Audiences for Health Equity Narratives in U.S. media

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OUR CHALLENGE

To create an audience-narrative architecture that helps RWJF and its partners develop content that changes narratives on health equity.

ON EQUITY

Our mixed methods research approach centers equity and starts with audience.

TEAM

Two anti-racism research professionals from Harmony Labs' advisors collaborating on approach and execution.

SAMPLING & DATA

Equity sampling: 80% of audience values survey respondents from communities of color. See slide 6.

MEDIA ANNOTATORS

Media interpretations by a team assembled for diversity across values, race, age, geography. See slide 38.

Audience

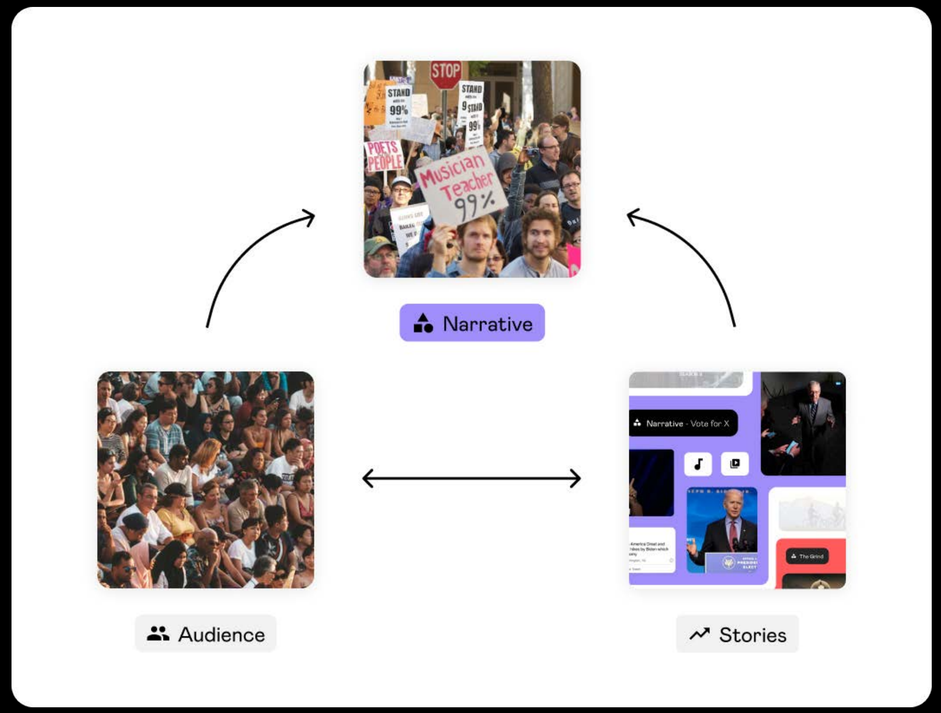
Why audience?

We start with audiences to explore and define whom we could be talking to and what they care about. Also, there is no narrative without audience.

A narrative is a story pattern that emerges, as audiences create, consume, and share stories over time.

In this project, we'll use audiences as a means of partitioning stories. We'll find the stories about health and healthcare that are distinctive to each audience, and that, taken together, represent their narrative on health and equity.

In this way, we'll map the existing narrative landscape for U.S. audiences, and inform the content we make and test within those audiences, in order to evolve that narrative landscape.



4 audiences

Audiences help storytellers imagine how to reach people different from themselves, while making more manageable a reality where every human being is unique.

Ideal audiences for this project hold distinct health and healthcare attitudes, and distinct cultural affinities. In other words, they participate in distinct media cultures, and live inside different stories and narratives about health and equity.

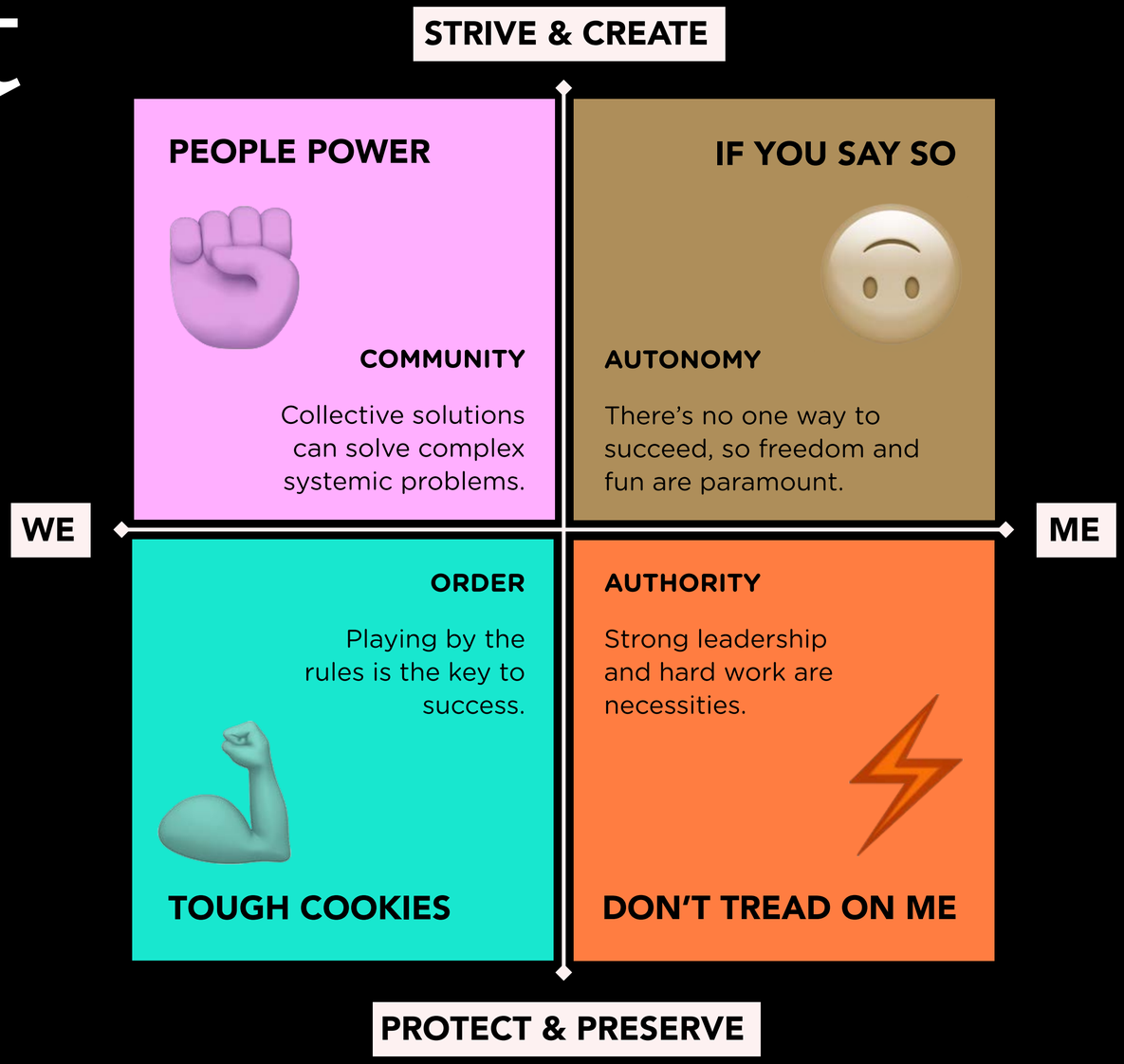
Our audience segmentation builds on two years of audience research, enriched by an English-language online survey conducted in October 2021 with 3,500 U.S. respondents, matched to a voter file, yielding 4 roughly equal segments. We allocated 80% of our sample to 4 racial, ethnic groups—Black, Asian and Pacific Islander, Latinx, and Native American or Alaska Native—proportionally based on U.S. population.

Values distinct

Each audience centers a values cluster that drives how audience members reason about themselves and the world. These values clusters derive from Shalom Schwartz's theory of basic human values. You can think of values as basic psychological goals that inform how people engage with social issues. The social issues we've worked on with these audiences include economic mobility, immigration, racial justice, denuclearization, and, now, health equity.

One useful feature of this values architecture is that it creates a map where proximity matters. PEOPLE POWER and TOUGH COOKIES share values that center collectivity, for instance, whereas IF YOU SAY SO and DON'T TREAD ON ME tend toward individual autonomy.

Take the quiz to discover your audience.

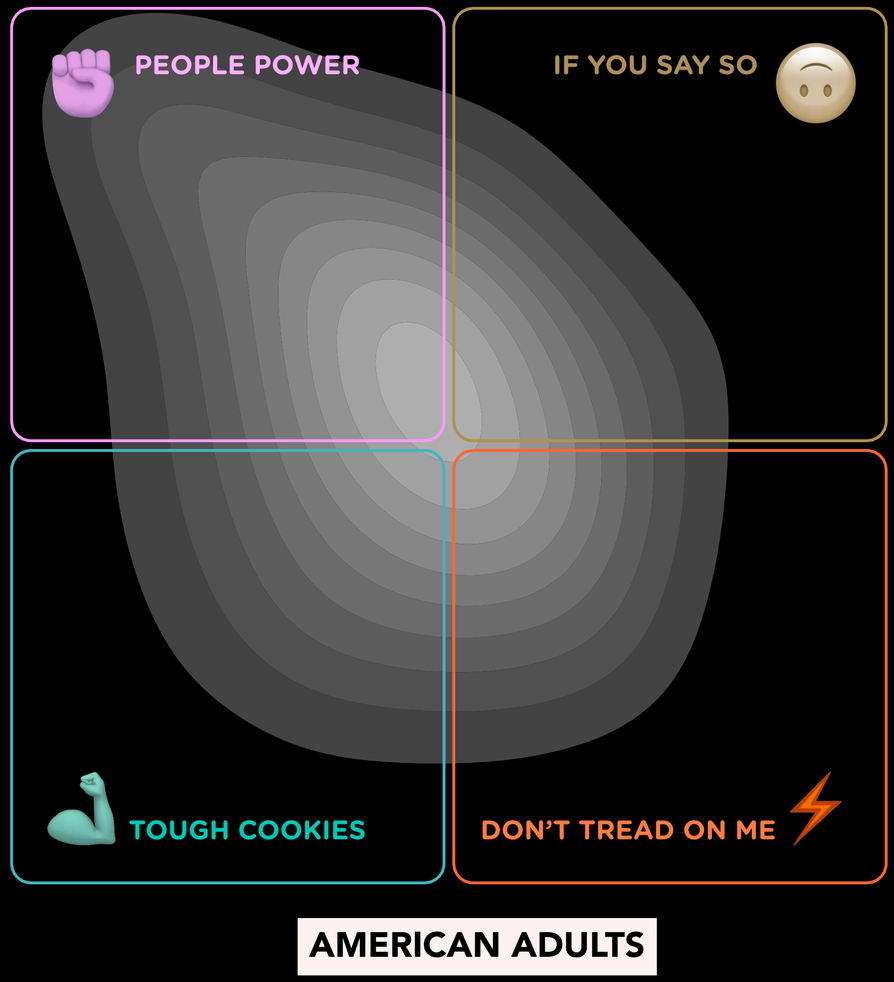


Values plus

Values-based audience segmentation is an alternative to segmentation by demographics (such as race, age, and gender) or political support, with important advantages for narrative and cultural strategy.

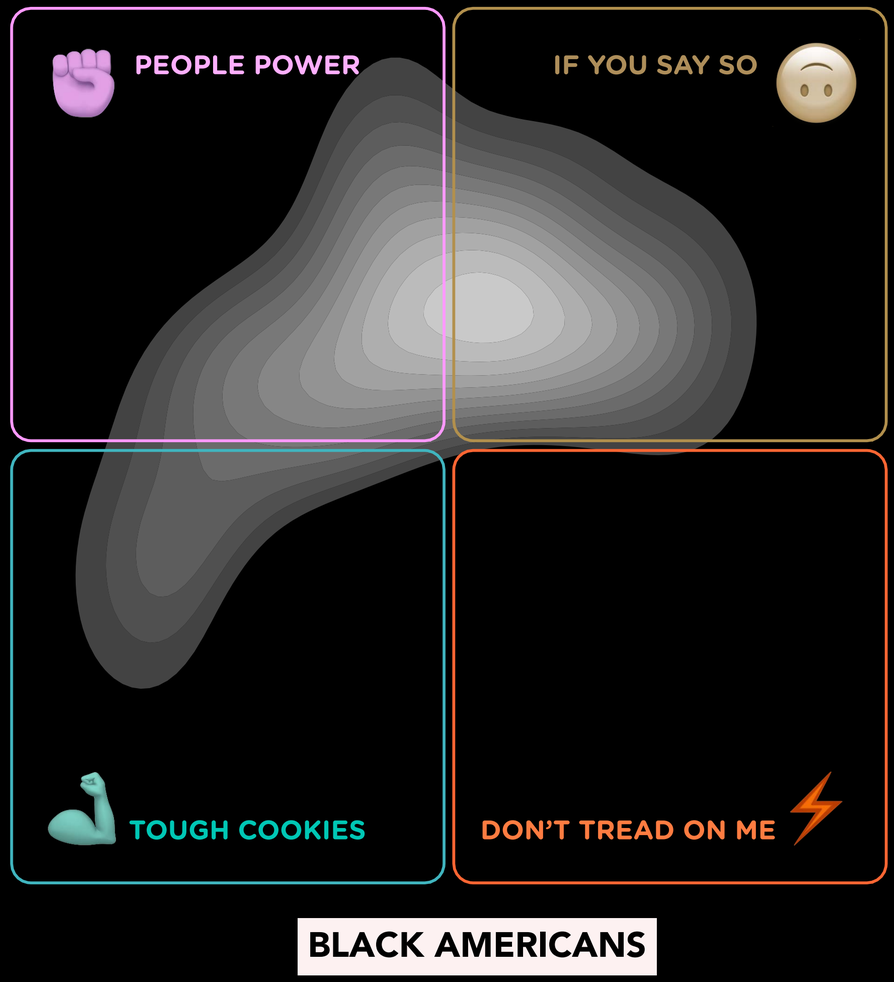
Our audience segmentation contains useful information beyond just values, however. So we can understand how, for instance, race, cultural affinities, and values intersect.

This heat map shows how Americans 18+ distribute within the 4 values quadrants. The map stretches to the upper left of PEOPLE POWER, because the progressive voter file that was used to generate the map has more precise, complete information about progressive voters.



Race x values

Black Americans are more likely to endorse community and autonomy values than authority values. There is a center of gravity in IF YOU SAY SO, where people value individual liberty and enjoying life, and also in TOUGH COOKIES, where people value responsibility and tradition.

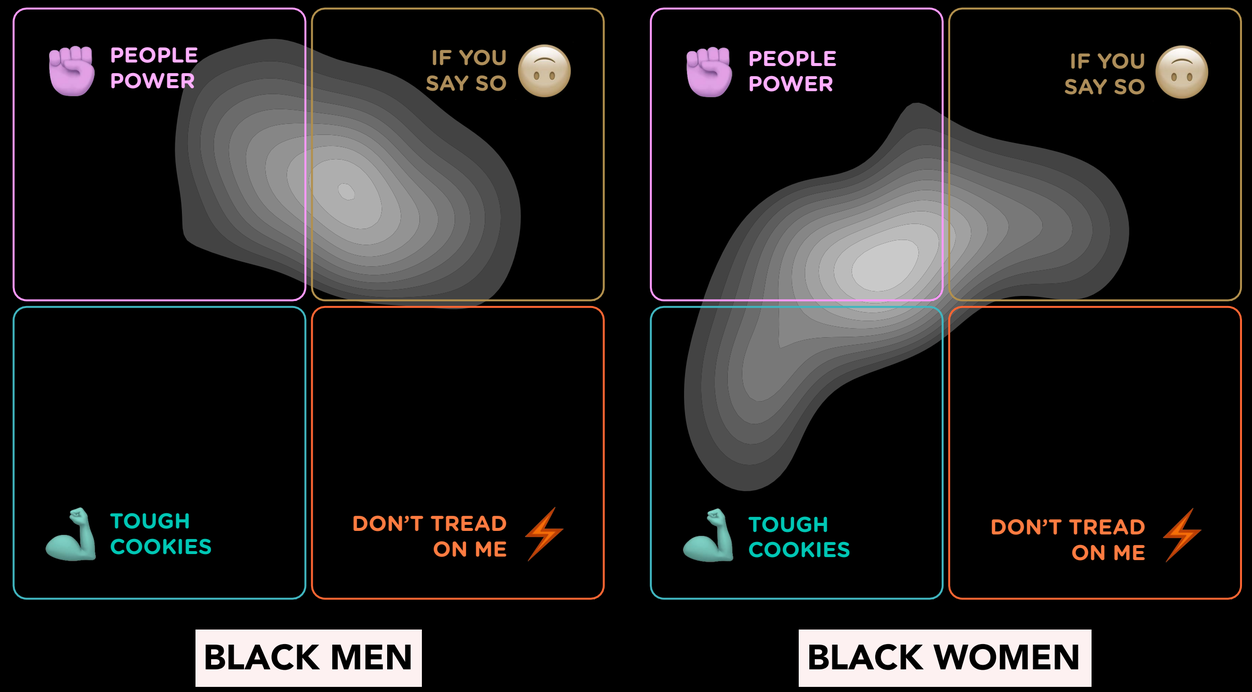


Race x gender x values

We can look at and compare how multiple intersectional identities distribute across the values quadrants.

Black men are more likely to endorse autonomy values than Black women, for instance, who endorse more community and security values. Both groups are much less likely than white Americans to endorse authority values.

The values map provides a framework for reasoning about intersectional identities.



Ethnicity x age x values

Latinx and Hispanic survey respondents overall tended to endorse more autonomy and authority values, but a substantial group of Latinx and Hispanic respondents under the age of 35 endorsed more community and autonomy values.

