

Hidden Epidemic: How Inequality Is Making Us Sick [working title]
Outreach & Public Engagement Campaign
Strategic Planning Meeting Summary

BACKGROUND

On June 9, 2006 the Joint Center Health Policy Institute and California Newsreel convened a planning meeting in Washington, DC bringing together 42 leaders in health and other stakeholders from across the country. Participants discussed ways to best take advantage of a forthcoming documentary series on health equity in order to reframe America's debate over health and begin pushing discussions "upstream." The four-hour series (working title: *Hidden Epidemic: Is Inequality Making Us Sick?*) will, for the first time on television, spotlight how inequality—the gaps between rich and poor, white and non-white—has an even greater impact on our health than our behaviors, medication or our genes. The PBS series, now in production by California Newsreel, is tentatively scheduled to broadcast in spring 2007. The goal of the meeting was to initiate planning for a national outreach and public engagement campaign to accompany the series.

MEETING OVERVIEW

The day began with a group discussion led by Dr. Gail Christopher, director, Health Policy Institute, on the obstacles—and opportunities—for advancing public awareness, engaging concerned organizations and mobilizing political will around health equity. The discussion was followed by a screening of the footage from *Hidden Epidemic*. Dr. Christopher then asked the participants to break into small groups to discuss messaging for the campaign and to identify activities that would promote health equity. In the afternoon, participants screened a clip from California Newsreel's earlier series, *RACE-The Power of an Illusion*.^{*} Small groups were convened to discuss specific outreach to organizations in four key sectors—elected officials and policy makers, health organizations, non-health stakeholders, and community based organizations. The group was then asked to brainstorm alternative titles for the series and to volunteer to participate on the Coordinating Committee. The Committee's role includes providing input, identifying partners, and serving as a "brain trust" for the outreach and planning activities.

There was strong enthusiasm, energy and consensus amongst the participants to use the series as a vehicle to raise public awareness, communicate underlying causes and possible solutions and promote participation around health disparities.

CHALLENGES: SOME BARRIERS A HEALTH EQUITY CAMPAIGN MUST OVERCOME

- **Entrenched bio-medical model.** The prevailing individual, bio-medical model conflates health with health *care*, obscuring the role of underlying social conditions and public policies that increase the risk of sickness in the first place. Hence health discussions are too often limited to improvements in drugs, technology, access to care and behaviors.
- **Myth of the self-determining individual.** Individualism and personal responsibility are deeply imprinted default 'frames' through which much of the public 'reads' and

^{*} *Race: The Power of an Illusion* is a three part series that asks: "What is this thing called race?" and explores the historical and social construct of race in the US. For more information visit: <http://www.newsreel.org/nav/title.asp?tc=CN0149>

interprets information about health disparities. This frame attributes responsibility and blame for poor health to ‘bad’ choices made by individuals and their families.

- **Class and race as destiny.** Conversely, learning about the patterning of health disparities can instill hopelessness among those most affected if they come away believing that poor people, especially poor people of color, are destined to get sick and die young.
- **Problem too large to solve.** The social determinants of health can seem like such an overwhelming issue entrenched in social structures that individuals don’t feel there’s anything they can do to make a difference.
- **Us / Them.** The white middle class doesn’t realize that this is an issue that concerns them as well or understands why they should care.
- **Policy model inadequate.** The predominant policy approach operates within silos and looks for “quick fixes” while health equity requires long-term, multi-pronged investments from policymakers, communities, funders and stakeholders working across issue areas at the local, state, and federal levels.
- **Journalists are suffering from “justice fatigue”** and advocates within newsrooms have to pick and choose battles to keep from being “marginalized.”

MESSAGING

The messaging strategy needs to appeal to a broad audience, have a unifying theme with multiple messages and messengers, and resonate with the individual in a simple, understandable, and compelling manner. Messages should convey a sense of urgency (but not a daunting crisis), should promote an “us/and” not a “we/they/or” framework, communicate solutions and impel (not compel) community response and action.

- **An Issue of Fairness and Equal Opportunity.** If you work, you should be rewarded with good compensation, recognition and good health. Health disparities are a betrayal of America’s promise.
- **Appeal to the Individual.** How does this affect me?
- **A Problem for All of Us, Not Just the Poor.** 80% of people living in America suffer, on average, worse health than they should. Rising health care costs are increasingly unaffordable and even harm our nation’s global competitiveness.
- **Be Hopeful.** Gather and communicate solutions and possibilities, not just health threats.
- **Appeal to National Pride :** Why does our health compare so unfavorably to other nations, even those poorer than we, especially given the money we spend on health?
- **America’s Health Is America’s Choice.** The social conditions that structure health outcomes are not ‘natural’. They are products of decisions that we as a body politic have made—and that we can change.
- **Our People’s Health Should Be Seen as an Investment** not an expense, as America’s obligation to the common good, a human right, and an investment in building a ladder of opportunity for everyone.
- **It’s Racism AND Class.** In the U.S. income, racism and place all play a role influencing health outcomes.

