gave you the means to do it. Now here is your opportunity,” an Irvine man remarked. However, this response is also driven by a desire to ensure that residents have control over the destiny of the community. “What stood out to me was the fact it says here they worked with the citizens to put together a master plan in building the parks. So it was a community effort. You got to involve the people in the community,” stated an African American man.

Obstacle: Poor health is not about race; if minorities have worse health, then it may be due to education, culture or income.

Opportunity: Framed correctly, people will prioritize disadvantaged communities without blaming those communities or placing responsibility for change solely with struggling communities.

Many focus group participants rejected the notion that health is related to race and ethnicity. In fact, several became angry or defensive at the perceived negative characterization of minority communities. “The thing of the article that irks me is that everyone in America, it's like four out of five people are overweight. It's not just Latinos. It's not the minorities. Everyone eats really badly, so I find it kind of funny that they bring that out,” stated a Democratic woman from Sherman Oaks.

If minorities have worse health than others, research participants insisted it must be due to some underlying factor -- such as lack of education or income -- that leads minorities to make poor health choices. Note the following conversation *among African American participants* in Oakland, as they discussed the relationship between race and health:

- Man: They are all diverse. And it's about a class struggle.
- Woman: Yes.
- Man: It is and there are a lot of white poor areas. Food stamps and things. They're in Kentucky and places we may or may not frequent.
- Moderator: Okay. So even though it says minority communities, when you think of that, you don't necessarily think about black communities. Is that what I'm hearing?
- Woman: Right.
- Man: Yeah.
- Moderator: You're thinking about social.
- Woman: Economically challenged.
- Man: Financially challenged.
- Man: Challenge knows no color.

However, attributing disparities to income does not necessarily mean research respondents understand the health consequences of poverty. They are more likely to believe low-income residents have less education, which results in less knowledge to make the right health choices. Many do not understand why poor children would be less healthy. "I didn't have a play station. I didn't have an office or sit somewhere indoors. Just go out there and play in the dirt," stated a Bakersfield man.

During the course of the focus group conversations, respondents began to articulate how the fate of one community is linked to the fate of other communities. Racist stereotypes got pushed aside as respondents considered the bigger system of a town or city, rather than just their own small neighborhood. If one area is in decline, they assert, everyone is affected. "Our minority areas are falling apart completely. In the last five years we've seen it decline -- very much so. And if the minority community keeps declining, then it is going to affect the upper class community. So I think it would be in the best interest of the city to review our ideas, for the betterment of the city," stated a Bakersfield woman.

Obstacle and Opportunity: While cost is the most common critique of taking action to address social conditions, cost *prevention* is a strong motivator.

When asked to debate the merits of taking action to address the environmental conditions that influence health, cost and high taxes are the most prominent arguments by opponents. However, most focus group participants respond that this approach would save money in the long run. "What happened to New Orleans. They didn't fix those levies and stuff. We didn't fix it right the first time, so now we're having to pay for that," stated a Bakersfield man. "If we have a healthier environment for our community, that is going to drive the healthcare costs down. That money right there can be used to improve some of these communities. If kids have some place to go and they are being active and they're not running the streets, we're not going to need as many law enforcement people. The law enforcement costs will go down. If we start improving things, we won't have the need. Like they were talking about they'd rather pay for parks and sidewalks than for asthma and all that other stuff. If we try to better the community now, fix it now, we won't have to worry about all the bad things in the future," argued a Bakersfield woman.

Reframe Alternatives

Three hypothetical reframes were developed to advance public understanding of the role of social conditions in influencing health. This section discusses the thinking underlying each reframe and the ability of each reframe to positively or negatively influence focus group respondents' issue understanding and policy support.

Health Prevention Frame

The Health Prevention Frame was designed to communicate the idea that better policy choices would prevent health problems and encourage people to live in a healthier manner. It incorporates a number of Level 1 values² including Prevention, and Responsible Management. The primary Level 2 issue in this test article is Health; however, Racial Disparity is a strong issue element as well. A Simplifying Model³ was incorporated to describe the effect of public policies on health: *The main advantages that make some cities and towns so much healthier than others come from differences in the availability of Public Structures that we need to stay healthy. Some of these are physical structures, such as health clinics and recreational spaces, and others are organizational structures, like air quality standards, and systems for making sure people have access to fresh, local foods. Less healthy cities and towns have many smart, motivated individuals, but they don't have the Public Structures that encourage good health.*⁴ Finally, the test article included a number of specific language choices to determine their influence: fitness, fit cities, and conditions.

The Health Prevention Frame effectively communicates the connection between health and environmental conditions. With the right examples and language choices to support the frame, the Health Prevention Frame conveys shared responsibility between individuals and the public sector, and mutual benefits for everyone in the state.

However, without careful selection of examples and language, the Health Prevention Frame can easily trigger a personal responsibility backlash. In this mindset, respondents insist that health is determined solely by an individual's exercise and nutrition choices. Parks, for example, can be narrowly construed as places for individuals to pursue physical activity, which respondents then easily dismiss as unnecessary for individuals who are genuinely committed to exercise. Conversely, parks can be positioned as much more than

² For more on levels of thought, see FrameWorks e-zine Issue No. 8, "A Five Minute Refresher Course in Framing" by Susan Nall Bales, available at www.frameworksinstitute.org.

³ In other materials, FrameWorks explains that "people typically rely on analogies in order to learn complex, abstract concepts. These concrete analogies are simplifying models - they help people organize information into a clear picture in their heads, including facts and ideas that they have been exposed to, but never been able to put together in a coherent way." For more on simplifying models, see the FrameWorks Institute e-zine, Issue No. 19, "Opening Up the Black Box: A Case Study in Simplifying Models" by Axel Aubrun and Joe Grady with Susan Bales for the FrameWorks Institute, available at www.frameworksinstitute.org.

⁴ The Public Structures model was developed as part of the FrameWorks Institute's research on "How to Talk About Government" for Demos and the Council on Excellence in Government; it was adapted here to support the Health Prevention Frame.

just a location for exercise; they can be communicated as being central to a healthy community because of their physical, mental and environmental health benefits.

Once focus group participants understand the connection between health and social conditions, they automatically prioritize poor and minority areas as being in most need of attention. Communicators may want to avoid explicitly mentioning “minority areas” for two reasons. First, communicators need to be particularly vigilant about language choices concerning minority areas, as some people defer to racial stereotypes or blame the people who live in failing neighborhoods for their environmental circumstances. In addition, many minorities become angry or defensive in response to what they perceive as an attempt to single out minority communities.

After reading this article, research respondents could comfortably discuss the relationship between health and environmental conditions. Some respondents even added other examples of environmental influences as the group discussed the main points in the article. “I saw a report on local news for the community of San Pedro, which is near the port of Los Angeles, where all the big rigs go in and out and in and out. Diesel fumes in the air. That community has the highest percentage of children with asthma than probably anywhere in the state, or at least anywhere in the greater Los Angeles area. So definitely the air quality and stuff can have a major, major, major effect,” asserted a Democratic man from Sherman Oaks. A Republican man from Sherman Oaks added, “I’m thinking, if you work a minimum wage job and if you go outside to the local markets, there is not a Trader Joe’s in the hood... There is not like food markets, like people selling fresh fruit. Everything is processed and chemicalized... and a lot of liquor stores, yes. The thing is, because of that, how is somebody within that community going to eat healthier and better?”

