HEALTH EQUITY IN PUBLIC POLICY

MESSAGING GUIDE FOR POLICY ADVOCATES

FALL 2017

American Heart Association® Robert Wood Johnson Foundation

MAKING EACH DAY HEALTHIER FOR ALL CHILDREN™

Voices for **Healthy Kids**

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INTRODUCTION

At Voices for Healthy Kids, advocating for health equity is not optional. It's our mission. And advocates across the country are making great strides in supporting policies that help children grow up at a healthy weight.

This is cause for celebration!

At the same time, we must remain vigilant to ensure that our work creates the greatest benefit and avoids unintended consequences.

For example, policies often are intended to benefit "all children." **The challenge with this is that some urban, suburban and rural communities—due to historic and structural reasons—have experienced fewer investments over the years and have the least influence and access to tap into new programs or funding created by those policies.** Instead of benefiting from the intended purpose of the policies, therefore, children in these communities continue to be left behind.

As we work to improve conditions for all children, we can guard against this challenge by ensuring that policies include language that prioritizes where the policy should be implemented first based on where the needs are greatest, before being applied broadly. This is the idea of "targeted universalism,"[1] an approach that helps Voices for Healthy Kids lead with health equity to bolster community efforts to improve health.

With targeted universalism, our policy focus becomes the communities facing the greatest health disparities and living with the most inadequate social, physical and economic resources. We learned that this is a compelling notion for decision-makers, too, who are interested in making policies as effective as possible.

Messages Custom-Built for
POLICY ADVOCACY

We created this guide and messages at the request of policy advocates working with decision-makers on public policies to transform communities. Although it may provide insights for others working to advance health equity, it is custom-made to support policy advocates—specifically, at the point in the policy-development process when language is being negotiated, as shown in Figure 1 below.

The goal is to secure language in the policy itself about where implementation should happen first. It may be appealing to adopt a more general policy now with the intention of working on equity later. But decision-makers may be reluctant to build provisions into a policy after the fact, and those changes tend to be easier to dismiss or delete than direct policy language.

Although this guide does not directly address the work leading to this point—engaging closely with communities to define the issue and together design a proposed policy solution, building a diverse coalition of support, and working with decision-makers to reach agreement on the policy concept—it recognizes that this work is vitally important and that getting to this point is already a hard-won victory. (See page 22.)

For Use by Policy Advocates Working with Decision-Makers on Public Policy

Created specifically for use by policy advocates, the messages in this guide support decision-makers' desire to create effective policies and to advance bipartisan solutions. Testing shows that the messages resonate with decision-makers and likely voters across the political spectrum, geography, race and other demographics.

The messages will be less relevant for people working in different roles and other contexts. For example, equity advocates and community organizers will want to—and we need them to—be more direct in their discussions of the role of race and historical oppression in health equity. (See pages 5 and 10.)

Figure 1

Leading up to the work in this guide

Advocates build a diverse coalition and collaborate with the community to define the issue and policy solution. Decision-makers agree to advance the policy.

THE FOCUS OF THIS GUIDE

Decision-makers are open to the need to include policy language prioritizing implementation first where the need is greatest.

Decision-makers commit to including prioritizing language in policy.

Following the work in this guide

Decision-makers:
▷ develop and support
▷ enact and fund
▷ implement and enforce
policies that include prioritizing health-equity language.

ULTIMATE GOAL

Every policy includes language prioritizing implementation first where the need is greatest.

For Your Background:
HEALTH EQUITY

As policy advocates prepare to use the messages, we offer this context for your background and as a motivator for our shared work.

At Voices for Healthy Kids, we are committed to making the conversation about health equity more common. We know the very term "health equity" can raise concerns among some decision-makers about unfairness, deservingness and shifts in the balance of power. The term is also linked to political ideology, immediately raising suspicion or closing the conversation for some and being embraced by others.

For these reasons, and guided by research with decision-makers, the messages in this guide do not use the words "health equity" or other related terms. Instead, **the messages convey the idea and desired outcome of health equity, in order to open a productive conversation with decision-makers about how public policy can create opportunities for better health for all.**

Sometimes, just starting that conversation, even if it ends quickly, provides insights about decision-makers' values, openness and concerns and builds support for health equity over time. Our goal is that as we build our ability to navigate conversations about health equity, the conversation will become more direct.

Complex Issues, Complex Conversations

Health equity means we all have the basics to be as healthy as possible.[2]

It also acknowledges that "we all have the basics" may not look the same for every person, as illustrated in Figure 2[3] below. Everyone gets what they need, recognizing that each person has a unique experience and starts from a unique place.

Even with this clear definition, health equity is still an abstract concept that is challenging to communicate. It asks people to recognize that current and historical decision-making has created conditions that keep entire groups from being able to enjoy opportunities that others have come to expect.[4] This is the lasting impact of racism, sexism, classism, ableness and other forms of exclusion and oppression.