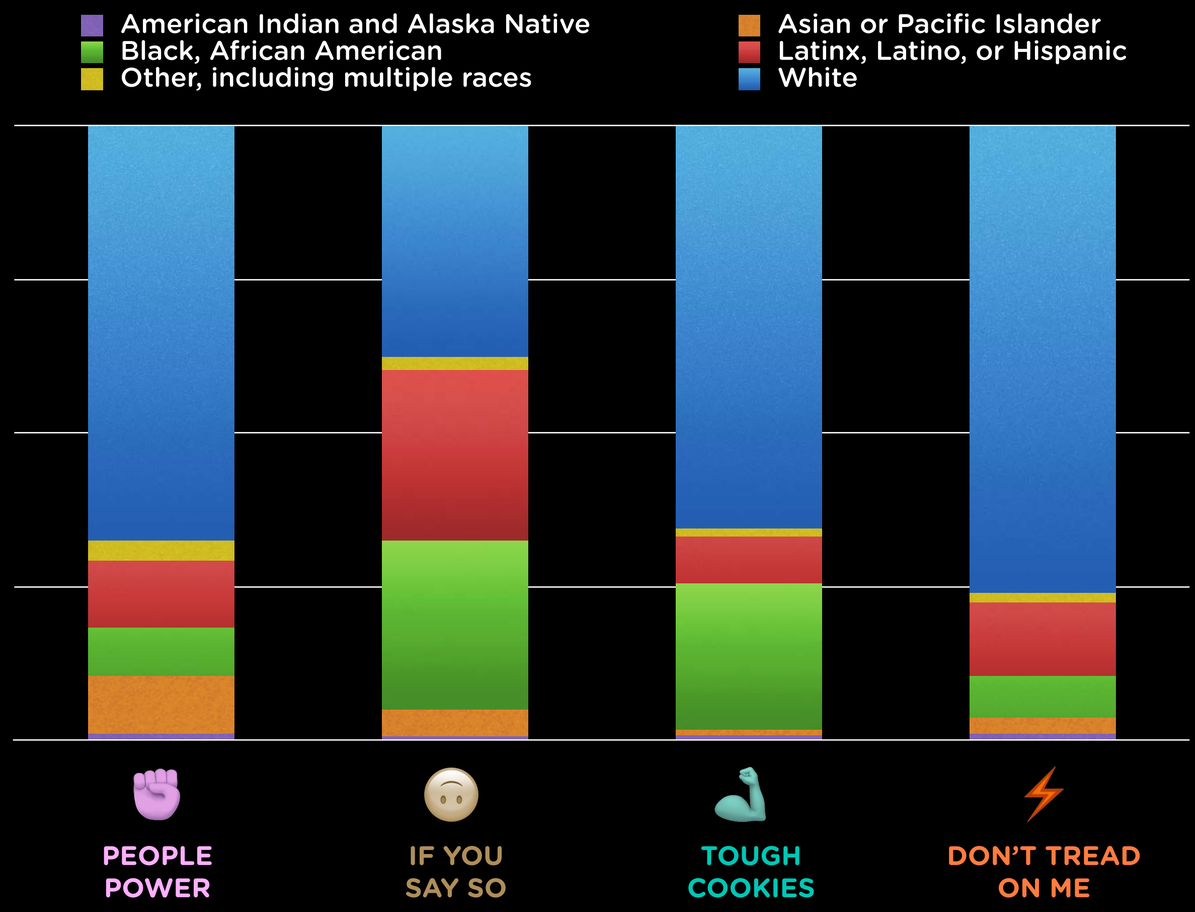
Using voter file-matched survey respondents means we exclude or undercount the unregistered, undocumented, and other groups.

Audience x race +

Each national audience is racially diverse, including DON'T TREAD ON ME, which is about 10% Latinx, with some Latinx-identified people also identifying as "white." IF YOU SAY SO is the most racially diverse, with large proportions of Latinx and Black people.

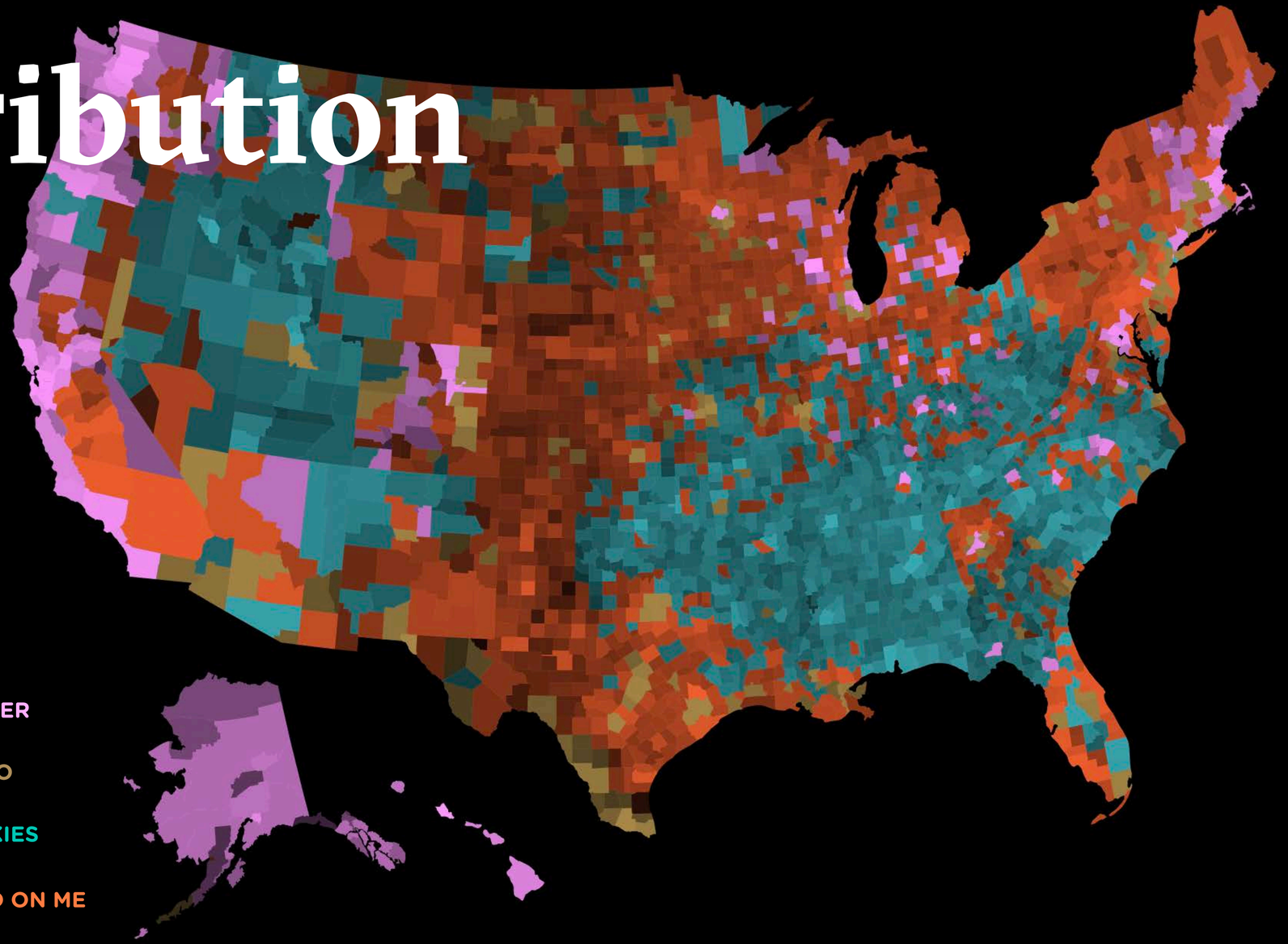
Some other demographic headlines:

- PEOPLE POWER is especially likely to be college educated.
- IF YOU SAY SO is especially likely to be young: about 70% are under 35.
- TOUGH COOKIES is especially likely to be women: upwards of 70% of respondents.



U.S. distribution

We can look at how these 4 audiences distribute in the U.S. by zip code. More intense color indicates more density in the most prevalent audience per zip code.



✊ PEOPLE POWER

🙃 IF YOU SAY SO

💪 TOUGH COOKIES

⚡ DON'T TREAD ON ME

Media cultures

Audiences may not spend much time thinking about health and equity. So what stories do they live inside? What's the look and feel of the media that attract them? What platforms and voices do they engage with?

In the following slides, we profile each audience with respect to their media choices. We conclude with some information about platform reach within each audience. All media thumbnails are clickable.

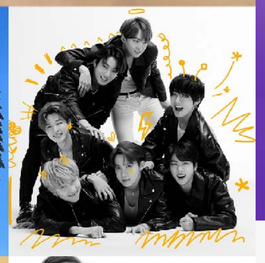
We build cultural profiles by projecting survey responses on to nationally representative opt-in media consumption panels. These panels give us visibility into the actual minute-by-minute media behaviors of over 300,000 people in the U.S. across desktop, mobile, tablet, and TV.

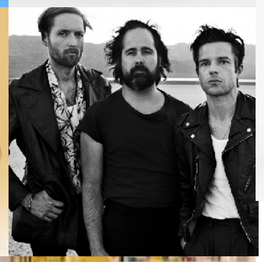
People power

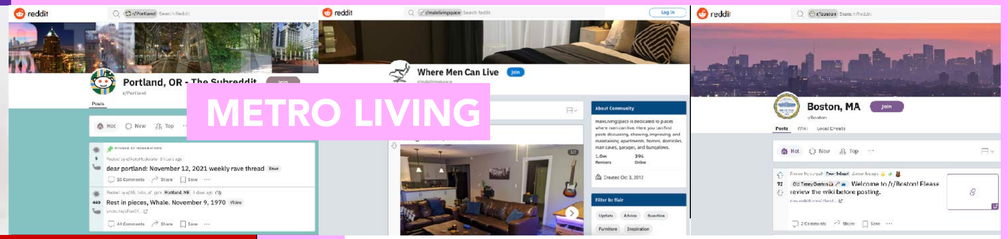
Engaged with progressive media of all kinds, from news to late night comedy, and with diverse characters and voices in their entertainment.

SELF CARE & SOOTHING

TOP MUSIC







DIVERSE SITCOMS

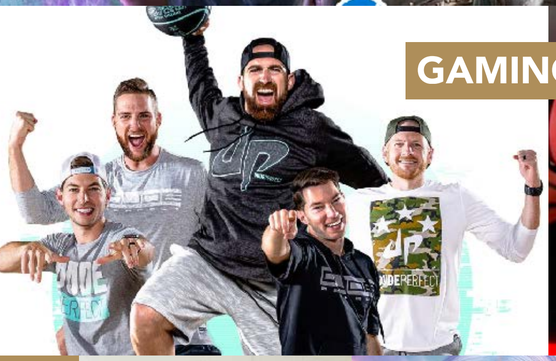
TOP BRANDS

PROGRESSIVE LATE NIGHT

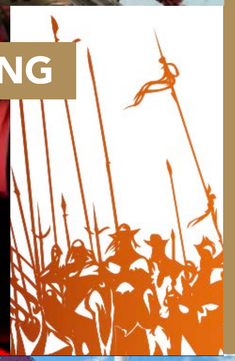
TOP VOICES

If you say so

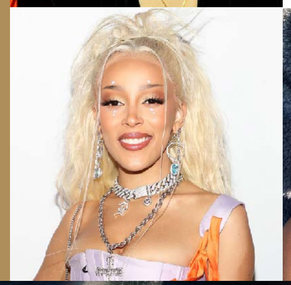
Racially, thematically diverse content that is not necessarily political or issue-driven. Lots of YouTube, music, and fun, entertaining themes, from video games and anime.

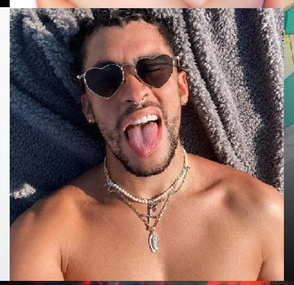


GAMING & GOOFING



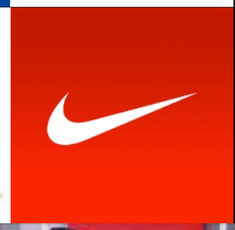
TOP MUSIC





HIP HOP

TOP BRANDS



KOREAN & JAPANESE TV

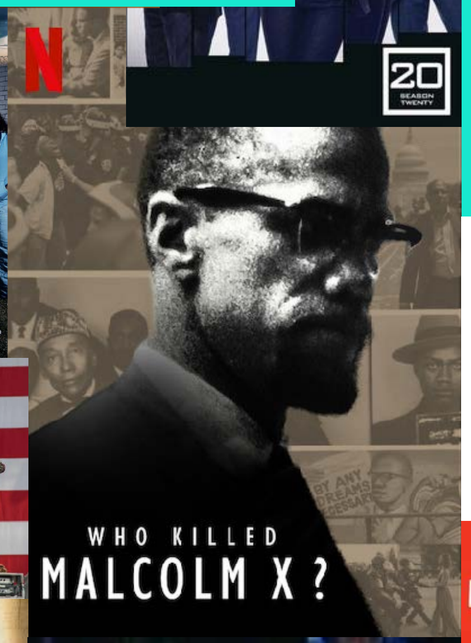
TOP VOICES

SPANISH LANGUAGE TV

Tough cookies

Strong interest in political news and in the morally clear us-versus-them worlds of Westerns and police procedurals. The lightest content is infotainment—like celebrity gossip.

POLICE, CRIME & PUNISHMENT



TOP MUSIC

CHRISTIAN WORSHIP

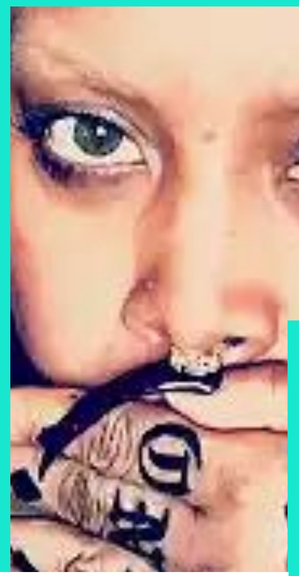
TOP BRANDS

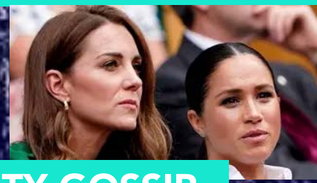
FOOD LION

Humana

Taste of Home

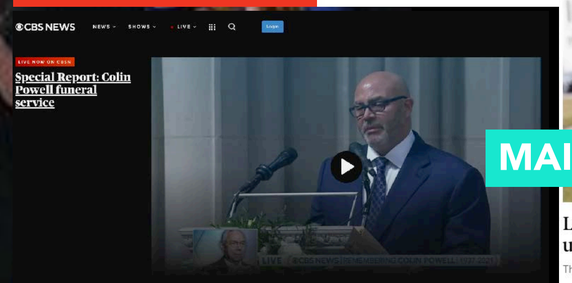
wayfair





CELEBRITY GOSSIP

TOP VOICES



MAINSTREAM NEWS

Live updates: Ahmaud Arbery murder case underway

Three Georgia men are accused of chasing down and killing Ahmaud Arbery.

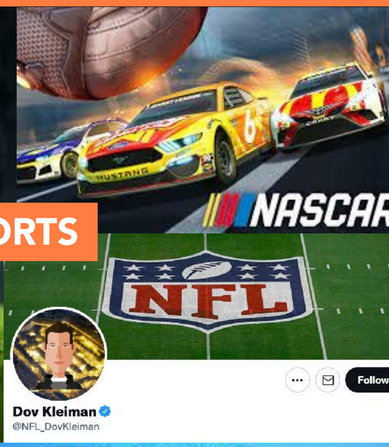
Don't tread on me

Well-ordered worlds featuring achievement, like sports, and conservative identity, along with hard rock and country music. There's disaster media, too.

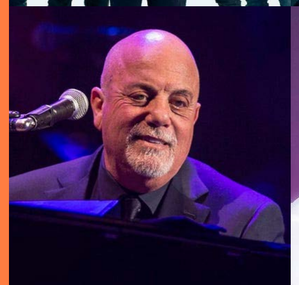
ACTION & APOCALYPSE

TOP BRANDS

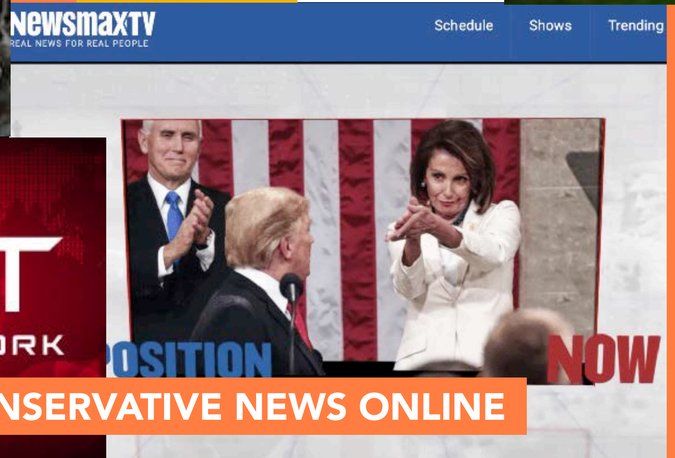
SPORTS



TOP MUSIC



CONSERVATIVE NEWS ONLINE



TOP VOICES

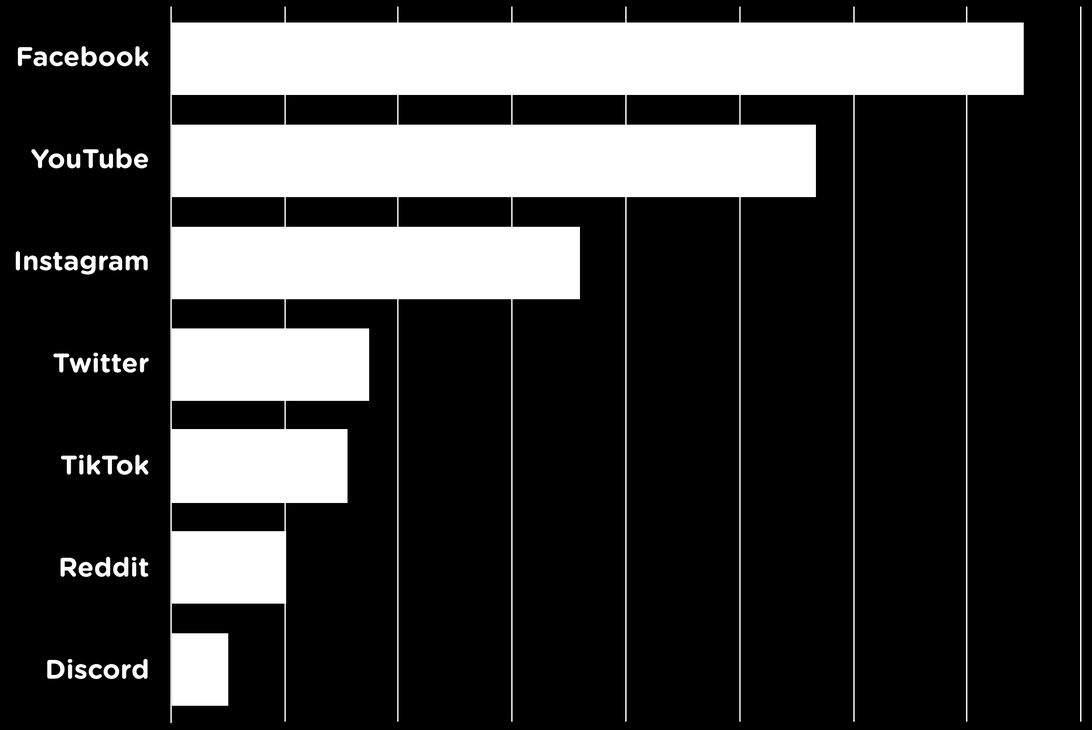
FOX NEWS ON TV

Platform reach

Some platforms have more reach than others nationally. This chart shows estimated average daily reach across all Americans on all devices and channels. That is, it includes Facebook usage in desktop, mobile and tablet browsers, as well as in application.

