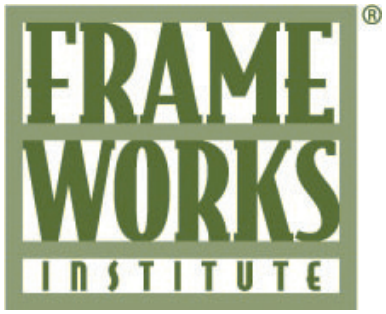

Health Individualism
Findings from Cognitive Elicitations among Californians

A FrameWorks Research Report

August 2006

INTRODUCTION

As part of its ongoing effort to improve health in the state of California, the California Endowment is working to address the fact that a Californian's health depends in large measure on the community in which he or she lives. Social, physical, political and economic environments – which vary widely from town to town and even from neighborhood to neighborhood – have a strong effect on the health not only of individuals, but of entire communities, and indeed the State as a whole.

This situation is at odds with basic values of fairness and equality of opportunity – not to mention its practical consequences for the State – but it is unlikely to improve unless Californians recognize it, agree that it is a problem, and believe that there are effective approaches available. None of these aspects of the public's thinking can be taken for granted. The current research effort undertaken by the FrameWorks Institute and its research partners aims to assess where Californians' thinking stands now on these critical issues.

Beyond looking at people's "opinions" about these issues, though, the cognitive elicitations research reported on here (i.e. a data gathering and analysis method based on psychological anthropology and cognitive linguistics – see Methods section below) focuses on the *underlying patterns of thinking* among Californians about health and about the relationship between health and community. Cognitive elicitations are designed to draw out the *default patterns of reasoning* that people make use of as they think about a given issue or topic. Helpful and unhelpful understandings about what causes good health, what causes bad health, how location and social context figure in, what can be done to improve things, are widely shared and deeply held. These understandings collectively play a decisive role in determining how messages from advocates are heard and responded to. Some of these understandings may derail conversations at unexpected spots, and may "block out" new information, while others may help communicators engage interest and support.

Importantly, the elicitations research also seeks to identify promising avenues for communicating about the current initiative most effectively. While cognitive elicitations are an early stage of an overall research effort, part of their function is to yield principles and directions that are refined and tested in later phases. The elicitations research is the first in a long series of steps towards creating a more constructive public conversation about the relationship between community and health in California.

SUMMARY OF FINDINGS

Health Individualism is the Dominant Model

The elicitations show that when Californians think about Health, they do so through a specific conceptual model: "Health Individualism" (HI). According to this powerful and widespread Dominant Model, it is an individual's *personal responsibility* to make healthy or unhealthy choices, and the impacts affect the *individual*. Within this mental picture of how the world works, both the external causes of health and the broader implications of people's health disappear from the picture.

One symptom of the power of this model is the strong and consistent tendency for people's attempts to think about the relationship between community and health to be derailed or deformed in the direction of "Health Individualism."

The Causes of Health are Individual

From the Health Individualism perspective, health is determined almost entirely by individual choices and behaviors. This pattern of thinking is amply illustrated in the elicitations by the three factors that people consistently referred to as the causes for any person's state of health: *Eating*, *exercise*, and to a lesser degree *stress management*.

When people are challenged to think about disparities in health outcomes, they reduce it to a few recurring factors.

- Knowledge, especially knowledge about what constitutes healthy and unhealthy living.
- Character, including personal strength and discipline, values, priorities, and so forth.
- Culture, especially how knowledge and personal behaviors are influence by what's fashionable, what's considered acceptable, how we're influenced by those around us, and so forth.

From the HI perspective, the reasons for different health patterns among different ethnic groups, for example, boils down to differences in knowledge and culture. In consequence, *solutions* to health problems are about spreading knowledge or changing culture, especially through advertising. According to the dominant model, character can't be changed, but knowledge can be spread.

The Implications of Health are Individual

When thinking is guided by the HI perspective – i.e. most of the time – people understand health as a personal matter and see health outcomes as a matter primarily of concern to individuals and their loved ones.

It is not surprising that people think about health as a matter of individual bodies. It is a striking finding, however, that the Health Individualism model is so dominating that people are almost entirely blind to the ways that the general population's state of health is important to every one of us.

For example, to most Californians, the concept of Public Health – in anything like the sense understood by experts and advocates – is largely missing from their conceptual repertoires. People do not easily think about public health as something like a collective good, a resource that we need to manage responsibly, for everyone's benefit.

Alternative models about the Causes and Implications of Health exist in the shadow of the dominant model.

While Health Individualism is the dominant way of thinking about health, Californians do understand – and sometimes think in terms of – various other causes for health outcomes and why these outcomes ought to concern all of us. Among these weaker understandings are the following:

- Modern life is unhealthy.
- Stress hurts your health.
- Toxins around us can make us sick.
- There are strong commercial forces leading to bad health.
- Mental Health is influenced by our environment, surroundings.
- Poverty leads to bad health.
- Violence in the environment is a health risk.

It is clear that there is much that experts would agree is relevant to health and community in these secondary understandings. Advocates' communications would do well to reinforce and build on these models.

The secondary models include understandings about the community implications of health/lack of health. People think that it is good to have healthy people around because they:

- Are more active and productive; less of a burden
- Improve the collective quality of life
- Serve as good "role models" for the rest of us.

"Community" is not effective at moving people beyond Health Individualism

A significant finding was that the term and concept of "Community," in and of itself, has limited ability to shift people's thinking away from the Health Individualism perspective.

This is due primarily to some basic patterns in how people understand what communities are:

- The term "healthy community" doesn't evoke ideas about health.
- The story that is evoked by the term "Community" is the story of the "Decline of Community."
- Community tends to be interpreted with reference to the social connections between individuals, rather than to the broader contextual causes and effects that come with living in a particular place.

Race is not effective at moving people beyond Health Individualism

Similarly, the elicitations revealed that people do not have an easy time seeing the connection between Health Disparities and Race. The absence of a conceptual link is clear in both directions: When they think about Health, they don't think about Race, and when they think about Race, they don't think about Health. In the 20 elicitations (including 8 with minority subjects) there is not a *single case* where people spontaneously volunteered race as a way of talking about health or health disparities.

Worse, not only do people not volunteer race as a factor, they tend to quickly move away from the notion once it has been introduced. The link between race and health "disappears" in two related ways:

- People actively maintain that race was not really a factor in health. Instead, if there are discrepancies, these were economic, cultural, a matter of knowledge and so on – each of which might have health impacts.
- People talk in familiar ways about race, but with little or no sense that this has anything to do with health disparities.

Conclusions and Recommendations

These powerfully entrenched default understandings constitute a serious obstacle for advocates who want to draw attention to the ways we can improve health by intervening in the environments that people live in.

The research also demonstrated that there are a number of important ideas missing from Californians' conceptual repertoires, and several ideas emerged from the elicitations for ways of addressing these gaps. The elicitations research suggests that several directions in particular have the potential to deepen Californians' thinking about health and community:

Health as an important Common Good

- Something we all have a stake in
- Something that's collective in nature – an aggregate of everyone's health

- Something we need to manage practically and responsibly

An "Ecological" model of health

This "ecological" understanding of health is one of the most important ideas that advocates could promote: Health is affected by various aspects of the physical, social, economic and cultural *environment*, and individual health is largely a product of the *systems* (natural, social, infrastructure, etc.) that surround us.

Health "index" for locations

One way of communicating about the environment/context in which health occurs, is to assess these factors as part of the communications. Some of the material already produced by community health advocates suggest that we imagine a new "measure" of communities – the factors that contribute to or detract from health in those communities.

RESEARCH METHOD

The analysis presented here is based on 20 in-depth interviews conducted in June and July 2006 with a diverse group of California residents.