In addition to improved health, several respondents also began to consider cost prevention as a beneficial outcome of these recommendations. “If you don’t have parks and places for people to have activity, they get sick... One way or another you’re going to pay, so why not do preventive things?” asked an African American woman from Oakland.

Importantly, this frame causes most research participants to understand that everyone would benefit from fit cities because the benefits ripple out to other places. “It would make a stronger state. Weak cities make a weak state and when people try to have all their money in one place like the stupid governor is doing, the rest of the state suffers. If they have strong little cities, the whole state can stay strong,” an African American woman from Oakland explained.

This article suggests to focus group participants that there is shared responsibility between government and individuals to enact some of these changes. “It always comes down to us, right? If we want to do something, then we take it upon ourselves. We form a community that takes it out and then we push all our respective politicians,” an Oakland man explained. Another Oakland man added, “I think public transit, like I said at the beginning, it’s probably one of the biggest problems we have... [That is] not stuff that we as citizens can influence. We can try to influence, but I think the money has to come from the government.”

The Public Structures Simplifying Model shows promise in communicating the breadth of structures that are needed in communities. Focus group respondents define the term “physical

structures” as including bridges, transportation, landscaping, boulevards, conditions of the roads, hospitals, schools, open space, parks, police and fire departments and so on. Their interpretation of “organizational structures” overlaps with some of these examples: social services, police, fire, hospitals, community organizations, and churches.

While the Health Prevention Frame is generally a strong approach for this issue, it can easily trigger a personal responsibility backlash. Since people think of health as largely determined by lifestyle choices (exercise and nutrition), some reject outright the structural recommendations in this article. Sidewalks and walking trails, while clear examples of structural influences on health, frequently triggers a personal responsibility backlash. “I think that if people aren't walking because they don't have a sidewalk on one street or another street, they can walk over one or two streets. That's not an excuse. If you want to exercise, you'll find a way to exercise... If you want to do something, there are ways to do it and the problem is too many people find excuses not to do something,” asserted a Republican man from Sherman Oaks. “My husband and I lived in the same house for many, many years. A park is a block and a half from my house. I walk twice a day and he walks nothing. We both are in the same area, the same incentive, and I do and he doesn't. So you can't say that the fact that there is or isn't a place is a factor. You can make it or not according to your wishes,” argued one Hispanic woman from Irvine.

Even those who support parks as a solution emphasize physical activity as the goal and personal responsibility as a prerequisite. “There are bike trails and parks in every corner. My husband and I find ourselves going to the parks more than we ever had before. This is totally true. We go out of our way to walk because it's there. It's available. In Orange, we didn't really have anything nearby...I feel a lot more active now than I did before,” stated one Hispanic woman from Irvine.

Some note that safety, not lack of parks, is the primary obstacle to using the parks that already exist. “I would love to have my children go to the pick-up games and ride their bicycles by themselves, but honestly I don't feel safe with the communities nowadays. It was great in the 60s for a whole bunch of eight-year-olds to play baseball until dark, but I'm not going to let my kid run outside by himself until it is dark. If he goes out the side door, I'm sitting there on the sidewalk watching him,” stated one Irvine woman.

When people use parks to talk about the importance of *physical activity*, it reinforces an understanding of health as determined by individual actions. The conversation quickly becomes about whether or not parks are needed for exercise, if those who do not already exercise will use them, or whether parks are sufficiently safe. To serve as an effective policy example that supports the frame, parks need to be characterized as much more than simply a physical location for exercise. The unique benefit of parks that supercedes the conflicts about whether or not they are needed for exercise, whether or not people will use them and whether or not they already exist but are unsafe, is the notion that parks are central to wellbeing due to a number of physical, mental and environmental health benefits. “A park is a place for exercise and something pretty to look at, but it's also letting you know, if you go beyond that, it makes your children healthier -- less asthma, less stress, people can heal faster. So it isn't just a place to go to take your kids to play. It's a way to keep the community vibrant and healthy,” noted an African American woman from Oakland.

Communicators will have to guard against a personal responsibility backlash. In addition to incorporating examples that do not rely upon individual motivation, the order of the conversation matters. In the initial test of this frame, the order of paragraphs in the article put too much emphasis on walking and exercise. In addition to triggering a “personal responsibility” reaction, it caused many respondents to declare that this is not news. “To me it is like someone saying ‘okay, we need to diet, eat right and exercise.’ We know that. We’ve just got to do it,” one Hispanic woman from Irvine remarked.

Research participants automatically prioritize poor and minority neighborhoods when they think of the areas in need of most attention. “To me it seems that the richer the neighborhood the better the air and the better the parks. You live longer. They say the minority neighborhoods don’t have -- they’re not equipped with such structures. You get asbestos and you get probably not as many parks, so I guess you can’t get out and relieve stress, so you take stress out on other people. Crime goes up,” stated a Bakersfield man. “They have more in the white communities. Where I am, there is all blacks and we don’t have anything. There is one school; there is one grocery store. Far away, there is a lot of bigger stores, but we don’t have that,” stated a Bakersfield woman. “Even though we’re discussing what might be healthy or what might affect everybody, in my mind I’m going without the resources getting to the proper areas like the people, not in Belmont Shores, but in the poor side of Long Beach, there’s the problem. Why are they not getting any kind of resources from the city of Long Beach, so they could feel like they’re not second-class citizens?” asked a Republican man from Sherman Oaks.

However, the Health Prevention Frame as illustrated in the test article also causes a few focus group participants to blame those people who live in failing neighborhoods for their own environmental circumstances. It may be that the subtle personal responsibility cue causes respondents to think about individuals who are at fault, or that the reference to minority children cues racial stereotypes. First, some believe the communities in question may have as many amenities, but safety concerns prevent people from taking advantage of those amenities. An Irvine woman explained, “I taught junior high in kind of a lower economic area in Los Angeles...It was around South Gate. South Gate has a big, big park. They didn’t want them to go without -- they were usually working or something. But those kids had to go home after school. They had to stay home and watch TV or take care of their little brothers and sisters. Could not go out. If I was a parent living in that neighborhood, I probably wouldn’t let my child out either.”

Others rely on stereotyped understandings of poor, minority areas to explain why those communities have less healthy environments. “I hesitate just going into an area that is not the nicest and just making it nice for them because they will destroy it,” stated a Republican woman from Sherman Oaks. “This is what it’s like, whether it’s New York or Bakersfield or you’re in Canada, that’s just the way it is. There’s always going to be certain places are kept up better because the taxes -- people give a crap more about their neighborhoods than the people down at the bottom part of the town. The rich and the people who care, and the people who don’t care,” a Bakersfield man remarked.

They are particularly likely to blame minorities when they consider explanations for poorer health among minority children. Some are sympathetic, but blame parents. “I think

minority children might be less healthy also because maybe their parents are working two and three jobs, and maybe they don't have time to cook the meals. Maybe they have to eat fast food,” stated a Democratic man from Sherman Oaks. Others show no sympathy whatsoever. “If the parents are not attendant with their kids...they're more into ‘let's party all night,’” accused a Bakersfield woman.