Facebook reaches between 65% and 75% of all American adults every day, about 10X as many people as Discord, for example.

These huge overall reach differences can dwarf between-audience differences and mean that, especially for paid advertising, one strategy for maximizing reach might rely on the three highest reach platforms: Facebook, Instagram, and YouTube.



Platform reach x audience

Different platforms afford different kinds of interaction and engagement, which may be important to consider for a cultural intervention. And across platforms there is variation in average daily audience reach.

For example, Discord and Reddit, though low-reach generally, are relatively high-reach for PEOPLE POWER and IF YOU SAY SO; while older TOUGH COOKIES and DON'T TREAD ON ME are most engaged on Facebook.

It is important to note again that these charts were generated using behavioral media consumption data, not survey.

Health attitudes

In addition to looking at values and demographics, our survey looked at attitudes about health, healthcare, and health equity. We generated survey questions from the differences in health, healthcare, and health equity attitudes observed through Robert Wood Johnson Foundation's prior research investments, like this survey, this survey, and this report.

In the slides that follow, we identify key attitudinal differences in our 4 audiences and derive a set of themes for how each audience thinks about health, healthcare, and health equity in the U.S.

Divided on racial equity . . .

DON'T TREAD ON ME is the audience most likely to report that Black people are not treated less fairly than white people in receiving medical care, although this perspective crosses into TOUGH COOKIES and IF YOU SAY SO as well.

Only PEOPLE POWER reliably agrees that racism in healthcare exists and should be addressed.

(Survey question: When seeking medical treatment, would you say: Black people are treated less fairly than white people; white people are treated less fairly than Black people; both groups are treated fairly?)

. . . and systemic solutions

Approximately the same audience that observes racism in healthcare believes that government is responsible for making sure all Americans have healthcare. Centered in PEOPLE POWER, this belief also stretches into TOUGH COOKIES and IF YOU SAY SO.

The conviction that racism pervades our healthcare system and the conviction that universal healthcare is a right, not a privilege or a commodity, seem to represent a package, given how highly they correlate.

(Survey question: Do you think it's the responsibility of the government to make sure all Americans have health insurance? Yes/No.)

Secure in status quo

While single payer support is highest in PEOPLE POWER, TOUGH COOKIES—who favor the status quo and existing social order—says that the government should ensure we have healthcare, but through the existing mix of employer-based private plans and government programs.

This highlights an important tension for TOUGH COOKIES. TOUGH COOKIES wants functioning communities and cares about the common good, but derives security from the status quo. It could be hard for them to imagine alternate ways of structuring healthcare or any large system.

(Survey question: Should health insurance: continue to be provided through a mix of private insurance companies and government programs; or be provided through a single national health insurance system run by the federal government?)

Super skeptical . . .

IF YOU SAY SO has trouble imagining any system working for them, unlike TOUGH COOKIES who believe that players in the system generally mean well and that slow, incremental improvement is possible.

IF YOU SAY SO's skepticism for the medical profession runs so deep, they even doubt the negative health impacts of smoking. This heat map shows people who endorsed the idea that smoking does not have a strong impact on health.

(Survey question: How strong do you think the effect of [smoking] is on some people's health? Please rate on a scale of 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect.)

. . . and untrusting

IF YOU SAY SO's skepticism extends to their own doctors' goodwill. This heat map shows that the people most likely to say that they do not trust their own doctors are IF YOU SAY SO, but that mistrustfulness crosses over into all other quadrants, most significantly DON'T TREAD ON ME.

(Survey question: How much do you trust [your personal doctor or nurse] to give full and accurate information about the health risks and benefits of medical treatments?)

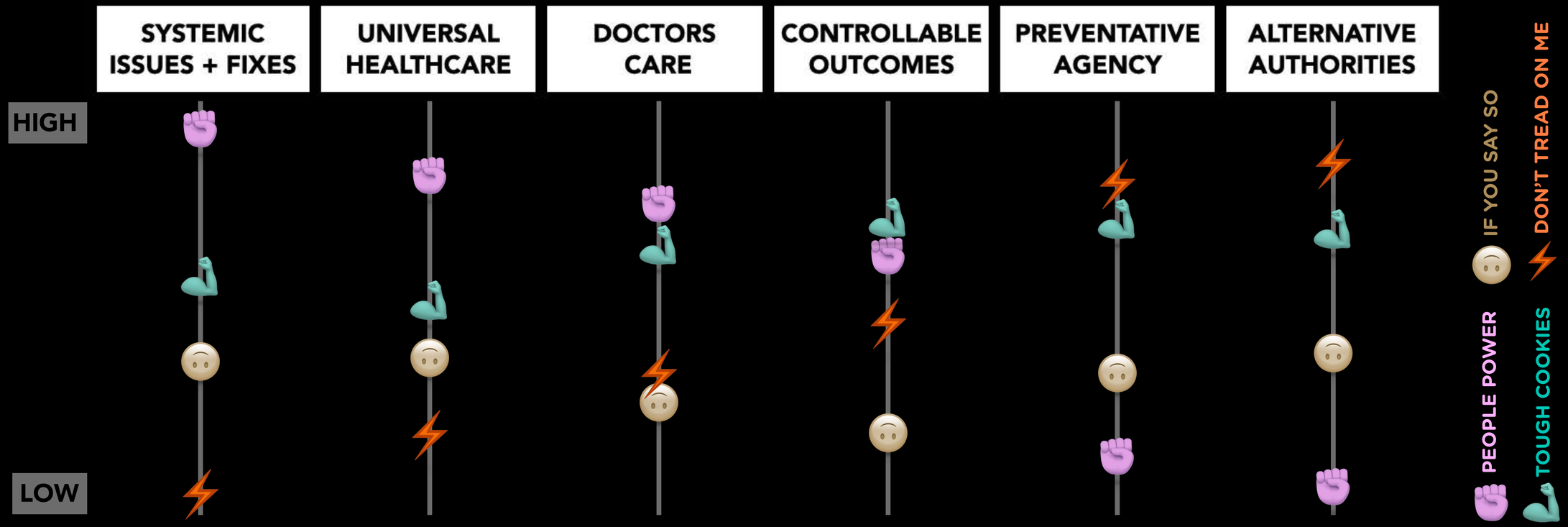
6 core beliefs

To create profiles of how our audiences see health, healthcare, and health equity, we reduced survey responses to 6 core sets of related beliefs using statistics. We present these below, along with responses exemplary for each belief set. These belief sets are not mutually exclusive. One person could be high on both universal healthcare and doctors care, for instance. Each belief exists on an agreement continuum.

SYSTEMIC ISSUES + FIXES	UNIVERSAL HEALTHCARE	DOCTORS CARE	CONTROLLABLE OUTCOMES	PREVENTATIVE AGENCY	ALTERNATIVE AUTHORITIES
Systemic racism, social determinants of health, and other systemic factors are key to healthcare's problems and potential reform.	Universal healthcare is about more than just who pays. Everyone should have access, regardless of "deservingness."	Medical professionals and institutions, including the pharmaceutical industry, generally mean well and try to help people.	Health is not random or a matter of luck; it is determined by personal choices and/or social situations and systems.	Individuals have the power to make choices that can prevent health problems from occurring and engender healing.	Providers and people outside the dominant Western medical paradigm, including friends and family, are resources for health information.
EXAMPLE RESPONSE	EXAMPLE RESPONSE	EXAMPLE RESPONSE	EXAMPLE RESPONSE	EXAMPLE RESPONSE	EXAMPLE RESPONSE
Racism, housing quality, and income all have a strong effect on health.	Everyone should get the healthcare they want no matter what they can afford to pay.	Medical doctors care about the best interests of their patients.	Housing quality, stress, smoking, and income can all affect health.	I am very confident I can prevent health problems.	I trust alternative health providers & friends & family for info on treatment risks & benefits.

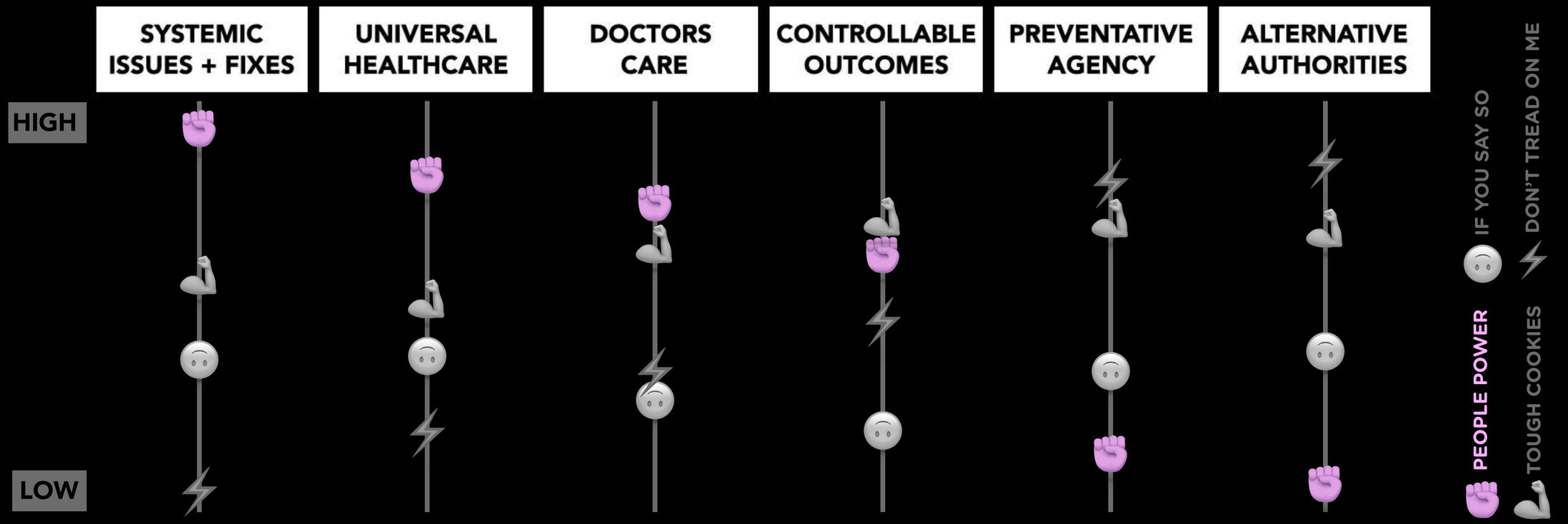
6 core beliefs

To create profiles of how our audiences see health, healthcare, and health equity, we reduced survey responses to 6 core sets of related beliefs using statistics. We present these below, along with responses exemplary for each belief set. These belief sets are not mutually exclusive. One person could be high on both universal healthcare and doctors care, for instance. Each belief exists on an agreement continuum.



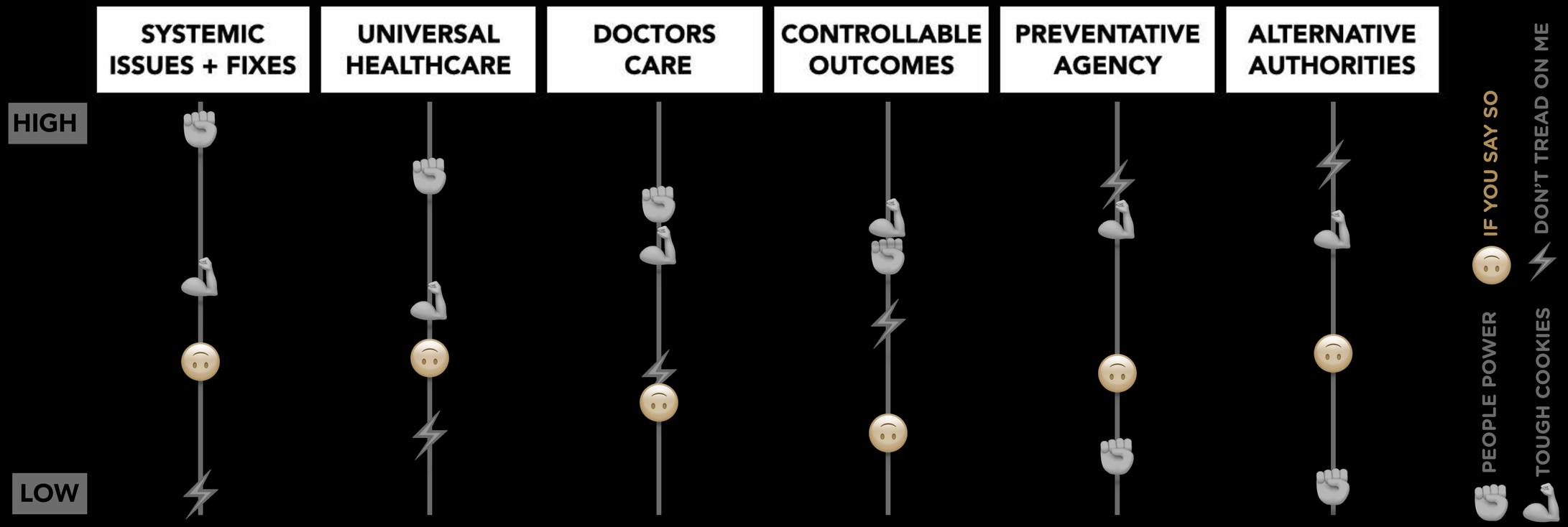
People power

PEOPLE POWER could be an organizing base for equity in health systems. They already strongly believe that the system discriminates based on race, and that healthcare should be universal. They also believe that doctors generally care about their patients, and that both social factors and individual factors affect health. What's missing is a sense of personal agency.



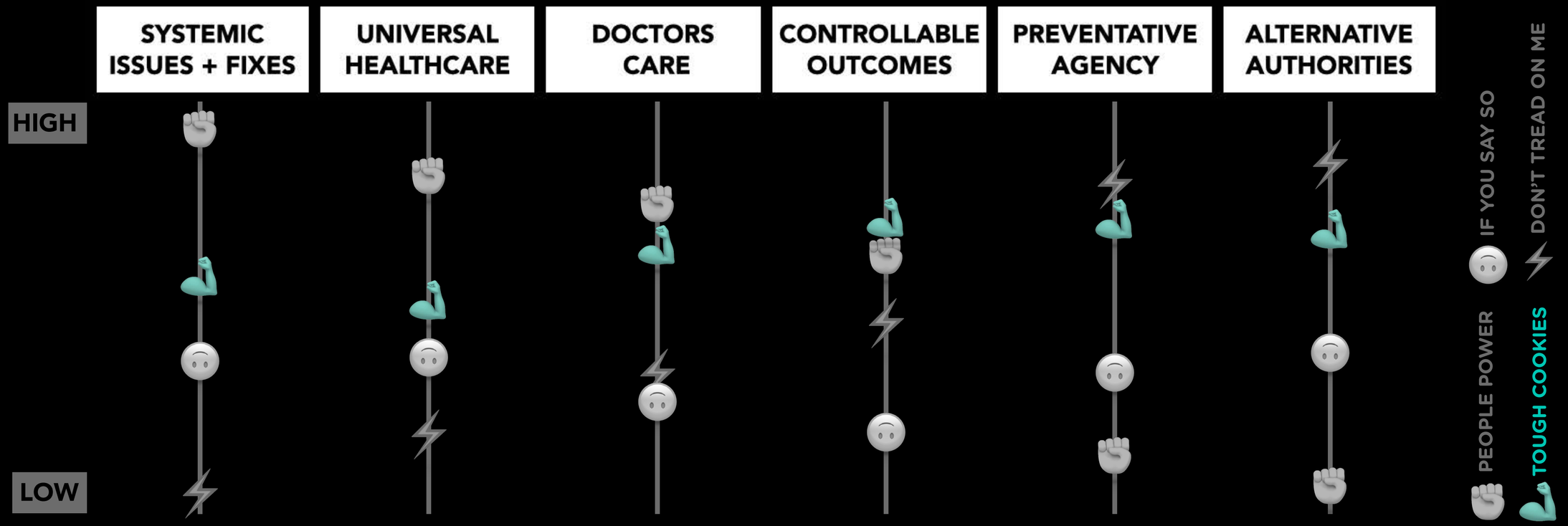
If you say so

IF YOU SAY SO is less likely to endorse systemic solutions to healthcare problems. They're the most likely to say that doctors do not care, and they're least likely to believe that health problems have causes: systemic or individual. Unlike DON'T TREAD ON ME, they don't feel agency in their health. Health events can feel random or predestined, and little can be done to address them individually, much less collectively.