Subjects

Subjects were recruited by the researchers and chosen to be representative of individuals whose views are important to making change – i.e. reasonably well-informed California voters. The twelve men and eight women were chosen across a broad range of ages (20's: 1, 30's: 6, 40's: 6, 50's and above: 7). Twelve of the subjects were European-American, 5 were African-American, 2 were Hispanic and 1 was Asian-American. 8 subjects identified themselves as conservative, 8 as liberal, and 4 as moderate or independent. The interviews were conducted in and around four California cities: San Diego, Sacramento, San Jose and Berkeley.

Elicitations

Subjects participated in recorded one-on-one, semi-structured interviews ("cognitive elicitations"), conducted according to methods adapted from psychological anthropology. The goal of this methodology is to approximate a natural conversation, while also encouraging the subject to reason about a topic from a wide variety of perspectives, including some that are unexpected and deliberately challenging. Each of the encounters was recorded and transcribed for later analysis. All participants were assured that their comments would be anonymous, so no identifying information is offered in the report.

Cognitive Analysis

This type of data-gathering – and the analysis of transcripts, based on techniques of cognitive anthropology and linguistics – yields insights not available from standard interview, polling, or focus group techniques. It does not look for statements of opinion, but for patterns of thought that are often unconscious. It does not look for familiarity with issues in the news, but for more established and long-standing, default reasoning patterns. Some of the clues to these important patterns come from topics that are *omitted*, moments of *inconsistency* where one understanding clashes with another, and the *metaphors* people use to talk about a subject. Furthermore, the method is designed to explore the differences between *rhetorical mode* – in which people define themselves in opposition to other groups and perspectives, and repeat ideas and phrases familiar from public discourse – and *reasonable mode* – in which they reflect their own experiences, think for themselves, and are more open to new information. Put briefly, this analysis focuses on *how* people think rather than *what* they think.

Cognitive research of this kind works on the premise that unconscious, default understandings of the world can guide people's understanding of an issue in ways they do not even recognize. One of the most important aspects of these default understandings is that they often guide people's reasoning in ways they might reject at other moments of more careful reflection. For example, average Americans recognize on an intellectual

level that the quality of a child's community has an important impact on outcomes for that child, yet habitual ways of thinking about childhood center almost exclusively on the interactions between parents and children. These habits create cognitive "blind spots." People who *know better on some level*, are nevertheless easily derailed from thinking about the other factors in childhood, because of well-established, default understandings of the world. These hidden, underlying understandings can be very difficult to challenge and displace, and, if they are not accounted for, they can derail communications.

FINDINGS:

"HEALTH INDIVIDUALISM" AS THE DOMINANT, DEFAULT MODEL

The over-riding pattern evident in the elicitations was that people's attempts to think about the relationship between community and health were consistently derailed or deformed by dominant, default understanding of what we can call "Health Individualism." This widely shared and deeply held cognitive model can be summarized as follows:

Knowledge, Character, Culture	→	Behaviors, Lifestyles	→	**PERSONAL HEALTH**	→	Personal Impacts

Health Individualism

In this widespread understanding, which focuses on Personal Health, both the external causes of health and the broader implications of people's health disappear from the picture. According to people's underlying understandings, it is an individual's *personal responsibility* to make healthy or unhealthy choices, and the impacts affect the *individual*, in a kind of closed causal loop. Two points are worth emphasizing strongly:

- This pattern is a powerful default *even among smart, educated, progressive-thinking, sympathetic people*.
- Furthermore, this pattern asserts itself consistently *even during conversations that are explicitly focused on the relationship between community and health*.

This pattern of thinking is consistently illustrated in the elicitations by reference to three specific issues that are given enormous causal influence in people's thinking: e*ating*, *exercise*, and to a lesser degree *stress management*. When most people think about health, these are the topics that they mostly think about.

When Americans translate information they hear through the Health Individualism perspective, it is hard for them to recognize the ways in which external factors and environments (physical, social, economic, cultural, etc.) affect health. Equally important, it is difficult for them to grasp the ways in which people's state of health is not just a matter of importance to them and their loved ones, but is something of importance to the public as a whole.

> *Q: What does the word "health" mean to you?*
>
> *A: Things like exercise, you know, jogging and working out, getting good rest—just living a healthy lifestyle.*
>
> Conservative white man, age 36

While no one would dispute the real importance of personal choices and consequences related to health, the point of this discussion is that the Health Individualism model *obscures many other relevant understandings about health.* It is not the *existence*, but the near-absolute *dominance,* of this model that creates difficulties for thinking and communicating about community and health.

Individualist thinking about Causes and Implications are considered in more detail below.

Individual choices as *the* causal factor

From the Health Individualism perspective, health is determined by individual choices and behaviors, period.

One of the most powerful illustrations of the dominance of this pattern is the topics that were not mentioned spontaneously by subjects in the interviews. For instance:

- Communicable disease is hardly mentioned.

  While Californians are certainly well aware of various communicable diseases and the risks they pose, the topic hardly comes up during 45 minutes and more of conversation about health. The only clearly relevant "diseases" were those strongly associated with personal behavior: heart disease, diabetes, etc.

- Genetics is hardly mentioned.

  While the idea that genetics – e.g. inherited predispositions – are relevant to health, the topic was far from people's minds during the health conversations. Once again, understandings related to choices and behavior are so dominant that this area of people's knowledge is basically obscured and hidden from thought by the default patterns.

- Accidents and violence were hardly mentioned.

  Yet another familiar topic related to health fails to emerge as a relevant topic during conversations about health and community: the risk of accidents/trauma of all different kinds, including childhood accidents, traffic accidents, or violence.

Overall, as we will continue to explore in the report, thinking about lifestyle and behavior obscures all other aspects of health in the conversations.

Knowledge as a factor

From the Health Individualism perspective, the most obvious factor determining whether people make healthy choices is their knowledge about what constitutes healthy and unhealthy living.

> *Q: People who have better-paying jobs or higher-status jobs tend to be healthier. Why do you think that might be the case?*
>
> *A: If you have a higher-paying job you are probably more educated, and if you're more educated you pay attention to things like health, what am I putting into my body.*
>
> Conservative white man, age 32

Character as a factor

Another obvious causal factor from the Health Individualism perspective is a person's character – including their personal strength, values, priorities (which can be "right" or "wrong"), and so forth.

> *[Health] all really depends on people's personalities, you know, whether they eat right.*
>
> Moderate white man, age 35

The woman quoted below alludes to a few potential community issues, but quickly returns to default understandings rooted in education and character:

> *Q: Why are some communities healthier than others, do you think?*
>
> *A: Why? I think it's because of education, as well as upbringing and people taking pride in themselves. For example, I think some parents, they don't seem to care about their children's health. They just let them do whatever they want, as far as eating habits or their general grooming.*
>
> *Q: Why do you think that is?*
>
> *A: I guess some people – they are just not disciplined. They're not disciplined with themselves or with their families.*
>
> Liberal Asian-American woman, age 39

Interestingly, this pattern of thinking does not naturally extend to physical/genetic character – the notion that health outcomes such as life expectancy are in some sense a function of who your parents are, for example.

Culture as a factor

The notion of individual responsibility – as well as individual knowledge and character – is easily extended to the idea of the *culture* of a group of people who know and believe similar things. From this point of view, health outcomes are determined by what's fashionable, what's considered acceptable (in terms of both behavior and looks, for example), how we're influenced by those around us, and so forth.

While it is a "bigger-picture" perspective in certain senses, this understanding still ultimately boils down to personal behaviors.

> *A lot of our kids are butterballs and it's the Mexican cultures.*
>
> Moderate white woman, age 43

Where disparities come from

From the Health Individualism perspective, the reasons for different health patterns among different groups boils down to differences in knowledge and culture. As the previous quote illustrates, the understanding is that people in certain neighborhoods, towns, communities (and racial/ethnic populations) don't *know* as much about healthy behavior, or have *cultural obstacles* to healthy behavior. (Note again that whatever truth there may be in this understanding, it's usefulness is limited by its tendency to block out a variety of other important understandings.)

