

COMMUNICATING ABOUT HEALTH EQUITY IN GEORGIA

Spitfire Strategies
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Health equity speaks to the notion of all people sharing the opportunity to maximize their health and well-being. Achieving health equity requires active engagement among individuals and communities from all backgrounds and geographic areas. For health equity to truly take hold, this active engagement must be harnessed together to bring about sustained changes and improvements to how things work in society.

While challenging to undertake, a number of organizations are committed to this work. These groups are striving to increase access to resources, support and opportunities to improve health and well-being while also removing barriers that impede progress. In Georgia, one such organization is Georgia Health Initiative (“the Initiative”), a nonprofit, private foundation whose mission is “to inspire and promote collective action that advances health equity for all Georgians.”

To advance this mission, the Initiative recognizes the need to introduce and elevate authentic dialogue on issues critical to health equity. To do so in as inclusive and effective a manner as possible, in early 2024, the Initiative commissioned messaging research to better understand attitudes and perceptions around the concepts of equity and health equity. In part through a grant received from CareSource, a nonprofit managed care organization, the Initiative invested resources to support this research. The Initiative ultimately commissioned a Project Team (referenced as “we” throughout the guide) comprised of experts from Spitfire Strategies and Lake Research Partners to conduct this work, which began in March 2024.

In essence, the Initiative recognized that while language could invite individuals and communities into this work, it could just as easily — though inadvertently — shut people out. We set out to assess Georgians’ familiarity with the concept of “health equity” and how they understand and respond to it once it’s been defined. We sought to learn about their willingness to work to remove barriers to health equity, and we wanted to know how we might craft messaging that invites Georgians into this work of improving health equity across the state. We analyzed research findings and used them to support the development of recommendations around communications messaging, strategies and tactics that are contained within this Message Guide.

We crafted and published this Message Guide for use by the Initiative and other partner organizations across Georgia who are equally committed to advancing health equity within the state. By conducting our research in a variety of methods such as in-person, virtual and over the phone, we spoke with a representative sample of Georgians and got a strong sense of what messages will likely resonate with different segments of people across the state.

We draw from the foundational tenet in strategic communication that no single message will appeal to all people across Georgia because they hold different values and come from diverse backgrounds and experiences that drive how they see the world and how they form opinions. For that reason, we started the research with a broad swath of individuals across the state to see how their values and perceptions of health equity influenced their willingness to support the concept. Drawing from what we learned, we share the findings and suggestions below about how to segment the audiences based on the messages that are likely to resonate with them and motivate them to join us in creating a healthy Georgia.

HOW TO USE THIS GUIDE

This Message Guide is a tool for individual leaders, practitioners, nonprofit organizations and others engaging communities across Georgia to advance health equity. We designed this guide to support the development of strategic messaging that effectively reaches and motivates people across the state to join together to co-create a future where all people in Georgia have the opportunity to maximize their health and well-being.

The contents below detail the different parts of this Message Guide and include an explanation of the research methodology, an analysis of the findings and audience segments, messaging recommendations and other considerations for communicating about health equity across Georgia.

Section	Purpose
Methodology	This section outlines the comprehensive approach we took in all phases of the research conducted in sequence. We outline the populations that made up each phase of the work and how we came to segment Georgians into three main audience groups.
Research Findings & Recommendations	This section highlights the overall top-line research findings from the statewide survey. Where relevant, we also included contextual insights gleaned from the focus groups to help paint a fuller picture of what we heard. For each of the top-level findings, we also layered in recommendations for interpreting how these findings influence messaging so you can internalize these findings as you are crafting your messaging.
Messaging Recommendations	Building off the research findings, we made messaging recommendations with special attention to the phrases and messages we tested and the further understanding we gained about what values, barriers and visions of solutions Georgians hold. This section explains what we learned about the three messages that we tested among Georgians, including why specific phrases worked well and whom they resonated with.