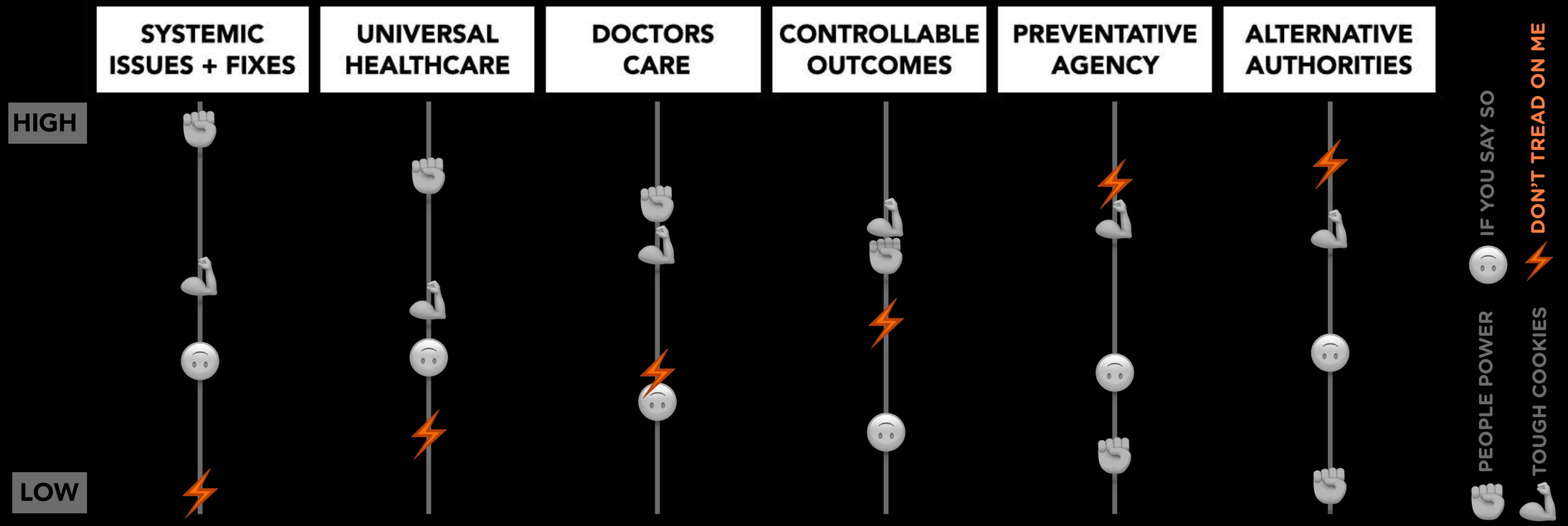
Tough cookies

TOUGH COOKIES is more communal than IF YOU SAY SO, similar to PEOPLE POWER in their endorsement of systems solutions, and their belief that doctors mean well. They are close to the individualist DON'T TREAD ON ME, both in their perceptions of their own agency and in their desire to seek healthcare information from sources other than medical experts, including alternative care practitioners, friends, and family.



Don’t tread on me

DON’T TREAD ON ME rejects universal healthcare, and the idea that healthcare suffers from systemic issues, like racism, that require fixing. They strongly believe in their own agency in controlling health outcomes and preventing health problems. That’s reflected in their willingness to pursue healthcare information from sources other than medical professionals.



Audiences summary

	✊ PEOPLE POWER	🙃 IF YOU SAY SO	💪 TOUGH COOKIES	⚡ DON'T TREAD ON ME
KEY VALUE	Community	Autonomy	Order	Authority
DEMOGRAPHICS	Educated, progressive, secular	Younger, racially diverse	Up to 70% women	Mostly white, high earning
MEDIA HIGHLIGHTS	Progressive media, sitcoms with diverse casts, metro living, self-care and self-soothing	Gaming and goofing, hip hop, Japanese, Korean, and Spanish language TV	Well-ordered moral TV worlds, online news, soft sounds, Christian worship	Conservative news and TV, sports, disaster media, hard rock and country
SYSTEMIC ISSUES & FIXES	Our healthcare system reflects societal inequities, and access to health care is a universal right.	Racism exists, and the healthcare system may be broken, but it's not going to change anytime soon.	We just need to work harder to fix healthcare, through a mix of private and public options.	America's healthcare system rocks. Race just isn't a factor. Your health is on you to fix or fail at.
DOCTORS & CARE	Doctors generally care about their patients.	Why should I trust anyone in the medical system?	Medical professionals do their best to do right by people.	Doctors are OK, as long as you look out for yourself.
OUTCOMES & AGENCY	Health is a function of social realities and the choices I make, but I don't feel much agency to prevent health problems.	Health just happens or not, kind of like the weather. There's not much anyone can do about it, so we may as well enjoy the ride.	The choices I make and the community I live in determines how healthy I am, and I can work to make it better.	Health really comes down to the choices you make, and the care you can afford. Only you can take care of you.
ALTERNATIVES	I only trust the medical advice my doctor gives me.	One authority is as good as another, I guess.	My health advice doesn't come only from doctors.	I do the research when it comes to my own health.

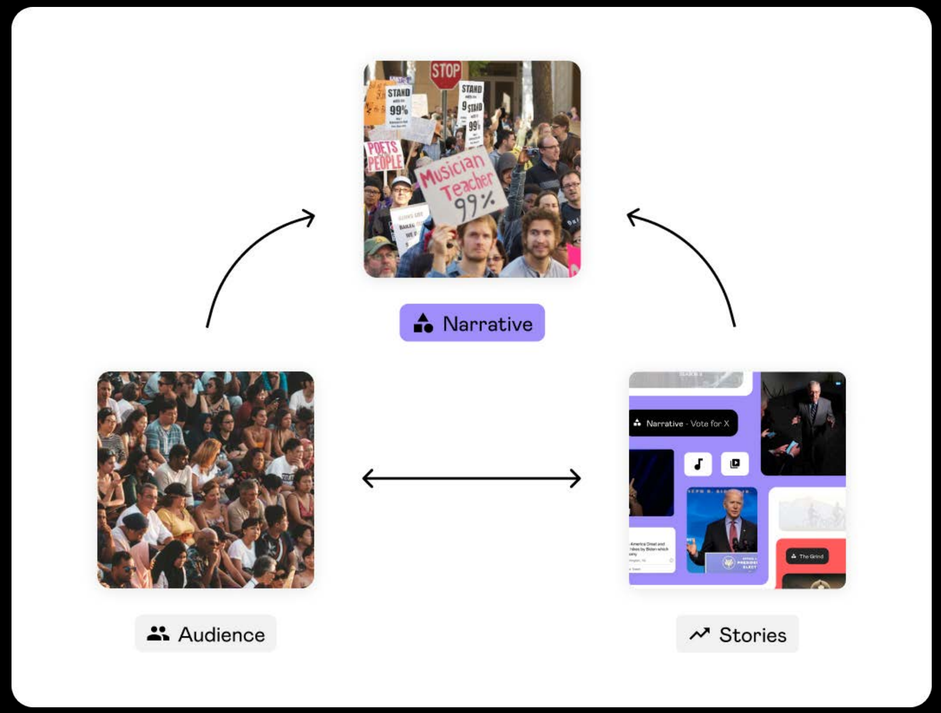
Audience
+
Narrative

Why narrative?

A narrative is a story pattern that emerges, as audiences create, consume, and share media stories over time.

The work of narrative change happens at the level of audience and story—varying the what, how, where, and to whom of the stories we tell. But we need to know the narrative landscape each audience inhabits in order to anticipate how the stories we tell will land with them.

We will also use this narrative landscape to develop hypotheses about the content that is most likely to resonate with audiences, and evolve their narrative on health equity. In the next stage of this project, these hypotheses will be validated and refined by making content and evaluating how audiences react to it.



Health relevance

To identify a narrative landscape for each audience, we started with all the stories each of our four audiences consumed across online news, TV news, entertainment TV, and Twitter, between January 2021 and December 2021.

Then we identified all the stories that were relevant to health or healthcare—giving it, receiving it, paying for it, finding information about it—using this definition and a diverse team of a dozen U.S.-based annotators. This yielded about 1 million stories.

HEALTH // a media story is about health if it discusses:

1. Experiences of receiving healthcare, including interactions with providers, OR;
2. Experiences of giving healthcare, OR;
3. Experiences of paying for healthcare, including stories about health insurance, billing, from patients, providers, insurance companies, and/or government, OR;
4. How people get healthy or sick, OR;
5. Who is healthy or sick, OR;
6. Who has information about healthcare (e.g., medical professionals, government, media personalities) and how to get information about healthcare (e.g., websites, articles, YouTube)

COVID, another challenge

Identifying audience-specific narratives within a million health-relevant stories is challenging. The fact that one topic—COVID—dominated health-related stories within our period of analysis intensified this challenge, as statistical models struggled to make sense of this single overwhelming center of gravity, with so much variation in the rest of the space.

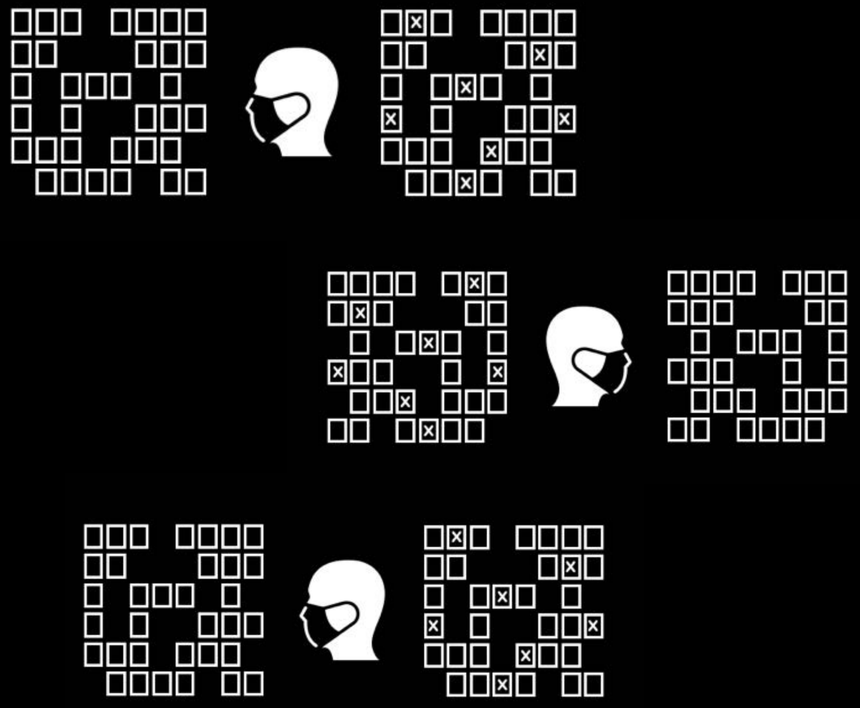
So we evolved our method to exclude layer after layer of media documents treating COVID case counts, vaccination sites, and more, in order to reveal only health-relevant stories distinctive to each of our four audiences.

From stories to narratives

Now, with a set of audience-distinctive stories, we again turned to our annotators to interact with these stories and tell us what narratives they perceive.

We select our annotators to represent our four audiences, which means they are diverse with respect to values, race, age, geography, and other key dimensions. And this means that variations in how our annotators interpret stories, across audiences, can tell us something important about differences in each audience's narrative landscape. Whereas consistency within an audience, with respect to the narratives they see in stories, means we may have identified an important narrative feature for that audience.

We collected more than 10,000 annotations from our annotators, which we used to discover the distinctive narrative within each audience.



Narrative discovery

Below is a window into how the narrative lens changes when annotators from different audiences read the same three stories and describe in their own words the narratives they see.

	✊ PEOPLE POWER	🙃 IF YOU SAY SO	💪 TOUGH COOKIES	⚡ DON'T TREAD ON ME
	“We should have the freedom to choose to not be vaccinated.”	“Public servants fight to preserve public health. Health is a choice for some, but risk to all.”		“The vaccine mandate is the villain, and the unions are the hero. This is on an individual level.”
	“The government has the power to enact the future outlined in this story. The solution is temporary.”		“Organizations (research, hospitals, pharma) have the power to enact the future outlined in this story. The solution is permanent.”	
	“The hero in this story is the laws themselves, which protect children from people who break rules.”		“The hero in this story are government officials and politicians, who protect children from people who break rules.”	“The hero in this story is the media, who are protecting children from government officials and politicians.”

4 audiences ~ 4 narratives

We clustered and reduced all the different annotator interpretations into a single distinctive narrative for each audience. We supplemented these findings with qualitative research, interviewing and soliciting imagery from thirty-two people—eight people for each of four audiences —to collect their personal stories on health and to test our narrative findings.

In each of the four audience-specific narratives that follow, we describe the narrative in general terms, surfacing its distinctive features, including how race shows up. We illustrate each narrative with the media that gave rise to it. (All media are clickable.) Then we conclude with an expression of the narrative in interviewees' own words and images.

Medical

PEOPLE POWER

Everyone needs to play their part to keep healthy—physically and mentally—mostly by following the advice of medical experts.

Protagonists:	Healthcare workers, scientists, experts, and regular people who uphold responsibility for public health
The Challenge:	Larger systems like poverty, climate, or corruption, and people who voluntarily choose not to “follow the rules”
On Race:	Race and racial disparities recur in stories that advocate directly for eradicating racism to heal America
Tone:	Compassionate, although system-level issues and fixes can occur as abstract

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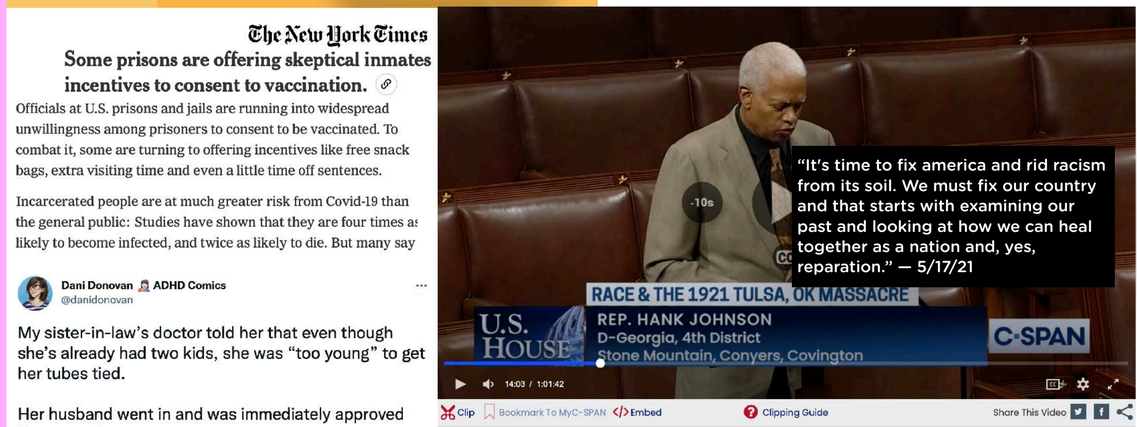


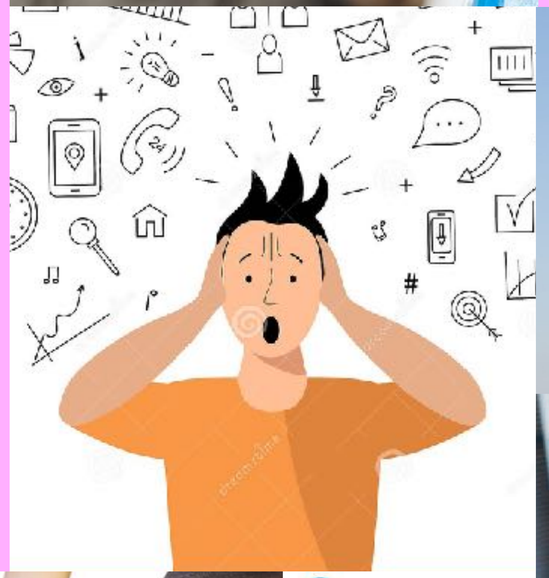
Medical

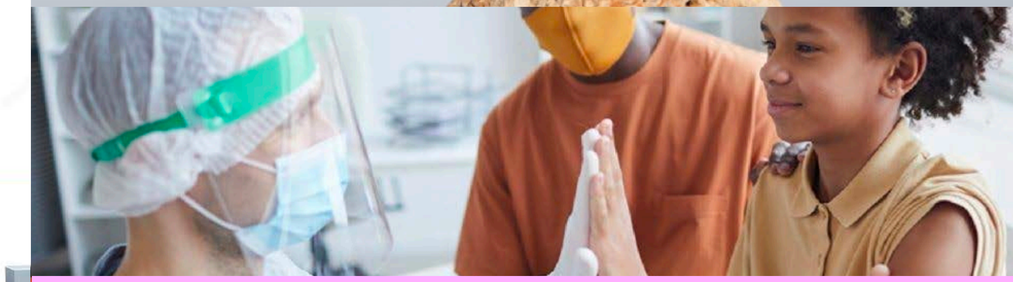
PEOPLE POWER

IN THEIR OWN WORDS AND IMAGES

Healthcare systems might be faulty, a "patchwork," but they can be fixed, since doctors and scientists know what we need to stay healthy and safe. The stories and images PEOPLE POWER brought us actively centered equity as an indicator that the system has been fixed.

"Health is like . . . a Rubik's Cube. It's complicated. You know . . . it can be solved. It can be figured out, but . . . it's gonna take some effort, and it's gonna take some doing." —Brian





"Certain races historically have been, you know, treated poorly by the U.S. healthcare system. And those individuals of those races may have difficulty gaining the trust back of health care providers." —Jadeep

Trust + Care

IF YOU SAY SO

It's hard to know who has the right answers when it comes to health. Getting care means navigating obstacles and finding allies.

Protagonists:	Allies who care about others, and the self-informed who understand the full range of treatment options and alternatives
The Challenge:	The randomness of ill health, including accidents or violence; traditional healthcare authority figures standing in the way; and finance
On Race:	The social determinants of health and medical racism are directly addressed in stories frustrated by the slow pace of change
Tone:	Inquisitive

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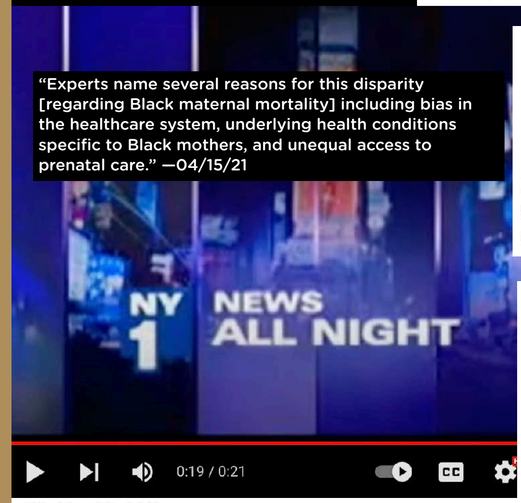
"People will be OK with saying that we need more mentors; people will be OK with saying that we're going to do these town halls," she continued. "That's an initial step, but as far as real work, the A.P.A. has a long way to go."

By Judith Warner
Published April 30, 2021 Updated May 21, 2021

The New York Times



KHN

Black Americans Are Getting Vaccinated at Lower Rates Than White Americans

By Hannah Recht and Lauren Weber
JANUARY 17, 2021

That's the level of mistrust she says public health officials must overcome to vaccinate Black Americans — one that's rooted in generations of mistreatment and the legacy of the infamous Tuskegee syphilis study and Henrietta Lacks' experience.

