

HPIO Equity Strategic Messaging Meeting
Thursday, October 25, 2018
Online Computer Library Center (OCLC)
6600 Kilgour Place, Dublin, Ohio 43017
1:30pm – 3:30pm

Meeting objectives

1. Review findings from the AHVN and ARCHES research studies
2. Identify opportunities for applying the research to equity messaging work in Ohio
3. Identify potential next steps for HPIO's equity work and Equity Advisory Group

Topic	Discussion
Welcome and introductions	Reem Aly (HPIO) led group introductions and reviewed the key objectives, timeline and deliverables for the work of the Equity Advisory Group.
American Health Values Survey (AHVS)	Larry Bye (NORC at the University of Chicago) reviewed typologies and relevant findings from the AHVS. For full presentation and a summary of the AHVS typologies, see here under meeting four.
AmeRicans' Conceptions of Health Equity Study (ARCHES)	Sarah Willen (University of Connecticut) and Colleen Walsh (Cleveland State University) shared information on the structure and purpose of the ARCHES project. For full presentation, see here under meeting four.
Robert Wood Johnson Foundation (RWJF) equity communication insights	Nicole Bronzan (RWJF) shared findings and insights from the RWJF's equity communication and messaging work. For full presentation, see here under meeting four.
Small group discussion: Opportunities for applying the research	<p>1. How can insights from the equity messaging studies (AHVN and ARCHES) be useful to stakeholders in Ohio?</p> <p><i>Provides a framework for approaching a conversation</i></p> <ul style="list-style-type: none"> • Useful framework for understanding and engaging policymakers – helpful to consider which typology a policymaker fits into • Helpful in understanding how to begin the process of longer-term work to change values • Provides insight on why people are polarized <p><i>Highlights need to focus on your audience</i></p> <ul style="list-style-type: none"> • Sometimes we get lost in conveying the message and need to think more about with whom we are communicating • Stakeholders and policymakers sit on a continuum – not all the same typology

Conveys importance of tailoring the message

- Different messages appeal to different audiences
- Need to find language that resonates (is personal and reflects community challenges)
- Finding the right, neutral language is very important
- Need to communicate in ways that get traction with both sides of the aisle

Suggests that messenger may be as important as the message

- May need to engage nontraditional partners/messengers to assist with communicating

Indicates that many people can be persuaded that focusing on equity is important

- AHVS found that 57 percent of people are movable, can be reached
- Community health and local-level efforts resonate more with the majority of Americans

Implies that not everyone understands health equity

- Equality of opportunity is not the same as equity
- Most individuals do not have a comprehensive understanding about what affects health
- People have a difficult time explaining health equity and providing a picture of what health equity looks like

Calls for a connection between messaging and activating

- Many people are not empowered to engage at the person or the political level

2. How can findings from the AHVS and ARCHES studies be structured to be most useful to practitioners and other stakeholders? (i.e. are there tools or other resources that can be developed?)

Development of messaging maps, toolkits or guidance

- Provide message maps to communicate with various sectors
- Develop a toolkit that allows stakeholders to tailor messages based on typologies
- Develop a toolkit that allows stakeholders to identify which typology best aligns with their audience
- Develop a guide for messaging (“playbook”) that identifies messages that both resonate and do not resonate with different typologies
- Highlight messages that are most likely to resonate with the greatest number of people
- Develop tool to highlight the typology breakout of a legislative district to share with the district’s legislators

	<ul style="list-style-type: none"> • Guidance on how to tailor messaging around specific health issues (e.g. addiction) <p>Additional research</p> <ul style="list-style-type: none"> • Identify ways to evaluate the application of the AHVS and ARCHES findings – how are findings being used/how are they useful? • Research on how people may move during their lifetime from one typology to another. People often change values/philosophy as they grow or as time progresses. • Research on how to get people to move from one typology to another
<p>Small group discussion: Opportunities to advance health equity in Ohio</p>	<p>1. What are the real or perceived barriers to communicating with Ohio policymakers on equity?</p> <p><i>Diluting the message</i></p> <ul style="list-style-type: none"> • Fear of prioritizing or tailing messages and losing the essence of the end goal <p><i>Competing political agendas and motivations</i></p> <ul style="list-style-type: none"> • Can be difficult for policymakers to support things that are unpopular • Tension between addressing immediate health issues and voter concerns vs. having a longer-term, holistic strategy • Will only address disparities if the solution is helpful to a large number of constituents • Not willing to tailor strategies to address those experiencing the worst outcomes (particularly constituents that are less likely to vote) • May not want to look at the data or acknowledge the data because they don't want to address disparities or do not want to put the blame on their community <p><i>Us vs. them mentality</i></p> <ul style="list-style-type: none"> • "Not in my backyard" mentality – if it doesn't impact a policymaker or their district, they do not care • Policymakers from areas with little or no diversity often do not understand the importance of equity • Lack of empathy • Discomfort talking about racism or discrimination <p><i>Providing consistent messages that resonate</i></p> <ul style="list-style-type: none"> • Perception that you can only talk to policymakers in sound bites, but we need to give them context to persuade them • Stakeholders do not always use the term social determinants of health correctly • Certain buzz words or mention of certain topics (e.g., "Medicaid") immediately make some policymakers stop listening