A. METHODOLOGY

The Research Process



May-June 2024:

Six virtual focus groups across the state and four in-person focus groups in Metropolitan Atlanta and Columbus, Georgia



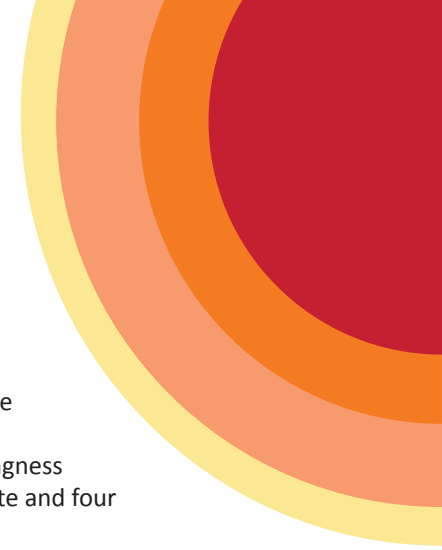
July 17-23, 2024:

A phone survey with adults across Georgia



September 2024:

Four virtual focus groups to specific audiences in Georgia



To hear from a representative sample of Georgians, we conducted a comprehensive research process, including six virtual and four in-person focus groups, a statewide survey and four virtual post-survey focus groups.

The first round of focus groups served to help us answer the initial research questions to determine Georgians' familiarity, knowledge of and reactions to "health equity" as a term and concept; to understand what they perceived were barriers to achieving health equity; and to gauge their willingness to join efforts to advance health equity in the state. We held six virtual focus groups across the state and four in-person focus groups between May and June 2024.

The Virtual Focus Groups Were:

- Black men in rural areas
- White men in suburban areas
- Latinas
- Latinos
- Women under age 30
- Men under age 30

The In-person Focus Groups Were:

- White women from Metropolitan Atlanta
- Black women from Metropolitan Atlanta
- White rural men from in and around Columbus
- Black rural women from in and around Columbus

The results of the initial round of focus groups helped us determine how to segment audiences and refine our research questions for the statewide phone survey that reached a total of 1,000 adults in Georgia, including 600 adults in the base sample and oversamples of 100 Latino/a adults, 100 Asian American and Pacific Islander (AAPI) adults, 100 rural adults and 100 adults under 30.

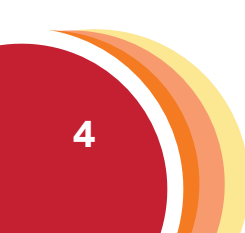
Audience Segmentation

Audience segmentation is necessary for understanding how groups of people with different backgrounds and experiences think about a concept such as health equity; which mindsets and frames facilitate or hinder their understanding of the term; and their willingness to support solutions to health equity. With these learnings, we can then craft messaging that will resonate best with each audience. To facilitate the segmentation of audiences, we developed questions based on research expertise, prior messaging research work, and foundational tenets that have shown to align with worldviews and mindsets around health equity and other topics. We know that gauging general views on a role for government helps to distinguish people's core attitudes on many issues. It helps us get people thinking about the factors at play within the systems level instead of at an individual level. For example, people who generally do not want the government involved in solving society's problems tend to have strongly held beliefs of personal responsibility — meaning they think individuals should be able to advance in life with their own hard work and little government intervention or support. The government also has the power to implement broader, systems-level change on health equity. Throughout this guide, when we say "government," we mean government at any level — local, state or national.

We asked the following questions as part of the phone survey to help define our audience segments based on their core beliefs:

- Which statement comes closer to your views, even if neither is exactly right?
 - The government should do more to solve problems and help meet the needs of people, or the government does too many things that are better left to businesses and individuals.
 - What's great about the U.S. is everyone has the opportunity to succeed if they work hard, or right now, for too many people in the U.S., just working hard is not enough to get ahead.
- Do you agree or disagree that everyone in Georgia has the same or equal opportunities to reach their full potential for health?

Based on their responses, we developed the following audience segments: the **Choir**, the **Curious** and the **Conflicted**.