The New York Times

A Night in the Hospital, From Both Ends of the Stethoscope

As a doctor writing about medical errors, I saw potential risks lurking everywhere when my daughter was hospitalized with appendicitis

By Danielle Ofri, M.D.
Jan. 5, 2021

experienced a stomachache. My kids know that fevers, colds, coughs and sprained ankles do not get my pulse up, and that "if you're not bleeding out or in cardiac arrest" they should seek medical sympathy from their computer programmer father. They often accuse me of ignoring their medical complaints altogether, but as a primary care doctor I know that most aches and pains of daily life get better on their own and are best left unobsessed about.

But this time I became suspicious of my daughter's inability to find a comfortable position and so pulled out my stethoscope. When I

The New York Times Magazine

A Young Mother Found Herself Cripplingly Weak. Did Her Operation Cause This?

By Lisa Sanders, M.D.
June 2, 2021

Three months after having bariatric surgery, she was vomiting several times a day and couldn't even move her eyes.

DENVER7

Coroners carrying heavier emotional burden than ever before because of COVID-19

By: Alexa Lacko

"I'm so fascinated with anatomy," said Flenniken. "I'm not scared of the gore, and the blood, and the exposed bones and things like that."

Yet, with all the biology she knows, she's had to learn the science of sympathy.

The New York Times

We Could All Use a Health Coach

By Jane E. Brody
June 7, 2021

Health coaches can give patients the tools they need to improve their own care and well-being, but they aren't widely available.

Ana Valens @acvalens · 7m

As much as possible given your circumstances, find a doctor that not just knows what they're doing, but also puts your needs first. They should treat your medical regimen as a collaboration. For ex, if they think prog has mixed results, they'll tell you that but prescribe anyway

The best doctors I've had said "here's what I think, but it's your body." The worst would treat their POV as final word.

Trust + Care

IF YOU SAY SO

IN THEIR OWN WORDS AND IMAGES

Convoluted insurance processes and costs loom large in the stories and images IF YOU SAY SO brought us, along with repeated references to the care they want to see in health systems.

"The person who's, you know, very genuine and caring and compassionate. Like, we need more of those people to be in all lines of work, but especially in the healthcare industry." —Lesley

"I think it's a business and yeah, they get away with it. They can charge the insurance as much as they want. And get away with it. What are they getting away with? I mean, highway robbery. I mean . . . I honestly do not think that a 10-minute ultrasound costs $3,400." —Francisco

Responsibility

TOUGH COOKIES

The powerful play an important role protecting us from disease, as we must protect others, especially children.

Protagonists:	Local communities banding together for support—financial, emotional, spiritual
The Challenge:	Lack of access to care; the catastrophe of disease, especially cancer and children with cancer; the collective spiritual journey of illness
On Race:	There's no clear solution for racism, which is a scourge on health, especially via racial violence. Protecting children looms large, plus often unnamed differences in "susceptibility" to disease, and sometimes wealth
Tone:	Advocating

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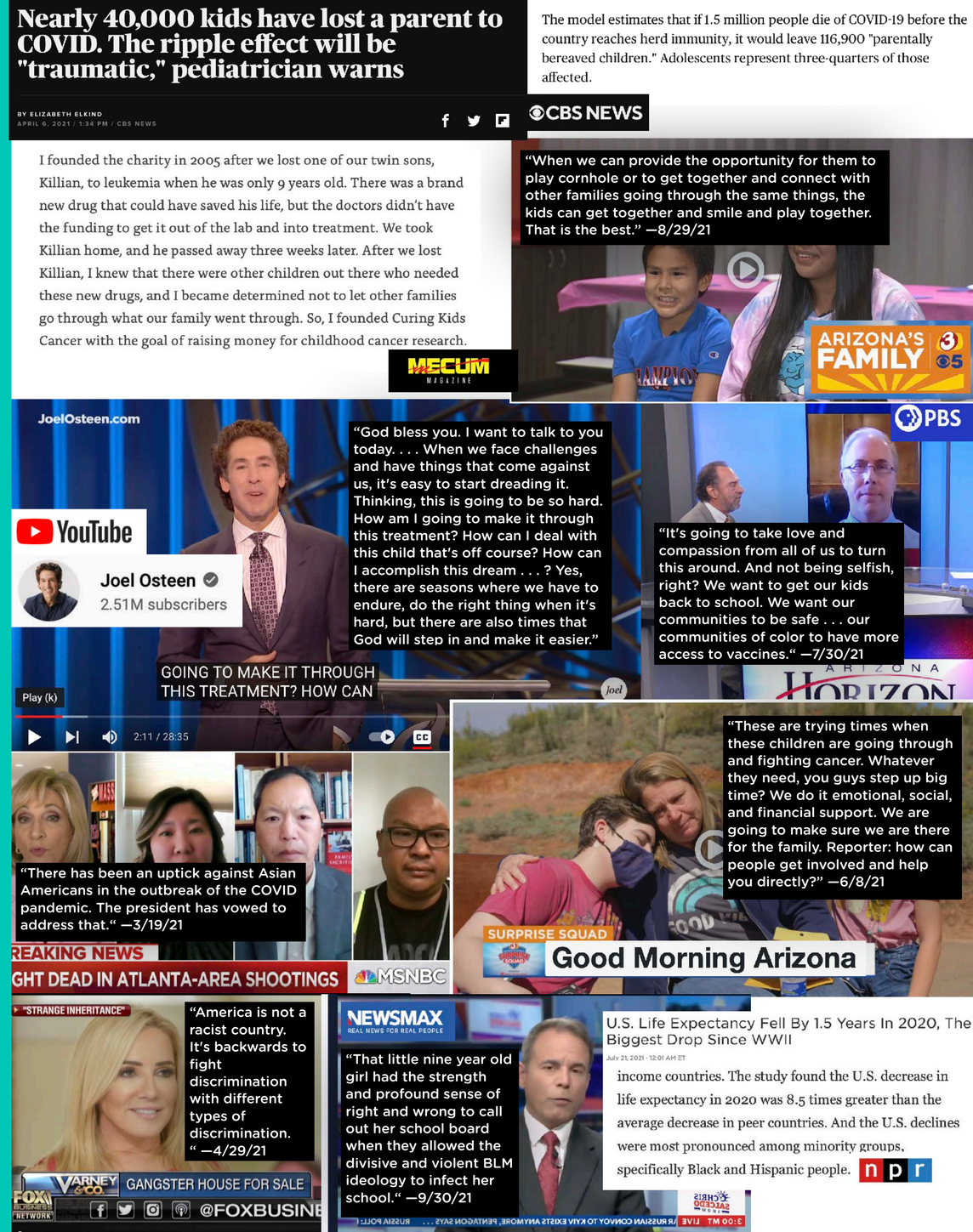
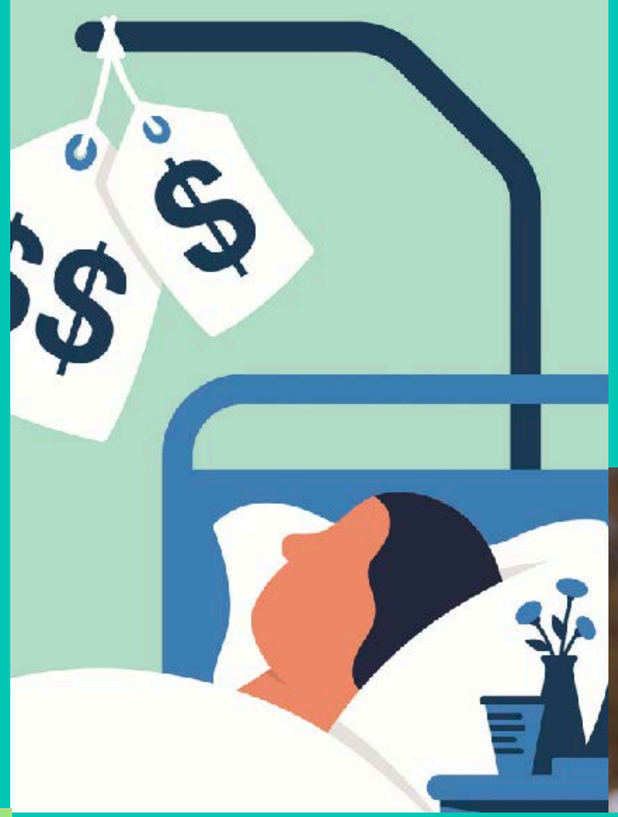


Responsibility

TOUGH COOKIES

IN THEIR OWN WORDS AND IMAGES

The stories and images TOUGH COOKIES brought to us highlight their sense of the current healthcare system as confusing, expensive, and hard to navigate, leading to an inability to access crucial care.



"What does it cost for someone to see me? How is it you can say your time was worth $3,000 an hour? And when I go to work, I only make $8 an hour? What's the balance?" —Katherine

"Healthcare is broken and needs to be fixed with lots of holes that people fall through while attempting to find good health care for them or their family. Now a lot of stuff is online, and a lot of the older people maybe don't have have the means to use, or don't know how to use, the laptops . . . like the phones and stuff like that. So for them it's really hard . . . " —Nanci

Enemy

DON’T TREAD ON ME

The primary vector for ill health isn’t disease; it’s other humans, from politicians to immigrants, scheming to injure or infect us.

Protagonists:	Individuals fighting for control of their bodies. Trusted messengers of health who have undergone careful scrutiny
The Challenge:	Staying alert to omnipresent threats, especially from experts with powerful political or financial interests
On Race:	Black and brown people and other non-white races threaten us with infection, COVID, for example. Stories about medical racism do appear, in the context of vaccine hesitancy
Tone:	Fear-inducing

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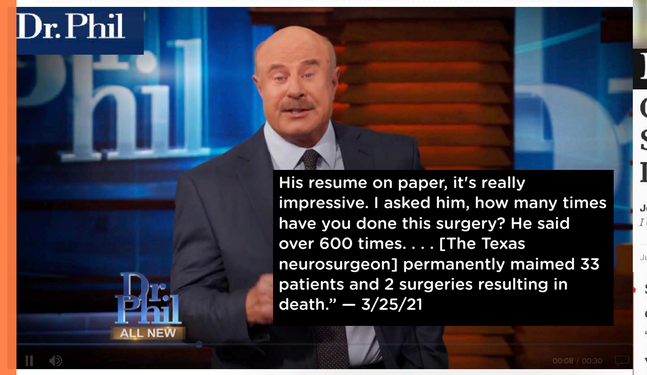
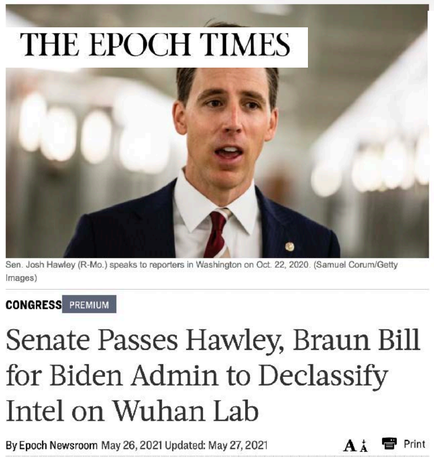
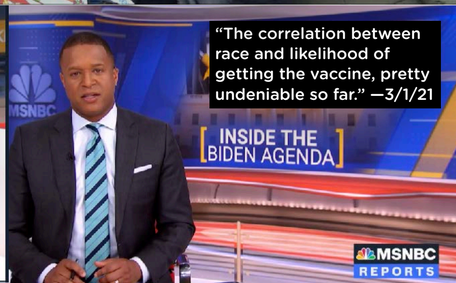




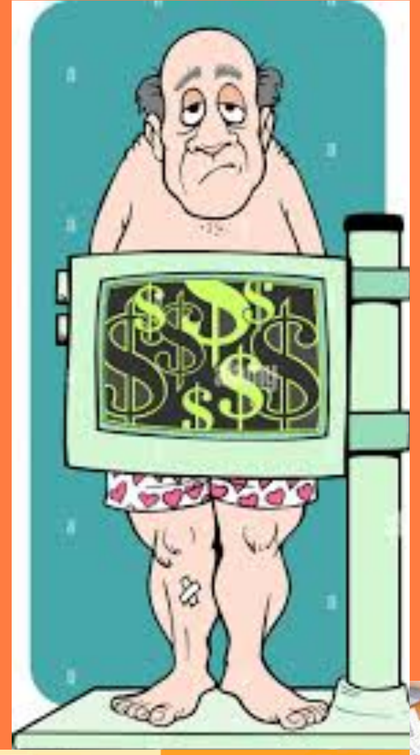


Enemy

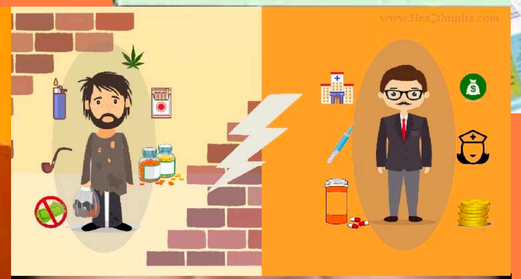
DON’T TREAD ON ME

IN THEIR OWN WORDS AND IMAGES

DON’T TREAD ON ME often presented themselves as “the little guy” in the stories and images they brought us, a David vs. a Goliath, where staying in control is winning, and healthy eating, exercise, or vitamins is how they do it.



“That’s one area where I’m kind of impressed by our current doctor. I take a whole lot of supplements . . . and he never told me to stop anything that I was taking.” —Ronald



“The other side is sort of like health insurance, who I view as like the enemy. . . . And I feel like maybe politicians, who don't want to make any meaningful change to how health is done in the country. And then maybe like, even the people who are operating very well in this system, who aren't thinking about how their peers might be impacted.” —Betsy

Narratives summary

	MEDICAL PEOPLE POWER	TRUST + CARE IF YOU SAY SO	RESPONSIBILITY TOUGH COOKIES	ENEMY DON'T TREAD ON ME
	Everyone needs to play their part to keep healthy—physically and mentally—by following the advice of medical experts.	It's hard to know who has answers for my health. Getting good care involves navigating obstacles and finding allies.	The powerful play an important role protecting us from disease, as we protect others, especially children.	The primary vector for ill health isn't disease; it's other humans, from politicians to immigrants, scheming to injure or infect us.
PROTAGONISTS	Healthcare workers, scientists, experts, and people who uphold their public health responsibility	Allies who care about others, and the self-informed	Local communities banding together for support—financial, emotional, spiritual	Individuals fighting for control of their bodies
THE CHALLENGE	Larger systems like poverty, climate, or corruption, and people who voluntarily choose not to "follow the rules"	The randomness of ill health, and traditional healthcare authorities standing in the way, plus finance	Lack of access to care, the catastrophe of disease, especially cancer, especially on children, the spiritual journey	Staying ahead of omnipresent threats, especially from experts with powerful political or financial interests
ON RACE	Race and racial disparities recur in stories that advocate for eradicating racism to heal America.	The social determinants of health and medical racism are directly addressed & frustration at the slow pace of change.	There's no clear solution for racism, which is a scourge on health. Protecting children looms large.	Black and brown people and non-white races threaten us with infection. Medical racism shows up via vaccine hesitancy.
TONE	Compassionate, a little abstract	Inquisitive	Advocating	Fear-inducing

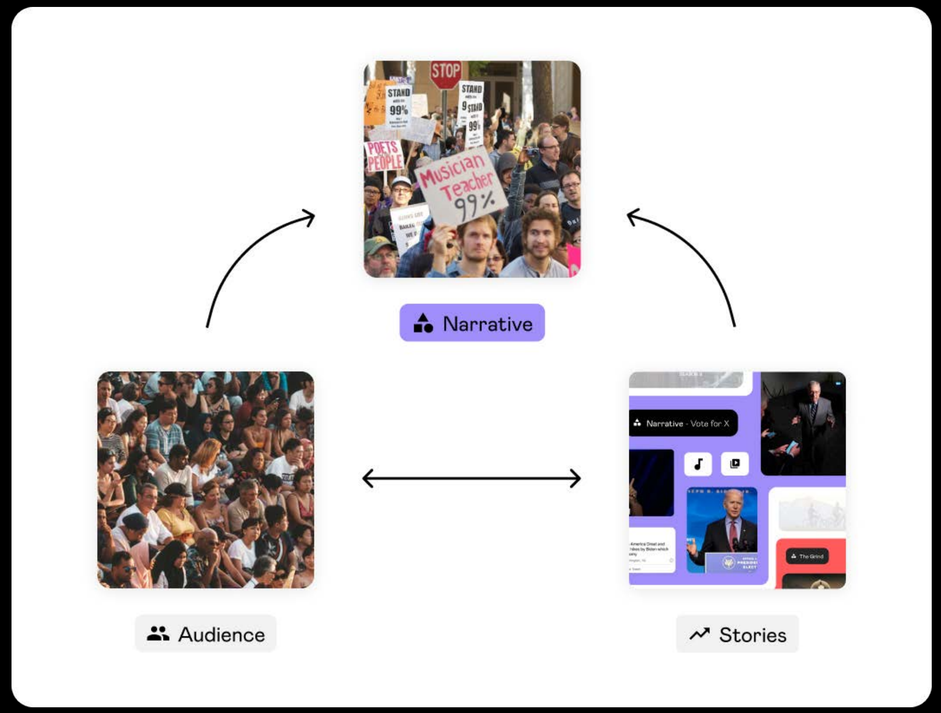
Audience
+
Narrative
+
Content
Validation

Why content validation?

The work of narrative change happens at the level of audience and story—varying the what, how, where, and to whom of the stories we tell.

So now that we know something about the narrative landscape each audience inhabits—through the media stories they engage with, and how they talk about and depict health and equity in interviews and imagery—we can turn our attention to learning how to build stories that actually move audiences in the right direction and evolve their narrative landscape.

This is what we call content validation, the third and final experimental phase of our research.



Target narrative

Before we start experimenting with building stories that work, we need a narrative goal or target narrative that can guide and inspire the stories we tell, and against which we can measure our success in moving or transporting audiences into an evolved narrative about health systems and equity.

We used the target narrative below, derived, in part, from the Robert Wood Johnson Foundation's Health Equity Collective.

NOW

FUTURE

A new system to replace our current, racially biased healthcare system: one that is accessible and affordable to all, delivers excellent health outcomes across all populations, recognizes and rectifies past and current injustices, and honors everyone who participates in it.

