

Reframing Health Disparities in Rural America

A Communications Toolkit

JULY 2024

**FRAME
WORKS**

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of Public Health Institutes™

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Introduction

Welcome to Reframing Health Disparities, a communications toolkit to help public health professionals communicate more effectively about how to eliminate disparities through sound public health approaches.

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health. Health disparities have many causes, all of which are rooted in injustice against social groups that face marginalization and disadvantage.

These tools and ideas were developed for and with local public health professionals who work to address health disparities in rural areas. In this collection of resources, 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 working toward better public health—a broad field that includes professionals in local, state, and federal agencies, public health associations, community-based organizations, academic researchers, and more.

Our suggested strategies draw from the general science of framing and recent in-depth analysis of public health practitioners' current challenges in outreach, education, and advocacy communications about health equity. You can learn more about the data, evidence, and rationale behind these strategies in the companion resource, "Talking about Health Disparities in Rural Contexts."

The strategies in this toolkit are not designed for health behavior change campaigns and may not be well-suited to those types of communications. These strategies can help you make sound decisions about what to say in settings like these:

- Public conversations with non-scientific audiences
- Reports, fact sheets, or website copy about health disparities
- Letters to the editor, op-eds, or other written commentaries
- Comments in print, television, or podcast interviews
- Press releases or media advisories
- Social media messaging
- Messages to an elected representative or other official
- Testimony to legislative committees or other public bodies
- Contributions to policy working groups and other systems-change initiatives

What Are We Framing?

Core ideas

The causes and solutions for health disparities are complex, so there are many ideas to communicate. To set priorities for message testing, FrameWorks talked with staff in numerous local public health departments, then focused on finding effective ways to translate the following main ideas for non-scientific audiences:

Health is strongly influenced by policy. Policymaking at all levels (local, institutional, city, county, state, regional, tribal, federal) influences whether people have access to the conditions and resources that promote health and wellbeing.

Uneven and unfair policies cause most health disparities. By reversing decisions or removing barriers that cause health disparities, and by implementing approaches that improve environments, we can create healthier conditions in burdened communities.

Public health seeks to ensure health for everyone in a community. To truly serve everyone without favor or prejudice, public health must address conditions that cause disproportionate or unique health burdens in some communities.

Power dynamics affect the policies that are enacted and enforced. Policies are more likely to harm or neglect communities that hold less power in society, such as rural communities, communities of color, American Indian and Alaskan Native communities, and communities where people with lower incomes live.

There are many approaches to eliminating health disparities. All involve working toward multiple goals:

- *Fair and just health outcomes across communities.* This means not only identifying disparities across populations, but making it a priority to eliminate them.
- *Attention to structures and systems.* This means undoing policies and practices that reflect or cause inequities and replacing them with fair, just approaches.
- *Inclusive decision-making.* This means developing public health solutions collaboratively with the communities and people most affected by a health issue.

To meet the challenges of eliminating health disparities, we need society to:

- Understand multiple influences on health and wellbeing.
- Deepen support and expand funding for public health approaches and agencies.
- Support public health efforts to address different forms of systemic marginalization, like structural racism, structural sexism, and anti-LGBTQ+ policies and practices.
- Actively engage public health professionals as essential voices in policymaking.
- Support systemic changes that expand opportunities for people and communities to play a substantive role in developing solutions to the problems that affect them.

Quick Start Guide to Reframing Health Disparities

Five “beats” that can shift thinking about why health disparities matter in rural areas.

There are steps we can take to remove barriers or reverse decisions that get in the way of healthy community conditions. It's important that voices for public health can communicate effectively about them.

To lead more productive conversations about eliminating the underlying inequities that cause health disparities, it's essential to establish a strong frame step-by-step. Keep the steps top-of-mind with this summary.