For example, even when the woman below is asked about "material" discrepancies between people's life circumstances, the discussion quickly slips into a matter of knowledge and character:

> *Q: People with better jobs have better health than people with worse jobs. Why would you suppose that is?*
>
> *A: They have money. They have money to go to gyms. They have money to eat at better places, and they have money to pay for education, to educate themselves. And then they also probably have a better self-worth, so then they would look more at ways to be fit, to maintain a healthier lifestyle. Because they have more awareness than other people.*
>
> Liberal Asian-American woman, age 39

The Health Individualism perspective even makes it hard for people to recognize that disparities exist at all.

Q: Do you think different communities offer people the same opportunities to be healthy?

A: Yeah, pretty much. I think I do. I think with some people you have to work harder. You have to do more [i.e. to educate and persuade them]. ... At one time I don't think there were any health clubs in Richmond, and now there are several and they do a lot there so I think you are sort of aware of what's going on around you.

Liberal African-American woman, age 56

Overall, the default view is that everyone has the same *opportunity* to be healthy, if they make the right choices and have the right priorities. The idea that the playing field is, in an important causal sense, *level* has strong implications for people's thinking about health policy.

What "solutions" are like – policy all but excluded

As the previous discussion suggests, solutions to health problems, from the Health Individualism perspective, are about spreading knowledge or changing culture, e.g. through advertising. According to the dominant model, character can't be changed, but knowledge can be spread.

There's a lot of ills going on in the community whether that's with weight issues, healthy eating, drugs, alcohol and I just don't think that they push the word out there because a lot of people don't know. I mean it's just ignorance. But I don't think anyone's in there just pushing all the time to make sure they know that there are options that they can do something about their health condition . . . to me that's just education.

Liberal African-American woman, age 56

Actual improvements in health must result from *voluntary, personal, individual change*. "You can't force people to exercise" is often heard, as though that were the only alternative to collective passivity.

I think the government has a role in anything that has to do with the public good, including telling people how to eat, because I think a lot of people out there just don't know what things are good for them . . . but people have to make their own decisions.

Moderate African-American man, age 35

You can only regulate people so much, you know. You can always bring the horse to water but you can't make him drink, too. So you can try and encourage people to live healthier lifestyles but it doesn't necessarily mean it's going to happen.

Moderate white woman, age 47

It's up to the individual, you know. It's not society's or government's job to make sure you eat well or you try to take care of yourself.

Conservative white man, age 32

These excerpts illustrate both the range of political views – for example that government has or does not have a role to play in improving health outcomes – and also how these political differences are funneled through the same lens of Health Individualism, and largely erased.

When asked about how we could collectively get people to be healthier, the subjects below could not see how policies and behaviors could be linked.

Q: We've got this system to take care of people when they get sick, the hospitals and clinics and doctors and all that, and insurance . . . [but] we don't really have much of a system to keep people healthy. Does that make sense to you?

A: It does, but I don't know what kind of system you would really create, because to stay healthy you just have to be educated about nutrition, you know, and getting proper sleep, which are personal choices that people make. So, I don't know how you could really do that. I mean it's up to the individual, I don't think there could be like a state program.

Conservative Hispanic woman, age 29

Q: How could the state or town pass laws that would help out everyone's health?

A: Just educating people as far as good eating practices, and basic exercise sort of things – taking care of your body and your mind and your health. I don't know if passing laws would – I think definitely more [should] be put into education about how you go about being a healthier person. I don't know about laws.

Liberal white man, age 39

The bottom line is that, from the Health Individualism perspective, there is very little the broader society can do – with the important exception of education campaigns, supported especially by liberals – to affect health outcomes[1].

Implications/Significance also restricted to the individual

When thinking is guided by the Health Individualism perspective – i.e. most of the time – people understand health as a personal matter and see health outcomes as a matter primarily of concern to individuals and their loved ones.

People almost never volunteered the idea that the health of Californians in general was a concern for them – despite the fact that the conversation was about health and community. When people were specifically asked about why *other people's health* might be important, they often struggled to see any relevance at all:

> *Q: What would be the advantages of having everyone as healthy as possible?*
>
> *A: Well, for one thing it would let us live longer and we wouldn't have the enormous medical bills.*
>
> Conservative woman, age 65

> *It would give me incentive to make myself a little healthier.*
>
> Conservative Hispanic man, age 53

> *Well if they are all healthy, then they can take care of me when I'm not.*
>
> Moderate white woman, age 47

For most Californians, the concept of Public Health – in anything like the sense understood by experts and advocates – is largely missing from their conceptual repertoires. People do not easily think about public health as something like a collective good, a resource that we need to manage responsibly, for everyone's benefit.

The phrase itself is (often vaguely and uncertainly) associated with a variety of less-than-helpful meanings, *even among educated people*:

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[1] One topic not considered so far in this discussion of the causes of health outcomes is how the health of *people around us* matters. This is the focus of the section on Community later in the report.

- particular services for people who can't afford them,
- particular institutions, agencies and health workers
- the sum of everyone's state of health
- whatever is behind public awareness campaigns about health
- etc.

Some people do understand what public health is about, though this understanding is largely fragmentary and often restricted to a consumer perspective:

> *Q: What about public health? What does that phrase mean to you?*
>
> *A: Usually more government sponsored, either welfare or city government sponsored awareness programs, stuff like that.*
>
> Conservative African-American man, age 44

> *[Public Health] means trying to promote cleanliness, trying to promote better eating habits for health purposes . . . To promote a better self-worth within a person so they could care more about how they are as a person and how they feel inside.*
>
> Liberal Asian-American woman, age 39

> *[Public Health] is a way of trying to monitor and improve the health of the citizens.*
>
> Liberal white man, age 46

> *Public health would be a group of people – nurses, doctors, social workers, drug rehab people . . . that are there for people in your neighborhood . . . especially if they don't have the money.*
>
> Liberal white man, age 39

More generally, there is no shared or top-of-mind sense of public health as an organizing principle for big-picture decision-making. Public officials, for instance, are not seen as having a clear role in making decisions related to health except, in a few obvious cases such as acting when there is a major toxic leak. [2]

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[2] See further discussion of toxins and other bigger-picture issues in the section on "Weaker Models of Health Causes" later in the report.

Where Health Individualism comes from

The power of the Health Individualism perspective is rooted in a number of other patterns in the thinking of Californians, and Americans more generally.

Perfect fit with American Individualism

The Health Individualism perspective is in a sense a variant of "American Individualism," which treats an individual's destiny as something we each achieve through our own choices and efforts. This is an extremely well-entrenched, familiar, and emotionally resonant understanding among Americans – a central moral outlook with many components:

- Each person creates his/her own destiny.
- External obstacles exist, but can be overcome and transcended.
- Too much help or advantage can discredit the achievement of success.
- Good behavior and discipline are often rewarded, while bad behavior and choices are (hopefully) punished by poor outcomes.
- Character and Knowledge are keys to success.
- Etc.

This background perspective creates a strong pressure for Californians to understand and accept those parts of the Health message that confirm it (e.g. virtuous, healthy eating is rewarded by good health and ill-health is often the result of a "lack of willpower"). It also gives people a strong motivation to reject those parts of the Health message that contradict Personal Responsibility (e.g. people's destinies are shaped by their environments).

Note that Health Individualism is probably an *especially powerful model for Californians*, in part because Californians are often more interested in health than other Americans, but more generally also because California has long been associated with (individual) seeking. While California is certainly home to many liberal perspectives about the potential of progressive and activist government, much of this thinking is filtered through a strong streak in the California character that emphasizes independence from authority and individual liberty. When this "California Freedom" perspective is combined with an interest in health, the result is "health consciousness." A commitment to self-improvement and healthy lifestyles is, for many people, part of the California identity (or stereotype).

> *I think Berkeley is a place where people are very sensible about what they eat, the amount of exercise that they take. They are people concerned about the environment . . . Actually Berkeley is kind of famous for it . . . They are very diet-conscious and very exercise-conscious and often very*

stress-conscious. They are very concerned about yoga and spiritual matters that will alleviate some of the tensions of life, because we can probably agree that tension is a killer too.