Some minorities become angry or defensive at the negative characterization of minority communities. A Democratic woman of Asian descent from Sherman Oaks noted, “I just think it's amazing all three articles point out minorities, minorities, minorities. Come on. It's so easy always [to say] those minorities are horrible parents. Those minorities are fat...I've dealt with people who are horrible parents who were super rich. I've dealt with people who are fat who are super rich, and who are white. It has nothing to do with -- this is not a minority issue, this is an American issue.”

There are obstacles and opportunities in communicating examples of child health. As noted earlier, research respondents quickly look to parents to take responsibility for child health. “It all falls on the shoulders of the parents that ain't taking care of their kids that are causing all of this,” stated a Bakersfield man. “If these parents were more educated, they would know ‘if I feed my kids correctly and I teach them how to eat correctly’ instead of ‘go ahead and eat all this food and play video games the rest of the night,’” argued a Democratic man from Sherman Oaks. However, there is an opportunity in the fact that respondents also begin to think about policy solutions for children. “Do they not offer health classes anymore?” asked a Democratic man from Sherman Oaks. “The thing that I came up with was the lack of physical education in the schools. It's very, very bad here in Bakersfield, probably statewide as far as that goes. In many schools they barely get a half hour a week, if anything at all,” remarked a Bakersfield woman.

Including the elderly is an enormous advantage in successfully communicating this issue. People quickly recognize that an older person's mobility can be influenced by his or her surroundings, and this affects active living and quality of life. “It's true because I have a friend who has a mom who actually doesn't drive. Now she's moved closer to transit. She goes all over the place; whereas before, she used to live in the suburb in San Diego and she was stuck at home because she didn't have access to a car,” explained an Oakland man.

“Fit cities” produces a mixed response. On the one hand, it paints a positive image of active communities that are designed to encourage public health. “A fit city is a city that has good parks, good buses, good infrastructure, good community, good hospitals, good schools,” a Bakersfield man explained. However, the term is somewhat limited because it emphasizes physical exercise almost as much as the word “fitness.” “It sounds like cities that have a lot of healthy people, or have access available so they could. You might have a lot of good, healthy parks or good walking trails or parks that would allow for that,” explained a woman from Irvine. “It's the image of people jogging and riding their bicycles. When I [think] fit city, everyone is riding and playing,” added an Irvine man.

Finally, reviews were also mixed concerning the Center for Disease Control as the messenger on this topic. Some felt this was a waste of government dollars. “Government agency spending taxpayer money and trying to justify it, so they have to put out reports,” complained a woman from Irvine. Others, however, suggested the CDC is a worthy messenger. “I see the CDC and it actually

gets my attention...that kind of got my attention, so you have to have a reason for it. So it's interesting, actually," stated one Hispanic woman from Irvine.

SF Valley, Bakersfield, Oakland: “Fit Cities” Report Urges Prevention Policies
Orange Co.: CDC Releases “Fit Cities” Report, Urges Prevention Policies

[Orange Co.: Yesterday the nation’s leading public health agency, the Centers for Disease Control and Prevention (CDC)] [SF Valley, Bakersfield, Oakland: Yesterday the Harvard School of Public and Community Health] released a wide-ranging report concerning the relationship between public health and [Orange Co.: city conditions.] [SF Valley, Bakersfield, Oakland: conditions in cities and suburbs.]

[Orange Co.: According to the report’s author, Dr. Jan Simmons, “The interaction between people and their environments, natural as well as human-made, is a major issue concerning public health. Fit cities, meaning those that concentrate on creating conditions that will prevent illness, result in healthier populations.”]

[SF Valley, Bakersfield, Oakland: According to the report’s author, Dr. Jan Simmons, “The main advantages that make some cities and towns so much healthier than others come from differences in the availability of public structures that we need to stay healthy. Some of these are physical structures, such as health clinics and recreational spaces, and others are organizational structures, like air quality standards, and systems for making sure people have access to fresh, local foods. Less healthy cities and towns have many smart, motivated individuals, but they don’t have the Public Structures that encourage good health.”]

The report outlines [Orange Co.: city] conditions that either encourage health and fitness or undermine it. Some health prevention conditions are [Orange Co.: basic and obvious such as ready access to health care and universal health care coverage.] [SF Valley, Bakersfield, Oakland: ones that have been researched by health policy analysts for some time, such as health care coverage and the availability of health care in a community.] Many of the documented health disparities between racial groups can be attributed to differing access to health care and health coverage. Other actions cities, [SF Valley, Bakersfield, Oakland: towns and suburbs] can take to prevent health problems are surprising. For example, research demonstrates that open, undeveloped land, such as parks and forests, can help ill people recover faster and alleviate stress that leads to ill health.

[Moved up from last paragraph for SF Valley, Bakersfield, Oakland] “How we design our transportation systems plays a large role in our air quality and our health,” insisted Pat Conway, VP of Community Health Corporation. [SF Valley, Bakersfield, Oakland: “Because we rely so heavily on cars rather than public transportation, we have very poor air quality in many places. In fact,] 25% of American children live in areas that regularly exceed the U.S. Environmental Protection Agency’s limits for ozone, which leads to more asthma and more emergency room visits. Decisions we make about how we structure our cities and towns influences our health and the cost of health care. I’d rather pay for sidewalks and parks than asthma and heart disease.”

Walking is a simple physical activity that helps combat problems resulting from a sedentary lifestyle, such as obesity, diabetes, and heart disease, but the amount of walking done by residents in a particular neighborhood is influenced by public infrastructure. [Orange Co.: “Some communities have an existing infrastructure that supports physical activity,] [SF Valley, Bakersfield, Oakland: “Some communities have ready access to safe places that encourage physical activity,] such as sidewalks and bicycle trails, and worksites, schools, and shopping areas in close proximity to residential areas. We found that people in communities with these conditions get twice as much physical activity [Orange Co.: as those who live in areas without sidewalks and bicycle trails -- more kids walk or bike to school and more adults walk to the grocery store]. Those conditions are not typically present in minority communities, with predictable consequences -- minority children are less healthy overall than other children,” Simmons explained.

At the other end of the age spectrum, the effect on the elderly is also dramatic. “An elderly person who is no longer able to drive but lives in an area with buses, transit, and other transportation options has the ability to stay more mobile, engaged and independent well beyond the capacity of elderly people in many suburban communities,” stated Chris Braszo, director of Advance for the Aged.

Public Environment Frame

The Public Environment Frame was designed to make the health-environment connection as explicit as possible by highlighting a number of decisions made by policymakers with a documented impact on public environments and on public health. It incorporates several Level 1 values including Innovation, Connectedness, and Efficacy. The primary issue lens in this test article is Community, however Health and Race Disparities are strong issue elements as well. A Simplifying Model was incorporated to describe the effect of unequal public environments: *Drive through any metropolitan area and the neighborhoods will change dramatically. Some have public environments that actually improve the neighborhood and people's lives, while others don't - this creates a Patchwork Effect across the nation's communities. The most effective thing we can do to address a range of social problems facing the country is to fill in the patchy spots and weave struggling, dysfunctional neighborhoods back into the fabric of the country. We all win when a neighborhood turns around.*⁵ Finally, the test article included a number of specific language choices to determine their influence: public environments, public spaces, and civic wellbeing.