Talking about health equity is further complicated because it requires a recognition that we all have roles in resolving conditions that have been created in our communities. This points to the importance of describing how inequities happen and what is needed to resolve them.[5]

Figure 2

Equality

Equity
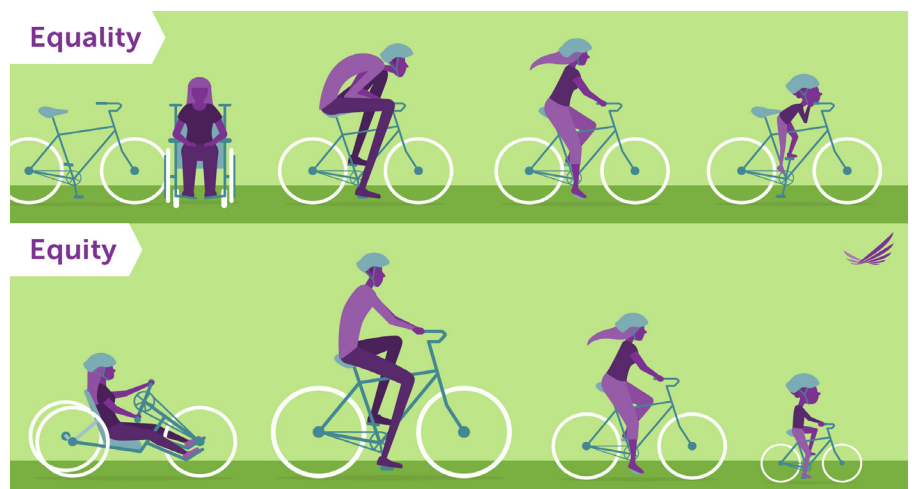
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How We Got Where We Are: Structural and Historic Racism and Other Forms of Oppression[6]

In communities across the United States, it is easy to distinguish between areas—rural, suburban and urban—that have benefitted from high levels of public and private investment over the years and those that have received less.

Communities that receive low investment—often based on residents' race, socioeconomic status, gender identity, ability and other factors—are filled with structural problems that persistently limit opportunities for everyone to reach their best health and potential. There are stark differences in access to grocery stores, safe drinking water and green spaces. There is disparity in the quality—and healthy environments—of early education programs and public schools. There are gaps in per capita wages, access to affordable housing and reliable transportation.

These differences did not happen naturally, and they did not spring up overnight. They are the result of a long history of discriminatory housing practices and policies, predatory lending or lack of access to capital, community disinvestment and lack of school funding, an overabundance of liquor stores, unhealthy food marketing and fast food restaurants as the only option, gentrification and displacement, and other acts of historic racism and oppression.

Policies that increase access to healthy food, places to be active, clean air, safe water and other essential benefits—especially when they are directed first to areas with the greatest need—can help dismantle these systemic barriers and move our society toward health equity.

See page 10 for insights on how this context applies to messages for use with decision-makers, and visit voicesforhealthykids.org/healthequity for more on structural racism.

Terms Commonly Used in Discussions About Health Equity

Keep in mind that these terms can mean different things to different people. If you are using a term in conversation, also describe what you mean:

▶ **Diversity**: Taking into account all the dimensions in which people differ and ensuring adequate representation within and across all groups.[7]

▶ **Equality**: Everyone gets the same thing.[8]

▶ **Equity**: Everyone gets what they need, recognizing that each person has a unique experience and starts from a unique place.[9]

▶ **Health disparity**: Differences in health outcomes and their causes between groups of people as the result of social, demographic, environmental or geographic differences.[10]

▶ **Inclusion**: An intentional effort and sets of actions to ensure that every person feels involved, safe, equipped and empowered to contribute and participate fully.[11]

▶ **Social determinants of health**: Conditions in which people are born, grow, live, work and age that affect our health and are shaped by the distribution of money, power and resources.[12]

▶ **Social justice**: The equitable distribution of social, economic and political resources, opportunities, and responsibilities and their consequences.[13]

▶ **Structural racism**: A system in which public policies, institutional practices, economic decisions, cultural representations and other norms work in various, often reinforcing ways to perpetuate racial group inequity.[14]

▶ **Targeted universalism**: Designing and applying solutions to benefit those most in need first, then expanding them to cover as many people as possible.[15]

The Kind of Policy Language We Seek to
ADVANCE HEALTH EQUITY

Voices for Healthy Kids wants all policies to address health equity, with implementation occurring first where the need is greatest. This may be accomplished by including specific policy language that addresses at least one of the following:

▸ Explicitly benefits low-income communities

▸ Explicitly addresses determinant(s) of inequity

▸ Explicitly benefits a racial/ethnic population experiencing health disparities

▸ Includes provision(s) for measuring inequity

▸ Includes provisions for monitoring equitable implementation and accountability

▸ Involves disadvantaged population(s) in monitoring policy implementation

Example of Equity Language in Public Policy

When Complete Streets[16] policies pass, municipalities must determine where to start making improvements for people walking, biking, wheelchair rolling and using public transit. Advocates in Englewood, Colo., worked with decision-makers to include the following language in the city's Complete Streets policy to ensure that communities in greatest need get immediate attention:

"Build a transportation system that ensures universal access to historically underserved or disadvantaged groups, including the elderly, children, the disabled, minorities and low-income groups."

There is an opportunity to strengthen Complete Streets policies across the country. In a recent analysis, equity was mentioned in only about 1 in 5 Complete Streets policies but has been particularly emphasized in policies adopted in 2010 or later.[17]

Working from
SHARED VALUES

Values are at the core of everyone's deeply held belief systems. As the foundation for decisions about "right or wrong," "good or bad," values shape people's judgments (consciously and unconsciously) about what to believe and what to do when they encounter new information.[18] People readily accept facts and data that fit their core values but may reject those that do not.[19] **So we need to base our messages in shared values.**

A Values-based Narrative

Not every decision-maker values health equity as his or her top priority, so we went to the literature[20] to find other values that:

▶ Are dominant, enduring values in American culture

▶ Help people think at a systems level, meaning they are considering changes to policies, social systems and environments rather than thinking only about individual behavior and responsibility

▶ Resonate with people across the political spectrum

Based on this research and our own testing, we discovered a **pair of values** that, put together in a narrative, help decision-makers imagine the need for systems-level, equity-based solutions. We built the messages on these values:

▶ **Human potential**:[21] Human growth and success, hope for what is possible in our country

▶ **Community**:[22] Connections, interdependence of our society, loyalty to the group or community

Note: these are the values, approach and outcome that resonate most strongly with likely voters, too.