Liberal white man, age 46

Little-picture understanding

Within the Health Individualism perspective, both the *causes* of Health (individual choices about behavior) and the *implications* of Health (a person's individual well-being) are fundamentally "Little Picture" ideas. People do not tend to think about larger systems, collective responsibilities, or public policies. Instead, they think in familiar, vivid, everyday terms.

In fact, this mode of thinking is a broad cognitive tendency, on any topic – people tend to think in terms of what we have called "everyday action scenarios." This mode of thinking focuses on the concrete rather than the abstract; the personal rather than the impersonal; time scales of minutes, hours or days, rather than centuries or nanoseconds; causality that can clearly be understood, such as *turning a key*, or *asking someone to do something*; etc.

The kinds of choices and behaviors associated with the Health Individualism frame are perfect illustrations of little-picture, everyday action scenario thinking – the kind of thinking that is most natural for most people most of the time.

Furthermore, the little-picture topic of Personal Health has a great deal of emotion/energy behind it. People have a deep, emotional investment in their lifestyles and their health. It is a topic that is interesting to them and that they easily make judgments about.

For example the woman below is asked about why it might be important that *other people* be healthy. Rather than thinking in terms like community or public health, she immediately puts it in very personal terms:

[Healthy people] show that maybe it's a possibility for you . . . A form of role modeling – you see people who are eating healthier and doing better and that might motivate you to think about changing your habits. It's also a sign that in spite of what's going on all around us, that it is possible to stay healthy, to take care of yourself, and manage all of the stresses in your life by paying attention to you own well-being.

Liberal African-American woman, age 56

Q: Do you think that there's things in your mother's and sister's surroundings that encourage them to have bad dieting habits?

A: They're just lazy and they don't have any discipline . . . You know, they can make their own choices and if that's their choice then you can't force them to do something they don't want to do.

Liberal Asian-American woman, age 39

The motivation associated with the little-picture frame of Personal Health means that it is constantly reinforced in people's thinking.

Reinforcement via the media

As well as people's own experiences, the Health Individualism perspective is reinforced by various kinds of messages people are regularly exposed to, including some of advocates' own communications.

- An understanding supported by experts

  As we have mentioned, the Health Individualism understanding obviously captures a "partial truth" – i.e. one aspect of experts' real thinking about what matters in the domain of health. People's behaviors and lifestyle do have a tremendous impact on heath outcomes. For this reason, the perspective is reflected in and reinforced by public health campaigns urging people to make healthier choices about food and exercise, and so forth.

  > *I watch every fat show there is . . . That's where I get my information and they say, hey, you know, people's lifestyles!*
  >
  > Moderate white woman, age 43

  Unfortunately, other kinds of facts and stories that may be equally true are much less likely to be part of public understandings (and media stories) because they do not fit the cognitive preference for little-picture stories, or the cultural/moral preference for Individualist perspectives.

- Advertising

  Naturally, the Health Individualism perspective is also promoted by advertisements that promote particular consumer (i.e. individual) choices – from healthier foods to safer cleaning products to health club memberships.

More generally, the Health Individualism perspective is constantly reinforced via a public discourse – particularly in California – that is fascinated with health, or at least with the connection between health and choices.

Preference for "Mentalist" thinking

In addition to "little-picture" thinking discussed above, another powerful tendency in Californians' (and certainly other people's) thinking about health tends to focus on the realm of knowledge, values and choices (the "mental" realm), as opposed to concrete causes, conditions and systems (the "material" realm). When it comes to many kinds of

issues, it is more natural for people to focus on people as thinkers and actors, rather than as parts of any kind of deterministic system.

> *Overall health has a lot to do with your attitude. Think well, be well.*
>
> Liberal white woman, age 40

> *Q: Are some communities healthier than others?*
>
> *A: I'd say so. Probably because the environment would have maybe a little bit cleaner water. A higher education level maybe gives you more ability to take care of yourself. I know some areas are more health-conscious than others . . . I see some people that don't really take a break, take care of themselves and other people who are really concerned about everything they eat and drink. [They] exercise.*
>
> Liberal African-American man, age 42

Even though they are often part of the conversation on some level, material conditions don't have nearly the prominence they deserve in people's thinking about health.

Kids as the exception that proves the rule

For a variety of obvious reasons, Californians find it more natural to think about children's health as something other people, as opposed to just the individual children themselves, need to be concerned about. Protective policies like banning Coke Machines from the schools often make immediate sense to people.

> *Q: What about coke machines in the schools?*
>
> *A: I don't think they should have them …*

Importantly, though, this perspective doesn't significantly challenge or undermine the perspective of Health Individualism. The woman quoted just above goes on to continue her sentence as follows:

> *… but I'm not taking away someone's choice. If they want to get it fine, but I don't think they should.*
>
> Conservative white woman, age 64

Kids can seem like a tempting entry point for promoting policies that change the context we live in, to make us all healthier. But unfortunately, even much of the thinking about why and how we should protect kids boils down to questions of individual choice and individual habits.

> *Q: There's the whole question of kids and advertising to kids . . . Is it okay to regulate things like that?*
>
> *A: I think that's getting into a gray area. If the message from schools is improved and made more effective, that will tend to give the kids even at a young age a skeptical view of what those ads are trying to promote. So, I would rather see much more emphasis on strong nutritional education.*
>
> Conservative African-American man, age 72

> *It really would help if there were influences good for kids, I believe. [But] there's not a lot you can do about it. You're sort of fighting against the parents' attitudes.*
>
> Liberal white man, age 53

As with many other possible communications strategies, the moral here is that merely evoking the importance of protecting children's health doesn't *necessarily* move people to the perspectives that are most productive from the advocates' perspective. And when push comes to shove, most people default to the assumption that kids are largely dependent on what we have called the "family bubble," rather than on outside – e.g., media – influences.

Communications Implication: Big-picture messages as "excuses"

Californians are deeply invested in the idea that people are responsible for their own health. It is hard for people to accept that certain individuals "can't" eat right or exercise, for instance, due to their environment.

When issues are understood in this way, people are often highly resistant to messages that seem to downplay that responsibility. The Health Individualism perspective is a powerful obstacle to any thinking about how health is affected by our environment (in the broad sense).

Given the usual understandings of Personal Responsibility, environments are either *created by people* (e.g. a good parent creates a good home; bad people make bad neighborhoods), or they represent *challenges to be overcome* (e.g. the Horatio Alger stories). "Blaming" your environment is seen as a way of evading responsibility for your situation.

This hostility to environmental "excuses" is a serious obstacle for advocates who want to emphasize all of the other factors that affect health. Even among liberals who usually try

to avoid "blaming the victim," health (read, Personal Health) is an area where individuals are expected to take responsibility.

> *I know a lot of people in today's society like to point fingers and blame other people for their own problems, but I mean if you're fat, that's your problem. You need to exercise, you need to take charge.*
>
> Conservative Hispanic woman, age 29

"WEAKER" UNDERSTANDINGS ABOUT HEALTH *CAUSES*

While Health Individualism is a strongly dominant way of thinking about health, Californians do understand various other causes for health outcomes. These are "weaker" understandings, in the sense that they don't have nearly the force as Health Individualism in people's thinking. They may come up in a conversation – giving encouragement to advocates – but ultimately have a hard time holding their own, tending to be displaced by the Health Individualism perspective.

It is helpful to explore these secondary models, both to arrive at a fuller picture of people's thinking about health and community, and to see if there are understandings people already have that might be useful to promote.

Modern life is unhealthy.

There is one "external" factor relevant to health that Californians often mention: the "modern lifestyle." Nearly everyone agrees that people used to be healthier. It was striking that the research subjects had a tendency to discount the tremendous improvements that came about in the 20th century in terms of health research and technology. Even as people acknowledged this, they invariably stressed that the overall trend has been downhill because the modern lifestyle is so unhealthy.