By entering the conversation through the frame of community conditions, and by emphasizing wellbeing as much as health, the Public Environment Frame builds understanding of the health-environment connection without triggering a personal responsibility backlash. The relationship between mental health and environmental circumstances is particularly new and intriguing, according to focus group participants.

The test article's emphasis on solutions empowers people to believe that change can happen and individuals can lead the way. They begin to feel better about the role of government and become enthusiastic about the prospect of ordinary citizens engaging in collective action to make these kinds of changes in communities.

As with the Health Prevention Frame, once they understand the influence of social conditions, research participants prioritize poor communities and need little convincing that their own fate is tied to other local areas. Importantly, the Public Environment Frame heightens the priority of poor communities without triggering negative stereotypes of poor and minority communities. In fact, some respondents become protective of the poor and worry about the poor being priced out of their homes if their community is improved.

Several specific language choices advance the conversation. The Patchwork Effect Simplifying Model is very helpful in creating new ways of thinking about public resources and struggling communities. Research participants rely on two main interpretations of the Patchwork Effect, both of which effectively develop people's understanding of the issue. "Civic wellbeing" is a very beneficial term with a lot of meaning that advances the conversation. "Public environment" is a helpful, positive term, though its meaning is largely limited to physical spaces.

⁵ This Simplifying Model was originally developed by FrameWorks for the W.K. Kellogg Foundation's initiative on rural issues; it was adapted in this research to take advantage of its core message of a problematic and dysfunctional distribution of resources.

The Public Environment Frame helps focus group participants understand the influence of environmental conditions on health and wellbeing. In nearly every group, this test article advanced the conversation by providing very clear examples of the health-environment connection. One Hispanic woman from Irvine summarized the point of the article as “city planning and infrastructure affects, or can affect, peoples' health and lifestyle.” After reading this article, several focus group participants could clearly communicate the impact of social conditions in their own words. “You get a person that has a chronic illness living in the slums, has no healthy environment around him. Pull him out in a helicopter and stick him somewhere in a nice area with everything he needs around him: recreation areas, to elderly, helping the elderly, he is going to get well. He's going to be a lot better within months,” a Bakersfield man explained.

This frame is effective in part because it reflects people’s real world experiences, while providing a new way to interpret those experiences. A Democratic woman from Sherman Oaks described how her community has improved since her childhood: “There was a park where I was growing up, and it was always empty because people were scared to go to that park...Now it's different; they renovated the park. There are more swings for the kids and activities, sports now. It's different, so I agree with this [article]. I think it's very true.”

In addition to providing a clear understanding of the health-environment connection, this article’s emphasis on solutions empowers people to believe that change can happen and individuals can lead the way. Often focus group participants respond to communications on social issues with cynicism. They assume solutions do not exist, special interests control the political process, government is ineffective, etc. The heavy emphasis on specific successes in this article demonstrates to focus group participants that change can happen. “To me this is all telling you that it is possible. It is possible. They can do it,” stated a Bakersfield woman.

In fact, focus group participants become enthusiastic about the prospect of ordinary citizens leading the way to make these kinds of changes in communities. “I found it very interesting how we, the people, have the power to change our environment. It's saying look, you can go to Walmart or you can create 10 little locations so that people made the change in their community,” asserted one Hispanic woman from Irvine. “I feel like neighborhoods and groups of people can make things happen. It can be tedious but we can go to the government. We are the government. Perhaps it's not the one that we wanted most. The people make it happen ultimately. That's where it starts. People organize, they join together and they are tremendously powerful and it is great to see that things can change,” stated a woman from Oakland.

This description gives the impression that public will is more important than money in implementing these improvements. “They can fix and build and do everything as long as they are willing. They can have all the money in the world but if they don't care, then nothing happens,” asserted a Republican woman from Sherman Oaks.

These achievements cause people to feel better about the role of government and where they live. Focus group participants frequently express positive views of government in response to this article. “I think it's like we're making better communities through these actions, and that's getting communities to work with their local government...Sometimes we blame a lot of things on

government,” an Oakland man remarked. “It sounds as though these three mayors were really interested in their communities,” a Bakersfield man expressed. “It looks like the government and the citizens were working together,” noted an Oakland woman.

Some cite similar experiences that improved views of their personal circumstances. “Just having a clean place to go out and take a walk that is even just a little bit pretty improved my feelings about L.A. and my disposition so much. Even though these things are not super dramatic, they're not raising millions of dollars for AIDS victims, but I really do think they help the community,” stated a Republican woman from Sherman Oaks.

Research participants prioritize poor communities and need little convincing that their fate is tied to other local areas. “Why have a poverty neighborhood 10 blocks away from you when you know that the town wants to do something that is going to help that neighborhood not be a poverty neighborhood?” an Oakland woman asked. Importantly, the Public Environment Frame does not trigger negative stereotypes of poor and minority communities.

Some respondents express reservations about improving poor communities, but largely because they worry poor residents will get priced out of rental units. “I think back to an experience in Boston, where I come from, where it was called urban renewal. They took a poverty area and they said, ‘We're going to tear down all this bad housing; we're going to put up quality housing for the former residents.’ What they did is pull it all down and those people were displaced, and now they are upscale luxury housing developments in a very posh area,” explained a Democratic man from Sherman Oaks. A Republican man from Sherman Oaks shared a similar sentiment: “It's nice that we're thinking about helping poor people but the bottom line is, if there are nicer parks, if there are nicer things, the property taxes go up. You want to attract a certain type of individual to live in those communities, so in a lot of cases those individuals that are already there are going to move somewhere else.”

The relationship between mental health and environmental circumstances is particularly intriguing, according to focus group participants. Most readily accept the notion that parks and green space can improve mood. “What I thought was the old saying of crabs in a barrel or like rats in a cage -- where they're all congested. You tend to get impatient. You get short-tempered and so forth and, in Manhattan or some large city, you tend to have these kinds of people eating at each other. But I can see open green spaces would make it a little more relaxing, people can think more and be able to process information easier,” stated an African American man from Oakland.

Most also accept the assertion that ADHD symptoms could be alleviated with more access to physical activity. “You get these kids out in parks and run around, it might chill them out a little bit so they can run off some energy. That's very informative,” stated one Hispanic man from Irvine. However, a few reject the relationship between ADHD and environment. “That's a psychological disorder. How is giving space going to fix that? That doesn't make sense,” argued a Republican man from Sherman Oaks. The mental health-environment conversation would benefit from more explanation to clarify the association between the two.

The article included a Simplifying Model to describe the effect of unequal public environments: *Drive through any metropolitan area and the neighborhoods will change dramatically. Some*

have public environments that actually improve the neighborhood and people's lives, while others don't - this creates a Patchwork Effect across the nation's communities. The most effective thing we can do to address a range of social problems facing the country is to fill in the patchy spots and weave struggling, dysfunctional neighborhoods back into the fabric of the country. We all win when a neighborhood turns around.

Research participants had two main interpretations of the Patchwork Effect, both of which proved helpful in developing people's understanding of the issue. Several interpreted Patchwork Effect as referring to differences in the quality of life between neighborhoods. "I think the Patchwork Effect in this refers to the unevenness of distribution," stated an Oakland woman. "I live in Belmont Shores. Beautiful grasses, beautiful parks, really quiet neighborhood...Now the other side of Long Beach you hear gun shots, people trying to sell drugs. There is some prostitution. Young people just running around the street late at night not knowing what to do," a Republican man from Sherman Oaks remarked.