This research leads us to a unique narrative built on our two values and our policy approach and outcome, as outlined on the following page.

We also discovered agreement around a **desired approach to and outcome of policy**:

▶ **The idea of targeted universalism**: Everyone benefits, starting with those for whom the need is greatest and then expanding to help everyone. This *concept* resonates with decision-makers as a way to create effective policies (but we do not recommend using this *term*, which may be perceived as academic jargon).

▶ **Effectiveness**: Achieving the intended outcome, with the greatest impact and without waste. This is ultimately what decision-makers want to see in a policy.

Messages for Policy Advocates to Use with
DECISION-MAKERS

Based on the shared values and success measure, we developed messages for policy advocates to use with decision-makers. We tested these messages with decision-makers and with likely voters and found that **they are an effective starting point across geographies, political ideologies, and race and ethnicity.** (See page 20 for the full research methodology.)

The details and local stories that policy advocates layer in will vary, but the core messages stay the same. **This consistency is an asset in our collective work: If advocates across the country are delivering these same messages to all their decision-makers—and they in turn are using the messages with their colleagues—the conversation and expectation around building health equity into policy will begin to shift.**

Important Notes About the Messages

▶ They assume that the **decision-maker has agreed to the policy itself** and you have moved into defining specific policy language. For decision-makers who embrace the policy, these messages help them make the case for focused implementation. And for those who are less supportive, the messages emphasize a shared goal of making the policy most effective.

▶ Policy advocates will need to **customize** the messages with local stories and data. (See pages 12–13 for an example.)

▶ These messages are **for policy advocates to use with decision-makers, not the general public**. That said, our polling showed that likely voters support focusing policies where the need is greatest, even if that means their own community realizes the benefit later. This can be compelling information for decision-makers. **See pages 23–24 for a summary of this poll that you can pull out and share with them.**

Values-based Messages to Call for Health Equity in Public Policy

Anchored in the shared values of human potential and community, this conversation becomes aspirational and unifying, and creates common ground.

MESSAGE POINT	WHY THIS WORKS WITH DECISION-MAKERS (BASED ON RESEARCH)
1 We want policies to be **effective**—meaning the policy has the intended impact and resources are not wasted.	Highlights **effectiveness outcome**; is positive and solution-focused.
2 We want **everyone to benefit** from the changes policies create. But we need to **start with the communities that have the greatest health and/or economic need**, then expand.	Highlights **targeted universalism approach**.
3 That means looking at the places where there is the greatest gap in opportunities for people to be healthy, and focusing changes there first so people are able to **reach their full potential**. We can determine where that is based on clear criteria, and any community could be eligible.	Aligns with **human potential value**. Essential to emphasize that defining "greatest need" is not limited to a certain group or type of community. Rather, **any community could be eligible**. (The word *eligible* was a key term in testing with decision-makers and likely voters.)
4 We can help **communities work together and be stronger** by expanding opportunities to be healthy. **When people make decisions** about their health—or the health of their children—the choices they make depend on the **options they have available**. ▶ For example *(insert a locally relevant example for your policy and geographic area(s) that describes the challenges, the policy solution and evidence that it brings the intended result; see below for an example.)*	Aligns with **community value**. Acknowledges **personal/parental responsibility** (essential, especially for conservatives), while also pointing to the **environmental conditions** needed to make acting on that responsibility possible. Helps decision-makers envision the situation and the proposed solution.
5 Let's make sure this policy is **effective**. We're asking you to include specific language in this policy to define **where it should be implemented or funded first to meet the greatest health and/or economic need**, then expanded to other communities. ▶ We've been working with our community to explore the problem and design a solution the community wants. ▶ We're asking for *(offer specifics about how to prioritize implementation in your local area(s))*.	Reinforces **effectiveness** and **targeted universalism approach**. Makes a specific request for policy language.

Example of how you might describe the challenge, the policy solution and evidence that it brings the intended result:

In many areas, the only places to buy food are convenience stores and gas stations. One rural county had a large, aging population that had to travel 30 miles to reach a store selling healthy food. To address this, the state passed a healthy-food financing policy that brings grocery stores into those areas or helps existing corner stores get set up to sell fruits, vegetables and other healthy foods. As a result, after more than four years without a place to buy any healthy foods, a grocery store will be opening. Residents are excited about the store that will bring healthy food—and jobs—to their area.

Message
INSIGHTS AND CONTEXT

The messages themselves are streamlined and clear, while the research and context behind them is expansive. Two key considerations that emerged from the research and shaped the messages are whether and how to address race and racism, and how to talk about government's role.

Conversations About Race and Historic Oppression

There are many kinds of discrimination, oppression and "-isms," based on gender identity, ability, age, economic status and many other factors. We are focusing here on race and historic oppression because we specifically tested support for prioritizing policies based on these factors.

Overt dialogue about race, racism and oppression is critically important for the equity movement. However, in the specific context of discussing policy language with decision-makers, we learned that certain frames and language are not productive starting points.

