

Talking about Health Disparities in Rural Contexts

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Introduction

To ensure health and wellbeing for all, we must advance programs and policies that eliminate health disparities and address the underlying inequities that cause them. Yet the label for this concept of “health equity” has become politicized and distracting. In some states, public health agencies have been directed not to use the term. This chilling effect has, at times, made it difficult for practitioners and advocates to focus attention on their important work addressing health inequities, particularly in rural contexts, where many health inequities persist.¹

We can’t walk away from the work of addressing uneven and unfair health burdens that weigh on rural communities, communities of color, and other underserved groups—it’s too urgent and important. From 2022 to 2024, FrameWorks partnered with the National Network of Public Health Institutes (NNPHI) to respond to this conundrum: How might we communicate in ways that sidestep distracting, politicized reactions to wording and focus attention on the work that’s needed? And how do we open constructive conversations in rural contexts, where practitioners are facing particular challenges?²

When conversations are fraught or stuck, it’s time to find a new framing strategy—a different way of talking about the topic. The Dignity reframe described in this brief is designed to build understanding of health equity and support for equitable policies and programs, especially in rural contexts. The tools and ideas described here were developed for and with local public health professionals who work to address health disparities in rural areas. In this resource, local public health communicators will find ways to cultivate more curiosity-driven conversations that engage people in thinking about effective public responses. The resources may also prove useful for others in public health – a broad field that includes professionals in local, state, and federal agencies, public health associations, community-based organizations, academic researchers, and more. To build the Dignity reframe, take these five steps:

Step #1: Lead with the idea of dignity. Center the ideal of honoring people’s dignity and valuing each person and their health across your communications.

Step #2: Use explanations to expand people’s ideas of health and health disparities. Offer an expansive explanation of health as wellbeing and highlight the importance of access to specific resources to bring equity into view.

Step #3: Speak to history. Build motivation for change by explaining how past injustices harmed the health of specific groups.

Step #4: Connect the past to the present. Link past injustices to current health inequities, using rural-specific policies as an entry point to understanding.

Step #5: Point to the future. Use vision framing to point people toward the possibility of change.

The Dignity reframe shows a path forward for talking about health disparities and health equity and building support for policies and programs that address health disparities, particularly in rural contexts. The framing strategies in this reframe are meant to be used together and flexibly adapted to the needs and realities of public health practitioners, communicators, and advocates working in diverse contexts across the country. Together, the strategies here form an overarching reframe for health equity that centers the dignity of people and communities. The Dignity reframe pivots from using language that is currently polarized or even legislated against to language and concepts that can build understanding and offer systemic solutions for addressing health disparities in rural areas and beyond.

Methods Overview

The reframe in this report is based on a rigorous exploratory study and qualitative and quantitative frame testing in 2022 and 2023 with members of the US public, particularly those from rural areas. FrameWorks first conducted interviews with stakeholders in the field of public health to identify how the field wants to communicate about health equity and policies and programs designed to address health disparities. We then conducted exploratory peer-discourse sessions, a type of focus group, with members of the public from rural areas to identify prevailing mindsets about health, health disparities, and related issues. The next step was mapping the gaps between how the public currently thinks and what stakeholders want to communicate about these issues. We then designed and tested frames—through experimental surveys with both rural and non-rural participants and additional focus groups with rural participants— that were designed to overcome challenges and leverage opportunities in public thinking about health equity. A full description of the methods and sample composition are available in the Methods Appendix at the end of this report.

Existing Mindsets about Health

When it comes to health, there are prevailing mindsets that shape how members of the American public think about health and health disparities. These mindsets represent both challenges and opportunities for public health practitioners.

Cultural mindsets are deep, assumed patterns of thinking that shape how we understand the world and how we make decisions. Some mindsets make it easy for people to think of our current social arrangements as normal and right, while other mindsets facilitate productive critique and support for positive change. What's more, multiple mindsets are available in a culture, in opinion groups, and even within individuals. One mindset or another can be strengthened by what people see or hear. This makes it important for communicators to understand mindsets and how to navigate them.

Challenges in Public Thinking

- **Health Individualism.** One of the main challenges is an individualism mindset, in which people assume that health outcomes are primarily driven by personal choices. This leads people to over-attribute the impact of lifestyle and “willpower” on health, and under-attribute the impact of living conditions and social dynamics. And when people blame individuals for their health outcomes, it makes it hard for them to understand how and why public health should be involved in working on issues like housing or transportation, much less racism or sexism. Health individualism also makes it hard for people to understand the meaning and implications of core public health ideas like primary prevention and population-level data.
- **Health as the absence of illness.** People often think of health as a straightforward, simple state of “not being sick.” This mindset leads people to place more emphasis on health care and other “downstream” influences on health, and less emphasis on “upstream” factors like social inequities, institutions, and policies. The mindset focuses attention on physical health while channeling attention away from mental health, community safety, social connections and belonging, and other “non medical” aspects of wellbeing. This makes it hard for people to recognize the active steps we need to take as a society to promote health. It also makes it hard for people to understand core public health concepts like community-level risk factors and protective factors.

- **Pathologizing health disparities.** When people assume that health problems can be primarily blamed on behavior, they then reason that if health outcomes differ by group, it must have something to do with the culture or values of the group. From here, negative stereotypes and toxic narratives about racialized and marginalized social groups come into play. This harmful thinking dehumanizes people of color, people who are LGBTQ+, people with disabilities, and other groups facing social and economic injustice. It also saps support for public health approaches that prioritize populations with higher health burdens, as people tend to reason that the responsibility for fixing the problem lies within the group itself.
- **Gap in understanding about systemic racism and health.** Another significant challenge is that there is not a widely shared cultural mindset that connects systemic racism to public health outcomes. (In contrast, there are widely shared understandings of the connections between racism and other social issues, especially economic inequality and the criminal legal system.) Because a mindset that “racism shapes health” has not yet been firmly established across the culture, efforts to connect the two topics can be especially challenging—and easily challenged.

Opportunities in Public Thinking

- **Context affects health.** While health individualism is a strong and dominant mindset, there is also a mindset that acknowledges the role of the social environment in people’s health. When reasoning from this mindset, people tend to agree that circumstances beyond an individual’s control can affect health, though the examples they give tend to be limited to income and geography. This mindset, while less prevalent, represents an important opportunity for communicators to reinforce it in public discourse and expand it in public thinking.
- **Recognition of mental health as health.** More and more, people are able to see how health encompasses both physical and mental health. There appears to be a productive shift in how people conceptualize mental health, and there is greater recognition of its role in overall wellbeing. However, in many ways public thinking continues to assume that physical health is more important and should take priority over mental health, rather than understanding their interrelatedness in people’s lives.

The Dignity reframe described in this report is designed to overcome these challenges and leverage these opportunities. It includes framing resources that can help correct the imbalance between individualist and contextual mindsets about health and expand people’s understanding of health and wellbeing. It offers ways to build understanding of how systems and structures affect health, including the significant role of systemic racism and other forms of exclusion and marginalization. Importantly, the Dignity reframe builds motivation to eliminate health disparities and work toward a vision for a just society where every person and every community can thrive.

The Dignity Reframe (in Five Steps)

STEP #1

Lead with the idea of dignity.

Open each communication by expressing the ideal of honoring people's dignity and valuing each person and their health. Return to this value throughout a communication, especially when mentioning a specific group that lacks access to a building block of health or faces negative health environments or outcomes. Talk about your proposed public health approach as a way to demonstrate greater respect for the dignity of people and communities.