Lack of policymaker knowledge

- Not a firm understanding of the social drivers of health
- Some health issues are not seen as health issues (e.g. those that relate to transportation, housing, income)

2. Are there resources or tools that can be provided by HPIO or other organizations to overcome these barriers?

- **Policy brief** summarizing messaging and communications findings and insights from research around how to communicate regarding health equity issues
- **Videos** focused on applying research findings
- **Message testing** to identify and share messages to use/not use with various stakeholders, including policymakers
- **Policy agenda** that prioritizes specific health disparities to focus on at the state and local level
- **Identify data gaps** and work with groups underrepresented in the data (e.g. LGBTQ population, immigrants, refugees) to determine what types of data need to be collected
- **Guide for messaging** ("playbook") that highlights messages to use with different typologies, messages to avoid and how to present equity in relation to different topics (e.g., the economic case)
- **"Technical language" and resources** for the Legislative Service Commission and policymakers to help with drafting legislation
- **Examples of what works** to achieve health equity, with a focus on examples of systemic policy work, success stories and real-world examples
- **Examples of what does not work** to call out policies that are widening gaps in outcomes
- **Education of policymakers** on importance of social determinants through an equity lens
- **Cross-sector conversations** to increase understanding of the impact of other sector policies on health and equity
- **Information on policymakers** to help place them into a typology and understand their values
- **Simplified messaging** to explain the continued existence of structural racism
- **Advocacy for a Health Equity in All Policies approach**
- **Engagement of community members** to share their stories with policymakers
- **Education on how to collect data** from populations experiencing poor health outcomes (e.g. sexual orientation)

3. If you had to prioritize, what are one or two things HPIO and the Equity Advisory Group could focus on to help advance health equity issues with state policymakers in Ohio? Please keep in mind

	<p>HPIO's mission, including focus on data, research, dissemination and analysis, as well as direct engagement with legislators and other policymakers.</p> <p>General themes</p> <ul style="list-style-type: none"> • Serve as bridge between advocates and policymakers • Provide information on opportunities and solutions • Provide resources to get stakeholders more comfortable talking about equity • Share best practices • Encourage continued data collection around gaps in outcomes, particularly for groups where data is lacking • Continue to engage with the legislature • Educate policymakers and stakeholders • Synthesize information into a simplified format • Share real-life stories and examples <p>Specific products</p> <ul style="list-style-type: none"> • Policy agenda that prioritizes specific health disparities to focus on at the state and local level • 1-page fact sheet with key policy options to address equity and data summary/infographic • Set of key messages and talking points to communicate with stakeholders/policymakers around equity • Message testing toolkit that could include a set of questions to ask policymakers to better understand their values, where they are coming from and messages that resonate
Next steps	HPIO will convene another meeting of the Equity Advisory Group in early 2019 to discuss next steps.

Equity Advisory Group meeting attendees- 10.25.2018

Name	Organization
Chip Allen	Ohio Department of Health
Julia Applegate	Institute for LGBTQ Health Equity
Andrew Beck	Cincinnati Children's Hospital Medical Center
Kelsey Bergfeld	Advocates for Ohio's Future
Esther Chung	Office of Senator Kenny Yuko
Marie Curry	Community Legal Aid
Aly DeAngelo	Ohio Hospital Association
Amy Elbaor	Ohio Commission on Minority Health
David Ellsworth	Ohio Disability and Health Program
Emily Gresham Wherle	Interact for Health
Heidi Gullett	Case Western Reserve University School of Medicine
Lynanne Gutierrez	Groundwork Ohio
Hannah Halbert	Policy Matters Ohio
Martha Halko	Cuyahoga County Board of Health
Shaun Hamilton	Premier Health
Susan Havercamp	The Ohio State University Nisonger Center
Claudia Herrold	Philanthropy Ohio
Rick Hodges	Ohio University
Tiffany Huber	Ohio Department of Health
Renee Mahaffey Harris	The Center for Closing the Health Gap
Theresa Seagraves	Franklin County Public Health
Kiana Trabue	The Health Collaborative
Steve Wagner	UHCAN Ohio
Colleen Walsh	Cleveland State University
Chezné Willoughby	Ohio Department of Medicaid
Dorian Wingard	Root
Ashlee Young	Child Poverty Collaborative
Zoe Fawcett	Equitas Health
Sarah Willen	University of Connecticut