Other people interpreted "patchwork" as work that needs doing to make a community whole. "Patchwork effect to me seems like -- it's like you're patching a wall. It's buildings in certain parts of town that are starting to maybe run down so far. They are patching them up to bring them up even with the rest of the community, or part of the section of town. I think that is why they are calling that the patchwork," a Bakersfield man explained. "Patching up little areas to make it good and livable for everybody so they don't get all dispersed in one area. You patch it up and connect it," noted an Oakland woman.

"Civic wellbeing" is a very beneficial term that advances the conversation. "Public environment" is a helpful, positive term, though its meaning is largely limited to physical spaces. The term "public environment"⁶ causes people to think of libraries, community centers, parks, open spaces, and common areas. "Public space" brings to mind many of the same images, though some believe public spaces are any areas a person has access to, whether they are publicly or privately owned. "A supermarket would be public space while it is open," suggested a woman from Irvine. Both terms imply physical space, not qualities such as pollution regulations, for example.

"Civic wellbeing" is a very strong term that conveys citizenship, shared responsibility, security and effective government:

Citizenship:

That's like good citizenship. Being a good Samaritan. (Democratic woman, Sherman Oaks)

Shared Responsibility:

Just like your civic responsibility is to look out for your community. It's everybody's part. It's everybody's responsibility to do their part. It's not fair to put all the burden on one person's shoulders. It's everybody's part to have a part of the civic well being of the community. If you want things to be changed, then you need to step up and do something for your community. I think it just means that if everybody had a say and tried to play a part that there would be well being. (Bakersfield woman)

⁶ The recommendation to distinguish between Public and Private Environments first emerged in the course of research conducted for FrameWorks on asset building and sponsored by the United Way of Massachusetts Bay.

Security:

Well, you feel comfortable. You're not worried about crime. You have good education, good recreational programs. You just have a sense of wellbeing. (Bakersfield man)

Effective Government:

They're doing what they're supposed to, or they're taking care of your interests. They are not just looking after becoming obviously wealthier than they already are. (Hispanic man, Irvine)

Your government is functioning the way it should be. (Republican man, Sherman Oaks)

In the initial testing, specific language choices limited the effectiveness of the article. These faults provide instruction about framing mistakes to avoid. First, the initial test article relied too heavily on the role of public officials and did not adequately incorporate a role for members of the community. “I take offense in this article pointing out that it's all the mayor's doing because here it says public officials make the decisions. Then it says that we put together the master plans. And it says that the community got together to start the farmer's market. We're not even sure the mayors were involved in the idea in the planning part. But they are the ones that get the awards instead of the community,” asserted an Irvine woman. Not only does this approach offend some focus group participants, it also misses an opportunity to engage and empower citizens.

In addition, some of the proof of the effectiveness of solutions was not credible to focus group participants. The assertion that farmers markets could result in lower rates of obesity and that vanpooling would relieve clogged roads were not believable.

Third, this article initially stated that the award came from an urban planning association. However, focus group participants assume urban planners would directly benefit from efforts to rebuild cities, so it undermined urban planners' credibility and authority on the topic.

Finally, a few informants mentioned that these specific examples would be more powerful if they reflected the challenges of large metropolitan areas. “It would be 10 times tougher to have St. Louis on this list, or Oakland, or L.A.... you definitely have a tougher time when you are weighted to a city budget. Like if a borough in Brooklyn wanted to do it, they've got to wait for Bloomberg to do the whole number. If east Oakland wants to do it, we've got to wait for Jerry Brown to do the whole number...these are great examples, but when you can wrap your hand around a community and have that kind of planning where everybody is involved, you can see the results sooner than when you are burdened by a pressing set of problems that a bigger city has,” explained an African American man from Oakland.

**SF Valley, Bakersfield, Oakland: Three Cities Receive National Attention for Innovation
Orange Co.: Mayors Receive National Attention for Innovation**

[Orange Co.: Urban Planners of America, a national association of professionals who design public spaces, has announced the winners of its Excellence in Civic Wellbeing award. This year, three mayors earned the Association's top honor for their leadership in creating public environments that demonstrably improve residents' health and wellbeing: Mayor Zachary Wear of Springfield, MA, Mayor Alexander Hintz of Roanoke, VA and Mayor Jane Berry of Richmond, IN. "Public officials make decisions every day in zoning and in the design of public spaces that directly affect the health of communities. We've seen the impact physical structures can have in improving people's lives, and we're using these awards to highlight the best examples of change. To win this award, a city has to demonstrate that a change it made in its public environment directly resulted in an improvement in citizens' lives," explained Alan Robson, President of the Association.]

[SF Valley, Bakersfield, Oakland: The David Arthur Lewis Foundation has announced the winners of its Excellence in Civic Wellbeing award. This year, three cities earned the Foundation's top honor for leadership in creating public environments that demonstrably improve residents' health and wellbeing: Springfield, MA, Roanoke, VA and Richmond, IN. "Drive through any metropolitan area and the neighborhoods will change dramatically. Some have public environments that actually improve the neighborhood and people's lives, while others don't - this creates a Patchwork Effect across the nation's communities. The most effective thing we can do to address a range of social problems facing the country is to fill in the patchy spots and weave struggling, dysfunctional neighborhoods back into the fabric of the country. We all win when a neighborhood turns around. We're using these awards to highlight the best examples of change we've seen," explained Alan Robson, President of the Foundation.]

"We felt we could make progress on a range of issues if we created more spaces for public activities," suggested Zachary Wear, Mayor of Springfield. "Research strongly suggests that places with the most serious problems like poor health, domestic violence, and failing education have few community structures, such as community centers, health clinics or parks. [Orange Co.: We put together] [SF Valley, Bakersfield, Oakland: We worked with citizens to put together] a master plan to renovate abandoned buildings and parks. In the 6 neighborhoods that have been addressed [Orange Co.: so far] [SF Valley, Bakersfield, Oakland: since our efforts started 5 years ago,] social support has increased. For example, in 3 of the new health clinics, people not only get the care they need, they also get health care that fits the culture of the neighborhood with sensitivity to language and cultural differences. Two of the centers have early education programs, and parents are running recreation activities in every park. People are healthier and happier in these minority communities which had been Springfield's highest at-risk areas for many health problems."

"Our biggest concern was addressing the increasing rate of mental health problems in Roanoke as well as nationwide. Scientific evidence indicates that green spaces can help address a range of mental health issues from depression to ADHD, so we started with a pilot study 10 years ago that was so successful we've spread the program to 10 neighborhoods across the city," explained Mayor Alexander Hintz of Roanoke, VA. By building safe parks with after-school recreation next to schools, the city noted improvement in children's ability to focus and learn in school and a reduction of ADHD symptoms. Doctors also credit the parks with relieving depression among adults even in Roanoke's poorest areas. Supplementing existing public transit with shuttles for long-distance commuters has [Orange Co.: relieved clogged roads,] reduced commuting-related stress, and cut incidents of road rage in half.