Remember that this value frame is a theme, not a script. That means you can evoke and express this value in multiple ways rather than using the exact same wording each time. For example, you can talk about treating *people with dignity*, or *demonstrating respect for the dignity of each person*, or *honoring people's dignity and humanity*.

What This Looks Like

Dignity as a Values Message

Because this values message is so effective, it's important to rely on it often. There are different ways of using it in messaging:

- *Each and every person has inherent dignity and worth. Our public health policies, practices, and programs should reflect and demonstrate respect for the dignity of people and communities*
- *Because every community has dignity and worth, every action we take should honor it. Our commitment to treating people with respect involves valuing the health and wellbeing in every community.*
- *Each of us has inherent dignity, and each of us has the responsibility to treat each other with dignity. Respecting different communities' health needs is part of honoring people's dignity.*

Sample Messages

Sample Message: Connecting Dignity to a Health Topic with an Equity Dimension

Treating people with dignity involves honoring their experiences and perspectives. It's vital to keep people's dignity front of mind when working on health issues that affect some groups more than others. Take the problem of intimate partner violence, for instance. To tackle this issue effectively, we'll need to take into account the different experiences people have based on gender. And we'll need to show respect for people's distinct ways of expressing gender and sexuality.

It's also useful to connect discussions of valuing people's dignity with more specific public health policies or programs, as appropriate.

Sample Message: Connecting Dignity to a Public Health Policy

*To truly treat people with dignity, we need to value each person and their health. When some communities don't have access to what they need to be healthy and well, we're not demonstrating respect for the people in those communities. Take the example of **transportation**. When areas lack reliable transportation networks, the people who live there encounter barriers to employment, nutrition, health care, and maintaining relationships—barriers that can undermine wellbeing. This is the case for many rural communities as well as many Black neighborhoods that were once redlined as areas where banks and insurance companies refused to invest. Treating these communities with dignity means investing in better transportation in these areas so people and communities can get what they need to thrive.*

Talking about transportation policy can be a useful entry point when talking to people from rural areas. It can be used to extend the conversation to other policy changes that are needed to address health disparities more broadly. See Step 4 for a detailed explanation of how to do this.

Why This Works

Leading with a value by expressing a cherished ideal or principle can be highly effective at building a sense of collective efficacy—the sense that together we can make a positive difference. While in theory many different values could achieve this, in practice the value of *Dignity* is particularly effective. Talking about the dignity of every individual and community is something everyone can agree with—it's hard to be on the opposing side of this value. The *Dignity* value helps expand people's understanding of how systemic factors affect health—which is currently limited in public thinking—and helps people see the importance of addressing health disparities, including racial disparities. It also helps build support for systemic change to address health disparities because people can see how more equitable public health policies and programs are crucial to honoring people's dignity.

The *Dignity* value works to shift thinking among the general American public and particularly among people from rural areas. This makes it a flexible framing strategy that can be used in rural contexts and elsewhere where public health practitioners and communicators work.

STEP #2

Use explanations to expand people's ideas of health and health disparities.

Offer an expansive explanation of health as overall wellbeing, adding descriptors such as “mental and emotional” wellbeing when possible. Be sure to talk about health for communities as well as individuals to build an understanding of what community health looks like. When talking about health as wellbeing, highlight the importance of access to specific resources to bring health disparities into view. And connect this discussion to public health policies and programs to demonstrate what needs to happen to address health disparities and provide resources to support every individual's and community's wellbeing.

What This Looks Like

Here's how to put together an expansive explanation of health as wellbeing while highlighting the importance of access to resources in different ways.

Sample Message: Connecting an Expanded Explanation of Health as Wellbeing and Access to Resources with General Policy Change

Access to resources is crucial to support wellbeing—including people's mental, emotional, and physical health. But this access has been unequally distributed due to unfair past policies. Let's make sure resources for wellbeing get to the people and communities who need them most—like communities of color, women, people who are LGBTQ+, and rural communities. This means providing access to quality housing, transportation, and safe spaces to live, work, and play.

Sample Message: Connecting an Expanded Explanation of Health as Wellbeing and Access to Resources with More Specific Policy Change

When we create and maintain thoughtfully designed neighborhoods, it's good for people's health and wellbeing. For instance, when people can walk or bike to get where they need to go, the higher levels of physical activity and lower levels of pollution are good for everyone's hearts and lungs.

And when we encounter more of our neighbors out and about in bustling, thriving areas, it strengthens our sense of community. We need to invest more in thoughtful neighborhood redesign so that everyone, not only the lucky or affluent few, can benefit from better physical, mental, and social wellbeing.

Sample Message: Connecting an Expanded Explanation of Health as Wellbeing and Access to Resources with the Dignity Value

*Supporting the health and wellbeing of our communities is how we can **value every community** and their health. This means giving access to the resources that people need to support their mental, emotional, and physical health. In the past, unjust policies denied communities of color access to vital resources for wellbeing, from decent housing to healthy food. Those policy choices shaped the communities where people live, learn, and work today, with lasting effects on people's health and wellbeing. We need to value these communities by connecting them to the resources they need to thrive.*

Weaving the Dignity value throughout all of the framing strategies presented here is important to help build a sense of collective efficacy – that together, we can address health disparities.

Why This Works

Developing and illustrating what we mean by health is necessary to expand people's understanding that context affects health and shift the thinking that health is simply the absence of illness. This can be done by expanding upon people's existing understandings of mental health to see how mental, physical, and emotional health are interconnected. It also means describing what community health looks like so people can think about health beyond the individual. Talking about the wellbeing of communities can help people think about what communities need to support their wellbeing, which can help build support for public health policies and programs that address these needs.

Providing an expansive explanation of health should be coupled with an explanation of health disparities, particularly because the public currently lacks a deep understanding of how disparities came to be and how they continue to affect historically oppressed, minoritized, and underserved populations. To start a conversation about health disparities, talk about access to resources. This can help build a more systemic understanding of health disparities. Talking about access to resources can help bring health equity into view for people without treading into polarized or contentious linguistic waters.

Importantly, talking about access to resources needs to be coupled with an explanation of *why* health disparities exist and what needs to be done to address them. Connecting discussions of access to resources with detailed discussions of unfair or unjust past policies—by providing a historical explanation of systemic racism, as described in Step 3—is crucial to fill in current gaps in understanding.

STEP #3**Speak to history.**

Build motivation for change by explaining how past injustices harmed specific groups' health. Explain, don't just assert, how past injustices (for example, systemic racism) have led to health disparities today. Provide a step-by-step explanation of past injustices, why they occurred, and the impacts they've had.

What This Looks Like**Instead of...Asserting**

In the past, communities of color were denied what they needed for good health. This injustice still has an impact today.

**Try...Explaining**

*In the past, communities of color were denied what they needed to support their wellbeing. **Under Jim Crow**, federal guidelines redlined neighborhoods where people of color lived, discouraging bank lending and cutting off possibilities for home ownership, business development, and community improvements. The lack of past investment shows up today in many forms, but especially housing. Lower rates of home ownership and higher barriers to home improvements mean the property tax base is lower, which leads to underfunded schools. Without good schools to anchor a neighborhood, an area is less attractive to families and businesses. While communities have organized to make positive changes, the burdens of the past still weigh on them today.*

In contexts where there are limitations on how public health practitioners and communicators can talk about the past, there are still ways to speak to history. Leaning on the historical explanation itself can help. Explaining what happened in the past can help expand people's understanding, whether or not the specific language of injustices is available.