Choir

People in Georgia defined as the “Choir” see a role for the government. When forced to choose, they say their own views are that the government should do more to solve problems and help meet the needs of people rather than the government does too many things better left to businesses and individuals. When forced to choose, they say their own views are that, right now, for many people in the U.S., just working hard is not enough to get ahead rather than what’s great about the U.S. is that everyone has the opportunity to succeed if they work hard. Last, this segment also disagrees that everyone has the same/equal opportunities to reach their fullest potential for health. The Choir is the most engaged and knowledgeable about the problem of health inequities, and it comprises 20% of the people surveyed. **The Choir leans female, Black, urban and Democratic and is more likely than the other two audience segments to be under 30 years old.**

Curious

People defined as “Curious” about health equity have mixed views on the government’s role and if working hard is or isn’t enough to help someone get ahead. Curious people are split on whether everyone has the same/equal opportunities to reach their full potential for health. They see income and access to health care as the most significant factors that have an impact on health equity. This audience segment makes up a majority of Georgians (52%). **The Curious segment resembles the population of Georgia overall.**

Conflicted

People defined as “Conflicted” say the government should get out of the way and let businesses and individuals solve problems. When forced to choose, they believe that the government does too many things better left to businesses and individuals rather than the government should do more to solve problems and help meet the needs of people. They believe that hard work leads to success. When forced to choose, they believe that what’s great about the U.S. is that everyone has the opportunity to succeed if they work hard rather than right now, for many people in the U.S., just working hard is not enough to get ahead. Finally, this segment agrees that everyone has the same or equal opportunities to reach their fullest potential for health. People in this audience segment are the least likely to acknowledge the impact of health equity or think it is important to address. They make up 28% of people in Georgia. **The Conflicted is majority male, over the age of 30, white and Republican. They also tend to live in suburban areas.**

Post-Survey Virtual Focus Groups

The final phase was a post-survey set of focus groups to check any assumptions we learned in the survey and understand more of the “why” behind some of the survey findings around systemic barriers and facilitators to health equity among specific audiences and demographics. We held four virtual focus groups in September 2024 of Latino/as from the Choir and Curious segments, AAPI men and women (Choir or Curious), white men and women (Choir or Curious), and Black men and women (Choir).

B. RESEARCH FINDINGS & RECOMMENDATIONS

The following findings outline what we learned from this comprehensive research process, including how Georgians understand the concept of health equity and respond to it once it's been defined. We also share findings about what Georgians perceive as the main barriers to maximizing one's full potential for health and their willingness to join in solutions to improve health equity across the state.

Finding: Most people in Georgia are not familiar with the term “health equity” or what it means when hearing the term for the first time.

Fifty-five percent of Georgians are not familiar with the term “health equity,” including about 4 in 10 (39%) who are not familiar at all. While Georgians' perceptions of health equity are generally positive once it's explained to them, most people don't find the term to be approachable. People are able to make the connection and understand broadly what contributes to health equity once they have the definition. After they have the definition, survey respondents see addressing the cost of living, maternal health care, access to healthy food and housing as the most important aspects for addressing health equity.

Focus Group Insights:

- In focus groups, people largely associate health equity with health insurance, good doctors and overall health when the term is used but not clearly defined. This contributes to a limited understanding of health equity and doesn't account for varying factors that contribute to overall health, such as clean air and water, safe neighborhoods, access to healthy food, affordable housing, and other critical aspects of health and well-being.
- Focus group participants said the term sounds jargony, and others associated it with financial concepts, like equity in a home.

Recommendation:

Because most Georgians are not familiar with the term “health equity,” we generally recommend not using the phrase. Instead, define what you mean by the term, for example, “everyone having the opportunity to maximize their best health.” Or if you do decide to use it, set the proper context beforehand.

We see this lack of familiarity with the term “health equity” even among the Choir segment. In a lot of cases, it will be more effective to describe the change your organization wants to see and how you are doing it instead of trying to introduce the term. This isn't to say you should strike “health equity” from your vocabulary. In some instances, such as when meeting with decision-makers or leaders in the nonprofit space who are well versed in health equity principles and solutions, “health equity” is an understood term and therefore appropriate to use.