Generating hypotheses

Over the course of six months, together with Story Strategy Group, we used a few different methods for generating hypotheses about the stories that might evolve each audience's narrative landscape. First, we re-analyzed each audience's media diet for content that might already be moving them toward our target narrative or holding them back. We called these bridge and barrier hypotheses and generated 4 per audience.

Second, Story Strategy Group convened eight experts in health equity, anti-racism, and narrative change—the Narrative Power Team—to collaboratively generate 13 liberatory hypotheses. This team embodied their hypotheses in short stories.

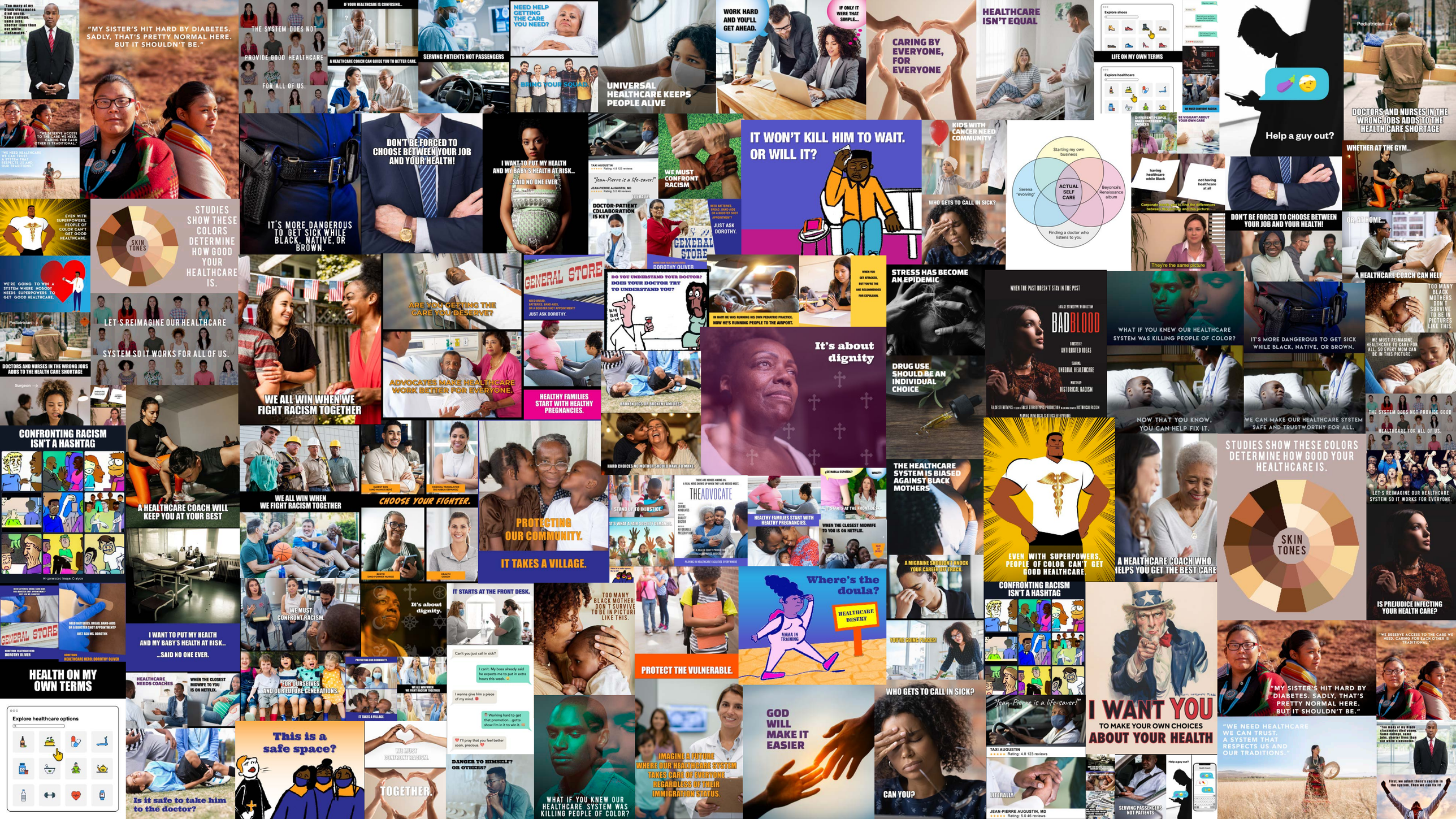
In a third round of hypothesis generation, a team of professional creative strategists synthesized learning from the first two rounds and also from existing supplemental research.

1. Media analysis
   → bridges and barriers hypotheses
2. Subject matter experts
   → liberatory hypotheses
3. Creative strategists
   → synthesis hypotheses

From hypotheses to content

In each of these three rounds, content hypotheses or concepts passed to a creative team, who worked to translate and embody them in actual advertising content. All the content was static: one or two-panel images (which we refer to as diptychs) with text overlay, presented with social media-type headlines, text blurbs, and/or "Learn More" buttons. This gave us what we needed to test if audiences engaged, and whether content moved them toward our target narrative. In total, across all three testing phases, we created 103 pieces of content, embodying 56 different concepts.

All the unique visuals are pictured on this slide and the next. Throughout the presentation you can click on content to see exactly how it was presented to panelists. We also include content labels on each visual for convenient reference to results data.


"Too many of my Black classmates died young. Same college, same jobs, shorter lives than our white classmates."
"MY SISTER'S HIT HARD BY DIABETES. SADLY, THAT'S PRETTY NORMAL HERE. BUT IT SHOULDN'T BE."
"WE DESERVE ACCESS TO THE CARE WE NEED, CARING FOR EACH OTHER IS TRADITIONAL."
"WE NEED HEALTHCARE WE CAN TRUST. A SYSTEM THAT RESPECTS US AND OUR TRADITIONS."
THE SYSTEM DOES NOT PROVIDE GOOD HEALTHCARE FOR ALL OF US.
IF YOUR HEALTHCARE IS CONFUSING...
A HEALTHCARE COACH CAN GUIDE YOU TO BETTER CARE.
SERVING PATIENTS NOT PASSENGERS
NEED HELP GETTING THE CARE YOU NEED?
BRING YOUR SQUAD
UNIVERSAL HEALTHCARE KEEPS PEOPLE ALIVE
WORK HARD AND YOU'LL GET AHEAD.
IF ONLY IT WERE THAT SIMPLE...
CARING BY EVERYONE, FOR EVERYONE
HEALTHCARE ISN'T EQUAL
LIFE ON MY OWN TERMS
Explore shoes
Explore healthcare
Help a guy out?
Pediatrician →
DOCTORS AND NURSES IN THE WRONG JOBS ADDS TO THE HEALTH CARE SHORTAGE
IT'S MORE DANGEROUS TO GET SICK WHILE BLACK, NATIVE, OR BROWN.
DON'T BE FORCED TO CHOOSE BETWEEN YOUR JOB AND YOUR HEALTH!
I WANT TO PUT MY HEALTH AND MY BABY'S HEALTH AT RISK... ...SAID NO ONE EVER.
TAXI AUGUSTIN Rating: 4.8 123 reviews
"Jean-Pierre is a life-saver!"
JEAN-PIERRE AUGUSTIN, MD Rating: 5.0 46 reviews
LITERALLY.
WE MUST CONFRONT RACISM
DOCTOR-PATIENT COLLABORATION IS KEY
NEED BATTERIES, BREAD, BAND-AIDS OR A BOOSTER SHOT APPOINTMENT?
JUST ASK DOROTHY.
DOROTHY OLIVER
GENERAL STORE
IT WON'T KILL HIM TO WAIT. OR WILL IT?
KIDS WITH CANCER NEED COMMUNITY
WHO GETS TO CALL IN SICK?
Starting my own business
Serena "evolving"
ACTUAL SELF CARE
Beyoncé's Renaissance album
Finding a doctor who listens to you
having healthcare while Black
not having healthcare at all
Corporate America tries to find the differences between this image and this picture.
They're the same picture
WHETHER AT THE GYM...
OR, AT HOME...
A HEALTHCARE COACH CAN HELP.
EVEN WITH SUPERPOWERS, PEOPLE OF COLOR CAN'T GET GOOD HEALTHCARE.
SKIN TONES
STUDIES SHOW THESE COLORS DETERMINE HOW GOOD YOUR HEALTHCARE IS.
WE'RE GOING TO WIN A SYSTEM WHERE NOBODY NEEDS SUPERPOWERS TO GET GOOD HEALTHCARE.
LET'S REIMAGINE OUR HEALTHCARE SYSTEM SO IT WORKS FOR ALL OF US.
Pediatrician →
DOCTORS AND NURSES IN THE WRONG JOBS ADDS TO THE HEALTH CARE SHORTAGE
Surgeon →
WE ALL WIN WHEN WE FIGHT RACISM TOGETHER
ARE YOU GETTING THE CARE YOU DESERVE?
ADVOCATES MAKE HEALTHCARE WORK BETTER FOR EVERYONE.
GENERAL STORE
NEED BREAD, BATTERIES, BAND-AIDS, OR A BOOSTER SHOT APPOINTMENT?
JUST ASK DOROTHY.
DO YOU UNDERSTAND YOUR DOCTOR?
DOES YOUR DOCTOR TRY TO UNDERSTAND YOU?
HEALTHY FAMILIES START WITH HEALTHY PREGNANCIES.
BROKEN LEGS OR BROKEN FAMILIES?
HARD CHOICES NO MOTHER SHOULD HAVE TO MAKE.
IN HAITI HE WAS RUNNING HIS OWN PEDIATRIC PRACTICE. NOW HE'S RUNNING PEOPLE TO THE AIRPORT.
WHEN YOU GET ATTACKED, BUT YOU'RE THE ONE RECOMMENDED FOR EXPULSION.
It's about dignity
STRESS HAS BECOME AN EPIDEMIC
DRUG USE SHOULD BE AN INDIVIDUAL CHOICE
WHEN THE PAST DOESN'T STAY IN THE PAST
BADBLOOD
HISTORICAL RACISM
WHAT IF YOU KNEW OUR HEALTHCARE SYSTEM WAS KILLING PEOPLE OF COLOR?
NOW THAT YOU KNOW, YOU CAN HELP FIX IT.
IT'S MORE DANGEROUS TO GET SICK WHILE BLACK, NATIVE, OR BROWN.
WE CAN MAKE OUR HEALTHCARE SYSTEM SAFE AND TRUSTWORTHY FOR ALL.
TOO MANY BLACK MOTHERS DON'T SURVIVE TO BE IN PICTURES LIKE THIS.
WE MUST REIMAGINE HEALTHCARE TO CARE FOR ALL, SO EVERY MOM CAN BE IN THIS PICTURE.
THE SYSTEM DOES NOT PROVIDE GOOD HEALTHCARE FOR ALL OF US.
LET'S REIMAGINE OUR HEALTHCARE SYSTEM SO IT WORKS FOR EVERYONE.
IS PREJUDICE INFECTING YOUR HEALTH CARE?
CONFRONTING RACISM ISN'T A HASHTAG
A HEALTHCARE COACH WILL KEEP YOU AT YOUR BEST
WE ALL WIN WHEN WE FIGHT RACISM TOGETHER
CHOOSE YOUR FIGHTER.
PROTECTING OUR COMMUNITY.
IT TAKES A VILLAGE.
STAND UP TO INJUSTICE
IT'S WHAT A FAIR SOCIETY DEMANDS.
THEADVOCATE
¿SE HABLA ESPAÑOL?
WHAT?!
IT STARTS AT THE FRONT DESK.
HEALTHY FAMILIES START WITH HEALTHY PREGNANCIES.
WHEN THE CLOSEST MIDWIFE TO YOU IS ON NETFLIX.
THE HEALTHCARE SYSTEM IS BIASED AGAINST BLACK MOTHERS
A MIGRAINE SHOULDN'T KNOCK YOUR CAREER OFF TRACK.
EVEN WITH SUPERPOWERS, PEOPLE OF COLOR CAN'T GET GOOD HEALTHCARE.
A HEALTHCARE COACH WHO HELPS YOU GET THE BEST CARE
CONFRONTING RACISM ISN'T A HASHTAG
YOU'RE GOING PLACES!
"Jean-Pierre is a life-saver!"
TAXI AUGUSTIN Rating: 4.8 123 reviews
LITERALLY.
JEAN-PIERRE AUGUSTIN, MD Rating: 5.0 46 reviews
I WANT YOU
TO MAKE YOUR OWN CHOICES
ABOUT YOUR HEALTH
"MY SISTER'S HIT HARD BY DIABETES. SADLY, THAT'S PRETTY NORMAL HERE. BUT IT SHOULDN'T BE."
"WE NEED HEALTHCARE WE CAN TRUST. A SYSTEM THAT RESPECTS US AND OUR TRADITIONS."
"Too many of my Black classmates died young. Same college, same jobs, shorter lives than our white classmates."
First, we admit there's racism in the system. Then we can fix it!
SERVING PASSENGERS NOT PATIENTS.
AI-generated image: Crayola
NEED BATTERIES, BREAD, BAND-AIDS OR A BOOSTER SHOT APPOINTMENT? JUST ASK MS. DOROTHY.
GENERAL STORE
HOMETOWN HEALTHCARE HERO: DOROTHY OLIVER
HEALTH ON MY OWN TERMS
Explore healthcare options
HEALTHCARE NEEDS COACHES
WHEN THE CLOSEST MIDWIFE TO YOU IS ON NETFLIX.
Is it safe to take him to the doctor?
I WANT TO PUT MY HEALTH AND MY BABY'S HEALTH AT RISK... ...SAID NO ONE EVER.
WE MUST CONFRONT RACISM.
It's about dignity.
FOR OURSELVES AND OUR FUTURE GENERATIONS.
IT STARTS AT THE FRONT DESK.
Can't you just call in sick?
I can't. My boss already said he expects me to put in extra hours this week.
I wanna give him a piece of my mind.
Working hard to get that promotion... gotta show I'm in it to win it.
I'll pray that you feel better soon, precious.
DANGER TO HIMSELF? OR OTHERS?
This is a safe space?
WE MUST CONFRONT RACISM.
TOGETHER.
TOO MANY BLACK MOTHER DON'T SURVIVE TO BE IN PICTURE LIKE THIS.
WHAT IF YOU KNEW OUR HEALTHCARE SYSTEM WAS KILLING PEOPLE OF COLOR?
PROTECT THE VULNERABLE.
Where's the doula?
HEALTHCARE DESERT
MAMA IN TRAINING
IMAGINE A FUTURE WHERE OUR HEALTHCARE SYSTEM TAKES CARE OF EVERYONE REGARDLESS OF THEIR IMMIGRATION STATUS.
GOD WILL MAKE IT EASIER
WHO GETS TO CALL IN SICK?
CAN YOU?

Content testing

When we test content to see how audiences respond, we care about engagement and transportation.

Engagement is whether audiences view, click on, or share the content, when it appears inside a social media feed. We test this using Facebook.

Transportation is the extent to which content transports or moves audiences toward a target narrative. This can also be referred to as persuasion. We test this using randomized controlled trials via a custom-built survey platform and the three survey prompts to the right.

Both engagement and transportation matter. If content doesn't engage, it just won't register with audiences. And if it registers, but does not move audiences toward a target narrative—or moves them away from it!—we have not been successful.

A PROBLEM EXISTS

"In today's healthcare system, regardless of their income, white people generally get better care than people of other races."

IT SHOULD CHANGE

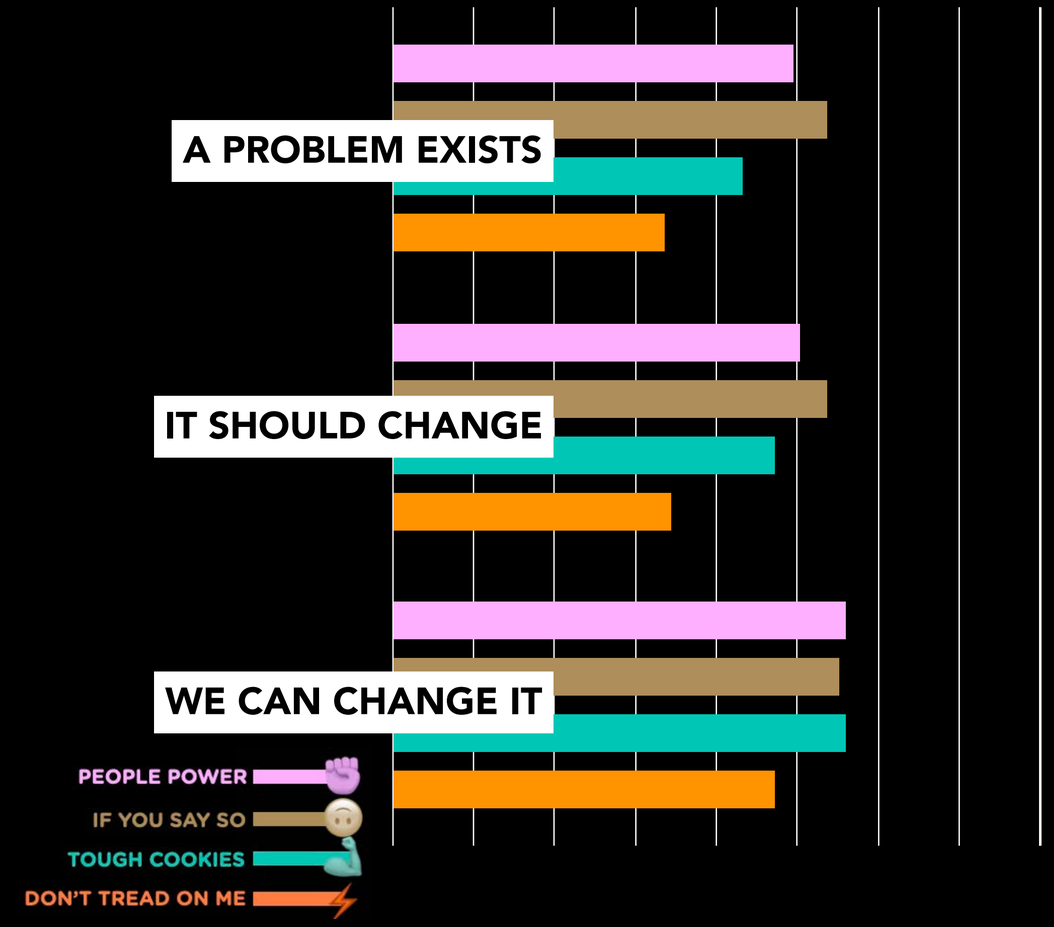
"Right now, white people have better healthcare outcomes than people of other races. We should change our healthcare system to give everyone the healthcare they need to stay well, even if it means that my family and I have to give something up."