> *I think maybe [fifty years ago] they didn't have as much medical knowledge so maybe in that way [they were less healthy], because things killed them that wouldn't normally. But as far as eating healthier and exercising, people weren't out drinking and smoking and drinking shots all night, they were eating well off the farm and going to bed early.*
>
> Liberal African-American woman, age 56

This lifestyle – busy, stressful, overworked, sedentary, etc.– is understood to have direct impacts on bodily health (e.g. stress or lack of sleep hurt the body) as well as impacts on people's behaviors (e.g. lack of time causes people to eat unhealthy convenience food and to exercise less).

> *Q: So what about American culture overall? Do you say that it's a health-conscious culture?*
>
> *A: No. Just look at our national cuisine. If you were going to put a plate before somebody and say this is what we eat in America . . . it's going to the burger, the fries, and the milkshake. Fast food still rules. It's cheap, and people that have little money and little time can eat . . . the culture is snacky because we work so much.*
>
> Liberal white man, age 46

This understanding is powerful in people's thinking, and is an example of a bigger-picture perspective. But ultimately it is an obstacle to advocate goals, for several reasons.

Skepticism about "turning back the clock"

The idea that we don't live the healthy lives we used to can be a conversation stopper. It's very unclear what if anything we can really do to address the problem. Modernization is the way of the world, and calls for no particular explanation, and suggests no particular avenue for change.

> *In California we're like in the fast lane as far as the rest of the country . . . it's getting congested. Everything is on the move. Other unhealthy things rise up in that kind of thing . . . everybody must have 2 automobiles each and you know everybody is contributing to the environment problem of unhealthy conditions.*
>
> Moderate African-American man, age 57

> *It's just the world we live in nowadays. Everything that's going on around us.*
>
> Conservative white woman, age 65

Calls for individual effort

Given that the world is not going to become any less modern, they reason, people simply need to adapt and make the healthiest choices they can (Health Individualism). Ultimately, they believe that people still "choose" their lifestyle; behaviors are not determined. To an extent, the modern lifestyle can be blamed on individuals with the wrong priorities.

> *Americans have a real drive to make money. Everyone wants to have money, so you've got to work your butt off to have money. So I think that people are just working so hard that they're not exercising. They're always in a hurry. They're not taking the time to cook healthy meals. They're eating fast food, and they're raising their children that way. That's why there's the increase in obesity, and then diabetes comes from obesity.*
>
> Conservative Hispanic woman, age 29

> *A: A lot of people are really driven, they've got mortgages and they've got car payments and they're all driving around in really fancy brand new cars so they put the pressure on themselves in a lot of ways too. But, I think that stress really plays a big role in people living shorter lives.*
>
> *Q: Do you think there is anything we could do if we wanted to change that?*

A: Well, it's kind of on a personal basis.

Liberal white man, age 53

Stress hurts your health.

Californians in particular know that stress is bad for your health.

> *The pace of society has really sped up . . . I see stress having physical effects on people. It affects your mood, your energy level. Consequently you don't do what you would probably do if you weren't so stressed.*

Liberal African-American man, age 42

This is a valid and important truth, endorsed in certain forms by various experts/advocates. On the other hand, the point is not very helpful as it exists in most people's thinking, for two main reasons:

"Stress" provides no explanation of disparities

Californians in our interviews pointed out that almost every kind of life is stressful in its own way. People recognized that life nowadays in the US economy was inherently stressful:

> *There are so many things contributing to stress. To pay the bills, both parents have to work night and day . . .That stress of having to leave the kid home alone and fend for themselves . . . As adults you go off knowing you've got to deal with the system that way to survive . . . The kids coming up in that kind of environment, they are stressed at their young ages. They are absorbing the stress in their little bodies and they are growing up stressed.*

Moderate African-American man, age 57

However, one of the strongest associations is with people who "stress themselves out" trying to earn a big paycheck:

Q: What could we do to change that, to make life less stressful in our communities?

A: Everyone would slow down and not be after having everything that everybody else has.

Conservative white woman, age 65

In more general terms, "stress" is often associated with striving, consumerism, and greed – factors that are associated with personal choices. As a result, *there is no particular association between stress and poverty* – or social status, or race/ethnicity – even though, of course, people recognize on some level that some situations are more inherently difficult than others.

"Stress" is primarily an individual matter

"Dealing with" stress is about slowing down or coping better – a challenge that everyone faces, and yet another chance to either succeed or fail as an individual.

> *Q: Does it make sense to think that things like poverty cause stress?*
>
> *A: No, I don't think – because . . . in San Diego, we're poor. We can't afford a house. We can barely afford rent because it's so expensive here. I mean it's kind of stressful I guess, but I don't think I'm going to get cancer over it, or develop an ulcer.*
>
> Conservative Hispanic woman, age 29

> *Some people seem to thrive on stress . . . and only seem to function at their best when they're under stress . . . It would be great if we could do away with it altogether, but it's never going to happen because people . . . bring a lot of it on themselves.*
>
> Moderate white woman, age 47

While the connections between stress, poverty and health, for instance, are too important to ignore, any communications based on these connections must involve the hard work of creating new understandings and associations on this topic.

Toxins around us can make us sick.

This is another point that is important from advocates' perspective – a critical way in which health depends on environment in the broad sense. Californians do "get" this point and refer to it from time to time.

> *Q: Do you feel like the other people around you play a role in your own health? Not just yourself but the people you are living nearby or people in your community?*
>
> *A: Not really. No, because it's more my choice how I choose to live. Unless it could be maybe like mowing the lawn and with gas – engines and everything and that pollutes the air.*
>
> Conservative white woman, age 65

> *[50 years ago] we weren't ingesting a lot of chemicals. We weren't eating a lot of processed foods and we were getting food that was clean and close to the source. Now with factory farming and all of the different chemicals that are being added at every level of the food delivery system, as a country we've taken on a huge load of toxicity.*
>
> Liberal white man, age 53

While this is an important and valuable understanding, it is one that advocates would need to work hard to promote to a higher priority. Importantly, they probably cannot tap this understanding by starting a conversation about "health," or even about health and communities. The elicitations suggest that these are ineffective ways of getting people to think about the toxins in our environment.

The well-educated, liberal man quoted below had a high awareness of toxicity, but still showed a strong tendency to default to Health Individualism – to focus on those aspects of health that fit into that powerful model:

> *There are some pretty toxic places in America right now . . . where there's a lot of toxic load that people have taken on just from where they lived. But short of that, I really think health is connected to lifestyle more than anything else. There are some genetic factors; you don't have any control over those. The things that you do have control over are how you spend your time, what you eat, and your attitudes towards things.*
>
> Liberal white man, age 53

Troublingly, a common response to awareness of environmental toxicity is what we have called "adaptationism" – taking action to protect oneself and one's family from the environment, by insulating oneself, or moving, rather than by attending to the causes of the problem.

There are strong commercial forces leading to bad health.

This is another point experts and advocates sometimes emphasize. Californians do recognize it to be true on some level.

> *I just don't think that there's enough awareness for people . . . Advertisements, you know, when people go to stores, you see junk everywhere.*
>
> Liberal Asian-American woman, age 39

Americans overall are unhealthy in my estimation and a lot of it has to do with the availability and push for fast food . . . There's just a lot of ignorance as to what it is that makes a person healthy and what it is that makes a person unhealthy. For me it all starts with your diet. You know that what you put into your body is what you're going to get out of it.

Q: Let's say this is one of the fundamental problems that we have. What could we do about it?

A: Well, I know there are a lot of efforts out there to try to raise awareness and I also know that there are even some people going after fast food restaurants for false advertising . . . [but] I think it's an uphill battle.

Liberal white man, age 53

It will take work to help Californians see commercial forces as a truly *determining* factor in health. Unfortunately, the conversation typically turns back to people's *individual responsibility* to resist advertising and unhealthy offerings.