Of Note:

The recommendation to communicate without using the term “health equity” does not mean that we are staying quiet or overly shying away from terms like “health equity.” The research showed that people in Georgia like the concept of health equity, although they don't fully understand the term. In fact, using the term can turn people away because they don't relate to it or don't understand what is being conveyed. From an accessibility standpoint, just saying what you mean in plain language is the most effective way to advance support for health equity. Some examples of simple language we tested in the survey are “people having the same opportunities to maximize their health and well-being” or “people reaching their fullest potential for health.”

Finding: When asked how to improve health equity in Georgia, most people say it is very important to address having access to healthy food, being able to afford the cost of living and having access to maternal health care.

To improve health equity in Georgia, three-quarters (75%) of Georgians say it is very important to address being able to afford the cost of living (91% important); having access to healthy food (73% very important, 92% important); and having access to maternal health care before, during and after pregnancy (73% very important, 88% important). Across most subgroups of Georgians, being able to afford the cost of living and having access to maternal health care are the most important issues. Men, older Georgians, AAPI individuals, Black Georgians, and small-town and rural Georgians also consider access to healthy food as one of the most intensely important issues to improve health equity across Georgia.

- For the Choir, key solutions include addressing the cost of living, ensuring access to healthy food, safe and affordable housing, and comprehensive maternal health care.
- Individuals in the Curious segment believe it is most important to address the cost of living and access to healthy food.

Focus Group Insights:

- Across post-survey focus groups, when asked who benefits from having access to healthy food or good health care, Choir and Curious participants believe that everyone benefits, that these are not zero-sum issues and that it would level the playing field for everyone.
- Choir and Curious participants acknowledge that everyone in Georgia does not have access to healthy foods and that the driving reason is primarily the high costs for groceries and healthy, fresh foods and — to a lesser degree — the lack of access to healthy, fresh foods, with food deserts as an example. Many people are also easily able to make the connection between access to healthy foods and the impact that has on one's health.
- Choir and Curious participants also believe that everyone does not have access to health care, even though it is available. They point to costs as the primary barrier, even for those with high-quality employer-based health care plans.
- When asked about the connection between maternal health and health equity, participants across most groups link maternal mortality to race, with a particularly large impact on Black mothers, perceiving that their pain thresholds, concerns, and their needs and their babies' needs are not accommodated at the same levels as women of other races.

Recommendation:

Potential pathways to introducing the concept of health equity to those in Georgia who are unfamiliar with it or those who associate the concept narrowly with access to health care include talking about access to healthy food and maternal health care and the cost of living.

Because some people in Georgia associate health equity largely with the medical system, talking about access to healthy food and maternal health and the cost of living provides a way to talk about the broader, systemic factors at play. Because maternal health is another core value that Georgians hold, use it to build common ground with your audiences. People in Georgia see the need to provide mothers with access to maternal health care before, during and after pregnancy. Therefore, use it in your messaging to help continue establishing common ground with your audience, along with being able to afford the cost of living and access to healthy food.

Finding: A majority of people in Georgia acknowledge barriers to health equity for people based on income, race, geography and other factors. People see strong connections between specific identities and resources they have or do not have and health equity.

Georgians see multiple factors impacting people in Georgia reaching their fullest potential for health. People consider a person's income as having a major impact on people in Georgia reaching their fullest potential to health (62% think this has a major impact; 89% think this has an impact), and access to health care also has a major impact (55% think this has a major impact; 81% think this has an impact). The most impactful include a person's income and access to health care. People in Georgia don't necessarily see a connection to a person's sexual orientation or gender and health equity.

According to the survey, in addition to income and access to health care, most Georgians see a connection between a person having a disability (78%), a person's immigration status (71%), where a person lives (75%), a person's age (71%) and a person's race (62%) as having an impact on whether people in Georgia reach their fullest potential for health.

Focus Group Insights:

- Some focus group participants mentioned that access to health care means more test coverage, standardization of cost and quality across facilities, price caps on insulin and better price transparency.
- Focus group participants also see mental health as strongly connected to physical health and overall wellbeing. When considering the connection between mental health and health equity, Georgians see geography, race, gender, and homelessness as large factors in the quality of mental health care one can receive or access at all.