1. **Lead with the idea of dignity.** To open people's minds to promoting health in marginalized communities, lead by expressing the ideal that every person has inherent dignity—and that we all have a responsibility to honor people's dignity by promoting and protecting health and wellbeing.
2. **Paint a broad, rich picture of “health.”** Talk about “overall physical, mental, and emotional wellbeing across our community.” This gets people ready to see why social context, community conditions, and public policy are connected to health.
3. **Speak to history.** Build motivation for change by giving examples of how past injustices have harmed the health of specific groups. To reach rural audiences, offer examples of policies or practices that have contributed to rural health disparities before examples that affect racialized, minoritized, or other underserved groups.
4. **Connect the past to the present.** Link past injustices to current health inequities. To reach rural audiences, examples that involve access to transportation are especially effective.
5. **Point to the future.** Describe what the future would look like if we took steps to respect the dignity of every person and community. Give examples of how the local community could (or does) play an active role in making this vision a reality.

Mindsets to Move

By changing the way we talk, we can help change the way people see public health.

Some patterns in public thinking can get in the way of understanding the complexity of health disparities. Others make it hard for people to see how systemic changes would make a difference. As you prepare to communicate, check to make sure you aren't using images, vocabulary, or arguments that reinforce unproductive understandings like the ones below.

Health Reductionism equates health with the absence of illness.

If we leave people with their pre-existing assumption that “healthy” simply means “not sick,” we'll also be left with oversimplified, downstream policies and preferences.

Look for ways you might be reinforcing narrow or oversimplified images of health—like giving communicable or chronic diseases so much attention that injury, isolation, or adversity seem like afterthoughts. Reframe to depict health as an overall state of wellbeing that includes physical, mental, social, and relational aspects of life. Emphasize quality of life as a shared aspiration.

Health Individualism assumes that ultimately, health is a matter of choice.

When people assume that poor health is due primarily to poor personal choices, they struggle to grasp the importance of efforts to improve the conditions that shape everyone's health.

If your description of a health disparity suggests it can be solved simply by changing people's health behaviors, it's time to reframe. Swap out individual-oriented vocabulary with words that speak to social conditions and policy contexts, so that the message that comes across is this is a public issue that requires us to engage collectively, as a society.

Health Otherism holds social groups responsible for the health burdens they face.

When people attribute health disparities to the perceived values or norms of a social group, they can see efforts to “address disparities” as rewarding bad behavior and question public health's priorities. The specific group that faces unfair blame differs depending on the health topic and other factors, including the way it has been framed in media and culture. For instance, when it comes to intimate partner violence, people may conclude that women survivors bear responsibility for “staying” in relationships involving violence. On other health topics, other marginalized or racialized groups may be the target of the unfair blame and stigma.

If your description says who experiences a health disparity but stays silent on *why* it exists, it's vital to add more explanation. Unless our communications highlight the processes that cause health disparities, we leave the door open for audiences to blame the people who face the health burden.

***Unconnected Dots* are the missing mental models of how racism is connected to health.**

While people have ways to think about how poverty can lead to poorer health outcomes, this isn't the case for systemic racism. Most people struggle to explain how racism might affect wellbeing. When people do think of ways to connect the two, individual-level stories typically come to mind, such as instances of face-to-face instances of discrimination in health care.

If we don't actively work to build a mental model of how systemic racism shapes population health, efforts to eliminate racial and ethnic disparities in health conditions and outcomes will be hampered. And with the right framing, evidence shows that issues of racism can and do resonate with people who start from a place of skepticism or resistance. Look for ways you might be leaving people to connect the dots on their own. Add explanations and examples to show how power and powerlessness affect people's social conditions and community- or population-level health outcomes.

Grab-and-Go Starter Language

Are you about to communicate publicly about health disparities?
Adapt the relevant talking points to your topic or audience.

Health as Wellbeing

“Health is a state of full physical, mental, and social wellbeing. Health involves our bodies, our minds, our relationships, and our spirits. When we experience this state of overall wellbeing, we are poised to realize our potential, contribute to the world around us, and cope with everyday difficulties.”

Dignity

“For our communities to truly experience wellbeing, we have to remember that each of us has inherent dignity and treat each other accordingly. Respecting different communities' health needs is part of honoring people's dignity.”

Influences on Health

“Most of our health is shaped by our environments: the places we work, the options we have for food, our commutes, our communities, and more. As a society, we create these health environments through policies and other collective decisions about housing, transportation, education, community planning, and more.”

