Communicating the Social Determinants of Health

GUIDELINES FOR COMMON MESSAGING

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Canadian Council
on Social Determinants of Health

Communicating the Social Determinants of Health Guidelines for Common Messaging

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Preface

This document is based on research commissioned by the Canadian Council on Social Determinants of Health (CCSDH), previously known as the Canadian Reference Group on Social Determinants of Health (CRG).

The CCSDH is a collaborative multi-sectoral stakeholder group established to:

- Provide the Public Health Agency of Canada (PHAC) with advice on matters relating to the implementation of the *Rio Political Declaration on Social Determinants of Health*, including planning, monitoring, and reporting; and
- Facilitate and leverage action on the social determinants of health through member networks and targeted, intersectoral initiatives.

The CCSDH brings together organizations from a wide array of sectors that have a role to play in addressing the factors that shape health. The CCSDH also includes individuals selected on the basis of their knowledge and experience regarding policy, research or intersectoral action on the social determinants of health.

The CCSDH fulfills its mandate through various activities, including support for the creation or adaptation of tools to leverage action on social determinants of health. *Communicating the Social Determinants of Health: Guidelines for Common Messaging* is one such tool. In creating the guidelines, the aim of the CCSDH is to provide individuals and organizations with the knowledge to create effective, targeted messages on the factors that shape health.

The development of this tool was guided by the Communications Expert Group, which was comprised of members of the CCSDH Communications Subcommittee and communications advisors from various CCSDH organizations. The guidelines were conceived as part of a wider strategy to raise awareness and understanding of the social determinants of health. As such, it is the hope of the CCSDH that they will be widely shared and used to facilitate an expanded conversation about health in Canada.

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The CCSDH would also like to thank the members of the Communications Expert Group, who provided guidance on the development of the messaging guidelines. The important contribution of Andrea Long, Policy Analyst, Social Determinants and Science Integration Directorate, Public Health Agency of Canada, who authored the guidelines, is also much appreciated.

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Executive Summary

Our health is influenced by diverse factors—not only by medical care and our health care system, but also by our work, our level of education and income, where we live and many other things that are together referred to as social determinants of health (SDH).

Canadians' knowledge about SDH and their impact on health is limited. As a result, it can be challenging to raise awareness about the importance of economic, social and environmental policies for building a healthier population. As part of its mandate to facilitate action on SDH, the Canadian Council on Social Determinants of Health (CCSDH) supported research to assist member agencies as well as other individuals and organizations to build the knowledge and tools needed to develop effective SDH messages.

The guidelines for common messaging examine factors that influence audience receptivity to SDH messages, the ingredients of effective messages and considerations for tailoring them for priority audiences. Findings emphasize that effective messaging requires clear and plain language rather than abstract phrases such as 'social determinants of health' which may not be widely understood and may not engage audiences. The abstract concepts that underlie SDH must be made tangible with concrete analogies or examples and the judicious use of facts. Messages that evoke images or emotion tend to be more memorable, as are messages shared through stories to which audiences can relate.

Understanding the audience is an important key to effective messaging. This involves assessing the values or metaphors that inform the way in which people perceive health and its social determinants. A message that is consistent with personal values tends to be more convincing than a message that does not align with one's worldview. Preparing the audience by using a fact, image or story that they already believe—or that aligns with their values and interests—can also help make messages more compelling. The way in which a message is conveyed should be appropriate for both the audience and the context, such as a short provocative statement, a story or a powerful image.

The following table summarizes the key guidelines for effectively communicating SDH:

WHAT TO DO	WHAT TO AVOID
✓ Use **clear, plain language**	× **Technical language or jargon**
✓ Make issues **tangible** with analogies and stories	× **Abstract concepts** or terms
✓ **Break down and round numbers**; place numbers in **context**	× **Complex numbers,** or large numbers without any context
✓ Challenge conventional wisdom with **one unexpected fact**	× **Exhaustive documentation**
✓ Use **inclusive** language (we, our, us)	× **Creating distance** between groups (them, they)
✓ Identify people by **shared experiences**	× **Labeling** people by group membership
✓ **Prime** your audience with a fact, image or story they are likely to believe, based on their values, interests and needs	× Facts, images or stories that audiences may find **too contentious or extreme to be believable** (even if they are true)
✓ Leave the audience with a memorable story or fact that can be easily repeated	× Being **forgettable**
✓ Use a **conversational and familiar** tone	× A **clinical or academic** tone
✓ Take the time to **understand your audience**—this includes **customizing your message** by selecting appropriate tools, approaches and information	× Assuming the **same message will work for all audiences**
✓ **Prepare** your message content and presentation	× Speaking **off the cuff**
✓ Focus on communicating **one thing** at a time	× Trying to **do too many things** at once