Why This Works

Explaining historical injustices, particularly the legacy of systemic racism, helps expand public understanding of systems and structures related to health. The more people can see how health disparities are the result of inequitable and unjust policies, the more they can understand the impact of the systemic factors of health. Importantly, this framing strategy can help shift thinking away from pathologizing Black and Brown communities' health outcomes as the result of so-called "cultural" choices, and instead help people understand how past policymaking has had lasting, unjust effects on historically oppressed and minoritized communities.

Asserting the existence of past injustices is not enough to overcome problematic views about communities of color, nor is it sufficient to deepen people's understanding of systemic racism in the past and the present. A step-by-step explanation of historical injustices is necessary to overcome harmful ideas and shift thinking in productive directions.

Describing past injustices through step-by-step explanations also helps people see that we, as a society, all have a stake in reducing racial disparities in health and that we can make better decisions now and in the future. In other words, historical explanations give people a basis from which to reason systemically: when health disparities are understood as the result of past policymaking, then people can see how current policymaking can help address these disparities.

Explaining past injustices in this detailed way works to shift thinking among the American public and particularly among people in rural areas. This framing strategy is also effective across the political spectrum, making it a flexible, winning strategy for public health practitioners and communicators working in diverse contexts across the country.

STEP #4

Connect the past to the present.

Link past injustices to current health disparities, particularly ones that are relevant to local communities. Use transportation policy as an example of how health disparities currently affect rural communities and as an entry point to build understanding and support for change. For maximum impact, lean into the *Dignity* value and connect it to these discussions.

What This Looks Like

Sample Message: Historical Explanation + Current Transportation Policy

*In the past, rural communities were often bypassed for crucial infrastructure investments. This was particularly true for rural communities of color, who were often marked as “bad investments” and denied resources such as safe, well-paved roads and bridges. Without the resources they needed to flourish, rural communities faced challenges, many of which they continue to face. Today, rural communities often lack reliable transportation infrastructure, which makes it difficult for residents to get to jobs, education, and medical care. We need to treat rural communities with **dignity** and give them access to the transportation networks they need to thrive.*

Weaving the Dignity value into this and other framing strategies will help to build people’s understanding of health inequities and why it’s important to address them.

Sample Message: Connecting Transportation Policy to Other Policy Change

*In the past, some communities were denied the resources they needed to be healthy and well. This was especially true for communities and color, communities on lower incomes, and rural communities, who were denied access to things like reliable transportation networks, good education, and quality housing. These inequities continue today. We need to **value every community** by improving access to the specific resources people need to thrive.*

Talking about "valuing communities" is another way to evoke the Dignity value, using slightly different language.

Why This Works

Connecting current health disparities to an explanation of past injustices (Step 3) can help build motivation for change. It's particularly useful to connect the past with disparities that are relevant to local communities. For example, talking about transportation policy as a current example of health disparities in rural contexts can help build understanding for people living in rural areas.

Thinking about what's facing one's own local community can serve as an entry point for thinking about health inequities more broadly. Transportation policy serves as a particularly resonant entry point for people from rural areas. It helps build understanding of and support for other policy solutions to address health inequities, such as housing, public infrastructure, education, and health care. This is because people can see that health inequities are the result of policymaking at a broad scale rather than individual decision-making. Talking about current health disparities as connected to past injustices—especially transportation policy—helps avoid us vs. them or zero-sum thinking. Instead, people can see that we all have a stake in addressing the distinct health disparities that affect particular communities.

Framing current health disparities as not treating individuals or communities with dignity is also important to build motivation for change. Weaving the *Dignity* value into discussions about past and current inequities will help build understanding of how context matters to health and help build support for meaningful policy change.

STEP #5**Point to the future.**

Use vision framing to point people toward the possibility of change. Give people a vision for the future that respects people's dignity and creates equitable change. Center the agency of local communities in making this vision a reality.

What This Looks Like**Instead of...**

Rural Black Americans are increasingly **vulnerable** to policies that **threaten to erase their communities**. This is unjust.

**Try ...**

For too long, rural Black communities were denied the resources needed to flourish. These policies have had lasting effects that persist today and lead to unfair health outcomes. But all this can change. **Rural Black communities know what's needed to thrive and, with access to resources, can improve overall community health and wellbeing.**

Together, we can create a future where all communities, including rural Black communities, are treated with dignity and have the resources needed for good health. In this world, good quality housing keeps everyone healthy by protecting people from severe weather. Accessible transportation easily connects people to work, school, community events, and medical care. And in this world, every community has access to safe outdoor walking spaces and good education to help them thrive.

Highlighting the vulnerability of historically oppressed communities such as Black communities leaves little room for their agency or active involvement in making change.

Using crisis language without providing a solution often leads to fatalism, because the public doesn't have a clear sense of what needs to change.

Highlighting the role of local communities in problem-solving for change is crucial, to underscore the agency of communities and to build a sense that we all have a stake in addressing health inequities together.

Why This Works

A Vision frame that describes what a just and equitable future looks like helps to invoke a sense of togetherness and possibility for change. It helps people understand that we all have a stake in addressing health disparities—and racial health disparities in particular. Using vision framing can help people envision what an equitable future looks like, which is sometimes hard for people to see.

The Vision frame is especially effective for people living in rural areas. In focus groups, we found that vision framing helps people living in rural areas understand the structural factors that affect health and, in turn, gives them a sense that we, as a society, can work together to address health inequities.

Connecting the past, present, and future helps build understanding of and support for systemic change because people are able to see the larger picture of health in our country—including what went wrong, how it's affecting us today, and what needs to change. It also helps overcome fatalism, which is often present when people think about broader societal change. Taken together, the past, present, and future framing of health helps people think about communities' distinct health needs due to past injustices and current disparities, and how it's good for society to address those needs.

What's more, connecting the *Dignity* value to the past, present, and future framing underscores why it's important to do something about health inequities. Talking about a vision for the future that values people's dignity is a great way to help people understand what's at stake and where we can go to create a more equitable and just future.

Conclusion

Public health practitioners and communicators working in rural communities and throughout the US need timely guidance on how to build understanding of health disparities and what can be done to address them to build a better future for us all. The Dignity reframe described in this report is designed to do just that. By leading with dignity; expanding people's understanding of health as wellbeing; bringing equity into view by talking about access to resources; and connecting past injustices, present inequities, and a better vision of the future, the Dignity reframe can help practitioners and communicators build motivation for lasting change. The Dignity reframe offers particular guidance for working with rural communities, but the framing strategies are applicable to other contexts and communities throughout the country. Taken together, the Dignity reframe can help people see the kinds of changes needed to address past and current injustices and inequities and to build a flourishing future.

Methods Appendix

Stakeholder Interviews

To arrive at an understanding of what the field of public health practitioners wanted to communicate with the public about health, health disparities, and health equity, FrameWorks conducted 14 interviews with public health practitioners over Zoom in October and November 2022. In each interview, the stakeholder was asked a series of prompts and hypothetical scenarios to use to explain their work, experience, and perspective; break down complicated relationships; and simplify complex concepts. Interviews were semi-structured in the sense that, in addition to preset questions, FrameWorks repeatedly asked for elaboration and clarification and encouraged members of the field to expand on concepts they identified as particularly important.

A draft of the core ideas emerging from these interviews was shared and discussed in a 90-minute webinar with stakeholders in December 2022. The webinar included some stakeholders who had participated in the interviews and some who had not. In this meeting, stakeholders provided additional feedback on the core ideas that FrameWorks incorporated and attended to. The core ideas formed the basis for the project's communications tasks, which were elaborated further on in the process (see Frame Design below).