Recommendation:

When communicating about the obstacles to health equity, acknowledge known, familiar and concrete barriers that people face in achieving better health; invoke a systemic frame; and ensure your message feels inclusive and includes measurable calls to action.

It is important to keep the conversation on a systemic level so that people don't fall into individual responsibility framing. Personal responsibility is a powerful sentiment that can take away from the collective action needed for people to achieve health equity across the state. Seventy percent of Georgians agree with the statement that people have to take personal responsibility for their own health. Avoid using messaging that could get people in this mindset, and talk more about the systemic barriers at play that prevent everyone or large groups of Georgians from reaching their fullest potential for health. Health is a value for Georgians, and most people either understand these barriers or are curious about how these barriers have created a Georgia where everyone does not have a fair opportunity to attain their highest level of health.

Finding: People are very supportive of striving for health equity in the state, strongly agreeing with values statements that were focused on children's education, neighborhood safety, and prescription and medical care affordability.

Georgians responded to all the values statements we tested with high intense agreement, with almost unanimous agreement for some value statements. When provided with a comprehensive list of values statements, the ones that ranked most highly among Georgians were as follows:

- Across Georgia, children should be able to attend schools safely and obtain a quality education that prepares them for the future — 89% strongly agree
- In neighborhoods across Georgia, our kids, neighbors and friends should be able to walk down the street and be safe from crime — 87% strongly agree
- No one should be crushed by medical debt or forced to choose between paying for prescriptions and paying for food — 83% strongly agree



Recommendation:

Effective messaging taps into the values that an audience holds. Education, neighborhood safety and affordability all operate as core values to get your audiences nodding in agreement to your messaging about examples of what Georgia could look like upon achieving health equity.

Georgians agree that children deserve a safe, quality education; that people should feel safe in their communities; and that crushing costs in today's health care system are unacceptable.

Finding: A majority of Georgians surveyed are willing to come together and take action to remove barriers to health equity; however, fewer are intensely motivated to do so.

Sixty-one percent of Georgians are willing to come together to take action to remove barriers to health equity across Georgia, including 28% who are very willing. Fifty-six percent of people in Georgia are willing to come together to take action to ensure health equity across Georgia, including 25% who are very willing. People responded better to the phrase, “removing barriers to health equity” than “ensuring health equity,” when talking about taking action in support of health equity.

Those who disagree that everyone in Georgia has an equal or the same opportunity to reach their fullest potential for health (Choir) tend to be those who see health disparities across communities and acknowledge systemic barriers.

- A majority of the Choir say they are very willing to come together to take action to **remove barriers to health equity** (51% very willing, 80% willing).
- Curious individuals are willing to come together with other people in Georgia to **ensure health equity**, although unlike the Choir, they are not as eager to engage (24% very willing, 56% willing).
- Conflicted individuals acknowledge that certain factors have an impact on health equity, but they think that it is possible to achieve health equity (72%) and agree that everyone already has an equal or the same opportunity to reach their fullest potential for health (100% agree). They are far less willing to come together with other people in Georgia and take action to remove barriers to health equity (13% very willing, 49% willing).

Recommendation:

Messages should focus on increasing intensity among the Choir and the Curious to take action.

One of the best ways to increase intensity and motivate audiences to act is to repeat messages that tap into their core values. For instance, organizations in Georgia may decide to come together through an audience education campaign to share knowledge about health equity and gradually increase their willingness to act. See the Stages of Readiness box on page 15 for more information.

Of Note:

Because the Choir and Curious segments are more likely to be receptive to your messaging around health equity than the Conflicted, you'll want to prioritize focusing on them. Those in the Conflicted group possess strongly held personal responsibility beliefs and aren't likely to support systemic solutions.

Finding: Often, it is not that Georgians disagree with the concept of health equity but rather that they are skeptical that improving health equity in Georgia is possible.