Access to Resources

“Good community health involves making sure that everyone has access to the specific resources they need for good health. But some communities, such as rural communities and communities of color, have been denied access to resources that are essential for health, such as clean air and water, healthy food, and quality health care.”

Decisions Drive Disparities

“Society's decisions, both past and present, have set up barriers to essential resources like affordable, healthy food; stable, safe places to live; opportunities to socialize and connect with others; and the ability to get a good education, good jobs, and good health care. When we see different patterns in the health and wellbeing of different communities or social groups, we can trace most disparities to health environments and the decisions that created them.”

Vision for the Future

"Together, we can create a future where all our communities are treated with dignity and have the resources needed for good health. We can make sure that good housing keeps people safe from extreme weather or poor air quality. We can make sure that accessible transportation easily connects people to work, school, care, and community. We can make sure that every community can readily access nutritious, affordable food, and get the health care they need in the ways that they need it."

Community Agency

"Working together to improve community health means working closely with people in that community who know what's needed to thrive. When people have a voice and role in shaping decisions that affect their own community, the resulting policies, programs, and decisions are more likely to make sense and work for everyone involved."

Keeping Conversations on Track

Use the “bridge and pivot” technique to keep conversations from going off track.

If a conversation focused on health disparities starts getting derailed, don’t worry—you can steer it back on track by following a simple three-step formula to bridge from an unproductive topic and pivot to a more effective frame.

STEP #1

Analyze

Figure out what you’re responding to. Pushback against health equity efforts tends to rely on patterned, predictable mental models. The most common of these are:

- Health reductionism. (“Health is only the absence of physical illness.”)
- Health individualism. (“Health is primarily the result of people’s personal choices.”)
- Health otherism. (“Poor values and norms are to blame for a community’s health burdens.”)
- Unconnected dots. (Lack of ways to link systemic racism to physical and mental wellbeing.)

STEP #2

Bridge

When someone says something that might take the conversation off course, you first need a “bridge” between what they said and what you want to say. Acknowledge the person you are engaged in conversation with, but don’t restate or try to rebut the assumptions in their message. Use an innocuous bridging phrase to redirect the conversation, such as:

- “Another way to look at this is ...”
- “Let me answer you by saying ...”
- “What’s really at stake here is ...”
- “That speaks to a bigger point ...”

STEP #3**Pivot**

Introduce the framing strategy that will get the conversation back on track.

When You Encounter This Mental Model	Pivot To This Framing Strategy
Health Reductionism	→ Paint a full picture of health.
Health Individualism	→ Explain external influences on health.
Health Otherism	→ Lift up the principle of shared dignity.
Unconnected Dots	→ Speak to history and connect it to today.

“Dignity”

A tested values message can help overcome resistance to targeted public health approaches

The basic message:

“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.”

When to use this values message:

- Use this value early in a communication about health disparities—before mentioning a particular community or health topic. It helps people think about the shared humanity and inherent worth of all people.
- Return to this value when mentioning a specific group that lacks access to a building block of health or faces negative health environments or outcomes.
- When introducing a proposed approach to eliminating disparities, describe it as a way to demonstrate greater respect for the dignity of people and communities.
- Use this value to redirect conversations that invoke negative stereotypes, harmful narratives, or dehumanizing language.

Practical suggestions for use:

- Open each communication by expressing the ideal of honoring people’s dignity and valuing each person and their health.
- Concentrate your appeal on the theme of dignity. Avoid diluting your message by mixing in other values like vulnerability, protection, or prevention.
- 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.
- To avoid sounding overly repetitive, reach for close synonyms for dignity, like *respect*, *honor*, *inherent value*, or *innate worth*.
- To highlight the unique, additional challenges that face social groups that have been marginalized or excluded, talk about how inequities threaten dignity:
 - “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.”

Connecting History to Health

Don't just name injustices of the past. Explain them.

By offering and explaining examples of past injustices that undermined the health and wellbeing of specific groups, communicators build motivation for change. The most effective explanations point to a concrete policy or practice that had uneven and unfair effects, and then spell out the connection to health.

The resource starts with “redlining” because it is an example that is simultaneously powerful, well-known, and effective in orienting people to how policies of the past have cascading consequences into today. It continues with additional examples that connect the dots between an unjust policy of the past, how it affects health, and how the legacy of the policy lingers today.