1. Introduction

Our health is influenced by many diverse factors. These include the work we do, our level of education, our income, where we live, the quality of our experiences when we are children and the physical environment that surrounds us.[1, 2] Together, these factors are referred to as social determinants of health (SDH).

Even though research has proven the importance of SDH, public knowledge and understanding about them remains limited. Canadians are more likely to believe their health is shaped by the individual decisions they make about smoking or diet and physical activity, rather than societal factors such as their level of income or education.[3,4] This belief is often reinforced by media coverage that focus on individual health and health care issues, medically-oriented messages and public awareness campaigns that emphasize personal health behaviours.[5]

In Canada, many individuals and organizations are working to raise knowledge and awareness about how SDH factors influence health. This tool was developed to help guide them in their efforts.

The guidelines for common messaging examine factors that influence audience receptivity to SDH messages, the ingredients of effective messages and considerations for tailoring them for priority audiences. They will be useful to those who work in health and public health, and those working outside the health sector on issues related to SDH such as early childhood development, employment, literacy and income.

The guidelines build on earlier research completed for the Public Health Agency of Canada by Wellspring Strategies.[5] They are also informed by research undertaken by the Robert Wood Johnson Foundation (RWJF) to develop and test new approaches in communicating the SDH.[6]

2. Understanding the Context for SDH Messaging

The following section briefly reviews perspectives on health and what makes people healthy. It also examines some of the values and cultural beliefs that underlie these views. This contextual information will help to inform an effective SDH communications approach.

2.1 VIEWS ABOUT HEALTH AND SOCIAL DETERMINANTS OF HEALTH

Canadians place great value on their publicly funded health care system and view it as a cornerstone of Canada's social policy landscape.[7,.8, 9] Health and health care consistently feature as top priorities identified in public opinion polls.[10]

Most Canadians also believe they have good or excellent knowledge of health issues[3, 4] and often identify factors such as disease and illness (e.g. cancer, diabetes) and health care infrastructure (e.g. access to doctors, wait times) as key health policy issues.[3, 4, 11]

There is evidence that Canadians are generally uninformed about SDH.[3, 12, 13] They are more likely to believe their health is influenced by individual factors such as smoking, diet and exercise, and their access to health care rather than by social and economic factors such as adequate income, education level, employment or social connections.[3, 4] When asked specifically about social conditions and community characteristics, only one in three Canadians responded that these factors impacted their health[3] (although members of households with income less than $30,000 were more likely to identify income as having a strong impact on their health).[4] Environmental conditions such as air and water quality were considered by a majority of Canadians to significantly impact their health.[3]

In Canada, individuals who recognize the structural causes of ill health are more likely to support policies to address the resulting health inequalities. This means that increased awareness of SDH through effective messaging has the potential to contribute to subsequent action.[14]

Commonly held cultural beliefs also influence how health information messages are received. Independence and personal autonomy tend to be valued within the North American cultural context. Consistent with this, health is often viewed as a personal responsibility and as something that individuals can control.[6, 15] In general, people also tend to underestimate the role of external factors and circumstances in explaining behaviours, and overemphasize the importance of personal motives or abilities.[15,16] A moral dimension is often overlaid on claims about health outcomes, implying that healthier individuals have made the "right" choices while those who are less healthy have made the "wrong" choices.

2.2 VALUES AND METAPHORS

By their very nature, beliefs about SDH are connected to individual and societal values. For example, the extent to which a person believes their health outcomes are connected to their income or education may be related to their views on social justice, equality, personal responsibility and so on. Since people are more likely to dismiss or resist messages that are not aligned with their values, it is often challenging to develop broadly compelling messages.[17]

Although there is limited Canadian research about the values that influence our view of health and SDH, studies by the Robert Wood Johnson Foundation (RWJF) in the United States can inform our efforts to develop effective SDH messaging in Canada. RWJF research explored values related to health and SDH using the concept of deep metaphors. Deep metaphors "reflect the basic structures in our minds that organize our perceptions and shape the sense we make of them and how we react. The feelings around these metaphors are unconscious—an automatic viewing lens that is seldom explicitly acknowledged".[18] In other words, deep metaphors act as a filter, shaping the way we understand and make sense of our world.