"A town like Richmond has few resources," noted Mayor Jane Berry. "We're surrounded by farmland, but the only place to buy groceries is the Walmart 20 miles outside town. Consequently, many of our residents rely on unhealthy, processed foods or so-called 'fresh' fruits and vegetables [Orange Co.: that Walmart trucks in] trucked in from 1500 miles away. [Orange Co.: We started] [SF Valley, Bakersfield, Oakland: We set aside public spaces for] farmers markets at 10 locations around the city. Nutrition has improved [Orange Co.: obesity rates are down] and our local farmers have more income. A win for everyone!"

"We hope that these three stellar examples will encourage citizens and mayors in other cities to take actionable steps to create public spaces that improve lives," stated Robson.

The Prosperity Frame

The Prosperity Frame was designed to link healthy environments with economic wellbeing. This frame underwent several significant rewrites to incorporate research participants' reactions. In some groups, the article placed more emphasis on workforce health, while in other groups it placed more emphasis on community prosperity. The articles incorporated a number of Level 1 values including Prosperity, Responsible Management, and Interdependence. The primary Level 2 issue in this test article is the Economy, however Racial Disparity is a strong issue element as well. A Simplifying Model was incorporated to describe the effect of environment on the economy: *One of the most practical investments we could make would be to plug minority communities into the network of institutions that make prosperity possible - banks, home and business ownership programs, educational institutions and so forth. Experts call this the Prosperity Grid. Prosperous communities are better connected to these institutions. Plugging minority communities in would build their prosperity, create a stronger economy overall, and improve American communities.*⁷

The test articles for this frame underwent several significant revisions. The first article tested in Orange County incorporated multiple connections which Irvine respondents found confusing and unconvincing.

The article was refined for San Fernando Valley to focus on the health of the workforce. However, respondents insisted that the economy is not negatively influenced by workers' poor health. Furthermore, the conversation quickly derailed into a conversation about structural economic problems they already understand, such as downsizing and outsourcing.

In Bakersfield and Oakland, therefore, the article focused was further revised to focus attention on neighborhood assets and the role of these assets in improving health. Most respondents readily accepted the idea that strengthening disadvantaged communities provides benefits to everyone. However, this frame easily triggers negative stereotypes about people who live in low-income minority neighborhoods.

One of the more problematic failings of the Prosperity Frame is the fact that some informants reject the economic dynamic described in the article. According to focus group participants, prosperity does not follow business, business follows prosperity. The Prosperity Grid Simplifying Model was moderately effective, but undermined by respondents' understanding of which comes first – business or prosperity.

The Prosperity Frame, as reflected in the test article, is not an effective approach for this issue.

⁷ The Prosperity Grid Simplifying Model originated in FrameWorks' research on structural racism as a way to elevate the systems that contribute to better quality of life for some populations, and worse quality of life for others.

The Prosperity Frame test articles underwent several significant revisions. The first article tested in Orange County incorporated a number of approaches to underscore the relationship between health and economic prosperity, specifically: neighborhoods with assets contribute to the state's economy, the state's workforce is constrained by poor health, and the environments in neighborhoods influence workers' health.

Irvine respondents found the multiple connections in the article to be confusing. “It looks to me like they're saying here we have this big problem with not enough health insurance. Then they say your neighborhood has a huge influence on your health, and they say simple solutions like good jobs with health insurance and put in sidewalks. It's like they've taken two completely different things and tried to tie them together. It's like if you put in a sidewalk and a park, then you will get a nice job with health insurance. That's great if it's true, but that seems too simple to me,” remarked an Irvine man.

Research participants in Irvine insisted education is the only solution to poor health. “I actually would think that education is the most important thing in terms of health. And again, there are studies on this. People who are well-educated actually know how to take care of themselves. They know what to do, if they do get sick. They know what is serious and what is not,” suggested an Irvine man.

Instead of blaming McDonalds, people need to take responsibility for their decisions, they assert. “It comes down to a choice and people taking responsibility for their wellbeing. Because you know what I don't like? That McDonalds and Wal-Mart are cast as the bad guys. You know what? A grocery store and McDonalds both bring jobs to a community, okay. What's wrong with that?” asked one Hispanic woman from Irvine.

Since research participants found the initial article too confusing, the article was adapted in San Fernando Valley to eliminate the neighborhood assets point, and simply focus on the health of the workforce and the role of environments in improving health.

Respondents in Sherman Oaks insist that the premise of the article is wrong: the economy is not negatively influenced by poor health. Democrats insist people have to work even when they are not well. “If you don't work, you don't get paid,” stated a Democratic man from Sherman Oaks. “It's like you are forced to work even though you are not well. Granted, maybe the productivity might not be up to par, but then again if you're not doing well, you don't want to lose your job, so you try to work as hard as you can,” remarked a Democratic man from Sherman Oaks. Republicans also reject the premise, but most insist that people abuse sick leave which has more influence on businesses' bottom line than genuine illness.

In Sherman Oaks, respondents read a Simplifying Model designed to explain the consequences of an unhealthy workforce: *“Workers in good health are ultimately the pillars that hold up the economy, and if people are unnecessarily sick, the result is missing pillars and less economic*

stability overall."⁸ Some respondents understood the intent of the Model. "It's like Lego when you make a building out of Lego. If there are certain Lego pieces missing, then it is going to fall down. That's how I would describe it...So everyone is working together, but if some people are not there, then it kind of crumbles a bit. Or what ends up happening is the other people end up doing the missing people's jobs," stated a Democratic woman from Sherman Oaks. Others, however, saw the jobs as the missing element rather than the workers. "Yeah, there is a lot of outsourcing...There are a lot of people losing their jobs in the country to outside the United States," stated a Republican man from Sherman Oaks.

Furthermore, a conversation about the economy and jobs gets quickly derailed into a conversation about structural economic problems they know, such as downsizing and outsourcing. "Even at my job at SBC, the reason I took the early retirement is because they are downsizing because they're doing more automation. The human touch is disappearing," stated a Democratic man from Sherman Oaks.

Even when respondents could sustain a conversation about the economic consequences of poor health, the conversation would move in unproductive directions. Some research respondents find the article's focus on workforce health cold and calculating. "It's not that we're going to do this because it's economically viable. It's more profitable. The workforce is going to make more money. We've got to deal with it because it's a social need. It's a human need," insisted a Democratic man from Sherman Oaks.

Other respondents veer off into concerns about cost and access issues. Democrats are alarmed at the high cost of insurance. "It's just unbelievable. Nobody can afford it," asserted a Democratic man from Sherman Oaks. "Ultimately every one of us pays for those people who cannot pay for their own insurance," explained a Democratic woman from Sherman Oaks. However, most Republicans insist that anyone who needs care can get care. "If I walked into the emergency room tomorrow without insurance, they would say 'We're sorry. Get the hell out of here because you're white'...She [a friend from another country] walked right in and they said, 'Right this way,' and they gave her \$180,000 in cancer treatment," a Republican man from Sherman Oaks asserted.

In Bakersfield and Oakland, the article was adapted to eliminate any consideration of workforce health, and instead it was designed to bring attention to neighborhood assets and the role of these assets in improving health.

Most focus group participants readily accept the basic premise that strengthening disadvantaged communities provides benefits to everyone. "I think that is one of the best investments you can make because it just seems like these minority communities are being slighted. They're just going down hill and it is not good for anyone," a Bakersfield woman remarked. "If everybody had access to the same opportunities, it would make the community healthier. I mean the community as a whole, America, or a city, or a state, a country healthier in all aspects of prosperity," stated an African American woman.

