



Health Equity

Communicating About Health Equity Concepts

Lessons Learned from Health Equity Message Testing

Communication that effectively explains and addresses health equity and the underlying drivers of inequity is essential to achieving health equity and eliminating health disparities. Reframed communication efforts are needed to effectively address skepticism toward achieving health equity and to explain the underlying drivers of inequities. Communicating using a health equity frame means focusing on creating broader understanding of the social, structural, and systemic factors that may impact health outcomes.

What we did



CDC's Office of Health Equity (OHE) conducted message testing in 2022 to learn more about what various audiences think, understand, and feel about the concept of health equity and ways to create effective messages for specific audiences.

What we want to change

Rather than focusing on communicating about health disparities, we want to reframe to communicate about health equity. Shifting the focus to the systemic and structural issues, while complicated, shows a pathway to addressing health disparities in a meaningful, non-stigmatizing, and sustainable way. This approach encourages strategies to address root causes and boosts broader systems-level changes that benefit us all.

How we move upstream

Message testing findings informed the three communication principles below that help to switch the conversation from naming and quantifying health disparities to addressing health equity.

Principle 1: Meet the audience where they are.

This means: Learn about your audience's beliefs, attitudes, values, and biases to know which approaches and messages will be appropriate for them from the start.

Why it matters: Knowing your audience's understanding of and resistance to certain words and concepts, such as equity, equality, justice, fairness, and social determinants of health, can help tailor messages for better reach and reception.

In practice:

- › **Set the context** by explaining how health disparities and inequities happen before talking about which people and communities are most affected.
- › **Help the audience draw new conclusions** by creating experiences of perspective transformation (i.e., help the audience develop a different understanding that informs their actions and views).
- › **Take small steps with your audience** by using enabling language that promotes choices and helps the audience see concepts as their own ideas.

Principle 2: Communicate health equity as a “we” issue.

This means: Build on society's shared values, interconnectedness, and empathy to help the audience see themselves as impacted by inequities and prevent an “us versus them” mentality.

Why it matters: Our message testing revealed that negatively framed messaging that highlights disparities as the problem (instead of as the *outcome* of the problem) may create fear in some audiences and be less effective in conveying the importance of addressing health equity. Leading the audience to focus on health equity illuminates systemic drivers, destigmatizes health disparities, and enables the audience to see how they might be impacted by inequities and could potentially benefit from health equity efforts.

In practice:

- › **Use gain-framed messaging** (i.e., messages that emphasize benefits that can be acquired) that focuses on making “the best possible health” accessible to everyone.
- › **Make clear that achieving health equity is not a “zero sum game”** (i.e., when an intervention helps one group of people, it does not mean that other people have to lose something).
- › **Provide examples of how equitable approaches can benefit everyone** to help destigmatize health disparities. Examples like the curb-cut effect (i.e., the ramps on sidewalks that were initially intended to help people with mobility disabilities, but proved to be beneficial to far more people) can frame focused interventions as good for the community.

Principle 3: Frame health equity as achievable.

This means: Health equity can be broken down into more manageable concepts framed by solutions across multiple levels. For example, providing examples of how health equity can be achieved in the social and community levels, as well as within public health agencies, healthcare delivery systems, and/or state, tribal, local, and territorial governments, can be helpful for people to understand different perspectives.

Why it matters: Messages that frame health disparities as caused by systems and structures, rather than personal behaviors, may cause some audiences to believe that they have limited control to change their health outcomes or advance health equity. This can get in the way of the person's efficacy, or motivation, to take action.

In practice:

- › Use actionable terms when educating the audience about the situations, conditions, and policies that create inequities. Show pathways to address disparities that the audience believes are feasible and within their control.
- › **Avoid language that speaks to previously defined assumptions, such as fatalism,** or the false belief that nothing can be done to change health outcomes. Instead, include messages that help people identify social conditions as the cause of many health disparities, so that it becomes easier to see policies and structural interventions as a way for meaningful change.

NEXT STEPS:

OHE applied these communication principles to develop a [Health Equity Video Series](#). OHE is also developing new resources, including new health equity infographics and an interactive tool to help public health professionals grasp health equity concepts and how to communicate about them. Visit [OHE's Health Equity site](#) to stay up to date as new resources are developed.



Last Reviewed: January 31, 2024