Mental Health is influenced by our environment, surroundings.

The strong version of this understanding is about depression, for instance, and the ways in which the circumstances we live in can contribute to our mental state. The weak version is about attitude, mood, "positive outlook," etc., all of which are believed to have connections with physical health.

Unfortunately, this understanding tends to lead to thinking about aesthetic factors, and others that are difficult to connect to the serious level of policy.

Q: Some people say that the environment that you live in can make a difference, as far as your health. Does that make sense to you?

A: Well, okay, for your mental health, your environment is important in the sense that you want to have things that are pleasing to you around you. That's why people decorate their homes to make it aesthetically pleasing, or you want to live in a nice neighborhood because you'll feel safer.

Conservative Hispanic woman, age 29

In addition, reducing mental health to, for example, "positive outlook," returns thinking to mentalist notions of "character." Mental health problems all too easily become equated with something like character dysfunction. One implication of this pattern of thinking is that the causes and impacts of mental health problems are restricted to the individual.

Violent crime is a health risk.

This is one of the easiest connections for Californians to make as they think about the connection between your health and "where you live." Subjects regularly point out that you are more likely to be shot or stabbed in some neighborhoods than others.

> *When you think about public health and the possibility of being killed, a leading way of checking out is being killed in a crime, a homicide.*
>
> Liberal white man, age 46

> *High crime is not conducive to health . . . It adds a lot of stress to your life and it's not conducive to happiness.*
>
> Moderate white woman, age 47

While this is clearly a problem that advocates and experts are concerned about, it is very unlikely that Health is the most effective way to address the issue. Furthermore, the fact that Americans often have an *exaggerated* sense of the frequency of violent crime means that advocates can't make headway by trying to raise awareness of the risks.

Poverty leads to bad health.

While the link is not top-of-mind – and is often trumped by the Health Individualism perspective – Californians do recognize that, in various ways, poverty is a health risk.

> *Q: How does poverty affect health?*
>
> *A: They don't have the means a lot of times to keep their homes, their person, their children, their things clean, as sanitary, whereas people who have a little bit more money can do that or hire people to do that, keep their yards up, keep the bugs out.*
>
> Liberal white woman, age 40

Unfortunately, like the interview subject quoted above, Californians tend to think about the situation of poverty in little-picture terms. That is, thinking about poverty doesn't often lead people to think about conditions in whole neighborhoods or towns. Poverty in the larger sense doesn't connect naturally in causal terms with health.

Furthermore, even the topic of poverty often leads to thinking about what people *know*, and other mentalist perspectives (as opposed to the perspective above, which is Materialist, even if little-picture).

Q: What about poverty and health? People who are poor tend to not be as healthy. Why do you think that is?

A: Number one, if you're poor, you're scraping just to pay for the essentials . . . [They] don't feel they have the discretionary power to make the choice to spend money on medicine and so forth, just because they're busy, especially today, with such high housing costs and other costs . . . They end up taking the worst course for medical care. <u>But again, this goes back, I think, to education. If they had education in schools in the inner city, and if they emphasized education and health and nutrition in those schools, at least I think the message would sink in someplace and people would maybe realize that it's more of a necessity than they realize</u>.

Conservative African-American man, age 72

Summary and caution

This section has reviewed a number of understandings Californians hold that go beyond the simple formula: Health is about personal choices. Unfortunately, many of the understandings (e.g. the ones about poverty) do not take thinking very far from the Health Individualism model; others (such as the role of advertising and business) are not strong enough to be the basis for a compelling communication; and still others (such as understandings about toxins) are not closely connected with the topic of Health in people's minds. Simply choosing one of these points is not likely to move people's thinking in productive directions. Particularly since, as we discussed earlier, trying to reinforce bigger-picture explanations for health and disparities can so easily sound like excuse mongering.

WEAKER MODELS OF *IMPLICATIONS* OF HEALTH

As with the *causes* of health, the *implications* of health are sometimes understood in terms that go beyond the individual. The understandings discussed in this section are, however, less likely to come up and to stay in people's thoughts than the obvious personal importance of health.

Healthier people are more active and productive.

This idea, once brought up by interviewers, is treated as commonsensical. Sometimes the interpretation is rooted in economics, in other cases it was put forward that healthy people were simply better, more active members of the community.

> *Q: How does it benefit the state of California or the community, for people to be healthier?*
>
> *A: Crime will go down, unemployment will go down, and generally things would just be better if people were healthier*
>
> Moderate African-American man, age 35

> *[If everyone were healthier] there would definitely be more people working.*
>
> Liberal white man, age 39

The flip-side of this is that unhealthy people can be a burden. When asked to think in Big Picture terms, people are able to voice the idea that being sick is very expensive, and even if this is usually a problem for the individual and their loved ones, in some scenarios this ends up costing all of us money and resources. The man below brings this point up spontaneously:

> *Q: What benefits are there to…*
>
> *A: …having a healthy community? Is that what you were going to ask? Well, I mean the disadvantage of having sick people [is that they] cost money . . . If they are ill and they don't have healthy insurance, which is very often the case, they are going to be a drain on the public pocketbook.*
>
> Liberal white man, age 46

This is obviously a constructive attitude to promote. As discussed in the following section, however, it is not easily evoked by discussion of "community." Furthermore, because of the power of the Health Individualism perspective, this "Health Costs" perspective doesn't easily lead to thinking about policy or other big-picture, practical change.

At the same time, it is clear that the "Health Costs" perspective does provide one possible approach to build on in expanding people's thinking about health and community.

Healthy people improve the collective quality of life.

This is one of the easiest conclusions for Californians to arrive at regarding reasons for promoting health. It is obviously more enjoyable to be around healthier people – healthier people around us means a happier and more pleasant environment.

Q: What would be the advantage for you in having everyone in your community or everyone in the country be as healthy as possible? Would there be any advantages to you personally?

A: To me personally? Well, that means that I would be one of them, so personally I would be healthier.

Q: What about other than that?

A: I think overall there would be a lot of advantages because when you're healthier you feel better, you act better, you're kinder, so I think people would just be nicer – and it would also not drain resources.

Liberal white woman, age 40

Healthy people around us provide good "role models."

Reflecting both the "Connections" model of community, and the "Mentalist" understandings of Health (i.e. the idea that health is a product of knowledge, beliefs, values and character), quite a few interview subjects focused on "role models" as the main value in promoting health on a widespread basis.

If I see someone that's healthy, I see the benefits; it drives me to want to follow their lead.

Liberal African-American man, age 42

Q: What do you think are the advantages for us in having everyone else be as healthy as possible?

A: People would live longer. People wouldn't have to see the doctor as much.

Q: But what's the advantage for everyone else?

A: They could see that other people are trying to be more healthy, more active, then it would give others an incentive to do the same. Because you know, a lot of people, they seem to like to follow.

Summary

These understandings, such as they are, represent relatively little for advocates to work with. Understandings of the implications of health refer overwhelmingly to the obvious benefits to the individual.

On the other hand, the Health Economics perspective – including both reducing expenditures and increasing productivity – is somewhat promising, though it is not best evoked by mentioning "community." For more discussion, see the next section.

"COMMUNITY" AS AN INEFFECTIVE EXPLANATORY CUE

As advocates seek to expand people's understandings about health beyond the personal and individual, it is natural to evoke the concept of "community." In principle, this is a helpful way of reminding people both of the role that the place we live plays in determining our health, and of the stake we all have in each other's wellbeing.

Unfortunately, the elicitations research suggests that the word "community" and the concept of community, as it is usually understood, are *not* effective cues for helping people think in these productive ways. In particular, conversations about community do not offer people much help in moving beyond the Health Individualism perspective when thinking about the *causes* of health. This is due to some basic patterns in how people understand what communities are.

"Healthy community" doesn't evoke ideas about health.

We begin by noting that when Californians hear the phrase "healthy community," they tend to interpret it in reference to qualities like togetherness, solidarity, and so on, rather than literal health.