These examples are provided as illustrations of how to use the recommended framing strategy of speaking to the role that historical policies have played in creating inequities that contribute to health disparities. It is not intended to be a comprehensive list of unjust policies or unfair practices, nor is it meant to suggest that these are the policies that have had the most effect on health outcomes for racialized or minoritized communities.

You can use these examples as they are or use them as inspiration to craft your own well-framed examples that make powerful use of local history and experiences.

EXAMPLE #1***Discriminatory housing policies of the past affect health in Black communities today***

Under legislation passed in the 1930s, residential neighborhoods were graded based on their mortgage risk, with higher risk neighborhoods marked in red.¹ Officials “redlined” Black neighborhoods based on race and racism, making it nearly impossible for people living in and near Black neighborhoods to get mortgages. At the same time, Black families were blocked from buying homes in newly developing suburbs.² By the time housing discrimination was outlawed in the 1960s, many Black families had been priced out of suburban neighborhoods, establishing residential segregation patterns that persist today. Because home ownership is one of the keys to building wealth that can be passed down to the next generation, redlining helps to explain why now, for every \$100 in wealth held by white households, Black households hold only \$15.3.³

Even after policies change, their effects linger—and affect not only wealth, but health and wellbeing. A large share of Black people today live in urban areas subjected to lower-quality educational and employment opportunities, limited access to healthy food options, less access to green space, and limited transportation options, which in turn make it harder to get good health care, stay physically active, and eat healthy.⁴ To make matters worse, pollution-causing infrastructure like highways, landfills, incinerators, and factories are more likely to be placed in or near communities of color, exposing residents to more toxins.⁵ Because the places we live affect our health in so many different ways, the residential segregation policies of the past help to explain why Black communities tend to experience disproportionate levels of many health problems.

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EXAMPLE #2***Policies let tobacco marketing saturate rural and low-income communities***

For more than 60 years, we have known about the serious health hazards of commercial tobacco products, like cigarettes, cigars, and chewing tobacco. Yet both past and present policies have allowed tobacco companies to saturate lower-income communities with free or discounted products, exposing residents to more of the health problems that come with them. In earlier decades, tobacco companies handed out free cartons of cigarettes to children in public housing projects¹ and even persuaded the US government to include coupons for cigarettes in food stamp packets.²

While giveaway tactics have been outlawed, discounting practices continue today. Tobacco companies now spend nearly \$8 billion a year to keep their products cheap and visible in communities of color and low-income communities.³ In rural communities, smokeless tobacco (like chew) is more heavily advertised and discounted than in urban ones.⁴ Marketing plays a major role in whether people start to use tobacco products—and how successful people are when they try to quit.⁵ Past and present policies around tobacco marketing help to explain why people with lower incomes are more likely to be diagnosed with lung cancer, diabetes, and other diseases related to commercial tobacco use and exposure.

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EXAMPLE #3***Transportation policies undermine health and wellbeing in rural communities***

In the past, isolated rural communities were often bypassed for crucial infrastructure investments. For instance, major rural economic development programs in the 1960s focused on areas that were closest to cities, but ignored the most remote pockets of poverty.¹ This was particularly true for rural communities of color, who were regularly excluded from projects to improve roads or bridges.

Even once laws have changed, their negative effects are felt for years to come. Today, many rural roads are in poor condition, making everyday travel more challenging and less safe. When public transportation is available, it's often impractical because the routes are long, infrequent, or not well-connected to where people need to go.²

The policies of the past create disparities today. It's easy to see how patchy or inadequate transportation affects a community's economic opportunities. It's also important that we think about how it affects a community's health and wellbeing. Transportation can be a significant barrier to access to routine medical care and specialty care for specific conditions, because most rural areas have shortages of health care providers and hospitals.³ What's more, when transportation is a serious daily challenge, it can cause or compound health problems. When getting around is a source of stress, it can contribute to other sources of stress, like job and financial worries or a sense of social isolation.⁴ Chronic stress can cause or compound a range of health problems, including heart disease, anxiety, and depression.