Exploratory Peer-Discourse Sessions

FrameWorks conducted exploratory peer-discourse sessions (PDS), a type of focus group, with 36 participants over Zoom in February 2023. Participants were selected based on their self-identification as living in a rural area and other key demographics, including age, gender, race/ethnicity, household income, education level, and political party identification.

A primary goal of these focus groups was to identify prevailing mindsets about health, health disparities, and equity, then compare those with previous FrameWorks findings about these mindsets. We were looking to identify *how* people think rather than *what* they think. Studying cultural mindsets is different from studying public opinion, which documents people's surface-level responses to questions. By understanding the deep, often tacit assumptions that structure how people think about health, we were able to identify the obstacles that prevent people from understanding health disparities and health equity, as well as the existing ways of thinking that can help people arrive at a fuller understanding of these issues.

FrameWorks also did some initial frame testing with metaphorical language through an activity that gauged whether participants were able to use different types of metaphorical language to describe and explain health disparities. This initial testing provided some preliminary insights that were taken into account in subsequent rounds of frame testing.

Frame Design

To identify effective ways of communicating about health, health disparities, and health equity, FrameWorks developed a set of communications tasks the frames needed to address. NNPHI provided feedback on the communications tasks, and FrameWorks refined them into the following list:

Task 1: Expand public understanding of the ways in which advancing health equity is integral to public health.

Task 2: Overcome pushback around health equity in rural areas and build a sense of collective efficacy that making public health more equitable is possible.

Task 3: Build a sense of collective responsibility in rural areas to make sure everyone has equitable access to good health.

Task 4: Build public support in rural areas for community-centered policies and programs that will improve equitable access to good health.

FrameWorks staff then brainstormed potential reframing strategies that might accomplish one or more of these tasks (for example, metaphors, values, and issue frames). After generating a list of candidate framing ideas to test, FrameWorks solicited feedback on these ideas from NNPHI and stakeholders to ensure the frames were both apt and potentially usable for those working in public health. Based on this feedback, FrameWorks refined a set of frames and brought them into empirical testing.

Survey Experiment

Two online experimental surveys involving a total sample of 6,300 participants in the US (Wave 1 = 2,925; Wave 2 = 3,375) were conducted between June and December 2023 to test the effectiveness of frames on shifting public understanding and attitudes about health and health disparities, and increasing support for equitable programs and policies. The total sample consisted of 33.3% participants from rural areas (according to ZIP code) and 66.6% from non-rural areas. In addition, target quotas were set according to national benchmarks for age, sex, race/ethnicity, household income, education level, and political party affiliation.

A pilot survey involving a sample of 350 participants was also conducted in August 2023 to test different explanations using alternative language to describe health disparities and equity.

Demographic Variable	Wave 1 Frequency	Wave 1 Percent	Wave 2 Frequency	Wave 2 Percent
Age				
18-34	793	27%	893	26%
35-49	744	25%	913	27%
50-64	692	24%	845	25%
65+	698	24%	747	22%
Sex				
Male	1,362	47%	1,639	48%
Female	1,562	53%	1,759	52%
Nonbinary/other	3	<1%	0	0%
Location				
Rural	975	33%	1,123	33%
Non-rural	1,952	67%	2,275	67%
Ethnicity				
Caucasian/white (non-Hispanic/Latino)	1,997	68%	2,057	60%
Hispanic or Latino	434	15%	548	16%
Black/African American	322	11%	506	15%
Asian	82	3%	119	4%
American Indian/Alaska Native	25	<1%	53	2%
Hawaiian/Pacific Islander	3	<1%	10	<0%
Other/biracial or multiracial	64	2%	105	3%
Income				
\$0-\$24,999	550	19%	606	18%
\$25,000-\$49,999	752	26%	800	24%
\$50,000-\$99,999	958	33%	1,117	33%
\$100,000-\$149,000	416	14%	545	16%
\$150,000+	251	8%	330	10%
Education				
High school diploma or less	997	34%	1,034	30%
Some college or associate degree	906	31%	1,053	31%
Bachelor's degree	627	21%	823	24%
Graduate/professional degree	397	14%	488	15%
Party Leaning				
Closer to Republican Party	1,175	40%	1,400	41%
Close to Democrat Party	1,387	47%	1,629	48%
Neither	365	13%	369	11%
Marital Status				
Single	1,023	35%	1,189	35%
Married	1,419	48%	1,604	47%
Married but separated	44	2%	74	2%
Divorced	292	10%	364	11%
Other	149	5%	167	5%

In Wave 1 of the experiment, participants were randomly assigned to one of 12 experimental frame treatments or a null control condition. In Wave 2 of the experiment, participants were randomly assigned to one of 14 experimental frame treatments, a control condition that included an unframed description of proposed legislation or a null control. Between the two waves, a range of frames was tested—such as Vision and History frames, metaphors, and values—that were aimed at identifying the best ways to promote understanding and overcome pushback regarding the vital role of health equity in public health. All experimental frames tested across the two waves can be found below.

In Wave 1, participants assigned to an experimental frame condition were asked to read a short message before answering a series of survey questions designed to gauge targeted attitudes and levels of mindset endorsement. Participants assigned to the null control condition were directed to answer the survey questions without reading any message. Each battery consisted of multiple questions and were primarily measured using Likert-type scales with five- or seven-point scales.

In Wave 2, participants assigned to an experimental frame condition were directed to either read a short message or to read a framed message advocating for a proposed legislative bill that included a range of policies supported by public health practitioners before being directed to answer the survey questions. Participants assigned to the null control condition were directed to answer the survey questions without reading any message. Each battery consisted of multiple questions and were primarily measured using Likert-type scales with five- or seven-point scales.

Prior to any inferential analysis, we conducted a series of randomization checks. Chi-square analyses indicated that all target demographics were evenly distributed across conditions. We also conducted a series of exploratory factor analyses (EFA) to determine the psychometric qualities of our outcome scales. Items with rotated factor loadings below $|.50|$ were dropped from each battery. Once finalized, Cronbach's alpha (α) was used to assess internal consistency among the items in each battery. Given that there are various heuristics for determining acceptable internal consistency, we determined that batteries with internal consistency scores approaching $.60$ or above would be considered acceptable. After assessing internal consistency, items within each battery were combined into composite scores that indicated participants' average ratings of the attitudes or stereotypes measured by each battery.

We used multiple regression analysis to determine whether there were significant differences on outcomes between each of the experimental frame conditions and the control condition. A threshold of $p < .05$ was used to determine whether the experimental frame conditions had any significant effects. Significant differences were understood as evidence that a frame influenced a particular outcome (for example, collective efficacy). FrameWorks also noted outcomes of marginal significance ($p < .10$) when there was other evidence supporting a frame effect (that is, other quantitative or qualitative evidence).

As with all studies, it is important to remember that results are based on a sample of the population, not the entire population. As such, all results are subject to margins of error.

Frames Tested in Wave 1

Metaphors

Community Garden

We can think of our society's health like community gardens—some of which have been planted in good soil with the right tools, allowing the garden to grow and thrive, while others have been planted in less fertile soil with inadequate tools, which doesn't allow the garden to grow as it should. In the same way, some communities have experienced worse health outcomes than others and need extra attention to help them thrive. Much like the growth of a community garden is dependent on the right resources and tools to grow well, so too is the health of our whole society. When every community has access to the resources and tools they need to do well—like access to good education, decent and affordable housing, and quality medical care—we are valuing every person and their health, and in turn we are helping the health of our whole society bloom.

