

# Simple rules for expanding the narrative in written communications

## NARRATIVES AND HEALTH EQUITY: EXPANDING THE CONVERSATION

Complex issues—like health equity—need multiple ways of explaining more than single definitions. This is a growing, exploratory, learning field and we should say more, not less. We also need to be very attentive to language. The goal is to make space for the emerging narrative in public conversations that are currently dominated by other frames. Some ways to do this include:

Watch for words that trigger the dominant narrative: behavior, choice, individual, health care, providers, services, etc.

Being able to simplify is great, but don't rely on jargon that assumes the reader knows what that means (health disparities, health equity, social determinants of health, etc.) Push to expand the vocabulary around health equity.

Recognize the "both/and," but never lead with the dominant narrative: don't say, "not this, but this"—that only raises and reinforces the dominant narrative in people's minds.

Don't mix the narratives, e.g., "Health equity is making sure people have the opportunity to make healthy choices." (When conditions are equitable, health is not dependent on individual choices.)

Learn to recognize stories about the exceptional individual that may move the conversation away from a community-centered approach.

Read and write critically; use an array of "filters," such as:

*Does this language lean toward the individual, independent actor? Does it point to a health care/health systems solution? Does it emphasize the role of professionals more than the community?*

*Is the focus on individual health or community health? Individual choice or community conditions? Health care solutions or broader social and economic systems solutions?*

*Does this language help to expand potential partnerships or constrain partnerships?*

*Does the issue as framed imply that only "experts" can address it, or is it clear that everyone is needed and valued as part of the solution?*

## Two narrative approaches to asthma

Source: Frameworks Institute<sup>1</sup>

### First approach

Kids in East Harlem are twice as likely to have asthma as neighbors just a few blocks away in the Upper East Side. Serious asthma episodes can be caused by a variety of factors, including tobacco smoke, dust mites, furred and feathered animals, certain molds, chemicals, and strong odors in the environment.

### Expanded approach

Kids in East Harlem are twice as likely to have asthma as neighbors just a few blocks away in the Upper East Side. Environmental factors like healthy housing, air quality, and safe ventilation affect children's asthma rates, and not all communities have access to the best environmental conditions. Serious asthma episodes can be caused by a variety of factors, including poor air quality from excessive traffic, weak building ventilation, tobacco smoke, certain molds, and strong odors in the environment.

### Full text

Kids in East Harlem are twice as likely to have asthma as neighbors just a few blocks away in the Upper East Side. Serious asthma episodes can be caused by a variety of factors, including tobacco smoke, dust mites, furred and feathered animals, certain molds, chemicals, and strong odors in the environment.

Children who live in low-income neighborhoods, like East Harlem, are also at greater risk for developing asthma. The New York City Environmental Public Health Tracking Network teamed up with the East Harlem Asthma Center of Excellence to make the connection between their community and asthma. The NYC Tracking Network mapped childhood asthma hospital stays by neighborhood and studied these stays over time. They found that hospital stays are four times higher for East Harlem kids than for those living in the city's highest-income neighborhoods.

NCY tracking data also showed that asthma hospital stays for children jump in the fall. Now, health department workers send special messages to doctors and other health care providers via the city's Health Alert Network, encouraging them to update patients' asthma control plans. Since this activity started, there has been a drop in rates of asthma-related hospital stays among New York City's children.

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*To obtain this information in a different format, call: 651-201-3880.*

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<sup>1</sup> FrameWorks Institute. (2015). *Navigating the swamp: Using evidence to craft more effective communications*. Accessed April 2019 from <https://www.apha.org/events-and-meetings/webinars/understanding-environmental-health>.