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EXAMPLE #4***Policies that limit internet access in rural areas also undermine health and wellbeing***

Many rural areas get power through user-owned, nonprofit electric cooperatives. These co-ops were created in the 1930s to serve areas where power companies refused to invest because they felt they would not make enough profit. Many states restricted co-ops from offering any services other than electricity.¹

For decades, this has had the effect of severely limiting access to high-speed internet in rural areas, as electricity co-ops were one of the types of organizations poised to take on this type of project to serve community needs, rather than only corporate gain.

As a result of this policy—and of others, like failures to fund internet infrastructure in rural areas—rural communities have had less access to the jobs, education, government services, and other economic opportunities the internet provides by digitizing communications.² People with fewer economic opportunities are more likely to experience financial stress and the health harms that come with chronic stress. To compound the issue, getting good care for health issues is also harder in broadband deserts. Accessing social services and telehealth services is also more difficult, if not impossible, without reliable internet.³ This matters all the more in rural areas that have been hit hard by hospital closures, shortages of health care providers, and isolation from specialized care.

Outdated restrictions on rural electric co-ops are starting to change—for instance, Alabama and Mississippi recently relaxed their rules—but there are still hurdles to clear. Even once laws have changed, their negative effects are felt for years to come.

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EXAMPLE #5**Over a century ago, America closed most of the nation's historically Black medical schools. The decision still affects health and health care today.**

Health care isn't the only factor that affects people's health, but it is an important one, and the quality of care matters. People tend to get better care and experience better health outcomes when they trust their health care providers.¹ A shared cultural heritage is one factor that can promote better communication, comfort, and understanding between patients and providers. That's why it matters that Black physicians are underrepresented in the health care workforce today.² It's important that we understand how it happened, and how our policies today may be making the problem worse.

During the Jim Crow era, there were seven medical schools focused on training Black doctors. In 1910, the American Medical Association issued a report that recommended closing five out of the seven—a discriminatory decision that the AMA publicly apologized for in 2008.³ In the century in between, the number of Black physicians declined greatly, while the number of White physicians increased. Today, Black physicians remain underrepresented in the health care workforce, with most of them training at the two historically Black medical schools that persisted despite the racist policies of the early 1900s. Black pharmacists, psychiatrists, and medical researchers are also underrepresented.⁴ There are a variety of efforts to recruit and retain more Black medical students in predominantly white medical schools, but the 2023 Supreme Court ruling against the use of affirmative action policies in higher education may erode progress in diversifying the health care workforce.⁵

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EXAMPLE #6***Federal policies of the past affect Native American health today***

One of the foundations of community health is consistent access to healthy, affordable, and culturally familiar food. That's why the policies we set should promote good nutrition, and why we should rethink and reject policies that perpetuate harmful legacies of the past.

American history offers many examples of unjust, violent policies that have caused serious harm to entire communities' health and wellbeing. When it comes to food and nutrition, one of the most glaring examples involves the effect that federal policies had on the diets of many American Indian and Alaska Native people.

Throughout the 1800s, the US government used many means to forcibly remove American Indians from their lands. One tactic involved the U.S. Army slaughtering bison, a source of food, to force American Indian peoples onto government-controlled lands and, eventually, reservations.¹ Without access to traditional subsistence foods or lands where they could be grown, American Indian communities faced starvation.²

In response, the federal government began providing food rations. These rations replaced healthy, natural, traditional foods with canned beef, salted pork, white flour, and refined sugar—the types of food that contribute to cardiovascular disease. High-fat, high-salt foods continued to be provided to American Indian communities for decades through the Food Distribution on Indian Reservations program, which was established in the 1970s.³ Over time, these food policies have contributed to high rates of diabetes, high blood pressure, and other food-related health problems among American Indians.

Recent adjustments to the federal food distribution program have increased access to healthier foods, but much more remains to be done to correct the imbalances created by our past policies. To demonstrate respect for the health and wellbeing of American Indian and Alaska Native people and honor the sovereignty of tribal nations, we must work toward policies that ensure that every American Indian and Alaska Native community has full, fair access to nutritious food that sustains not only physical health, but sustains traditional culture and cuisine.

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Depicting the Diversity of Rural Communities

Rural communities have always been—and continue to be—vastly diverse in many ways.