- **Hold individuals AND government accountable.** Conditions for health are created by both the individual and society so both—not just the individual—need to be held accountable, and elected officials need to ensure that we all have the conditions for health and well-being.
- **Common Sense.** Investments in health make good fiscal sense and good moral sense.

ACTIONS

Individuals and organizations should be encouraged to take one or more actions that advance health equity while furthering their own participation and engagement in the movement. We did not finalize a list of action recommendations but did discuss a set of criteria.

- **Suggest simple actions that can be taken at different levels**—by individuals, community-based organizations, other stakeholder organizations and elected officials.
- **Communicate a wide variety of actions** to instill a sense that change is possible. Localize solutions so they are accessible and within reach. Show a diverse range of communities acting in their own interest. Highlight the business case: how to do well by doing good. Demonstrate leadership that is multi-disciplinary and diverse. Model initiatives by those most affected to inspire action—“If they did it, I can too.”
- **Encourage engaged individuals to take the message to their own organizations**—labor unions, PTAs, churches, etc.
- **Encourage events, screenings, guided dialogues, story circles, Town Hall meetings, forums, and other gatherings** to educate, mobilize, and engage people and organizations in the health equity movement. 1) Identify Audiences & Stakeholders; 2) Brainstorm Events; 3) Identify sponsors and co-sponsors; 4) Outline support and follow-up; 5) Identify commitments; and 6) Issues to be resolved.
- **Develop and provide outreach tools to facilitate local involvement**: 1) DVDs of the series; 2) Discussion Guides, Fact Sheets and Community Tool Kits to support local education, outreach, and advocacy efforts; 3) Series companion Web site and new technologies like Geomapping, blogs and podcasts; 4) Background handouts / briefing papers / fact sheets; 5) Community health audits and Health Impact Assessments.
- **Connect individuals to health equity initiatives (local and national)** through a searchable database on the companion Web site. Provide examples of policies at the local, state, and federal levels. Identify officials making good choices and offer policymakers specific ideas tied to positive outcomes and a time horizon that allows for expanded, long-term investments.
- **Highlight specific initiatives that demonstrate how non-health policy can improve health.** Provide examples that show how community empowerment and civic investments in transportation, housing, schools, living wage jobs, green space and neighborhood amenities are tied to better health outcomes.
- **Demonstrate shared interests and common ground between allies and potential allies.** For example, growing inequality is eroding the middle class as it harms the health of the poor, while the fiscal costs of supporting a sick society burden business productivity and competitiveness.

- **Bring together representatives from different sectors** including leadership in health, business, labor, faith-based, community organizations, and a range of other stakeholders.
- **Support and enlist journalists** with compelling, hopeful stories about organizations and individuals participating in local actions for health equity.

OUTREACH PARTNERS

The group compiled an impressive list of individuals and organizations to serve as partners in the four areas previously mentioned—elected officials and policymakers; health groups and organizations; national non-health focused stakeholder organizations such as education, transportation, housing, civic, racial and economic justice groups; and community based organizations. Other organizations will be invited to participate as the project evolves. Partners will be offered a number of ways to get involved (see below).

NEXT STEPS

1. **Join the listserv.** A listserv is currently in development. A notice will be sent out to each of the partners when it becomes operational.
2. **Please send your recommended list of partners to Outreach Director Rachel Poulain (rp@newsreel.org)** providing key contact information and whether you're able to make the initial contact.

Also, please send suggestions for ways you can be a resource. For example:

- Host a screening of the series
- Identify or ask other individuals and/or groups to host a screening event
- Post information on your website
- Disseminate information via other forms of public activities

3. **The following individuals agreed to serve on the Coordinating Committee. We will email potential dates for a meeting soon.**

Coordinating Committee Members:

- Larry Adelman, California Newsreel
- Priscilla Chatman, The Lupus Foundation of America
- Gail Christopher, Joint Center for Health Policy Institute
- Gem Daus, Asian and Pacific Islander American Health Forum
- Honorable George Flaggs, Mississippi House of Representatives
- Roger Goodman, King County Bar Association
- Von Nkosi, Atlanta Neighborhood Development Partnership (ANDP)
- Rea Pañares, Families USA
- Ruth Perot, Summit Health Institute for Research and Education (SHIRE)
- Makani Themba Nixon, The Praxis Project
- Mildred Thompson, PolicyLink
- Amanda Rounsaville, The California Endowment
- Larry Wallack, Portland State University