The RWJF found that health is often understood through one of two "deep metaphors", a system metaphor or a journey metaphor. The system metaphor connects disparate elements into a single structure of interdependent parts. Within this perspective, all individuals, from the poorest to the wealthiest, are interdependent. If certain communities are experiencing poor health, then the whole system is affected. Furthermore, poor health is understood to be the result of a "complex and interrelated system of social, cultural, economic, and biological factors".[6]

It is not one single factor that contributes to poor health, but rather a constellation of factors such as housing, food, employment, and health care. From a system perspective, disparities in health outcomes are a sign of imbalance which needs to be corrected so that equality can be achieved.[6]

The journey metaphor views the pursuit of good health as journey. Just as life itself, journeys can be "fraught with challenge" or "smooth sailing"; some journeys will be "unpredictable" while others "focus on a series of steps that, if followed, will take you to a predetermined goal".[6] Poor health is framed in terms of a failure to provide individuals with "a road map of how to achieve good health".[6] There is a recognition that people must have the opportunity to make healthy choices, but also, that they will choose their own path, which may or may not contribute to good health. These "divergent paths" and the resulting imbalances in health outcomes are natural. In that sense, expecting that everyone can achieve the same health level is both unrealistic and misguided. The primary concern is that overall progress is achieved.[6]

In Canada, the system metaphor may resonate with those familiar with the complexity of health and social support systems, such as public health practitioners or social / health policy organizations. The journey metaphor may better resonate with those who value personal responsibility or those who are less likely to look to public policy to address problems. If only one metaphor can be used to frame messages, the RWJF research suggests that the journey metaphor is a better choice because it is less likely to offend or distance those who subscribe to a system view.

2.3 IMPLICATIONS FOR SDH MESSAGING

Understanding how Canadians view health and SDH as well as the values that help shape these views can inform SDH messaging. The above discussion on values and metaphors suggests that SDH messaging may be made more effective if we:

- Build on Canadians' interest in health and health care to 'prime' how they receive messages about other factors that influence health.
- Frame messages in a manner that is consistent with audience values.
- Frame messages in non partisan language. Avoid relying on words or phrases likely to be associated with particular political parties or ideologies.
- Consider the relevance of deep metaphors.
- Validate the role of individual choices for health and draw attention to broader social and economic factors.
- Affirm the value of individual responsibility, while also drawing attention to the ways members of a society are interdependent.
- Avoid creating distance between groups. Do not single out marginalized or vulnerable populations. Use pronouns such as *we* or *our* instead of *they* or *them.*
- Refer to situations or circumstances, rather than labeling individuals, e.g. use terms such as *people living in poverty, people without a home, people with disabilities.*
- Draw attention to current circumstances that are unfair or not equitable.
- Identify the problem and at the same time, affirm alternatives and solutions. Emphasize the idea of creating conditions for people and society to progress.

3. Crafting SDH Messages

The following section provides tips on how to create effective messages about SDH. It stresses the importance of making abstract concepts tangible and the appropriate use of facts and language to engage audiences.

3.1 EXPRESSING CONCEPTS

One of the challenges of delivering SDH messages is how to translate theoretical language and abstract concepts into tangible and easily understood concepts. This challenge can be addressed by using plain language and illustrating abstract ideas through stories or analogies. For example, an abstract concept such as 'food insecurity' can be explained by using concrete indicators and illustrating their implications, as in, "When we don't have enough of the right food, it holds us back".

3.2 USING FACTS

Facts are an essential ingredient of effective SDH messages. They provide critical information to inform stories and can lend credibility to claims and assertions. It is important to remember however, that facts must be used carefully if they are to engage key audiences.

How many facts? Research shows that one strong and compelling fact can be more powerful than a series of facts, particularly when the fact is an unexpected or surprising point that arouses interest, attention and emotion.