Yet the public often imagines rural areas as homogenous places in terms of race, religion, language, nationality, occupation, or other aspects of identity. This incomplete image not only leaves out rural residents, but erases the persistent and pervasive public health issues that affect people who live and work in rural areas.

Depicting the full diversity of rural areas is one way to reframe health disparities as an issue that affects us all, whether we live in a city or the country.

Vary the images of rural areas. Lean away from well-worn farm imagery to convey “rural.” Show the many institutions that exist in rural communities, from schools and places of worship to local government and civic organizations.

Vary the “characters” in your communication to expand the public’s understanding of who lives in rural areas. Without avoiding images that reflect the race, ethnicity, and other characteristics of the majority of the local population, be sure to:

- Show people of different ages and life stages.
- Show scenes of older people or people with visible disabilities included in multi-age, multi-ability groups, rather than scenes that suggest isolation or segregation.
- Talk about rural people who are immigrants, LGBTQ+, or who follow a less-common religion, and explain how their experiences are shaped by identity.
- Include authentic pictures of rural people of color.
- Name any local American Indian or Alaska Native communities when describing an area’s population.

Show rural people in a variety of occupations and settings. Depict people as they participate in many different types of workplaces, from the farms and ranches people already associate with rural areas to less-expected settings like business, government, entertainment, or caregiving.

Avoid “othering.” When working to highlight the contributions or concerns of a particular group, it can be easy to slip into talking in ways that position the “other” group as an outsider. Sometimes, this can trigger us-versus-them thinking that divides or devalues people. Structure sentences so you can say “we” and “us” rather than “they” or “them.”

Sample Letter to the Editor

Legislators consistently read the opinion pages in their local district press. A letter to the editor is a relatively easy and surprisingly powerful way to frame issues on your own terms.

The sample letter below illustrates many of the framing strategies suggested in this toolkit.

To the editor:

As a county public health official I spend a lot of time looking at data, **and as I do, I am often thinking about people's dignity.** Protecting public health is my way of demonstrating respect for each person and our community as a whole. To me, respecting people's health and dignity means providing access to **resources people need for good health: clean air to breathe, stable homes to live in, relationships to feed our spirits, nutritious food to fuel our bodies.**

That's why I'm often troubled by the health disparities between our county and others, and between social groups in our own county. Like many other rural counties, our residents tend to have high rates of health problems like diabetes and high blood pressure. Although people often wax poetic about the fresh air "out in the country," the reality is that in our county, we are more exposed to some types of contaminants than our urban counterparts, including agricultural chemicals and secondhand smoke. The data show time and again that community health problems that affect the county as a whole tend to weigh even heavier on our neighbors who are people of color, people with lower incomes, or people who moved here from another country.

These disparities flow from collective decisions about housing, transportation, employment, community planning, and more. **When we, as a nation, invested in highways but not sidewalks,** we set up environments where it's more convenient to drive than walk, and where it's easy to become isolated. As a result, most of us get less everyday physical activity than recommended and have **too few spirit-boosting interactions with friends and loved ones.** Recently, despite local objections, the state gave dollar stores permission to sell harmful tobacco products—even though there is no safe level of exposure to secondhand smoke.

There is much we can do to promote the health, wellbeing, and human dignity of all of us who live, work, and play in our beautiful county. I do it by looking at data, spotting problems, and working with others to figure out solutions. Can I count on you to join me and others in County Health?

Lead by connecting public health to the principle of recognizing and upholding people's dignity.

Explain health equity as ensuring that everyone has access to the resources necessary for good health.

Create a sense of common cause by highlighting multiple health topics and multiple populations who face disparities.

Speak to historical policies that shape our environments and health today.

Make it a point to put mental health and wellbeing on equal footing with physical health.

Sample Social Media Posts

Framing fits in even the smallest of spaces.

To move mindsets on framing, it's important to change the conversation, not just participate in it. Clicks, views, and “likes” only mean so much if your posts don't help people to understand health disparities more deeply. Here are 3 ways to reframe your social feed.