Weathering

We can think of our community's health like buildings—some of which have been well maintained, while others have been neglected and weathered over time. Some community buildings have been weathered more than others and need extra work to keep them standing and in good condition. In the same way, some communities have been weathered by experiencing worse health outcomes than others and need extra attention to help them do well. Much like the longevity of a building is dependent on proper care and upkeep, so too is the health of our whole society. When every community has the proper attention and support they need to do well—like access to good education, decent and affordable housing, and quality medical care—we are valuing every person and their health, and in turn we are preventing the erosion of our whole society's health.

Renewal

We can think of our community's health like buildings—some of which have been well maintained, while others have been neglected and need renewal. Community buildings in need of renovations require extra work to keep them standing and in good condition. In the same way, some communities are in need of extra attention to help them restore their health and do well. Much like the longevity of a building is dependent upon proper care and upkeep, so too is the health of our whole society. When every community has the proper attention and support they need to do well—like access to good education, decent and affordable housing, and quality medical care—we are valuing every person and their health, and in turn we are restoring our whole society's health.

Bridges

Getting to good community health requires taking a journey over a wide river. Some communities have access to stable bridges that can help them make the trip. But some communities have crumbling bridges, while other communities don't have any bridges they can use to make the journey to good health. When every community has the stable, functioning bridges they need to cross the river to good health—like access to good education, decent and affordable housing, and quality medical care—we are valuing every person and their health, and in turn we are helping our whole society make the journey to good health.

Key and Doors

Getting to good community health is like going through a series of locked doors. Some communities have access to the keys they need to unlock every door. But some communities' keys are broken and bent, while other communities don't have keys or any way of opening the doors to good health. When every community has the keys to good health—like access to good education, decent and affordable housing, and quality medical care—we are valuing every person and their health, and in turn we are helping our whole society open the doors to good health.

Values

Tight-Knit Communities

As a society, our communities are all interconnected, and what affects some of us affects all of us. But instead of considering how we can work together to improve health for everyone, we have only been considering ourselves. When we work together, we can support the health of all our communities by ensuring that every community has access to things like good education, decent and affordable housing, and quality medical care. And a central part of working together involves working with different communities in specific ways to address the health issues that affect their community members.

Our society is interconnected, and what affects some of our communities affects all of our communities. But if only some communities have access to the resources they need to do well, we put the health of our entire society at risk. If we work together to deepen community connections and share resources, we can improve health everywhere, and the health of our whole society will benefit.

Common Good

As a society, we believe in doing our part for the common good. But instead of doing our part to value every person and their health, we have only been thinking of ourselves. When we work to promote the common good, we can support the health of our whole society by ensuring that every community has access to things like good education, decent and affordable housing, and quality medical care. And a central part of working towards the common good involves working with different groups in specific, sensitive ways to address the health issues that affect them.

Doing our part for the common good means valuing every person and their health. But if only some communities have access to the resources they need to do well, we put the health of our entire society at risk. If we all commit to doing our part for the common good and share resources, we can improve health everywhere, and the health of our whole society will benefit.

Dignity

As a society, we believe that everyone should be treated with dignity. But instead of treating every community with dignity, we have been valuing some communities over others. When we treat all communities with respect, we can support the health of our whole society by ensuring that every community has access to things like good education, decent and affordable housing, and quality medical care. And a central part of treating communities with dignity involves working with different groups in specific, respectful ways to address health issues that affect them.

Treating everyone with dignity means valuing every person and their health. But if only some communities have access to the resources they need to do well, we put the health of our entire society at risk. If we treat all communities with the respect they deserve and share resources, we can improve health everywhere, and the health of our whole society will benefit.

Health Legacy

As a society, we believe in prioritizing the health of future generations and leaving a legacy of good health for everyone. But right now, we're not on track to leave healthy legacies in our communities. When we prioritize the health of all communities, we can support the health of our whole society now—and for future generations—by ensuring that every community has access to things like good education, decent and affordable housing, and quality medical care. And a central part of prioritizing the health of all communities involves working with different groups in specific ways to address the health issues that affect them, now and in the future.

Creating a good health legacy means valuing every person and their health, now. But if only some communities have access to the resources they need to do well, we put the health of our whole society—and the health of future generations—at risk. If we prioritize the health of all communities and share resources now, we can improve health everywhere, and the health of our whole society will benefit both now and in the future.

Issue Frames

Economic Issue

The health of our society is about ensuring that all communities have access to the resources they need to do well. But right now, not all communities have the economic resources that help people live healthy lives. To promote health across communities, we need to value each person and their health. This means improving economic conditions in the communities that need it most. A central part of this involves investing in communities so they have access to the things that contribute to good health—like good education, decent and affordable housing, and quality medical care.

By investing in the communities that need it most, we can ensure that every community has what it needs to support each person and their health. If we implement policies that improve economic conditions where it's most needed, we can improve health across communities, and the health of our whole society will benefit.

Redistribution of Resources

The health of our society is about ensuring that all communities have access to the resources they need to do well. But right now, not all communities have the resources that help people live healthy lives. To promote health across communities, we need to value each person and their health. This means improving conditions in the communities that need it most. A central part of this involves redistributing resources so that all communities have access to things that contribute to good health—like good education, decent and affordable housing, and quality medical care.

By redistributing resources across our communities, we can ensure that every community has what it needs to support each person and their health. If we implement policies that redistribute resources where they're needed most, we can improve health across communities, and the health of our whole society will benefit.

Reducing Corporate Power

The health of our society is about holding corporations accountable so that they don't harm our communities. But right now, corporations profit at the expense of certain communities, which means that some communities are deprived of the resources that help people live healthy lives. To promote health across communities, we need to value each person and their health. This means reducing corporate power, so that the communities currently being harmed are given the resources they need to repair these harms and thrive. A central part of this means regulating corporations and holding them accountable for the harms they have done, through fines and taxation, so that these funds can be used to ensure that all communities have access to the things that contribute to good health—like good education, decent and affordable housing, and quality medical care.

By reducing corporate power and holding corporations accountable, we can ensure that every community has what it needs to support each person and their health. If we implement policies that regulate corporations and increase corporate accountability, we can improve community health where it's needed most, and the health of our whole society will benefit.

Frames Tested in Wave 2

Vision Frames

Vision: End State

Good community health involves making sure that everyone has access to the specific resources they need for good health. Together, we can create a future where all communities, including rural communities and communities of color, have these resources. In this world, safe and stable housing keeps everyone healthy by protecting people from mold, pests and severe weather. Accessible and affordable transportation easily connects people to work, school, and medical appointments—fostering a healthier community by allowing people to get where they need to go. And, in this world, every community has access to healthy and affordable food to help them thrive.

This world can be a reality if we work together to prioritize the communities that need these resources the most—like rural communities and communities of color. By acting now, we can create a better future that values the health of every community.

Vision: Process

Good community health involves making sure that everyone has access to the specific resources they need for good health. Together, we can make decisions that lead to a future where all communities, including rural communities and communities of color, have these resources. In this future, every decision we make takes into account how it will affect people's health. Our collective decisions about housing will include a discussion of how they support the health of each community. When we make

decisions about public transportation, we will consider how they foster healthier communities by allowing people to easily get to work, school, and medical appointments. And in this future, when we make decisions about state and local funding, we discuss how it will be used to increase access to healthy and affordable food in every community.

A better future is possible, and it starts with us working together to prioritize the communities that need it most—like rural communities and communities of color. By acting now, we can be on our way to creating a future that values the health of every community.