What kind of facts? Information must be believable to the audience. Even if a fact is correct, it may be doubted if appears too extreme. It may also lead to perceptions of 'cherry picking' data that best supports the conclusion, which could cause your audience to doubt the message.

Provide factual context. How and when a fact is presented is critical, especially when it may challenge an existing belief. Placing facts in the appropriate context can help make contentious information easier to accept.

A message could state that:

Half of parents in poor neighbourhoods don't feel safe letting their children play outside.

Or it could create an image of the situation:

Many parents feel they are not providing their children with the most basic opportunities to play outside, but are unable to move because of their job or income.[6]

Using numbers. Explain large numbers so they can be understood. Large numbers can lose their meaning in the absence of adequate context. If possible, numbers should be rounded to make them more memorable (e.g. 23.6% could be expressed as 'almost one-quarter' or 'almost 25%').

A number represents a value, but it can also express our values.[6] For example, stating that a program or intervention costs $10 million over five years may be of interest to policy-makers, but stating that it costs $2 a day for all Canadians may be more appropriate to the general public.

SAMPLE FACTS

Here are some good examples of how numerical facts can be incorporated into SDH messaging in Canada:

- The poorest 20% of Canadians have more than double the chance of having two or more chronic health conditions like heart disease and diabetes than the richest 20%.[19]
- People living in Canada's highest income urban neighbourhoods live about three years longer than those in the lowest income neighbourhoods.[19]
- First Nations youth are over 4 times as likely to commit suicide compared to other Canadian youth. The suicide rate for Inuit is almost 12 times higher.[19]
- The likelihood of being obese is influenced by our income, education and jobs. Young people from more affluent families have more opportunities to be physically active and to consume healthier food.[20]
- Bullying can have a serious impact on mental health. Studies suggest that 36% of students in grades 6 to 10 may be victims of bullying.[20]
- More than one in four lower income Canadians have skipped meals as a result of financial concerns.[4]
- 25% of lower income Canadians say they have delayed or stopped buying some prescription drugs because of the economic downturn. Only 3% of Canadians earning more than $60,000 have taken similar action.[4]
- Canadians living in the most deprived neighbourhoods had mortality rates that were 28% higher than those living in the least deprived neighbourhoods.[21]
- Living in unsafe, unaffordable or insecure housing increases the risk of many health problems.[22]
- Education is a strong predictor of long-term health and quality of life.[23]
- There is growing evidence that investing in education is a highly effective step we can take to improve health outcomes. One study estimates that having quality education available to all could save eight times as many lives as medical advances.[24]
- Warm and supportive parenting can help protect children from the negative impacts of poverty, including poor health.[25]
- Being unemployed or having a low-paying stressful job can bring on illness and injury. A good job can promote better health, self-esteem and social contacts. With a good job, we feel we belong.[26]

3.3 SELECTING WORDS

Research from the United States has shown that abstract phrases such as 'social determinants of health' do not engage audiences.[6] Nevertheless, the concepts that underlie these phrases are actually broadly supported, particularly when they are expressed in concrete terms. These findings can also inform how we communicate SDH messages in Canada.

Using plain, values-driven and emotionally compelling statements can help craft effective SDH messages. For example, we should avoid using labels and refer instead to the circumstances that people experience when they belong to a certain group. Below are some examples of how to use alternate language to describe abstract concepts and groups adapted from the RWJF.[6]

WHEN TALKING ABOUT ABSTRACT CONCEPTS OR GROUPS...	TRY USING SIMPLE, VALUES-DRIVEN AND EMOTIONALLY COMPELLING STATEMENTS.
Social determinants	• Our opportunities for better health begin where we live, learn, work and play. • Where we live, learn, work and play can have a greater impact on how long and well we live than medical care. • All people should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background.
Health inequalities	• Giving everyone a fair chance to live a healthy life.
Vulnerable groups	• Too many people don't have the same opportunities to be as healthy as others. • People whose circumstances have made them vulnerable to poor health.
Poverty	• Families who can't afford the basics in life.
Low-income workers	• People who work for a living and still can't cover basic costs.

3.4 BEST PRACTICES FOR COMMUNICATORS

The messenger will always be a key element in the communications equation. It is essential that the communicator appears open and eager and uses a familiar and conversational tone. If the communicator feels emotion about stories and messages it is more likely that this emotion will be conveyed to the audience in a compelling and memorable way.