1. Don't reinforce outdated or unhelpful mental models.

The public holds many assumptions and associations that derail conversations about health equity. Instead of repeating ideas that keep the conversation stuck where it is, replace them with recommended reframes.

Instead of this:

Stark health disparities exist in our county, with some of the worst health outcomes experienced by lower-income people with less than a high school education. To achieve health equity, we can and must offer more education and health screenings to promote healthy behaviors and catch health problems as early as possible.



Try this:

In our county, we have a proud tradition of treating each other with dignity and respect. One way to keep that tradition alive: show your support for our Connected County ride sharing program! It gets neighbors who don't drive to the places they need to go – an essential building block of independence and dignity.

2. Devote some posts to “the cause.”

If your social media is primarily a marketing tool for outreach events, be sure to balance self-promotion with issue education.

In addition to this:

Join us for our Color of Health Fair on Oct 8, 10am-4pm. Come for the music, stay for resources to boost health in Black communities. Stop by the Health on Wheels mobile clinic for a blood pressure screening –and maybe get a prescription from our “food pharmacy!”



Try this:

Policies of the past still have effects on us today. Join us at the Color of Health Fair on October 8, 10am-4pm. Come for the music, stay for an illuminating talk about history we don't talk about enough. How do the decisions of the 1900s - “redlining” of Black communities to shutting down most of the nation's historically Black medical schools - affect our community's health in the year 2024?

3. Build public health literacy, not just personal health literacy.

People currently lack understanding of how health disparities came to be and why they matter. By talking more about the essential resources for health –and pointing out where access is lacking – we can reinforce and cultivate the mental model that context affects health.

Instead of this:

Everyone needs physical activity to stay healthy. But it can be hard to find the time for workouts in your busy routine. No matter who you are, you can find safe, fun ways to get active. Check out these ideas for a fresh fitness routine!



Try this:

Getting around on foot boosts our health and overall wellbeing. But it can be hard to walk safely in areas without sidewalks. Our local heart health coalition has 3 ideas for making our county more walkable. Which is your favorite?

Related Resources

You can learn more about framing public health and health equity in the resources linked below, all available through the [FrameWorks Institute](#) website.

Reports

[Talking about Health Equity in Rural Contexts](#). This playbook outlines new recommendations for leading conversations about health disparities past points of friction and toward productive dialogue. (Est 40 min read)

Videos

[Explain the Frame](#): Learn more about effective communication strategies for public health professionals in these short explainer videos.

Other Research-Based Communications Resources

FrameWorks offers evidence-based communications recommendations and resources on dozens of [public health topics](#).

[Framing Tobacco Health Disparities](#), available on the ChangeLab Solutions website, offers research-backed, rural-specific resources for framing tobacco-related health disparities.

[The Rural Health Equity Toolkit](#) from the Rural Health Information Hub compiles strategies and resources to support organizations working toward health equity in rural communities across the United States.

[Talking Health: A New Way to Communicate About Public Health](#) provides practical tools to improve communication through framing, messaging, and storytelling.

[CDC's Guiding Principles to Promote an Equity-Centered Approach to Public Health Communication](#) offer guidance and recommendations for public health practice.

The CDC's Office of Health Equity offers recommendations, based on 2022 message testing, for [shifting the frame from health disparities to health equity](#).

About This Toolkit

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

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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.

If you incorporate ideas from this toolkit into your communications, we'd love to hear from you! Send us a link and tell us about your experience.



About FrameWorks

The FrameWorks Institute is a nonprofit think tank that advances the mission-driven sector's capacity to frame the public discourse about social and scientific issues. The organization's signature approach, Strategic Frame Analysis[®], offers empirical guidance on what to say, how to say it, and what to leave unsaid. FrameWorks designs, conducts, and publishes multi-method, multidisciplinary framing research to prepare experts and advocates to expand their constituencies, to build public will, and to further public understanding. To make sure this research drives social change, FrameWorks supports partners in reframing, through strategic consultation, campaign design, FrameChecks[®], toolkits, online courses, and in-depth learning engagements known as FrameLabs. In 2015, FrameWorks was named one of nine organizations worldwide to receive the MacArthur Award for Creative and Effective Institutions.

Learn more at www.frameworksinstitute.org



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A Communications Toolkit

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