▶ We tested statements about the need to prioritize implementation in specific racial/ethnic communities. These messages were rejected by the majority of respondents across the political spectrum, *including by respondents from the specified communities*.

▶ **What was rejected was *not* the idea of directing resources to communities of color. It was the idea of directing resources *solely because of race*, without consideration of health and/or economic need.** Some perceived this as "reverse discrimination." Others perceived messages like this as pitting one group against another, or as implying that some people wouldn't be able to benefit from the policy simply because of their race.

▶ The more compelling idea for the majority of respondents in the poll, and for decision-makers, was that the *communities with the greatest need*—with eligibility open to any community that has need—are where implementation should begin.

▶ We also tested messages about historic racism and discrimination, including whether policies should be implemented first in areas where this is evident. This concept was strongly rejected. Decision-makers want to focus on solutions to current challenges. Instead of directly using historic discrimination language, then, the opportunity is to use stories to show how policy decisions over time have created a cascading series of events that helped create the current situation—and stress the opportunity to improve conditions moving forward.

▶ **Once the decision-maker has agreed to prioritize implementation in communities with greatest need, now is the time to specifically discuss racial and ethnic communities and other communities experiencing health and economic disparities.**

Role vs. Responsibility of Government

Discussion about government's role often comes up in conversations about policies intended to create healthy environments.

Although opinions on whether government has a *responsibility* to create healthier conditions in all communities vary across the political spectrum, most decision-makers and likely voters agree that government has a *role* in doing so. They recognize that government already plays this role—for example, in setting standards for school lunch. And they agree that government can help by making smart investments.

Reinforce this by focusing on *government's role* in creating healthier conditions in communities—*along with community members, parents, the private sector and others*.

This also creates a perfect opening to talk about how to make policies most effective. "If we're going to have the policy, let's focus it where the need is greatest so it's most effective."

Example Showing How to Apply the Messages
IN SPECIFIC POLICY WORK

The core messages were created and tested for use with any policy that seeks to increase opportunities for health. (Our sense is that they would also work with non-health policies that require prioritized implementation, but we did not test this.)

Details—policy specifics and benefits, the community(ies) where implementation should begin, etc.—will change. But the overall argument

for why to prioritize and the need for that language in the policy remain consistent.

The following hypothetical example shows how you might customize the message for discussions about a Complete Streets policy. The specific health equity provisions are taken from Voices for Healthy Kids' policy recommendation and have been shortened for space.

CORE MESSAGE	CUSTOMIZED MESSAGE
1 We want policies to be **effective**—meaning the policy has the intended impact and resources are not wasted.	We want this Complete Streets policy to be effective—meaning the policy has the intended impact and resources are not wasted.
2 We want **everyone to benefit** from the changes policies create. But we need to s**tart with the communities that have the greatest health and/or economic need**, then expand.	We want everyone to benefit from the changes this policy creates. But we need to start with the communities that have the greatest health and/or economic need, then expand.
3 That means looking at the places where there is the greatest gap in opportunities for people to be healthy, and focusing changes there first so people can **reach their full potential**. We can determine where that is based on clear criteria, and any community could be eligible.	That means looking at the places where there is the greatest gap in opportunities for people to be healthy, and focusing changes there first so people can reach their full potential. We can determine where that is based on clear criteria, and any community could be eligible. ▶ In this case, that's neighborhoods that have had the least investment in roads, bike lanes, and sidewalks that can accommodate all users. It's also places where people are relying on those roads and paths to get to work and where there are limited opportunities to be physically active.

For additional examples and other resources to support this work, please visit voicesforhealthykids.org/healthequity.

CORE MESSAGE

CUSTOMIZED MESSAGE

4 We can help communities work together and be stronger by expanding opportunities to be healthy. When people make decisions about their health—or the health of their children—the choices they make depend on the options they have available.

▶ For example *(insert a locally relevant example for your policy and geographic area(s) that describes the challenges, the policy solution and evidence that it brings the intended result.)*

We can help communities work together and be stronger by expanding opportunities to be healthy. When people make decisions about their health—or the health of their children—the choices they make depend on the options they have available.

For example, in our area, the African American community in Area A and the rural residents of Area B are very different geographically and demographically but have similar community conditions and needs. Each has very few options for routes that can accommodate all users and has had limited investment over the years. Each experiences health consequences as a result.

Lilliane Smith, a community leader from Area A, and Dwayne Jones, a small-business owner from Area B, are here to describe the situation in more detail. *(Ms. Smith and Mr. Jones might share the following:)*

▶ *Map showing the lack of biking and walking paths.*

▶ *Anecdotal data about how many people in the community do not have reliable access to cars and so walk to work.*

▶ *Number of traffic fatalities in the past 10 years, and the estimated reduction this policy could create.*

▶ *Number of local jobs created through implementation of the policy.*

5 Let's make sure this policy is effective. We're asking you to include specific language in this policy to define **where it should be implemented or funded first to meet the greatest health and/or economic need**, then expanded to other communities.

▶ We've been working with our community to explore the problem and design a solution the community wants.

▶ We're asking for *(offer specifics about how to prioritize implementation in your local area(s)).*

Let's make sure this policy is effective. We're asking you to include specific language in this policy to define where it should be implemented or funded first to meet the greatest health and/or economic need, then expanded to other communities.

▶ We've been working with our community to explore the problem and design a solution the community wants.

▶ We're asking for these provisions in the policy:

▷ Implementation will happen first in low- to moderate-income communities—areas that have typically had fewer investments for roads, bike lanes, and sidewalks that can accommodate all users and where residents are more likely to rely on non-car transportation to get to work and school.