WE CAN CHANGE IT

"I can imagine how we could change American healthcare in the next 5 years, so that patients of all races feel respected and have access to the care they need and want."

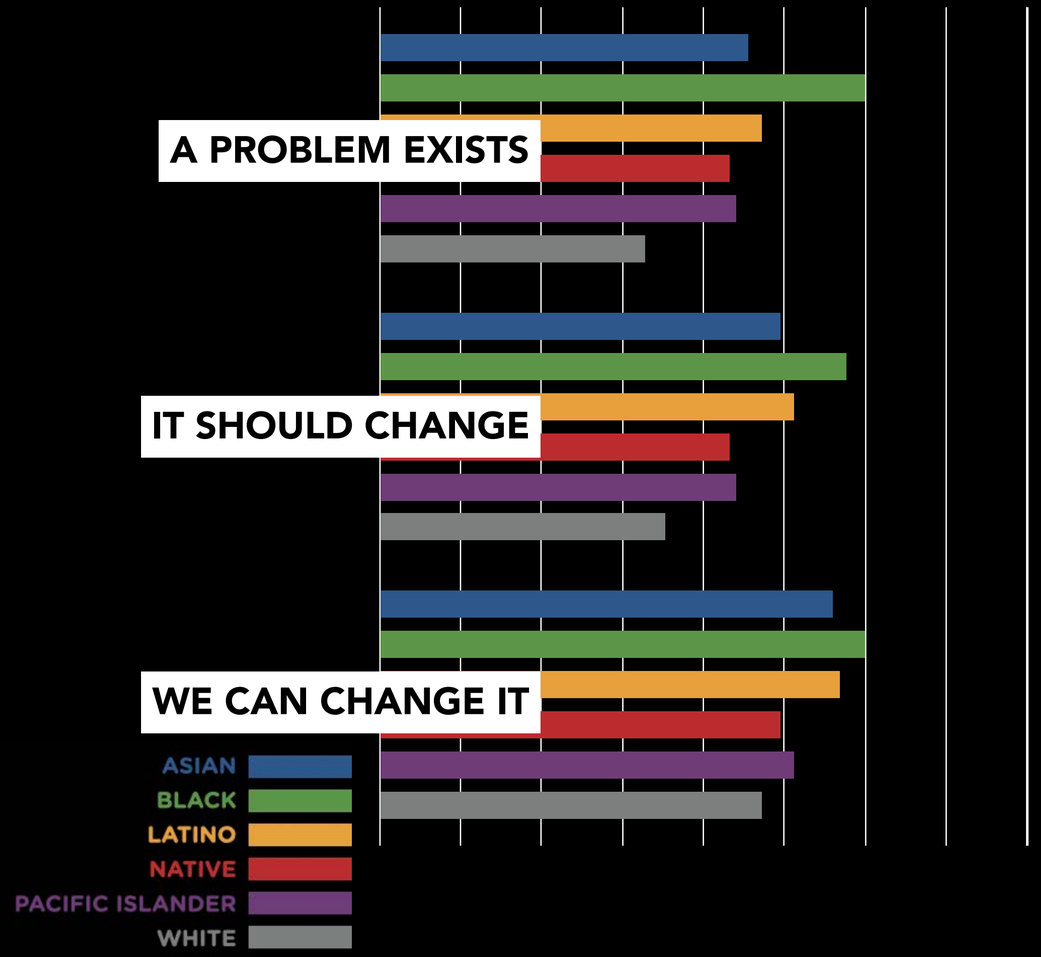
Testing baselines

Our survey questions for transportation testing arose from a review of existing survey research and in consultation with our project partners, including equity advisors. The questions needed both to capture movement toward our target narrative, and also provide audiences enough room for movement. In other words, we were looking for low to moderate baseline agreement, before treatment audiences viewed the content we created.



Testing baselines x race

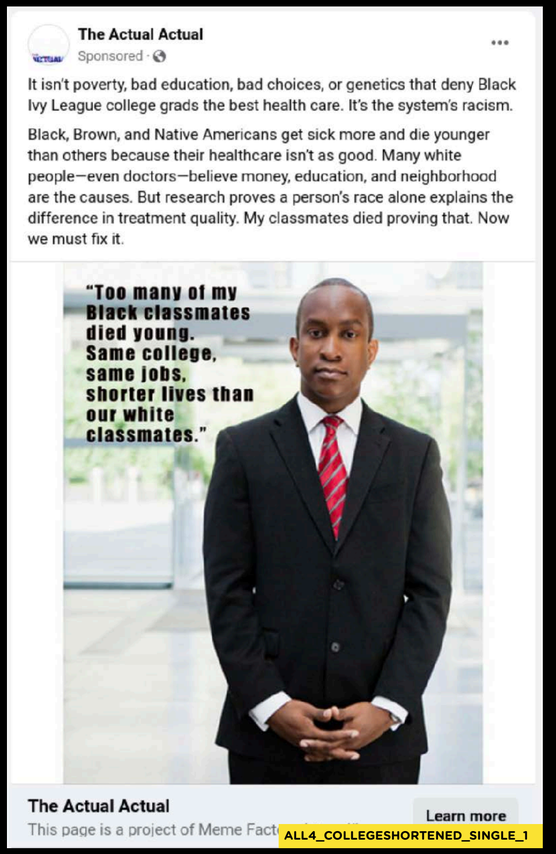
Here is baseline agreement on our transportation survey questions by race. White people showed least agreement across all three questions, which means they have the furthest to go in terms of getting to the target narrative, and therefore frequently show the most movement of any racial group.



Race + audience movement

When we tested content for transportation, we observed this race gap repeatedly. Whenever there were differences by race in how audiences responded to the content we tested, white people almost always moved more, because they were starting at a lower agreement baseline than other racial groups.

However, one of the concepts we tested, which centers disparities faced by affluent, college-educated Black people, actually moved people of color across audiences more than white people.

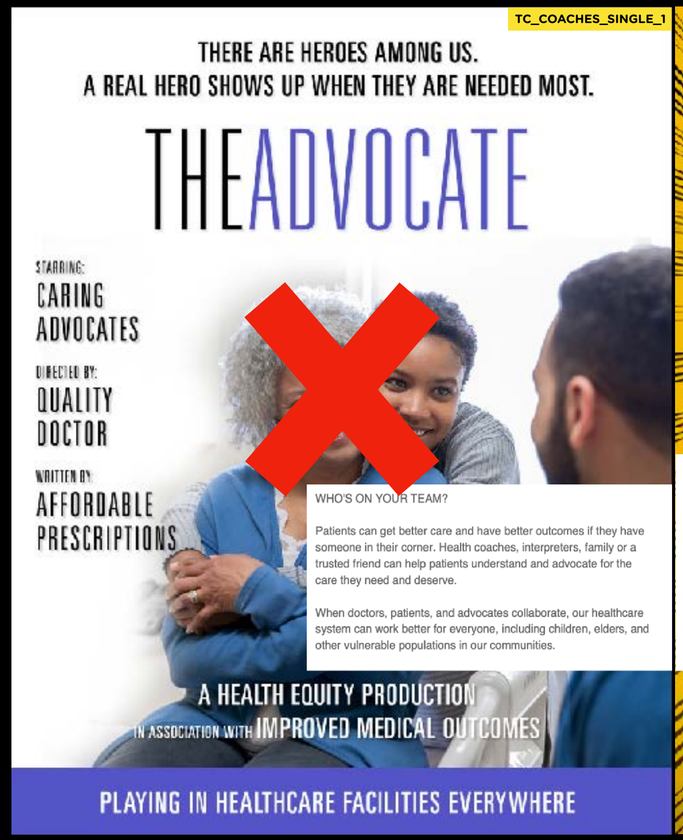


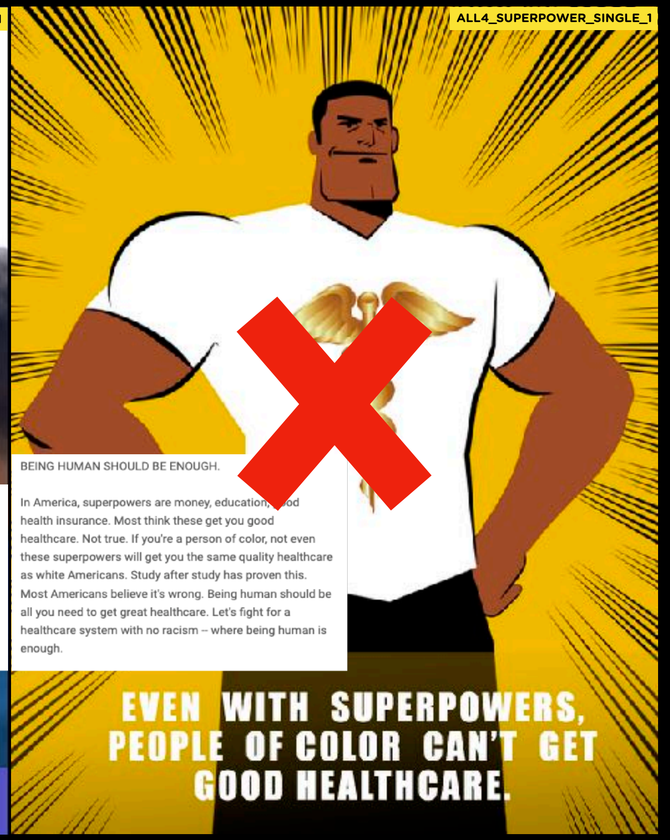
Race + backlash

Occasionally, a concept moved white people, but caused backlash for people of color in the same audience.

This happened for both the “coaches” concept in the TOUGH COOKIES audience, and the “superhero” concept in the IF YOU SAY SO audience.

People of color may be more onboard with the target narrative generally, but it is possible to create on-narrative content that pushes them away. So testing hypotheses with actual audiences is essential.





💪 TOUGH COOKIES

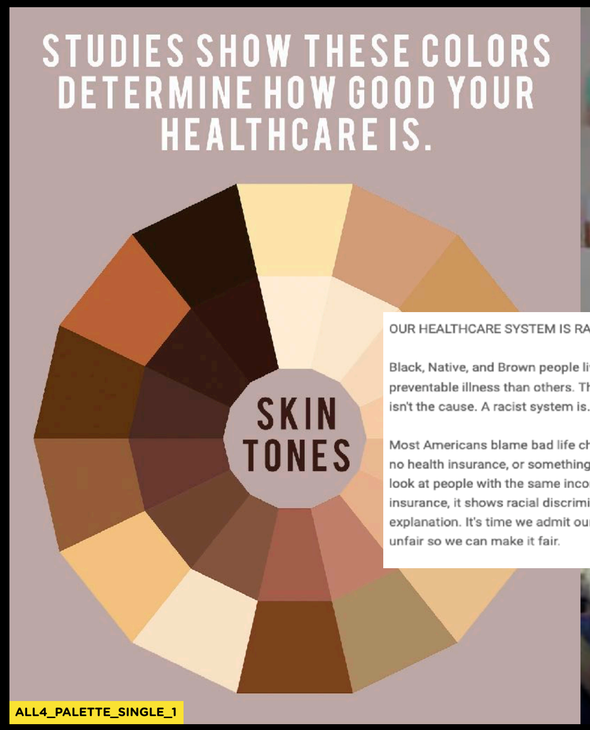
🙃 IF YOU SAY SO

Race in content

The “palette” concept, as expressed on the left, worked in every audience, except DON’T TREAD ON ME. The same concept, as expressed on the right, also worked in DON’T TREAD ON ME.

Furthermore, the double-panel ad (which we refer to as a diptych) was the most successful expression of this concept in most audiences, and scored high on engagement overall.

This suggests that content featuring people trumps the more conceptual. It also suggests that audiences can move explicitly on race, even when racial difference is implicit, versus stated explicitly. And there may be something important about diptychs versus single-panel content, which we explore on the next three slides.



ALL4_PALETTE_SINGLE_1

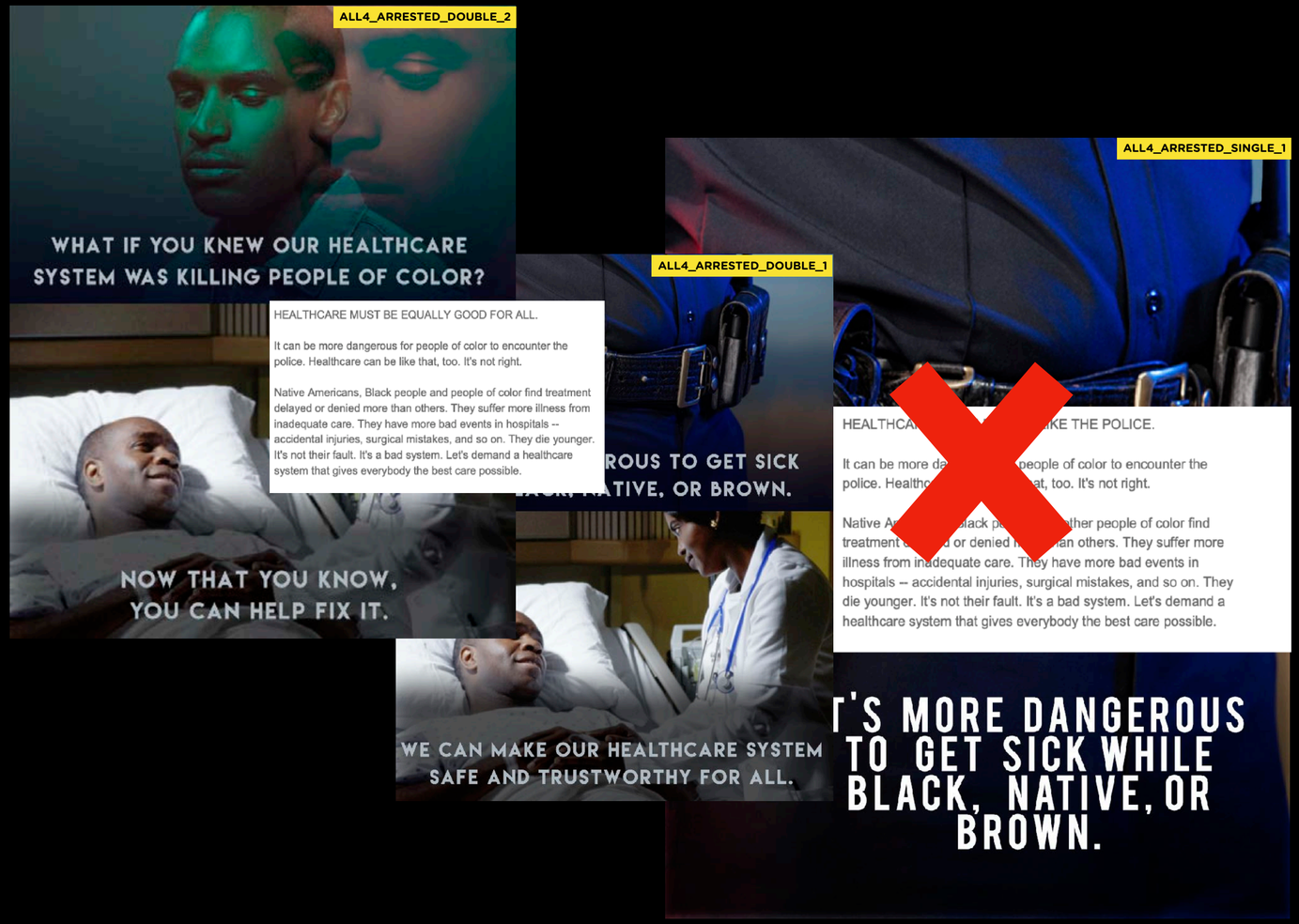
ALL4_PALETTE_DOUBLE_2

Diptychs to transform

On average, diptychs performed better than single-panel images.

For example, the “arrested” concept worked generally in PEOPLE POWER and marginally in DON’T TREAD ON ME, with both diptychs producing movement. But single-panel content featuring the same threatening police officer caused backlash in TOUGH COOKIES.

In single panels, there is no room for development or resolution. A second panel can help transform, channel, or address whatever the first panel might bring up in audiences.



Diptychs for future

We saw this again in how audiences responded to the “birth workers” concept and its associated PEOPLE POWER content. It was the diptych, not the more poignant problem-focused imagery, that created more engagement across audiences.

One exception might be DON’T TREAD ON ME, which moved more in response to the empty bed ad. This may reflect their predilection for disaster media.

Diptychs = more story

Also, in the movement diptychs afford there is simply more specificity, more of the implied time, place, and situation that makes for good story. And story works well across audiences.

This single-panel expression of the "coaches" concept, for example, caused backlash on awareness of racism as a problem in PEOPLE POWER and DON'T TREAD ON ME, whereas the more specific story suggested by the diptych performed more favorably.

And the winner is . . .

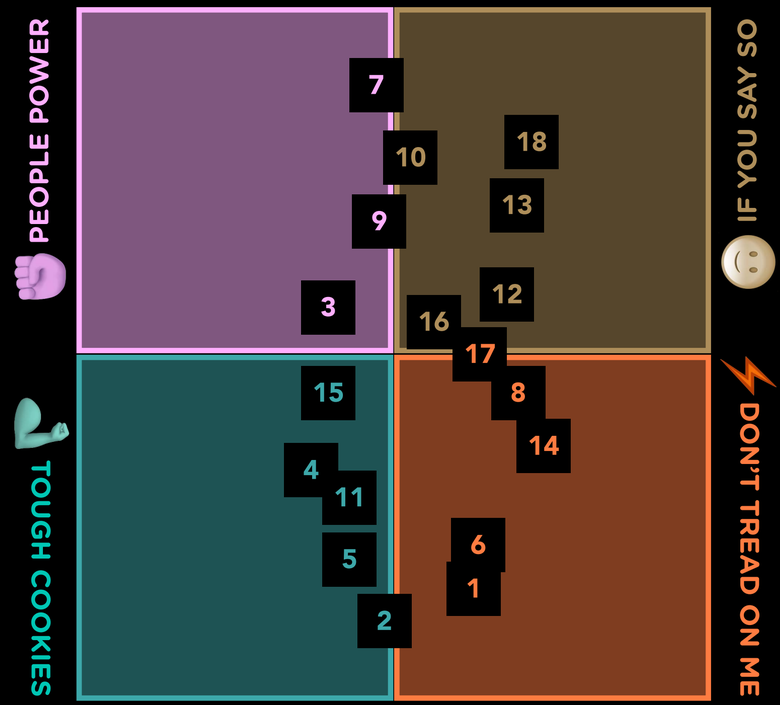
This expression of the Native American “diabetes” concept was the only one to transport all four audiences. It was also broadly engaging. The below themes may account for its overall appeal and effectiveness, which we’ll explore more in the per audience findings that follow.