> *Q: When you hear the phrase healthy community, what does that mean to you?*
>
> *A: It's a safe place to live – sort of a community of people that take care of each other. It's a friendly place to live, safe, a place that you would want to call your neighborhood.*
>
> *Q: What about an unhealthy community?*
>
> *A: Some place that you can see is ravaged by crime or poverty or a place that's run down and just doesn't care about its people or its neighborhood or its resources.*
>
> Liberal white man, age 39

> *Q: Community A is healthier overall than B. What comes to your mind as to why that would be?*
>
> *A: Probably lower crime rate or more enforcement, higher property values. People usually take a little more pride or don't put up with a lot of nonsense. So their overall self-esteem or esteem goes way up.*
>
> Conservative African-American man, age 44

This tendency to talk about community in terms of metaphorical health is not the same as talking about Public Health as a central consideration for public planning. The woman below struggles to bring the two together:

If you have a healthy community, within that community the people would probably be more likely to be more community-oriented with each other. Because they feel good, and if you feel good, you're happy. If you're happy you want to be involved with other people. When you feel lousy, you just kind of want to be by yourself a lot of the time, you know.

Conservative Hispanic woman, age 29

However, this idea that health goes along with feeling good, which goes along with being part of a community, is not a promising way of promoting policy interventions.

The "Connections" model of community

The metaphorical understanding of healthy communities reflects a more general understanding of what community is. The California elicitations confirmed an earlier finding from our research in Massachusetts: "Community" is most often associated with a *spirit* of connectedness, cooperation, togetherness, and so forth – and much less often associated with material conditions. [3]While the word *can* refer to a physical, geographic, political entity, it more typically refers to the more abstract idea of personal Connections.

This understanding, while it seems like a positive value to be tapped into, works against advocates on an *explanatory* level. Conceptually, it clashes with a number of important points that community health advocates would like to make. For instance,

- It is not compatible with the idea of *policy*, since it focuses on individuals and their relationships to one another.
- It obscures, rather than calling attention to, the material conditions (from infrastructure to air quality) that can affect health outcomes.

When people are thinking about the role of community – as Connection – in people's health, they focus on ideas like role models, inspiration (or not), emotional and cultural atmosphere, etc.

Q: What are the different ways that the people around you are affecting your health?

A: By example. If I see someone that's healthy, I see the benefits; it drives me to want to follow their lead . . . when somebody is in really poor health, it makes you not want to go down that path. Makes you want to get rid of those bad habits.

Liberal African-American man, age 42

[3] See "Building the Public Environment for Children," FrameWorks Institute, July 2006.

Q: What are the advantages to us . . . of keeping the people around us healthier?

A: A rising tide lifts all boats. So if you see a lot of healthier people, it's going to encourage more people to be healthy ideally . . . Through example, you see people living a good lifestyle and see they're doing pretty good.

Conservative African-American man, age 44

This is far from the practical, big-picture orientation that would be helpful to advocates of health policy.

The story of Community is the story of the Decline of Community.

Another problem with the conception of community as Personal Connections is that Californians (like people in Massachusetts, and elsewhere in the country) believe that community in this sense is undergoing an irreversible decline. The interview subject quoted below starts talking about air and water quality, but quickly slips into a familiar narrative about the decline of community.

I would think [a healthy community is] one that works together to keep the environment clean. It goes back to the water, the soil, – just working together. We don't have communities like we used to have where people all got together and for a common goal . . . We've all gotten so busy. Technology supposedly makes our life easier, [but] it also speeds everything up because the faster technology can do something, the more you want to cram into your day. Two-parent working households I think have contributed to that. Both parents are out of the home, television, video games have kept kids inside instead of outside where they need to be.

Liberal white woman, age 40

This example is typical of the ways in which references to "community" can easily lead people into counterproductive patterns of thinking, with no real potential to promote systemic change.

RACE AS AN INEFFECTIVE EXPLANATORY CUE

People do not see links between Health Disparities and Race.

It is clear from the elicitations that when people think about Health, they don't think about Race, and in turn, when they think about Race, they don't think about Health. Indeed, in the 20 elicitations (including 8 with minority subjects) there is not a *single case* where people spontaneously volunteered race as a way of talking about health or health disparities. In fact, even after our interviewers introduced the topic with a question about the role of race in the health of a community, none of the subjects ever returned to race as a way of thinking about health disparities.

Not only do people not volunteer race as a factor, they tend to quickly move away from the notion once it has been introduced. The various excerpts below show that the link between race and health "disappears" in two related ways.

- People actively maintain that race was not really a factor in health. Instead, if there are discrepancies, these were economic, cultural, a matter of knowledge and so on – each of which might have health impacts.
- People talk in familiar ways about race, but with little or no sense that this has anything to do with health disparities.

#1: Talking about Healthy Behaviors, but not so much about Race

Some people could see no relationship at all between race and the health of a community:

> *None that I can think of off the top of my head.*
>
> Liberal white man, age 39

<u>It's about culture.</u>

Most people, however, did look for some way that race might affect health, usually as a matter of culture and knowledge.

Most commonly, people argued that the health impact of culture comes mostly from ethnic diets:

> *Well, you've got to get back to culture. Certain ethnicities have a tendency to eat more fatty foods. It's just cultural. It's the way they grew up.*
>
> Liberal white man, age 53

The only thing I can think of is the ethnic-type foods that they eat. For some reason Italian people eat all sorts of pasta and the French all that wonderful rich food. Maybe it's all that wine that they swirl down…

Moderate white woman, age 47

Culture is closely associated in people's minds with knowledge and what people know. You change culture through education, they believe, and race itself can be reduced to culture.

Well, what is race? It's mostly just a mindset.

Liberal white man, age 46

A: Where I teach it's 80% Hispanic and there's not a huge push for good health and fitness. It's kind of like a blanket statement, but dietary issues and exercise are just not a big deal at all.

Q: Do you think that could be changed? Is there anything you could do?

A: It has to be through education and not only to kids, it has to be through their parents too.

Liberal white man, age 39

Somehow I think it has to do with lack of information. I don't care what color they are . . . There are a lot of people who just don't know.

Liberal African-American woman age 56

It could be cultural, but then again, if you went to those [Hispanic] areas and you gave a 50-question test on why too many eggs be bad for you in one week, or why is eating red meat twice a week's not good . . . they wouldn't know. Why is it bad to fry all their food.

Conservative white man, age 32

In all of these cases, disparities are reduced to what people know about healthy behaviors and lifestyles – especially diet.

<u>It's about Economics.</u>

For other people, the question about race stimulated them to talk about how the problem of disparities is more about economics and class than race.

I don't know if that's the case . . . economics play, I would think, a role more than race or ethnicity.

Moderate white woman, age 43

I think to a certain degree it's getting more economic than race. I think the more people get up the ladder . . . especially in California, it doesn't really matter too much. Everybody sees each other as more individual. The lower you go then it's more race and prejudice, 'cause that's hate and that's all you've got, and they've got to hang onto it pretty tight, and they get blinded. Then you're in your own little hole, or your own little area…

Conservative African-American man, age 44

In these cases, however, once the discussion had shifted to the question of economics versus race the idea of *health impacts* disappeared from the conversation altogether.

#2 Talking about Race – but not so much about Health

When asked about the role of race or ethnicity in the health of a community, many people were willing to talk about race, but this was linked loosely if at all with health and health disparities.

<u>Racial diversity is good.</u>

A few people put forth the familiar idea that "racial diversity" is a good thing, because it works against ignorance. And this might (or might not) have something to do with health.

It plays a health role because if you have a mixture of different nationalities and races [it's] good because people learn about each other, their backgrounds and certain things about them that are healthy, but if you're just isolated in one race group, that's all you grew up with and that's all you know and you don't know anything outside of that, and to even mix with other races, that creates an unhealthy person to me.

Moderate African-American woman, age 57

No [race doesn't play a role], just that a good mixture is good for community.