This is true even among the Choir, and the research indicates that while the Choir understands the barriers to health equity, they remain skeptical that solutions to improve health equity are possible. When provided with vision statements, the statements that the Choir views as the most possible to achieve in Georgia revolve around working together and creating a prosperous Georgia. The Choir viewed it as more possible when the statements combined “joining together” with “prosperity.” Examples include:

- When we join together, we can create a prosperous and healthy Georgia — 36% of the Choir rated this statement a 10 (on a scale of 1 being not possible and 10 being very possible).
- We can advance health for all Georgians — 33% of the Choir rated it a 10.

In the bottom tier among all Georgians are vision statements that are more absolute, including words and phrases like “everyone” and “no exceptions.” Even though they demonstrate potential for health equity through phrases like “can achieve,” which tested well, absolute language like “no exceptions” decreases the believability. Examples of this absolute language include:

- “All Georgians, no exceptions, can achieve health equity and get what they need.”
- “Everyone shares the same opportunities to maximize their health and well-being.”

These statements can also make it seem like these changes to improve health equity have already happened instead of something we are working to achieve together. While the intensity with which people feel these statements are possible is not strong, at least half of people still see these statements as possible.

Recommendation:

To address this skepticism that health equity is possible among our audiences, when communicating about health equity, demonstrate that change is possible.

It is important to show possibilities and specifics for what an organization is doing to address health equity issues whenever possible. People across Georgia are more supportive of organizations working to advance health equity when they receive specific information about the work they’re doing and how it impacts varying layers of health, such as improving neighborhood safety, children’s education, and the affordability of prescriptions and medical care. To build the intensity that people feel change is possible, you’ll need to help them feel hopeful for change; otherwise, they can easily get discouraged. Show what is possible by sharing stories that you already know about tangible changes and wins your organization or others have achieved.

Focus Group Insights Regarding Messengers that Were Not Tested in the Survey:

- Focus group participants told us that the top trusted messengers on health equity include elected leaders — the governor and/or other statewide elected leaders — and community leaders, nonprofits, medical associations, nurses and small-business owners.
- Overall, most people in the focus groups believe the government is primarily responsible for ensuring communities across the state can achieve health. We heard from some participants that legislators should better utilize Georgians’ tax dollars to improve health equity and hold insurance companies and relevant corporate entities accountable if price-gouging occurs. However, many are skeptical that legislators will prioritize policy efforts to remove barriers or improve access to health for people in Georgia, particularly citing financial costs for the state as well as policymakers’ historically limited approach to regulating prices that corporations set. People don’t always trust doctors either. Several participants mentioned the overuse of tests to bill insurance companies.

Recommendation:

Think strategically about who could serve as trusted voices and messengers.

Consider connections or relationships with community leaders, nonprofits, medical associations, nurses and small-business owners whom you could tap to communicate with those you are trying to engage and activate. Hearing from leaders they trust can help audiences overcome their barriers to action and build trust with your organization.

C. MESSAGING RECOMMENDATIONS

Following the initial focus groups, we developed three message sets (A, B and C) to test in the survey. We wanted to test the combination of three main message components:

- Values that people may hold when it comes to health equity like access to affordable medical care, healthy food or safety.
- Barriers they perceive as the strongest in preventing Georgians in achieving health equity.
- Visions of solutions and different calls to join efforts to achieve health equity.

Of Note:

This message framework is effective because shared values activate emotions and open up your audience to what you will say next. By not leading with problems, you're also laying the groundwork for the problem to feel solvable. After you have audience members nodding their heads in agreement based on the value message, use messaging that lays out more context to help them understand what you mean by "health equity" and the barriers to achieving it. Finally, close out the message with a call to join your efforts to co-create a future where all people in Georgia have the same opportunities to maximize their health and well-being.

Message A: "My Georgia"

"The Georgia I know and love is resilient and caring. In communities across Georgia, we try to look out for our neighbors. But when jobs don't offer fair pay and benefits, roads aren't safe, people can't access health care, and healthy grocery stores are few and far between, some people in our state still don't have what they need for themselves and their families to thrive. Everyone across Georgia should have the ability to access good jobs, stable housing and health care, regardless of their age, immigration status, ZIP code or having a disability. Leaders in our state should work toward solutions that help people have every chance at health, like expanding access to health coverage and ensuring stable housing so that everyone can flourish."