Vision: End State + Critique of Status Quo

Good community health involves making sure that everyone has access to the specific resources they need for good health. Together, we can create a future where all communities, including rural communities and communities of color, have these resources. In this world, safe and stable housing keeps everyone healthy by protecting people from mold, pests and severe weather. Accessible and affordable transportation easily connects people to work, school, and medical appointments—fostering a healthier community by allowing people to get where they need to go. And, in this world, every community has access to healthy and affordable food to help them thrive.

Unfortunately, this isn't the world we live in. Our society is letting down our communities, especially communities of color. A lack of safe and stable housing means people are living in spaces that are unsafe or expose them to health risks. Many communities don't have access to healthy food. And a lack of reliable transportation harms health by preventing people from getting where they need to go.

A better world can be a reality if we work together to prioritize the communities that need these resources the most—like rural communities and communities of color. By acting now, we can create a better future that values the health of every community.

Vision: Process + Critique of Status Quo

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A better future is possible, and it starts with us working together to prioritize the communities that need it most—like rural communities and communities of color. By acting now, we can be on our way to creating a future that values the health of every community.

History Frames

History Frame (Assertion)

Good community health involves making sure that everyone has access to the specific resources they need for good health. But some communities, particularly neighborhoods of color, have been denied what they need for good health. This unequal distribution of resources—like safe and stable housing, reliable transportation, and healthy and affordable food—means that the chances of living a healthy life are impacted by the community you live in.

In the past, communities of color were denied the resources they needed for good health. This historical discrimination created an uneven circulation of resources that still persists today. But, these neighborhoods know what they need to thrive, and if given access to the resources they need, they can improve overall health and wellbeing in their communities.

This is why we need to commit to working together to ensure every community has what it needs to do well. When we work together to make sure the communities that need it most have safe and stable housing, reliable transportation and healthy food, we are valuing the health of every community.

History Frame + Explanation

Good community health involves making sure that everyone has access to the specific resources they need for good health. But some communities, particularly neighborhoods of color, have been denied what they need for good health. This unequal distribution of resources—like safe and stable housing, reliable transportation, and healthy and affordable food—means that the chances of living a healthy life are impacted by the community you live in.

In the past, neighborhoods of color were marked as bad investments, so banks weren't willing to give home loans in these areas. Without any investment, these communities were left without funding to maintain their neighborhoods, leaving families without safe and stable places to live. Labeling these communities as bad investments also meant that businesses left the area and transportation programs were designed to bypass neighborhoods of color. All of this meant that people had less access to jobs, health care services, and healthy food.

This historical discrimination created an uneven circulation of resources that still persists today. But, these neighborhoods know what they need to thrive, and if given access to the resources they need, they can improve overall health and wellbeing in their communities. This is why we need to commit to working together to ensure every community has what it needs to do well. When we make sure the communities that need it most have safe and stable housing, reliable transportation, and access to healthy food, we are valuing the health of every community.

Solidarity Frames

Solidarity Frame: Americans

As Americans, we know that the only way to create a better world is by coming together across our differences. If we want a healthier society, we need to act together and make sure that all communities have access to the specific resources they need for good health—like safe and stable housing, reliable transportation, and access to healthy and affordable food. Despite our different beliefs and backgrounds, we can all agree that each community needs society's support to ensure they have what they need for good health.

When we come together across our differences, we can make huge changes. If we come together, we can recognize that society should be doing much more to ensure that all communities have what they need for good health, and that means starting with communities that need it most.

Solidarity Frame: Race

As a society, we know that the only way to create a better world is by coming together across our differences, including race. If we want a healthier society, we need to act together and make sure that everyone, no matter their skin color, has access to the specific resources they need for good health—like safe and stable housing, reliable transportation, and access to healthy and affordable food. Despite our different beliefs and backgrounds, we can all agree that each community needs society's support to ensure they have what they need for good health.

When we come together across our different racial backgrounds, we can make huge changes. If we come together, we can recognize that society should be doing much more to ensure that all communities have what they need for good health, and that means starting with communities that need it most.

Solidary Frame: Race + Location

As a society, we know that the only way to create a better world is by coming together across our differences, including race and where we live. If we want a healthier society, we need to act together and make sure that everyone, no matter their skin color or what community they live in, has access to the specific resources they need for good health—like safe and stable housing, reliable transportation, and access to healthy and affordable food. Despite our different beliefs and backgrounds, we can all agree that each community needs society's support to ensure they have what they need for good health.

When we come together across our different racial backgrounds and neighborhoods, we can make huge changes. If we come together, we can recognize that society should be doing much more to ensure that all communities have what they need for good health, and that means starting with communities that need it most.

Solidarity Frame: Race + Class

As a society, we know that the only way to create a better world is by coming together across our differences, including race and how much money we make. If we want a healthier society, we need to act together and make sure that everyone, no matter their skin color or income, has access to the specific resources they need for good health—like safe and stable housing, reliable transportation, and access to healthy and affordable food. Despite our different beliefs and backgrounds, we can all agree that each community needs society's support to ensure they have what they need for good health.

When we come together across our different racial backgrounds and income levels, we can make huge changes. If we come together, we can recognize that society should be doing much more to ensure that all communities have what they need for good health, and that means starting with communities that need it most.

Community Health Program Frames

Initiative Control

The Community Health program is a nationwide program that would improve community health in rural communities and communities of color. For each eligible city or town, \$50 million would be invested over 10 years to develop local farmers' market programs and community gardens so that fresh produce is readily available, and invest in public transportation infrastructure for residents to more easily get where they need to go. The Community Health program would also help fund the development of spaces designed for physical activities and social connections, such as walking pathways and community recreation centers.

Fairness across Places

As a society, we believe that everyone should be treated fairly and given the chance for good health, no matter where they live. This means making sure that all communities have access to the specific resources they need for good health, especially rural communities and communities of color. But right now not all communities have access to these resources, and this means that where you live determines your chances for living a healthy life. This isn't fair.

The Fairness Across Communities program is a nationwide program that would improve community health in rural communities and communities of color. For each eligible city or town, \$50 million would be invested over 10 years to develop local farmers' market programs and community gardens so that fresh produce is readily available, and invest in public transportation infrastructure for residents to more easily get where they need to go. The Fairness Across Communities program would also help fund the development of spaces designed for physical activities and social connections, such as walking pathways, and community recreation centers.

We believe in treating everyone fairly, no matter where they live. By supporting the Fairness Across Communities program, we can ensure that all communities have the resources they need to be healthy and well.

Community Care [Circle of Care]

As a society, we believe in recognizing the humanity of every single person. This means making sure that all communities have access to the specific resources they need for good health, especially rural communities and communities of color. But right now, we are not recognizing each person's humanity. Nobody, no matter where they live or the color of their skin, is beyond the circle of human care.

The Community Care program is a nationwide program that would improve community health in rural communities and communities of color. For each eligible city or town, \$50 million would be invested over 10 years to develop local farmers' market programs and community gardens so that fresh produce

is readily available, and invest in public transportation infrastructure for residents to more easily get where they need to go. The Community Care program would also help fund the development of spaces designed for physical activities and social connections, such as walking pathways, and community recreation centers.

We believe in recognizing every person's humanity. By supporting the Community Care program we can ensure that all communities have the resources they need to be healthy and well.

Targeted Justice

As a society, we believe that all people and communities should have what they need to do well. Health justice means making sure that all communities have access to the specific resources they need for good health, especially rural communities and communities of color. But right now, we are taking a one-size fits all approach to community health. This is unjust.