A good communicator should clearly understand the motivations, needs, values and background knowledge of their audience. This will help them tell a story or message that the audience will understand, remember and retell. A good communicator prepares message content in advance and pays attention to delivery (e.g. gestures, body language), structure (e.g. duration, anticipated responses) and approach (e.g. words, visuals).

4. Conveying SDH Messages

The following section reviews ways to design and deliver messages so that they align with the specific contexts and circumstances in which they will be delivered. It illustrates how to select appropriate tools and engage an audience by understanding their needs and interests.

4.1 SELECTING THE RIGHT TOOL

Messages about SDH can be conveyed in many different ways to suit various contexts. Three basic types of tools are outlined below: sound bites, stories, and visuals. These tools can be used independently or combined together.

SOUND BITES

Sound bites are 10–20 second short statements or tag lines. They can be used on their own or to introduce longer stories. Sound bites should convey one key idea in a clear and evocative manner. They should be easy for the audience to remember and repeat.

STORIES

Audiences understand and recall stories more easily than facts and figures. If an audience can relate to a character or a set of circumstances they are more likely to change their view about an issue.[5] A good story can inspire audiences and convince them that action is both important and possible.[27]

SDH stories should be clear and compelling and if possible, based on real facts. True stories or analogies can help to make the information more tangible and authentic.

The Robert Wood Johnson Foundation (RWJF) used a sophisticated research and testing process to develop a set of SDH sound bites. Some of these messages have been slightly adapted to the Canadian context:

- Health starts—long before illness—in our homes, schools and jobs.
- All of us should have a fair opportunity to make the choices that allow us to live a long, healthy life, regardless of income, education or ethnic background.
- Our neighbourhood or job shouldn't be hazardous to our health.
- Our opportunity for health starts long before we need medical care.
- Health begins where we live, learn, work and play.
- The opportunity for health begins in our homes, neighbourhoods, schools and jobs.

VISUALS

Images are an important element of effective SDH messages and can include pictures, diagrams, maps or other visual aids. Images should illustrate or reinforce the SDH message and help create a "mind's eye view" by describing a situation or fact in a manner that reinforces the point.

Images can create a conscious or unconscious emotional response. Messages that create strong imagery can be powerful, but be cautious about negative images that may distance the audience.

Although medical care is essential for relieving suffering and curing illness, 75% of the things that can help make us healthy are not part of the health care system.[16]

When we think about health, it's easy to assume that it just means eating the right food and being active. Health is a lot more than that. Did you know that your education, job, relationships, and where you live account for up to 60% of your total health?[27]

4.2 PRIMING THE AUDIENCE

It is important to prepare, or "prime" the audiences to receive SDH messages. Audiences may be more likely to believe a message if it begins with facts or images they already believe or support. For example, Canadians place great value on their health care system. As a result, they may be more likely to understand and act upon SDH messages that incorporate the importance of access to quality medical care. Messages that resonate with existing beliefs about personal responsibility and control over health may help *prime* audiences to consider other factors that influence health, such as SDH. See the box below for examples.

Prior to delivering an SDH message, it is important to assess the level of an audience's knowledge about SDH, and/or health. Do they believe in myths or common misconceptions? A well-informed audience may be better able to engage with a complex SDH message. Audiences with little knowledge of SDH will require more compelling and repetitive messaging, as well as information that challenges their misconceptions.

4.3 AUDIENCE SEGMENTS

There are many potential audiences for SDH messaging. CCSDH members selected the following four priority audiences:

- **Youth:** Of the general public, Canadian youth are the prime target because it is important to influence their understanding of health early to influence behaviour and outcomes across the life course. Parents are also targeted as having an important influence on youth.
- **Professionals:** Educators need an understanding of SDH because they have the capacity to influence youth. Health and public health practitioners are important because they work at the frontline of the health system.
- **Sectoral leaders:** Business leaders are invested in creating and maintaining a healthy and productive workforce and the workplace policies they adopt can strongly impact SDH. Public sector leaders are in a position to propose and/or influence public policies and programs that impact SDH. Many non-governmental organizations are concerned with issues relevant to SDH, and tend to be oriented towards opportunities to create change.
- **Media:** Members of the media need an enhanced understanding of the non-medical factors that influence health because they have the potential to share information widely and to inform public opinion.