⁸ This model results from research conducted for the FrameWorks Institute on how to talk about the health care system; it was supported by two New Hampshire foundations, the Endowment for Health and the HNHfoundation.

However, this frame can also easily trigger negative stereotypes about people who live in low-income minority neighborhoods. Some suggest the disadvantaged are not doing enough to improve their own circumstances. “Because if you have a family that is on welfare, what do the kids see? They see mom and dad sitting on their ass doing nothing, drawing money, drawing coupons,” stated a Bakersfield man. “My dad had two jobs to get us a little better and better until we are pretty well off now. That took years and years of dedication and hard work. You might find one or two people out of a hundred that are willing to do that nowadays,” added a Bakersfield man.

One of the more problematic failings of the Prosperity Frame is that some informants reject the economic dynamic described in the article. The article suggests that local economies will improve if more services are brought to disadvantaged communities. Some participants, however, insist the economy does not work that way. “If people go back and look at the history of a neighborhood, they are probably likely to find all those services were there and little by little withdrew. And so the things that this person wants to put back into the neighborhood were there. Then the question becomes -- to me it is obvious -- businesses don't stay where they can't make money,” explained an Oakland woman.

According to focus group participants, prosperity does not follow business, business follows prosperity. “It's not that we don't want to pluck in businesses and different features into these neighborhoods. It's just that these neighborhoods can't sustain it. We are all entrepreneurs and we try to look for opportunities. I'm sure a neighborhood that is prosperous, a lot of businesses or small businesses will try to enter that area. It's whether it will be sustainable or not,” asserted an Oakland man.

The Prosperity Grid model was moderately effective. Some see it as describing the elements that are needed in any livable community. “I think prosperity grid is the ingredients needed for the community to prosper such as the businesses, the banks, the whole food stores, good schools, good police, cleaning the streets,” explained an African American woman. However, the model's influence was undermined by the belief (noted above) that business comes before prosperity. “They are making the assumption that if you put in a prosperity grid in a poor neighborhood that neighborhood will become wealthy. That's not the way it works. First, the people were wealthy and then they put in the prosperity grid. It goes the other way. It doesn't go both ways. They're going the wrong way,” asserted an Oakland man.

Finally, communicators need to be careful about how to characterize community-centric issues. A few took exception to this article's use of zip codes to make the broader point that environment matters. “It makes you think because you have this zip code you're going to be treated different,” stated a Bakersfield woman. “It's like a stigma,” added another Bakersfield woman.

[Orange County] State Prosperity Relies on Neighborhood Assets, Say Economists

Forget interest rates and corporate profits. For the best indicator of the state's future prosperity look at neighborhoods, say economists. Some neighborhoods are prosperous while others are struggling. According to economists, understanding why some neighborhoods are worse off than others is the key to unlocking the state's potential.

"It's a pretty simple economic equation," according to Edward Carden, professor of Economics at UCLA. "Places with more resources are able to use those resources to better their situation. Meanwhile, those places with few assets struggle to survive and consequently hold back the potential of the state. If we work together to create more good jobs, job training, and locally-owned businesses in struggling neighborhoods, then more people will be able to afford homes and buy products, resulting in economic gains that will ripple out to the state as a whole."

It all starts with the quality of the workforce, which is a state's greatest asset, and the number one limitation on the workforce is poor health. California's workforce is especially at jeopardy. One of every three Californians is Latino, and one in three Latinos is uninsured. In fact, lack of insurance is unacceptably high in every ethnic group, resulting in one in five Californians without insurance. Poor health results in missed work days, or even physical limitations that can keep a person from holding a job. It can also result in bankruptcy that further impoverishes families and communities. "One effective strategy to improve the health of the workforce as a whole is to attract good jobs with health insurance to struggling neighborhoods. With access to health care, health improves for the entire state," noted Carden.

"Your neighborhood has a huge influence on your health," according to Pam Dawson, a hospital administrator at Mt. Sinai. "We can look at zip codes and have a pretty good sense of the health problems we'll encounter, and those health problems hold back the prosperity of those communities. For example, some neighborhoods do not have a grocery store, but they have a McDonalds. In these neighborhoods we see greater rates of obesity, heart disease and so on, which frequently limit a person's ability to fully participate in the workforce. Other neighborhoods have high concentrations of lead paint, which affects a child's brain development."

"It is pretty obvious that more attention to the environments in which people live affects the health of the workforce, which affects the prosperity of California as a whole. Simple solutions like good jobs with health insurance for those populations that are currently uninsured, farmers markets or grocery stores with fresh foods, bike paths and parks, will not only help people get healthier, but also raise property values and attract businesses, even in minority communities that had been seen as unhealthy. We all benefit from a healthier workforce when we support efforts to improve the environments in which people live and work," according to Carden.

[SF Valley] State Prosperity Relies on Healthy Workforce, Say Economists

Forget interest rates and corporate profits. For the best indicator of the state's future prosperity look at health indicators, say economists. "It all starts with the quality of the workforce, which is a state's greatest asset, and a significant limitation on the workforce is poor health," stated Edward Carden, professor of Economics at UCLA. "Poor health results in missed work days, or even physical limitations that can keep a person from holding a job. Our research shows that US productivity has been reduced by 20% due to preventable health issues such as heart disease, asthma, and diabetes. Workers in good health are ultimately the pillars that hold up the economy, and if people are unnecessarily sick, the result is missing pillars and less economic stability overall."

California's workforce is especially at jeopardy. One of every three Californians is Latino, and one in three Latinos is uninsured. In fact, lack of insurance is unacceptably high in every ethnic group, resulting in one in five Californians without insurance. People without insurance are less likely to address health problems early, leading to more significant health problems later that can result in less productivity in the workplace.

Some say that addressing the health of the workforce needs to start where people live. "Your neighborhood has a huge influence on your health," according to Pam Dawson, a hospital administrator at Mt. Sinai. "We can look at zip codes and have a pretty good sense of the health problems we'll encounter. Echoing economist Carden's "missing pillars" argument, she goes on to state that, "those health problems hold back the prosperity of those communities. For example, some neighborhoods do not have a grocery store, but they have fast food outlets. In these neighborhoods we see greater rates of obesity, heart disease and so on, which frequently limit a person's ability to fully participate in the workforce. Other neighborhoods have high concentrations of lead paint, which affects a child's brain development."

"The environments in which people live affect the health of the workforce, which in turn affects the prosperity of California as a whole. Solutions like good jobs with health insurance for those populations that are currently uninsured, farmers markets or grocery stores with fresh foods, bike paths and parks, will not only help people get healthier, but also raise property values and attract businesses, even in minority communities that had been seen as unhealthy. We all benefit from a healthier workforce when we support efforts to improve the environments in which people live and work," according to Carden.

[Bakersfield, Oakland] State Prosperity Relies on Neighborhood Assets, Say Economists

Forget interest rates and corporate profits. For the best indicator of the state's future prosperity look at neighborhoods, say economists. Some neighborhoods are prosperous while others are struggling. According to economists, understanding why some neighborhoods are worse off than others is the key to unlocking the state's potential.