The Community Health Justice program is a nationwide program that would improve community health in rural communities and communities of color. For each eligible city or town, \$50 million would be invested over 10 years to develop local farmers' market programs and community gardens so that fresh produce is readily available, and invest in public transportation infrastructure for residents to more easily get where they need to go. The Community Health Justice program would also help fund the development of spaces designed for physical activities and social connections, such as walking pathways, and community recreation centers.

We believe that a one-size fits all approach to community health is unjust. By supporting the Community Health Justice program we can ensure that all communities have what they need to be healthy and well.

Frame-Testing PDS

After an analysis of both waves of the survey experiment was conducted, FrameWorks retested and refined frames that tested well in the experiment in frame-testing PDS with 35 participants over Zoom in February 2024. Participants were selected based on their self-identification as living in a rural area and other key demographics, including age, gender, race/ethnicity, household income, education level, and political party identification.

These two-hour-long sessions included a variety of discussion prompts and activities designed to evaluate how the frames were taken up in social context and their usability during conversations with peers. FrameWorks tested historical explanations, Vision frames, and Value frames.

The following frames were tested.

Historical Explanations + Vision Frames

History (Assertion) + Vision—End State

In the past, communities of color were denied the resources they needed for good health. This unequal distribution of resources—like safe and stable housing, reliable transportation, and healthy and affordable food—still has an impact today. It means that the chances of living a healthy life are impacted by the community you live in. This historical discrimination created an uneven circulation of resources that still persists today.

Together, we can create a future where all communities, including communities of color and rural communities, have the resources they need for good health. In this world, safe and stable housing keeps everyone healthy by protecting people from mold, pests and severe weather. Accessible and affordable transportation easily connects people to work, school, and medical appointments. And, in this world, every community has access to healthy and affordable food to help them thrive.

These communities know what they need to thrive. By acting now, we can give access to the resources that these communities need to create a better future that values the health of every community.

History (Explanation) + Vision—End State

In the past, neighborhoods of color were marked as bad investments, so banks weren't willing to give home loans in these areas. Without any investment, these communities were left without funding to maintain their neighborhoods, leaving families without safe and stable places to live. Labeling these communities as bad investments also meant that businesses left the area and transportation programs were designed to bypass neighborhoods of color. All of this meant that people had less access to jobs, health care services, and healthy food. This historical discrimination created an uneven circulation of resources that still persists today.

Together, we can create a future where all communities, including communities of color and rural communities, have the resources they need for good health. In this world, safe and stable housing keeps everyone healthy by protecting people from mold, pests and severe weather. Accessible and affordable transportation easily connects people to work, school, and medical appointments. And, in this world, every community has access to healthy and affordable food to help them thrive.

These communities know what they need to thrive. By acting now, we can give access to the resources that these communities need to create a better future that values the health of every community.

Value Frames

Common Good

As a community, we believe in prioritizing the common good. This means valuing every person and their health. But if only some communities have access to the resources they need to do well, we are putting some people's health and the common good at risk. We need to all commit to the common good and make sure that people from every background have access to things like quality medical care, decent and accessible transportation, quality housing, and spaces for physical activity and social gatherings. By making the common good a priority, the health of our whole society will benefit.

Dignity

As a community, we believe that everyone should be treated with dignity. This means valuing every person and their health. But if only some communities have access to the resources they need to do well, we are putting some people's health and dignity at risk. We need to treat all communities with the respect they deserve and make sure that people from every background have access to things like quality medical care, decent and accessible transportation, quality housing, and spaces for physical activity and social gatherings. By treating everyone with dignity, the health of our whole society will benefit.

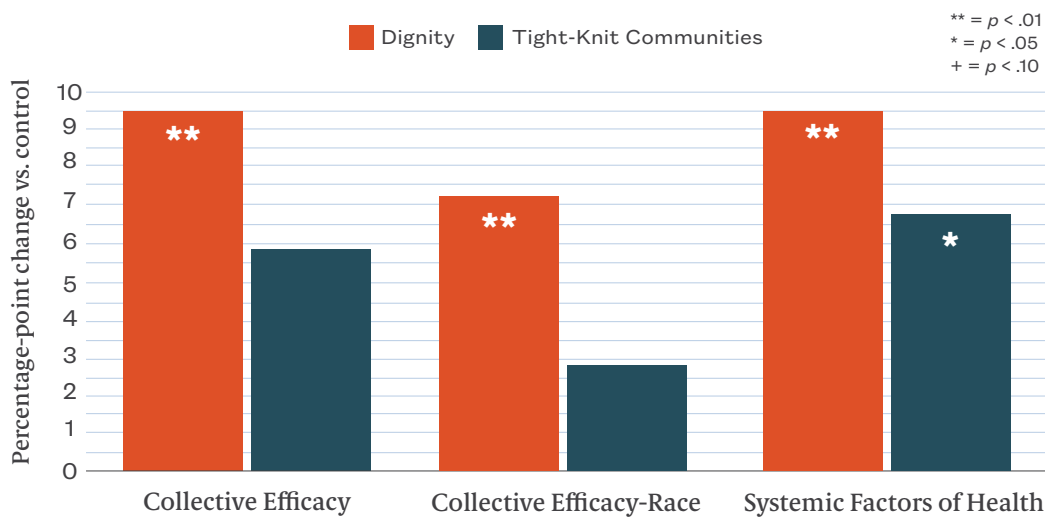
Evidence Supporting Reframing Strategy

STEP #1

Lead with the idea of dignity.

In Wave 1 of the survey experiment, the *Dignity* value was highly effective with rural participants specifically. Among rural participants, the *Dignity* value increased understanding that systemic factors affect health and helped build a sense of collective efficacy to address health disparities in general and racial health disparities in particular.

Figure 1: Effects of Value Frames in the Rural Sample



In the qualitative focus groups (PDS) with rural participants, the *Dignity* value helped build a sense of collective efficacy (“we’re all in this together”) and helped build support for health equity policy solutions, such as transportation and housing policy.

STEP #2

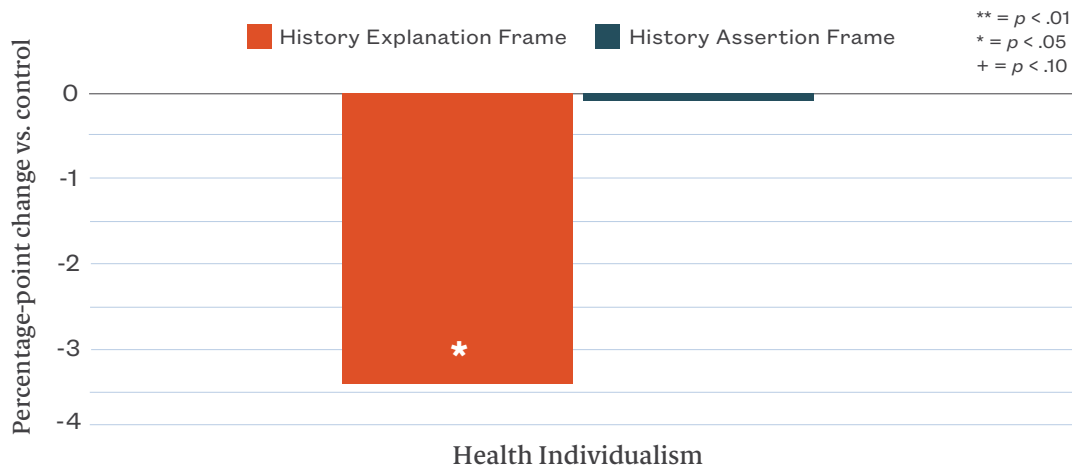
Use explanations to expand people’s ideas of health and health disparities.