▷ The implementing agency must create plans and set goals to ensure successful implementation in low- to moderate-income communities and identify barriers and solutions.

▷ The implementing agency must track and report progress toward those goals at least once a year. This helps us see where the policy is and isn't being implemented, so we can be certain it is having the greatest relative impact.

This language needs to be in the policy itself, not left to voluntary or programmatic action. Do I have your commitment to include this language?

Reinforcing and Supporting
NEW WAYS OF THINKING

Despite your best work to deliver messages based on the shared values of human potential and community, other values like individual responsibility are still dominant for many people. Use these conversation pivots to keep reinforcing the shared values that help reasoning about equity come to the forefront.

Individual and/or Parental Responsibility

Individualism is a very strong American value—so dominant, in fact, that it's often the very first to surface.[23] There is also a strong belief, reinforced in our polling among likely voters, that parents are the decision-makers for their children—they should have that right, and they have that responsibility.

To avoid getting stuck in this argument, start every conversation from the perspective of community conditions, rather than individual behaviors and needs. This will help keep the dialogue focused at the system level.[24] If individual responsibility surfaces, acknowledge the importance of personal/parental responsibility, and then reinforce that we're making community change so parents have what they need to make decisions for their children.

> " You might hear: **"Parents are the best judge of what their children need."**

> " **Responses:**

"Personal responsibility plays a key role in health, but the choices we make depend upon the options we have available to us. Some neighborhoods have more liquor stores than grocery stores, lack safe and affordable housing, or have poor-quality schools. (*Use a map to show this, if possible*.) America cannot be healthy if we are leaving behind entire communities."[25]

"Parents want to do the best for their children. And when their community doesn't have fresh, affordable fruits and vegetables nearby, it can undo the effort of even the most dedicated parents."

Deservingness

Closely aligned with individual responsibility is the idea that people get what they "deserve," or that their benefit is commensurate to what they contribute. And the contribution of some groups—historically and currently—is greatly undervalued by some decision-makers.

> You might hear: **"They just need to work harder to realize all the benefits of our society."**

> **Responses:**

"A growing number of communities encounter barriers to opportunity that cannot be overcome through hard work or perseverance alone. In many instances, it isn't just one barrier people face, but many. Communities need help to ensure they have the opportunity to reach their full potential."[26]

"Today we live in tough times. Despite playing by the rules, far too many of us are struggling to find work and make ends meet. It hurts the same to lose a home or job—whether we are white or black, male or female, a single parent or a two-parent family."[27]

We Tried That and It Didn't Work

Some decision-makers we spoke with objected to directing resources to a specific community by citing an example of when they had done this in the past and perceived that the benefits had not been used by the community.

> You might hear: **"We tried it before, and it didn't work. We built a new bike path, but it was not used because the area isn't safe. A market added fresh produce only to have it rot on the shelf because people didn't want it."**

OR

> You might hear: **"The real solution is dealing with the underlying issue: poverty. We need to quit inventing solutions to symptoms like too much fast food; we need to address the larger issue."**

> **Responses:**

It is critical to have community members from the affected communities accompany you to meetings with decision-makers. If you hear this perspective, one of them might respond like this.

"We've been working with our community to explore the problem and design a solution the community wants. Here are some details…"

"There are many examples of how addressing the immediate need can have a positive impact on the underlying cause. For example, *(offer examples of improvements leading to more pride in the area, boosting school outcomes, etc.).*"

TIPS AND TECHNIQUES
for Advocates Talking About Health Equity in Public Policy

Messaging, like policy advocacy, is more art than science. You have the power to move deftly through a conversation, with complete arguments that draw clear connections between specific problems and proposed solutions; bring all the right information, stories and evidence; and help keep the focus on this (potentially) new way of thinking about the issue.

To help you continue fine-tuning your approach, we offer these tips:

1 Identify Issues and Solutions Together as a Community, Then Customize Messages

Strategic policy advocacy includes building a coalition representing the many perspectives, voices and communities that care about and can help advance a bill, regulation or other government policy. **Community members most affected by an issue are the best people to help you understand the issue, identify solutions and customize the messages.**

A conservative decision-maker said that she always asks advocates if they have talked to other stakeholders who may be allies or may have concerns. Anticipate this, and bring community members to your meetings with decision-makers. Information about where other groups and organizations stand might prove to be effective supporting statements.

2 Be Strategic About Who Tells the Story

Pick your messengers strategically. You may want to bring several community members to the meeting, but they all do not necessarily have to be the lead spokespersons. Thinking about the decision-maker you are meeting with and their interests, values and motivators will help you select the right messengers and stories to make your case.

3 Use "We" Language[28]

Problems affecting specific groups in our society affect all of us. Equity fundamentally emphasizes, "we're all in this together."[29] When your messages and language focus on "we" and "us" instead of "them," you subtly reinforce the community value and the interconnectedness of our society.

4 Demonstrate Greatest Need

Be as specific as you can about which area(s) is most in need and why.

If possible, show how two different communities (e.g. a small rural community and an urban neighborhood) are at a similar disadvantage and how the policy would help both of them.

For example, advocates in a Midwest state working on transportation policies demonstrated that when it comes to getting to work, predominantly white families in a rural, high-unemployment/low-income community were facing the same challenges as predominantly African-American families in another community with similar employment and income constraints, and that prioritized changes would benefit both.