- Community voices
- Vision
- Respect
- Trust
- Control

In addition, the story told by this ad is very specific and personal (“my sister”), located in a particular place and a history (“normal here”). The experience of diabetes is widespread and therefore relatable, like child birth and cancer. And there’s the beautifully produced imagery, spotlighting the people and the setting!

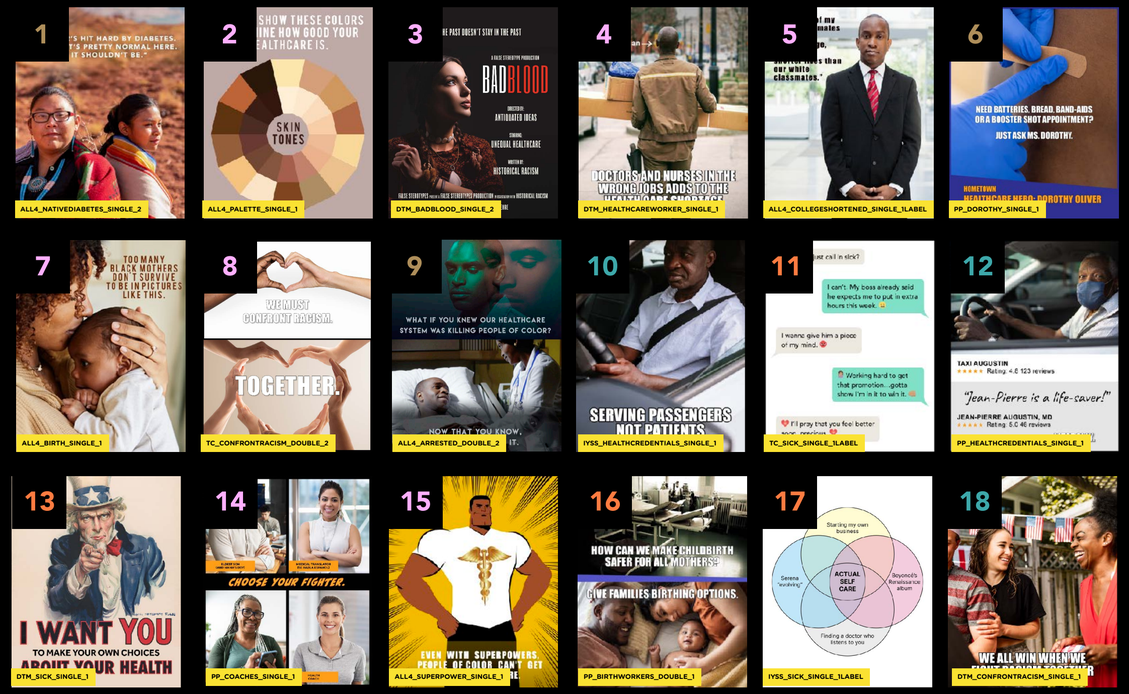
Per audience engagement

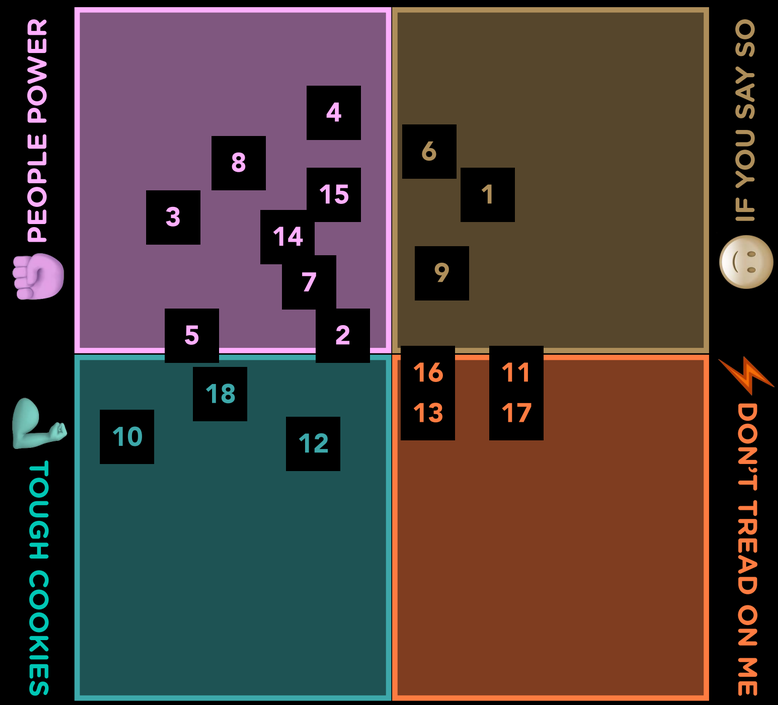
Because we tested all the content we created across all four audiences, even if we were targeting just one audience, we were able to learn about both the content that distinctively engages or transports a single audience, and the content that appeals across audiences. This visualization shows content ranked by engagement across all four audiences. The position of the content within our audience map shows where the content was most engaging, its “home base” for maximum engagement.



Per audience transportation

Here's a map built from ranked transportation or persuasion results. The position of the content on the map shows where content was most transporting, its "home base" for maximum audience transportation. With transportation, in the testing platform, audiences have no choice but to engage. This means the catchiness of the image or headline may matter less. In the slides that follow, we share some per audience insights. But these content testing data are an evergreen resource that can be revisited and reanalyzed for additional insights.

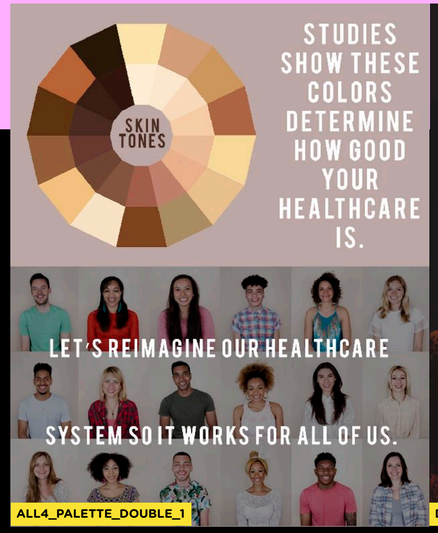


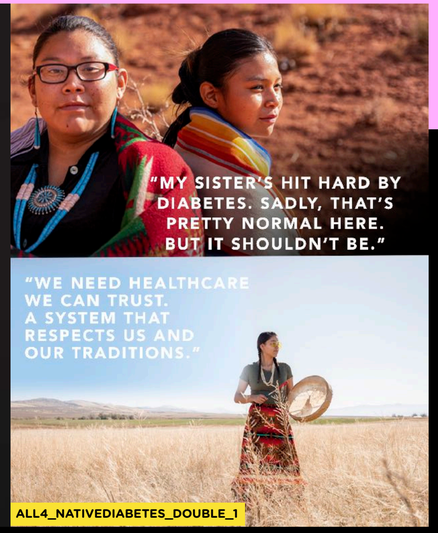


People Power

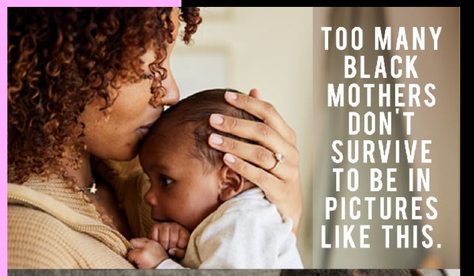
MEDICAL

The persuasive home for content that leads with racism and people impacted by inequitable health systems, PEOPLE POWER is a strong base for the target narrative.





↑ Community and universalism drive PEOPLE POWER: understanding, appreciation, tolerance, and protection, for the welfare of all people and for nature. In other words, they really care about people they may not know, and their MEDICAL narrative reinforces an attention to inequitable systems. This is the audience most likely to engage with content centering systemic racism.



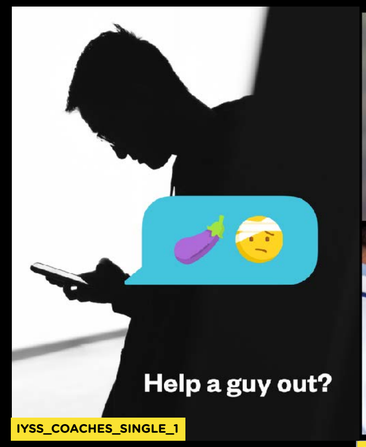
← Content that names systemic racism as the problem is also distinctively likely to transport this audience, but so are many other concepts. The bulk of the content that transports other audiences also transports PEOPLE POWER. This is an important strategic insight: by aiming our narrative efforts outside of PEOPLE POWER, we may build more broad-based narrative power.

If You Say So

TRUST + CARE

Content clearly pointing toward future benefits is critical to moving the skeptical, individualist IF YOU SAY SO audience, and speaking their unique cultural language is key to engagement.

↑ IF YOU SAY SO is less willing to engage than other audiences generally. The content that does engage tends to be sillier, darker, and more cynical than the stuff that lifts heart-and-home TOUGH COOKIES, for example. And most of what engages features individuals, not families or groups.



→ We see transportation ceiling effects with IF YOU SAY SO: they already have such high agreement with the target narrative, that they don't move much. But these three pieces of content from the "coaching" concept moved them, which accords with their underlying TRUST + CARE narrative, in which they're looking for trusted allies to help navigate healthcare systems.

← Some "coaching" concept ads actually caused backlash. These tended to lean on sunny language like, "Together, we can improve healthcare for the benefit of all," or, "When the system starts working for everyone, everyone wins."

Tough Cookies

RESPONSIBILITY

Easy to engage, a bit harder to persuade, TOUGH COOKIES gravitates toward content featuring heart and home, faith and family, plus other types of community working together.

← Overall, TOUGH COOKIES engaged more with all the content we created, which may say more about their media habits than our skill in reaching them.

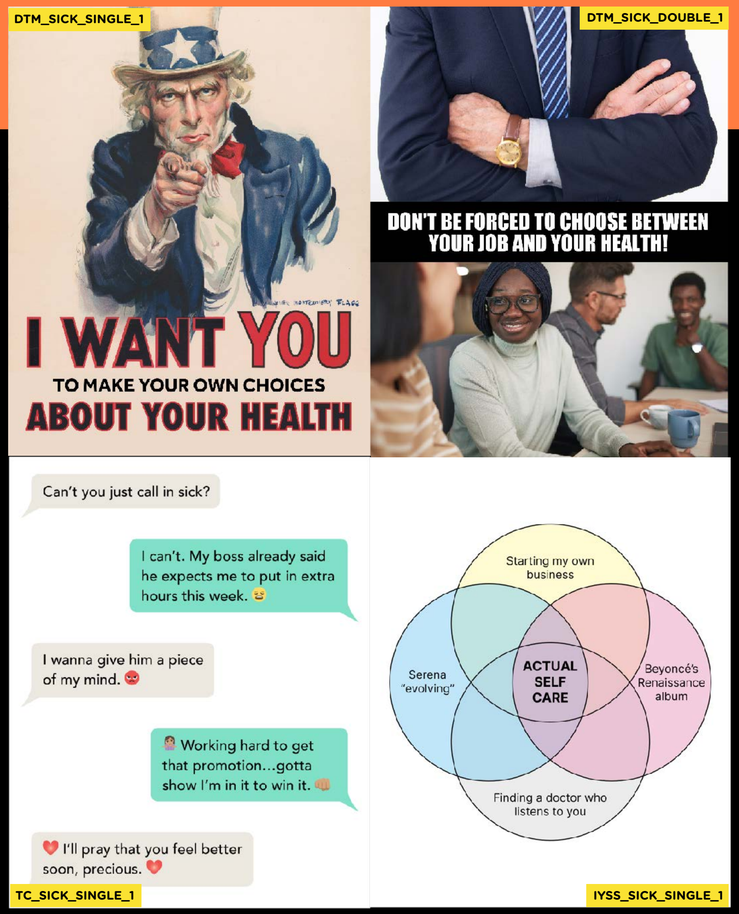
↑ TOUGH COOKIES was especially moved by content about changing the system, for example, to allow providers trained outside the U.S. to practice, rather than work as drivers.

In accordance with TOUGH COOKIES' underlying RESPONSIBILITY narrative, their response to the content suggested a strong belief in systems and the value and possibility of participating in those systems to change them.

Don’t Tread on Me

ENEMY

We were doubtful of actually reaching and moving DON’T TREAD ON ME, given the antagonism of the ENEMY narrative. We found that the antidote to ENEMY is control and choice.



← Uncle Sam was not super engaging for DON’T TREAD ON ME. They actually engaged more with the workaday embodiment of the same “sick” concept in the upper right. But all the content from the “sick” concept moved DON’T TREAD ON ME effectively, given its focus on personal control.

← This particular ad from the “sick” concept proved engaging across all audiences.

↑ “Confront racism” content gets a lot of attention from DON’T TREAD ON ME.

↑ Two different ads from the “birth workers” concept performed surprisingly well. Again, we see an emphasis on risks and enemies with a dark image, or controlling what is mine.

Audience upshot

It is possible to align all four audiences to a narrative on health equity that recognizes the problems inherent in our current, racially biased health system, and posits a new system that rectifies injustices, honors everyone who participates in it, delivers excellent health outcomes, and is accessible and affordable for all populations. But each audience has different entry points to this narrative. Overall, lifting up choice and control, in addition to injustice and outcomes, allows us to reach and move individually focused audiences also.

PEOPLE POWER responds the most to direct appeals for justice, equity, and fairness in the content they engage with, i.e., “bad blood.”

TOUGH COOKIES responds to content that frames change via better outcomes in their communities and families, i.e., “health credentials.”

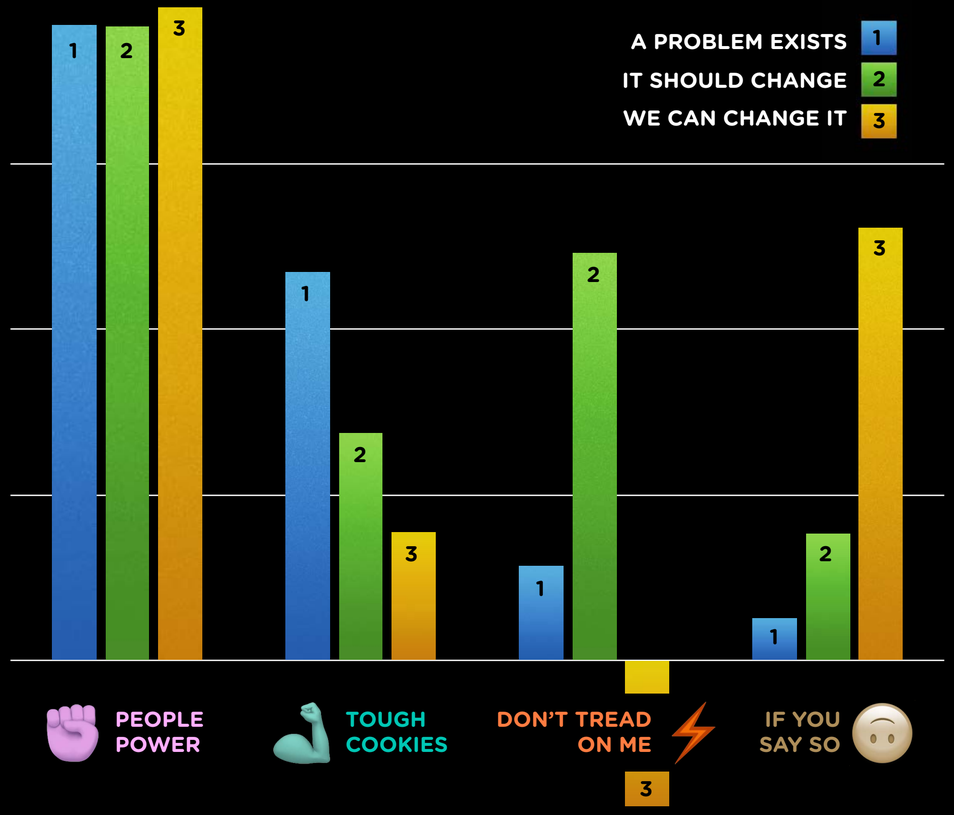
IF YOU SAY SO responds to content that reflects a desire to better navigate the system to satisfy their needs, i.e., “coaches.”

DON’T TREAD ON ME responds to content that promises more personal control and choice, for themselves as part of everyone, i.e., “sick.”

Overall audience effects

The average effects we observed in audiences from treating them with content correlated to the values and health-related narratives which define each audience. They also point to the important contributions each audience may be able to make to achieving a new narrative on health equity:

- PEOPLE POWER easily recognizes the problem, the need for change, and pathways for realizing change.
- Safety-minded TOUGH COOKIES moves most to perceiving the threat.
- Action-oriented and leadership-driven DON'T TREAD ON ME moves most toward demanding change.
- Creative, autonomous IF YOU SAY SO moves most toward imagining the future.



+ Tips

If you're wondering what all this means for the work that you do, whether on health equity or other related issues, here are some more general tips and takeaways.

- **Have a target narrative and success metrics**, so you align around the narrative you want to see in the world and understand how your content is contributing to that narrative, or not. This will allow you to make refinements that support narrative growth.
- **Community voices with seasoned content creators and strategists.** Each of our three methods of generating hypotheses contributed in important ways to our content testing results, but the highest performing content enjoyed the most attention from seasoned strategy and creative professionals, especially when reaching across audiences.
- **Design for audience by audience.** This work's audience-narrative architecture fostered cultural relevance in the content we created, even when targeting audiences with values different from our own. That said, content seemed to work best when creators had a close relationship to, shared values with, or an ability and willingness to immerse themselves in understanding their target audience.
- **Tell a story that goes somewhere, with people in it, as specifically as possible.** In the context of social media advertising, the diptych is a great format to consider. But whatever your format, naming the problem and a desired future is key, along with featuring specific, compelling people, places, histories, and relatable circumstances.

Thanks 4 listening

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