In the pilot survey, the explanation of health equity that included the language about “access to resources” was “sticky.” People used the language in the open-ended responses in the survey, and it appeared to shift participants’ views of community health.

In the focus groups (PDS) that included rural participants, the explanation that included “access to resources” was useful to help people think about the systemic factors of health. It also served as a useful starting point for people to understand health inequities and what health equity might look like. In addition, the participants were able to connect this explanation to the other frames in this playbook (in particular, the *Dignity* value, the History Explanation frame, and the Vision frame).

STEP #3**Speak to history.**

In Wave 2 of the experiment, the History Explanation frame significantly reduced agreement with health individualism in the full sample—meaning that participants who received the frame were less likely to agree with individualistic mindsets about health relative to the control group. This was not the case with the History Assertion frame, which didn't significantly reduce agreement with health individualism.

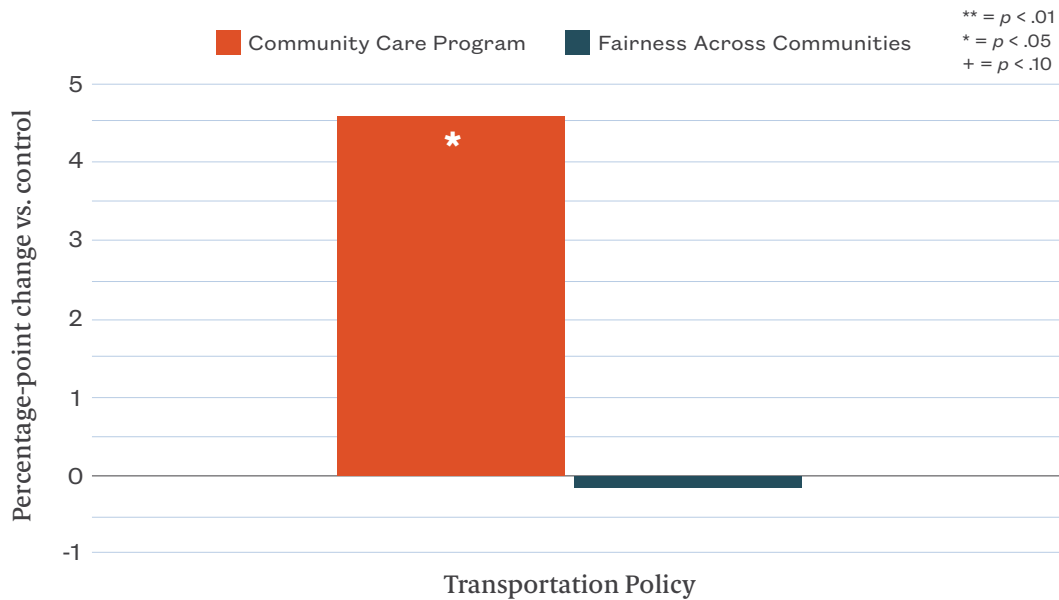
Figure 2: Effects of the History Frames

In PDS with rural participants, the History Explanation frame worked much better than the History Assertion frame (stating the problem without an explanation of why that is the case) to help people think about past injustices related to health and connect those to current inequities in health.

STEP #4**Connect the past to the present.**

In Wave 2 of the experiment, the Community Care [Circle of Care] Program frame—which included a description of health disparities related to transportation issues and other policies—helped increase support for transportation policy change in the full sample. That is, talking about transportation policy as an example of current health disparities helped build support for systemic change to address those disparities.

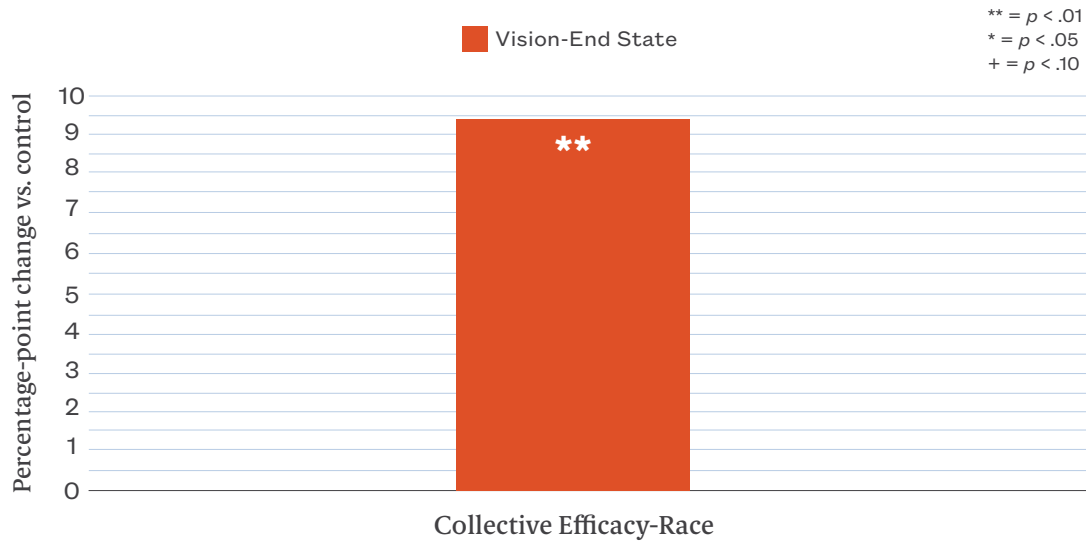
Figure 3: Community Care Program and Support for Transportation Policy



In PDS with rural participants, combining elements of the Community Care [Circle of Care] Program frame, including transportation policy, with the *Dignity* value helped build understanding of health equity policy solutions, particularly those that address the social determinants of health. Participants were especially receptive to discussions of transportation policy, and it served as an entry point to talk about other health equity policy solutions (for example, housing, access to outdoor spaces, or access to medical facilities).

STEP #5**Point to the future.**

In Wave 2 of the experiment, the Vision—End State frame significantly increased a sense of collective efficacy for reducing racial health disparities in the rural sample.

Figure 4: Effect of the Vision End-State Frame in the Rural Sample

In PDS with rural participants, the Vision—End State frame helped build understanding of and support for policy change. Participants were able to use the Vision frame to think about health equity policies, and it didn't trigger unproductive us vs. them thinking. Instead, it helped participants think about how health equity policies should be implemented in communities and society.

Endnotes

1. Grundy, S., & Prusaczyk, B. (2022). The complex intersection of race and rurality: The detrimental effects of race-neutral rural health policies. *Health Equity*, 6(1), 334–337. <https://doi.org/10.1089/heq.2021.0136>
2. This playbook was developed to answer a specific question for health departments specifically and not for health equity writ large, nor was it developed to cover all health outcomes such as vaccination messaging.



About This Resource

This playbook was designed and written by the FrameWorks Institute, a nonprofit that takes a scientific approach to understanding and solve important communications challenges. FrameWorks' analysis of reframing health disparities was conducted in partnership with the National Network of Public Health Institutes.

This resource was supported with funds made available through a cooperative agreement between the National Network of Public Health Institutes (NNPHI) and CDC's National Center for State, Tribal, Local and Territorial Public Health Infrastructure and Workforce. (Cooperative Agreement OT18-1802, Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health, Award #NU38OT000303-04-02.) In this resource, our goal is to support local public health professionals in communicating to the general public more effectively about eliminating health disparities, especially in rural areas or other contexts where these efforts may be met with skepticism or opposition.

The content of this toolkit is the responsibility of the FrameWorks Institute and does not necessarily reflect the views of the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, or NNPHI.



About FrameWorks

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Talking about Health Disparities in Rural Contexts

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