The following tables draw upon available knowledge about SDH in Canada and list the important "hooks", "primes" and considerations for framing SDH messages for each target audience segment.

- *Hooks* are facts or circumstances that may serve as entry points to SDH messaging given what is known about the knowledge and beliefs of the target audience.
- *Primes* are ideas that may help to increase audience receptivity to messaging.
- *Considerations* include other factors that may influence the way in which audiences are engaged.

CANADIAN PUBLIC: YOUTH

SDH Knowledge	Hooks	Primes	Considerations
Low	• Connecting with others is an important part of being healthy. • The health of the natural environment is part of what shapes your health.	• Health is about making responsible choices—but it is also about what options you have. • Without health, opportunities for life experience are limited.	• Long term health or other outcomes may not be motivating. • SDH are linked to other life experiences (e.g. cost of education, social inclusion, (un) employment, etc).

CANADIAN PUBLIC: PARENTS

SDH Knowledge	Hooks	Primes	Considerations
Low	• We want our family to be healthy. • Family health is about more than the health of each family member. The circumstances and environments in which we live together shape our health.	• We teach our kids how to be healthy and to take care of themselves. Now we need to make sure they know how factors such as school, jobs and friends affect their health. • Without health, opportunities for life experience are limited.	• Connect SDH to the health and life outcomes of children. • Parents shape the social conditions in which their children live. Be cautious about making them feel they may not be providing an optimal environment.

PROFESSIONALS: EDUCATORS

SDH Knowledge	Hooks	Primes	Considerations
Low to moderate. Perceived knowledge of health issues may be higher.	• In the classroom you are on the front line. Students who come to school hungry, without having enough sleep or the right clothes aren't ready to learn. • Educators have an opportunity to help build a healthy and productive next generation.	• Education influences how healthy we are throughout our lives. • Children know that their doctor will help them when they are sick. They also need to realize that there are other professionals who can help them avoid ill health.	• Educators already have many commitments they must meet in the classroom. It is important to support them with easy-to-use tools and messages.

PROFESSIONALS: HEALTH PRACTITIONERS

SDH Knowledge	Hooks	Primes	Considerations
Moderate, but focus tends to be on individual health/medical care	• Existing pressures in service delivery and the challenges they create for practitioners and patients. • Contribution to creating a healthier population—one patient at a time.	• Patient care is critical to a healthy population, but it is not enough. We also need to address the root causes of illness. • Enable/empower patients to make healthy choices by creating the circumstances in which these choices are available.	• Supportive of SDH concepts, but unclear on actions to take. • Recognize there are problems in frontline service delivery, but systemic change is difficult to imagine.

SECTORAL LEADERS: PRIVATE SECTOR LEADERS

SDH Knowledge	Hooks	Primes	Considerations
Low, but significant health investments via benefit plans, sick leave, etc.	• Ill health has a business cost—it results in workplace absences and diminished productivity. • Health is a good investment. Ill health is costly: economically, socially and personally. • Possible links to corporate social responsibility agendas.	• You are invested in the health of your employees—it is important that this investment covers all aspects of health. • Preventing illness keeps employees at work. • Your employment and occupation can influence your health.	• Illustrate the costs of inaction, e.g. human capital development, cost of treating instead of preventing illness. • Potential for long-term benefits in workforce health, absenteeism, and productivity.

SECTORAL LEADERS: PUBLIC SECTOR LEADERS

SDH Knowledge	Hooks	Primes	Considerations
Varies by area. High among health leaders; moderate among social policy leaders. May be low among others.	• Sustainability of the health care system, growing cost pressures. • Demographic change—aging population and connection to health care provision. • Economic costs of ill health and health inequality, the cost of inaction. • Increasing prevalence of chronic disease and the long-term impacts on well-being, productivity, etc.	• The costs of ill health are high. We need to keep people from getting sick by focusing on prevention. • Enable/empower people to make healthy choices by creating the circumstances in which these choices are available. • Health is a consistent priority in Canadian public opinion polling.	• Awareness of political timetables, which can complicate prioritizing longer term outcomes. • General support for the concept of cross-sector/ department work, but need help to see opportunities for specific actions. • Jurisdictional divisions—clarity on federal vs. provincial/ territorial/ regional roles and policy levers is important.