"It's a pretty straightforward economic equation," according to Edward Carden, professor of Economics at UCLA. "Places with more resources are able to use those resources to better their situation. Meanwhile, those places with few assets struggle to survive and consequently hold back the potential of the state. One of the most practical investments we could make would be to plug minority communities into the network of institutions that make prosperity possible - banks, home and business ownership programs, educational institutions and so forth. Experts call this the Prosperity Grid. Prosperous communities are better connected to these institutions. Plugging minority communities in would build their prosperity, create a stronger economy overall, and improve American communities."

"Your neighborhood has a huge influence on your health and on economic opportunity," according to Pam Dawson, a hospital administrator at Mt. Sinai. "We can look at zip codes and have a pretty good sense of the health problems we'll encounter, and those health problems hold back the prosperity of those communities. For example, some neighborhoods do not have a grocery store, but they have fast food outlets. In these neighborhoods we see greater rates of obesity, heart disease and so on, which frequently limit a person's ability to fully participate in the workforce. Other neighborhoods have high concentrations of lead paint, which affects a [Bakersfield: child's brain development and hinders that child's ability to achieve his potential] [Oakland: developing child's brain architecture and hinders that child's ability to achieve his potential]."

"The environments in which people live affects their health and economic opportunity, which affects the prosperity of California as a whole. Solutions like good jobs with health insurance for those populations that are currently uninsured, farmers markets or grocery stores with fresh foods, bike paths and parks, will not only help people get healthier, but also raise property values and attract businesses, even in economically-weak minority communities. We all benefit when we support efforts to improve the environments in which people live and work," according to Carden.

Conclusions

Elements of the Health Prevention and Public Environment Frames can be integrated into a cohesive narrative that advances understanding. Specifically, communicators should incorporate the following lessons into their materials:

- Rather than a narrow definition of physical health, communicators should advance a broader understanding of wellbeing. The relationship between mental health and environment is a particularly intriguing connection.
- Entering the conversation through a discussion of public environments or community conditions allows people to begin the conversation in a collective frame of mind, rather than thinking of individual health choices. “Civic wellbeing” is a very beneficial term with a lot of meaning that advances the conversation. The Patchwork Effect Simplifying Model is also helpful in creating new ways of thinking about public resources and struggling communities.
- Once they understand the relationship between wellbeing and social conditions, people readily understand that communities with fewer resources will have worse health. They recognize they have a stake in making sure all communities provide healthy public environments.
- Communicating racial disparities does not advance the conversation, because people do not understand why race would matter. Instead, race disparities language causes minorities to feel angry and defensive, and negative racial stereotypes surface quickly.
- Solutions need to be prominent for a number of reasons: 1) solutions can help people understand the health-environment connection; 2) solutions engage people in collective action; and 3) solutions that empower people within the targeted community address some people’s desire for personal responsibility.
- The public will engage more readily in those efforts that are seen as close to home (city or town) rather than distant (state).

About FrameWorks Institute: The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies. The Institute’s work also includes teaching the nonprofit sector how to apply these science-based communications strategies in their work for social change. The Institute publishes its research and recommendations, as well as toolkits and other products for the nonprofit sector at www.frameworksinstitute.org.

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Appendix: Focus Group Guideline

**Focus Groups
California, August 2006**

I) Intro (15 minutes)

- A) Standard intro – not vested, kitchen table conversation, one at a time, audio, video, speak opinion, etc.
- B) Let's go around the table and introduce ourselves. Just say your name, a little about yourself and your family, involved in community.

We have lots of different topics to cover tonight. Each topic is related, but distinct. We'll discuss each of three topics for about 20 minutes. The first one is...

ROTATE ORDER:

II) Health Prevention Frame (25 minutes)

- A) I want to show you a newspaper article. (See attached)
 - 1) What is your reaction?
 - 2) What stands out?
 - 3) How does it make you feel?
 - 4) Why should people be concerned about this? Why is it important?
 - 5) How big of a problem is this?
 - 6) Who is responsible for addressing these issues? What should be done?
 - 7) Who would most benefit from the approaches listed here?
 - 8) Think about your own community. Does this fit your experience?
 - 9) Specific Probes:
 - (a) What does "fit city" mean to you?
 - (b) How do you react to the CDC as a messenger?
 - (c) Does this affect the cost of health care? How?
- B) What conditions in a community improve health?
- C) Thinking of the state as a whole, what should be done to improve communities?

III) Public Environments Frame (25 minutes)

- A) I want to show you a newspaper article. (See attached)
 - 1) What is your reaction?
 - 2) What stands out?
 - 3) How does it make you feel?
 - 4) Why should people be concerned about this? Why is it important?
 - 5) How big of a problem is this?
 - 6) Who is responsible for addressing these issues? What should be done?
 - 7) Who would most benefit from the approaches listed here?
 - 8) Think about your own community. Does this fit your experience?
 - 9) Specific Probes:
 - (a) What does "public environment" mean to you?
 - (b) What does "civic wellbeing" mean to you?

- (c) How do you react to Mayors as messengers?
 - (d) How do you react to urban planners as messengers?
 - (e) The first example talks about the importance of connections. How do you react?
 - (f) The second example talks about mental health. How do you react?
 - (g) The third example talks about resources. How do you react?
 - (h) Does this affect the cost of health care? How?
- B) What conditions in a community improve health?
 - C) Thinking of the state as a whole, what should be done to improve communities?

IV) Public Good/Prosperity Frame (25 minutes)

- A) I want to show you a newspaper article. (See attached)
 - 1) What is your reaction?
 - 2) What stands out?
 - 3) How does it make you feel?
 - 4) Why should people be concerned about this? Why is it important?
 - 5) How big of a problem is this?
 - 6) Who is responsible for addressing these issues? What should be done?
 - 7) Who would most benefit from the approaches listed here?
 - 8) Think about your own community. Does this fit your experience?
 - 9) Specific Probes:
 - (a) How is the workforce affected by community environment?
 - (b) How is the state's economy affected by community environment?
 - (c) Does this affect the cost of health care? How?
- B) What conditions in a community improve health?
- C) Thinking of the state as a whole, what should be done to improve communities?

V) Community Debate (20 minutes)

- A) Take a second to review all three documents we read.
 - 1) Which one of the three would you be most interested in reading more about?
 - 2) How come?
- B) Now I want us to pretend that we have just been appointed to the Governor's panel on Improving Cities. We have been asked to put together a blueprint for community change. Our first task is to come up with a list of changes that we think are needed in this city (the city the group is in, or nearby cities).
 - 1) What should we put on our list?
 - 2) What should every community have?
 - 3) Which of these are most important?
- C) Now, we have our list of the 10 most important changes for the city. We need to take these ideas to the city council which is having an open forum with citizens to discuss the proposal. Half the people in this room will advocate for the policies and half will argue against them. (Split the room.) Each side take a few minutes to get your arguments together. Feel free to look back to the articles for ideas.
 - 1) Proponents – you have two minutes to make your case
 - 2) Opponents – you have two minutes to respond

3) Keep going back and forth; maintain a respectful tone

VI) Wrap up (5 minutes)

Some experts today argue that there are community conditions that determine health – they call it the social determinants of health. What does that mean to you? Could you explain that idea to me?

What do you think about what we discussed tonight? How important is this, if at all?