Demonstrate Greatest Need (continued)

Decision-makers may ask for data on the problem you're addressing and proof that your solution will work. Remember: they may not be resisting you, they may be fighting with their colleagues to protect their constituents' interests. How can you help them make the case? **Decision-makers we interviewed said that even if data aren't available, they appreciate:**

- Hearing anecdotal information, especially from members of the affected community

- Examples of something similar working in your area or another area

- News stories that show the degree of public attention and support for the issue

- A field trip to the affected area

5   Then Show How Everyone Benefits

Be ready to show how improvements in one area can benefit the broader population. Also be ready to state how the policy can eventually be expanded—including parameters that specify how progress in the initial area will be tracked and evaluated and when expansion will happen.

As one decision-maker said, "You need to emphasize that if the project benefits the most needy, it benefits everybody."

6   Use Stories to Show What Gaps in the Community Look Like

The idea that people's health is strongly influenced by their community is not universally accepted or even understood. The best way to make this point is through stories. Focus on how changes can create opportunity, not on how current conditions create barriers. The idea that "people want to make healthy choices but can't" is met with some skepticism. But **the idea that "people want to make healthy choices, so let's help them" is more resonant**.

Tips for a good story:

- Focus on an area you know is a priority for the decision-maker—for example, people living in rural areas.

- Share a story about a good policy that's not doing all it's intended to do because it didn't start where the need is greatest. Describe how it would be more efficient and effective if that had happened.

- Share what other decision-makers in similar places are doing and the results their actions are creating.

For examples of success stories you can use in your work, please visit voicesforhealthykids.org/success-stories.

7   Use—But Don't Overwhelm With—Data

Most decision-makers—and most people in general—get lost in too many numbers and statistics. Have one great data point, and illustrate it well. Ideas:

- **Maps** are rapidly digestible and can boost the effectiveness of your message.[30] Show which areas lack grocery stores or sidewalks, or are overloaded with sugary-drink marketing and convenience stores. For maps that might support your work, visit County Health Rankings and Roadmaps at countyhealthrankings.org.

- **Use social math**[31] to help people contextualize, visualize and understand whether the data reflect something big or small and whether they show progress or backward movement. For example, break down numbers by

    ▷ Time ("This is the equivalent of 50 kids every class period.")

    ▷ Place ("That is enough to fill our high school stadium 30 times over.")

    ▷ Comparison with familiar things ("Last year, schools served the equivalent of 70 railcars full of apples each lunch period.")

    ▷ Ironic comparisons ("We spend 10 times more money on pizza in a year than we spend on x.")

    ▷ Personalized numbers ("This means more than x for each child.")[32]

8 Anticipate—But Don't Lead With—Details About Economic Costs

Some decision-makers we spoke with said they want to see that focusing policy—and allocating funding—differently makes economic sense. One described how he had been motivated by prevention data for three reasons: 1) Preventing disease now costs less than treating it when it becomes far worse; 2) Healthy people are able to be at work every day, which is good for employers; and 3) Healthy, working people earn and spend money, which builds the tax base.

Other decision-makers were wary of economic data, saying that cost-based arguments can be overused and that some of the claims (e.g. "Spend $1 now, get $33 in return.") feel unrealistic. "If I use cost data, my colleagues will say, 'Prove it,'" said one decision-maker.

And among likely voters in our survey, when we asked if they would support directing policies where the need is greatest, even if it would raise their taxes a little, their support dropped only slightly.

So don't lead with economic data. Research shows that, without the values-based conversation first, an economic case can trigger short-term or scarcity thinking versus long-term thinking, individual responsibility values, and questions about deservingness.[33]

To be safe, be ready with numbers, if you have them, showing the benefit of focusing policy where the need—and the potential benefit—is greatest. For example, you might share a map showing the spread of type 2 diabetes in your priority communities, project the future financial and human cost of managing diabetes, and show how prioritizing implementation of the policy in these higher-risk areas can have a measurable impact.

If you do use cost data, be sure to sandwich it in between values messages: first values, then requested details about cost, then back to values and effectiveness.

Words to Use,
WORDS TO AVOID

The following table shows some examples of words and phrases that may open a collaborative conversation and those that may close doors.

✔ Use these words and ideas …	✘ … and avoid these
Us or we (we're in this together).	Us/them (you're one of us, or you're not).
Opportunity for all, available options (focused on community conditions).	Choice (invokes individual responsibility).
People/children thrive in communities that … (focused on community conditions).	People/children deserve (can lead to judgment about "who deserves" to benefit based on what they have contributed, which circles back to individual responsibility).
Communities where the need is greatest, resources are limited, opportunities to be healthy are limited, facing greatest health disparities (focuses on the community).	Vulnerable or at risk, priority populations, impacted communities, low income or poor (locates the problem in people rather than conditions). Historically left behind (see page 10).
… no matter their income or race. … regardless of who they are and where they live.	Communities that receive fewer public resources.
The solution is … The impact of making more opportunities available is (e.g. healthy employees, students ready to learn, lower rates of diabetes).	The problem is …
Effective (keeps focus on intended impact).	Cost-efficient (can lead to short-term or scarcity thinking).
It is important to restore the balance between people who are doing well and people who are struggling. Government can play a role by making smart investments.	The government has a responsibility to restore the balance between people who are doing well and people who are struggling.
Everyone is affected when one part of our community struggles.	Society has withheld public resources from low-income communities and communities of color.

ACKNOWLEDGMENTS
and Methodology

About Voices for Healthy Kids

Voices for Healthy Kids, a joint initiative of the American Heart Association and the Robert Wood Johnson Foundation, is working to help all young people eat healthier foods and be more active. Its vision is to see every child with healthy foods and drinks at home and in school, safe streets for biking and walking, and places to play after school. Learn how you can help all children achieve a healthy weight at voicesforhealthykids.org.