SECTORAL LEADERS: NON-GOVERNMENT ORGANIZATIONS OUTSIDE OF THE HEALTH SECTOR

SDH Knowledge	Hooks	Primes	Considerations
Varied. It is likely that many NGOs will have high levels of SDH-related knowledge, but the language of SDH may not be consistently used.	• Health, social, environmental and other issues are inter-connected. There are common elements between these issues and SDH. • Poor health and health inequalities impact other areas of life, such as employment, child care, volunteering, etc. • Health inequalities are costly—economically, socially and personally.	• Action on SDH can help to address inequality (or other issues as appropriate). • A healthier population can help us to achieve other societal goals. • It is a collective responsibility to create the conditions in which people can succeed. This includes conditions that support good health.	• Motivated by desire to act and a sense of social responsibility. • Many NGOs already recognize the value of change and may be oriented towards achieving it. • Need to be equipped with tools given limited financial and human resources. • Consider the language and priorities of other sectors—problems and solutions cannot be framed only in health terms.

SECTORAL LEADERS: NON-GOVERNMENT ORGANIZATIONS IN THE HEALTH SECTOR

SDH Knowledge	Hooks	Primes	Considerations
Moderate to high. Some NGOs are likely to have a stronger focus on medical care than SDH.	• Existing health system pressures and the challenges they create for governments, practitioners and patients. • Public interest in health and health care is consistently high.	• Medical care is critical, but not enough to make people healthy. We also need to address the root cause of ill health. • Preventing people from becoming sick is an important part of supporting health.	• Medical care tends to be the focus of health dialogue. Health organizations may need tools and support to extend this dialogue to include SDH.

MEDIA

SDH Knowledge	Hooks	Primes	Considerations
Low to moderate. Primary focus tends to be medical care, stories about individual health.	• Sustainability of the health care system, growing cost pressures. • Demographic change—aging population and connection to health care provision. • Economic costs of ill health and health inequality, the cost of inaction. • New research or data on health conditions or treatments.	• Connection between individual health and the circumstances that create (or undermine) it. • Connections between health system pressures and overall population health—build a healthier population by acting on SDH.	• Timeliness is critical—stories need to be 'newsworthy'. • Need to make SDH tangible—create a human face for the story.

5. Key SDH Messaging Guidelines

WHAT TO DO	WHAT TO AVOID
✓ Use **clear, plain language**	× **Technical language or jargon**
✓ Make issues **tangible** with analogies and stories	× **Abstract concepts** or terms
✓ **Break down and round numbers**; place numbers in **context**	× **Complex numbers,** or large numbers without any context
✓ Challenge conventional wisdom with **one unexpected fact**	× **Exhaustive documentation**
✓ Use **inclusive** language (we, our, us)	× **Creating distance** between groups (them, they)
✓ Identify people by **shared experiences**	× **Labeling** people by group membership
✓ **Prime** your audience with a fact, image or story they are likely to believe, based on their values, interests and needs	× Facts, images or stories that audiences may find **too contentious or extreme to be believable** (even if they are true)
✓ Leave the audience with a memorable story or fact that can be easily repeated	× Being **forgettable**
✓ Use a **conversational and familiar** tone	× A **clinical or academic** tone
✓ Take the time to **understand your audience**—this includes **customizing your message** by selecting appropriate tools, approaches and information	× Assuming the **same message will work for all audiences**
✓ **Prepare** your message content and presentation	× Speaking **off the cuff**
✓ Focus on communicating **one thing** at a time	× Trying to **do too many things at once**

6. Conclusion

The guidelines for common messaging provide guidance on how to effectively communicate messages about social determinants of health (SDH). They are intended to serve as a tool to help Canadian Council on Social Determinants of Health (CCSDH) members and other individuals and organizations to build, use and share their own SDH messages.

The CCSDH commissioned this document to help foster national dialogue on the broad range of factors that contribute to people's health. It is the hope of the CCSDH that by equipping individuals and organizations with the knowledge to create effective SDH messages we can build a broader understanding of health in Canada among diverse audiences. Further research exploring Canadian views about SDH and the values, metaphors and language that provide the foundation for compelling messages would also contribute to this goal.

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