Conservative Hispanic man, age 53

Racial discrimination is bad.

People who already associated race with discrimination would note that discrimination might have impacts on the health of a community:

> *I think [race] is a factor. Hunter's Point Bayview . . . is an overlooked community and I think that's partly because of race. Excuse me, largely because of race.*
>
> Liberal African-American woman, age 53

> *Some ethnic groups don't get the help that others do, and I think that's dead wrong. I think that it should be where no matter what color you are or what background you have you should receive the same treatment. I just think a lot of people are still prejudiced against different races than their own and it really makes a difference.*
>
> Conservative white woman, age 64

> *A lot of people are feeling that they are being discriminated against but . . . I don't think there is as much as people would like to think.*
>
> Liberal African-American man, age 42

Once again, however, this conversation about racial discrimination diverts the conversation away from health disparities into an intensely controversial topic of racial discrimination.

Some ethnic groups are dysfunctional.

Sometimes the questions simply provoked racist thinking, in which African-Americans and other minorities are blamed for their problems in familiar ways:

> *Q: Do race or ethnicity tie into the health of a community?*
>
> *A: I think it can. It depends on how healthy-thinking the community is to begin with.*
>
> *Q: What would be an example?*
>
> *A: Well, race riots . . . Like after the OJ thing. That was kind of crazy. And that's all lack of education. These are just people who are uneducated that just go with the flow. They jump on the bandwagon.*
>
> Liberal white woman, age 40

The man below associates other races with violence and crime and tries to tie this to the idea of health:

> *I think [the role of race] is huge, because that's like anything from diet to behaviors, whether it's positive, healthy behaviors or behavior that is destructive . . . Violence, drugs, inability to interact well with people and how you resolve problems and how you deal with things. So, maybe in Palo Alto just as a hypothetical, stereotypical example -- they might try to resolve things first with discussion. [In] Richmond, Oakland . . . their first option might be pulling out a gun. That definitely translates into whether a community is healthy or not.*
>
> Conservative white man, age 36

Essentially, race is not something that people associate with health, except in the sense that some races may be more poorly educated and have unhealthy cultural practices.

Summary

At the best of times, race-based disparities are difficult topic to engage Americans on. Advocates in particular have often struggled to show that racial disparities in the US cannot be reduced to economics or class, and cannot be blamed on lack of education or cultural differences of minorities themselves.

Unfortunately, when Health Individualism reigns so strongly as a dominant model, not only will people tend not to think of social factors like race as part of the picture, but they will tend to reduce those social factors to the individualistic factors that fit the Health Individualism model: character, culture and knowledge[4].

CONCLUSIONS AND RECOMMENDATIONS

The Health Individualism (HI) perspective is the dominant frame (by far) for thinking about health and health issues in California. This does not mean, however, that we recommend working *with* this perspective. Instead, if real change is to happen, it is critical that advocates and other communicators find effective ways of working *against* and *around* the HI perspective.

There are a number of important ideas missing from Californians' conceptual repertoires, and several ideas emerged from the elicitations for addressing these gaps. Doing so might go a long way towards dealing with the counterproductive effects of the Health Individualism frame.

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[4] These observations and conclusions are consistent with findings from a wide array of research conducted for FrameWorks' Framing Race in America Project; see www.frameworksinstitute.org for these reports.

Health as an important Common Good

Californians are very capable of thinking about health in individual terms, but it comes much less natural to think about health, or public health, as:

- Something we all have a stake in
- Something that's collective in nature – an aggregate of everyone's health
- Something we need to manage practically and responsibly

From our cognitive perspective, one of the important contributions advocates could make would be to promote a greater understanding of this sense of public health – which may involve thinking about new terms, images and even metaphors. Until it is natural for people to think of health in this way, there is little chance that they will actively support systemic change.

Health Economics

One direction emerging from the elicitations, and referred to earlier in the report, involved the economic implications of health – and in particular, the health of a whole population. People easily understand that unhealthy people cost more in health care and contribute less in economic terms. But this idea is not close to being a top-of-mind organizing principle for people's thinking. If advocates could promote this perspective through user-friendly language and concrete examples and analogies, more people might be able to use it to reason in a new and more practical way about health policies.

As was mentioned earlier in the report, the word "community" is not especially compatible with this perspective. Instead, interview subjects are more likely to achieve this practical perspective when thinking in terms of cities, the state, etc. – which are more closely associated with economics, and with practical, managerial thinking.[5]

"Missing Pillars"

One helpful communications tool that emerged from earlier work on behalf of the California Endowment (as well as other health-oriented organizations) may be helpful on the topic of community health. This is the idea that people without health coverage are, usually through no fault of their own, "missing pillars" that reduce the stability of the health system as a whole. They use services (as everyone must) but are not part of the financial structure that supports those services.

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[5] Like all suggestions in this report, this one would be need to be validated through further research – e.g. in focus groups that are a later stage of the FrameWorks project.

The same idea might be effectively applied to the broader issue of people's health: We need everyone to be in the best health possible, or our communities and our economies are not as strong and stable as we need them to be. Unhealthy people, from this perspective, are like "missing pillars."

One caveat to this approach is that – even more than with health *insurance*, which people can more easily see as something not everyone has access to – it would be important not to inadvertently suggest that people are *to blame* for their situation.

An "Ecological" model of health

If the idea of public implications of health is one important gap in people's understanding, the idea that our health depends strongly on the environment/context in which we live is another. Experts and advocates recognize that everything from housing to transportation to opportunities for artistic expression can contribute to health. This idea that practically everything contributes to or detracts from wellness was recognized only very rarely in the interviews.

This "ecological" understanding of health is one of the most important ideas that advocates could promote: Health is affected by various aspects of the physical, social, economic and cultural *environment*, and individual health is largely a product of the *systems* (natural, social, infrastructure, etc.) that surround us.

(Note, by the way, that even the term "holistic" isn't broad enough to encompass this perspective, since it typically refers to a view that takes the whole *person* – i.e. individual – into account.)

The Ecological perspective might be conveyed through sets of concrete examples, which would have to be clear enough, and repeated often enough, to combat the usual obliviousness to environmental causes. It would also benefit from clear explanation, through new terms, images and metaphors that help people get out of their default "ruts" on the issue.

Health "index" for locations

One way of communicating about the environment/context in which health occurs, is to assess these factors as part of the communications. Some of the material already produced by community health advocates suggest that we imagine a new "measure" of communities – the factors that contribute to or detract from health in those communities.

The idea of a standardized checklist of factors that must be taken into account – and that can be tracked over time for improvement – makes cognitive sense as a concrete idea that could help focus people's thinking and promote a big-picture perspective on health.

In the elicitations, we tried an exercise that asked subjects to imagine they were real estate agents talking about crime rates, schools, economic outlook and other standard measures of a community. When subjects were asked to try to consider a community's health as part of this conversation, they found the assignment challenging, and often ended up focusing on marginally relevant topics like violent crime.

This result suggests that advocates have a long way to go in developing this promising direction into a helpful way of talking and thinking about the connection between location and health. Understandings about the impacts of toxins in a particular city, neighborhood, county or state (as opposed to "community") would be one example of how to make this perspective more concrete. Others are possible, and further research will be needed to determine which are most effective at helping the public develop a "bigger picture" of the issue of health and community.

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In the final analysis, the challenge for community health advocates, as on so many other issues, is to move the topic out of the sphere of individual behavior and move it into the public sphere, where it can be understood as an important factor in public decision-making. Currently, the topic is far removed from this kind of thinking, due to strong, pre-existing patterns of thought. Ironically, advocates may make some progress towards their communications goals simply by dropping or downplaying the words "health" and "community."

***About FrameWorks Institute*:** The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies. The Institute's work also includes teaching the nonprofit sector how to apply these science-based communications strategies in their work for social change. The Institute publishes its research and recommendations, as well as toolkits and other products for the nonprofit sector at www.frameworksinstitute.org.

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