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Gratitude

We thank the many individuals who provided input on the research, messages and guide, including experts who advised us on the approach, advocates who field-tested the messages, and researchers who helped validate the findings.

Methodology

Our research, development and testing process included:

Research analysis

▶ A review of existing research on values, effective ways to talk about health equity, and messages being used in the media and online dialogue

Exploration

▶ Interviews and strategy sessions with experts and advocates working to advance health equity

▶ Roundtable discussions with advocates working with decision-makers every day

Testing

▶ Field-testing with advocates and nonprofits working with decision-makers during legislative sessions

▶ Two rounds of interviews with decision-makers at local, state and national levels to test and fine-tune messages

▶ A national poll of likely voters, including message dial testing, to gauge perceptions of focused policy implementation, giving us an idea of the dialogue that influences decision-making and providing insights to share about likely voters' desire for policies focused where the need is greatest. (See pages 23–24.)

APPENDIX

Building Health Equity into Your
POLICY CAMPAIGN

As you plan your policy campaign, use this worksheet to guide your initial thinking about partners/ coalition, strategy and approach. Keep in mind that this work will be most effective if you engage partners from the communities you seek to impact throughout the process—even in completing this worksheet.

1. For the geographic region your campaign will affect (town, city, county, state or American Indian territory), please specify all the priority populations **MOST impacted by the health issue you are addressing** and the proposed policy change.

2. Specify the **communities/neighborhoods** in which those priority populations reside.

3. How will your policy change **reduce disparities** between those with more privilege and those with less, if successful? (Privilege may translate to health, education, housing, income, etc.)

4. Name three (or more) **organizations** that are led by members of those communities and that serve the needs of priority populations.

5. Name three (or more) **media outlets** that have an audience primarily reflective of the priority populations in your campaign area.

6. Which **elected officials** represent your priority populations in various elected bodies?

7. Are there organizations/individuals in your coalition who have **connections** to or **networks** with these elected officials?

8. What is the **specific policy ask you are pursuing**, including specific language about where and for whom the policy must be implemented first, **to increase health equity**?

9. If you succeed with a policy victory, what are some concrete ways you and your partners can improve health equity and accountability during the **implementation** phase?

10. Is there **anything else** you need to know to effectively build health equity into your campaign planning, execution and policy implementation?

RESEARCH BRIEF:
Focusing Public Policy Where Need Is Greatest
November 2017

Background

Voices for Healthy Kids is an initiative of the American Heart Association and the Robert Wood Johnson Foundation focused on creating communities where all children can grow up at a healthy weight.

We are exploring support for making policies most effective by focusing implementation first where the need is greatest.

To understand likely voters' support for this idea, we conducted a national online survey. Findings are summarized here.

Topline Findings

▶ The majority of likely voters strongly agree that no one's health should be compromised because of who they are, where they live, or how much they or their parents earn.

▶ The goal of public policy, likely voters say, should be to make everyone equally eligible for new policies, focusing first in communities where the need is greatest. This is especially strong when considering healthy options for children.

▶ To make policies most effective, likely voters say that funding should go first to communities that lack the basics people need to be healthy, even if it means their own communities would get resources later.

▶ Likely voters say they want elected officials to support policies that aim to give all people the opportunity to be healthy. In fact, three-quarters of likely voters say this is a top priority for them.

Likely Voters Value Health

A majority of likely voters strongly agree with values statements about the opportunity to be healthy:

▶ No one's health should be compromised because of who they are, where they live, or how much they or their parents earn (55% rate this a 10 on a scale where 0 means strongly disagree and 10 means strongly agree; 81% rate it an 8, 9 or 10).

▶ Everyone should have the opportunity to be healthy, live up to his or her full potential and participate fully in society (54% rate this a 10; 84% rate it an 8, 9 or 10).

▶ Everyone should have full access to the opportunities they need to be as healthy as possible, no matter their income or race (54% rate this a 10; 83% rate it an 8, 9 or 10).

The Goal of New Policies

The majority of likely voters say that it is most fair and that our goal should be to make everyone equally eligible for new policies, and that we should help communities first that need it the most.

Percent Rating 80-100 (0 cool, 100 warm)	Our Goal Should Be	It Is Most Fair
To make everyone equally eligible	49	55
To help communities that need it the most	48	51

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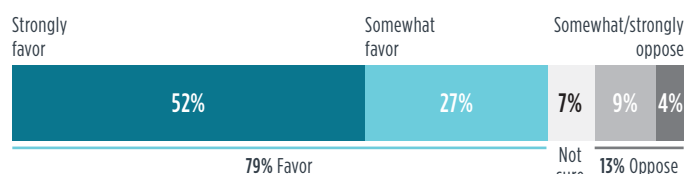
Voices for Healthy Kids
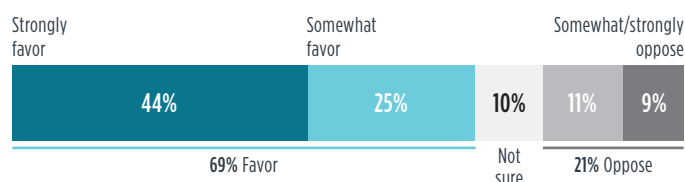
Prioritizing Implementation

Likely voters favor funding going first to a community that does not have the basics people need to be healthy, even if it means their communities would get programs later. Although there is some tax sensitivity, a small tax increase is not a deal-breaker.

Some communities in America have the basics they need to be healthy, like access to healthy food and safe places to be active. However, there are some communities that do not have these. Thinking about public funding for new programs that support health, do you favor or oppose that the funding goes first to a community that does not have the basics and then goes to other parts of town…

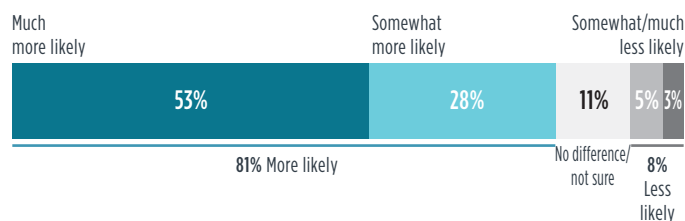### …even if it meant your community may get those programs later

Strongly favor	Somewhat favor		Somewhat/strongly oppose	
52%	27%	7%	9%	4%

79% Favor   Not sure   13% Oppose

…even if it raised your taxes a little

Strongly favor	Somewhat favor		Somewhat/strongly oppose	
44%	25%	10%	11%	9%

69% Favor   Not sure   21% Oppose

Evaluating How Well Public Resources Are Spent

Efficiency, effectiveness and focusing first where the need is greatest are likely voters' most important measurements of how well public resources are spent.

How important is it to you to measure how well public resources are spent by…

…whether the resources were used efficiently and with minimal waste

Extremely important	Very important
54%	28%

82% Extremely or very important

…whether the resources were used effectively and had the intended result

Extremely important	Very important
50%	32%

82% Extremely or very important

…whether the resources were directed to people who need the help the most

Extremely important	Very important
49%	29%

78% Extremely or very important

Support for Policies That Aim to Give All People the Opportunity to Be Healthy

A solid majority of likely voters say they want elected officials to support policies that aim to give all people the opportunity to be healthy.

Thinking about your voting decisions, all other things being equal, would you be MORE or LESS likely to vote for a candidate who supports policies that aim to give all people the opportunity to enjoy the benefits of good health, no matter their income, race or where they live?

Much more likely	Somewhat more likely		Somewhat/much less likely	
53%	28%	11%	5%	3%

81% More likely   No difference/ not sure   8% Less likely

Three-quarters say that making sure everyone has a fair opportunity to be healthy is a priority in issues they vote on; about four in ten say this is the top priority.

Thinking about all the issues you vote on, is making sure that everyone in America has a fair opportunity to be healthy a top priority, important but not a top priority, middle of the road priority, a little priority, or not at all a priority for you?
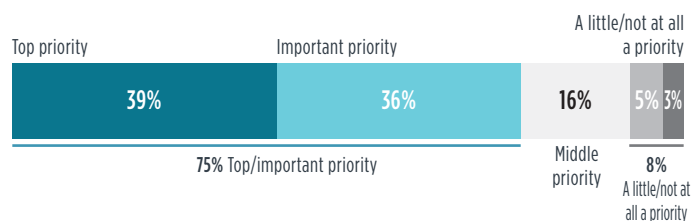
Top priority	Important priority		A little/not at all a priority	
39%	36%	16%	5%	3%

75% Top/important priority   Middle priority   8% A little/not at all a priority

Endnotes

1   john a. powell, Stephen Menendian and Jason Reece, "The Importance of Targeted Universalism," *Poverty & Race* (March/April 2009), www.prrac.org/full_text.php?item_id=11577&newsletter_id=104&kc=1.

2   Robert Wood Johnson Foundation Health Equity Messages, The Robert Wood Johnson Foundation. These messages were tested with policy advocates, elected officials, community leaders, business leaders and others. RWJF is continuing to test and refine them as of October 2017.

3   www.rwjf.org/en/library/features/achieving-health-equity.html.

4   Lawrence Wallack and Liana Winett, "Equity: Communicating the Importance of Everyone Getting What They Need," Center for Public Health Studies, Portland State University, 2016, project report funded by the Robert Wood Johnson Foundation (Grant 72793), www.rwjf.org/content/dam/farm/reports/evaluations/2016/rwjf437989.

5   Ibid.

6   In 2017, Voices for Healthy Kids, in partnership with The Praxis Project, developed a series of narratives that provide background on institutional racism and how it has manifested in U.S. policies and practices. As a social construct, race continues to be a challenging topic for Americans to understand and discuss openly. As such, these narratives provide a historical context for key Voices for Healthy Kids issue areas that unpack why a health equity approach is needed and best practices to build the most inclusive movement possible. This section is drawn from those narratives, which are available at voicesforhealthykids.org/healthequity.

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15 Adapted from powell, "The Importance of Targeted Universalism."

16 Complete Streets is a transportation concept in which streets are designed and operated to enable safe access for users of all ages and abilities, including people walking, riding bicycles, using wheelchairs, driving vehicles and riding public transit. This is sometimes called "Livable Streets" or "Green Streets." Depending on the jurisdiction, a Complete Streets policy directs staff in local departments of planning, transportation and/or public works to design, operate, construct and maintain streets that are safe for every user.

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19 Brendan Nyhan and Jason Reifler, "When Corrections Fail: The Persistence of Political Misperceptions," *Political Behavior* 32 (2010): 303-330.

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21 Susan Nall Bales et al., "Talking Human Services," FrameWorks Institute, 2015, www.frameworksinstitute.org/pubs/mm/talkinghumanservices/index.html.

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