Why it Worked

This was the strongest testing message, with 68% of participants overall finding it very convincing.

Some people liked the community-oriented opening and that it acknowledges different factors and issues. Several said it feels positive and unifying.

People in Georgia resonate with a sense of place, especially those in rural areas who might lack access to good health care and hospitals.

People believe that the largest impacts on people in Georgia reaching their fullest potential for health is income, followed by disability, immigration status, where a person lives and race.

Participants, especially Latino/a and Black Georgians, like the acknowledgement about people-created barriers and limitations to opportunity as well as how ZIP codes should not dictate individuals' health.

Whom It Resonated With

This performed best with the following audience segments: Choir (56% liked it) and Curious (41% liked it).

Most key subgroups in the survey rated My Georgia as the most intensely convincing — especially Black Georgians, Democrats and Fulton/Dekalb residents.

Message B: “Opportunity”

“People across Georgia want to live in a place where everyone has a fair and just opportunity to reach their best health and well-being, no matter their race, ethnicity, class or ZIP code. That can happen when everyone has the option to put healthy food on the table for their families and when our roads and infrastructure are safe. It can happen when everyone can get access to the medical care they need, regardless of how far they live from a hospital. We can work together to create a better Georgia where health equity is the norm. But this is not everyone’s reality today. By joining together, we can unite to create a better future for everyone’s children and grandchildren.”

Why it Worked

Participants liked the aspects that acknowledge barriers we have before achieving health equity but that we can work toward removing them and can have the opportunity to reach our best health.

Referring to “healthy foods” helps establish common ground and taps into a value that we know most Georgians relate to. It helps people connect the dots and start understanding what health equity means. Even if your organization doesn’t work on food issues, you can use the topic as a way to connect to other issues you do work on.

We wanted to understand how much it matters if messaging talks about “all people in Georgia” or “all Georgians.” When people consider two versions of a vision statement, they do not distinguish much between “All people in Georgia, no exceptions, can achieve health equity and get what they need” and “All Georgians, no exceptions, can achieve health equity and get what they need.” But there are some differences by subgroups. Small town/rural Georgians, younger adults, Black adults, Republicans, and people in Fulton/Dekalb or the North Suburbs are more likely to rate the phrase that references “all people in Georgia” as possible to achieve. Urban Georgians and Latino/as prefer the phrase that references “all Georgians.”

Whom It Resonated With

This performed best with the Choir audience segment (60% liked it).

Nearly half of AAPI Georgians in the survey find this message to be very convincing. This message also appeals to urban and suburban residents, independents, Fulton/Dekalb residents, south suburban residents, and southwest residents who took the survey.

Message C: “Dreams”

“We all have dreams for ourselves and our families. But we don’t all have the same opportunities to make those dreams come true. In Georgia, there are laws and social practices happening today that place more value on some lives than others, based on race and class. And that leads to fewer opportunities in access to healthy food, health care, and city infrastructure and roads. Where we live in the state shouldn’t dictate our health. Because people created the laws and systems that shape these opportunities, we can reinvent them to be more equitable. Bettering health equity means that leaders in our state are working together so that everyone’s children and grandchildren can have the best possible future and everyone can reach their best health and well-being.”

Why it Worked

Participants liked the acknowledgement about barriers and limitations to opportunity as well as how where someone lives should not dictate their health. Some participants also said it feels hopeful.

People responded well to messages that included “children” in them. Mentioning “children,” “communities,” “neighborhoods” and “cost” can help prevent those in the Curious category from thinking of health equity as an individual responsibility.

People understand the link between safety and health.

The inclusion of “race and class” works well with Black Georgians, but Latino/as resonated less with it.

Whom It Resonated With

Latino/as and Georgians under age 30 were split between preferring this message and My Georgia in the survey.

This is a top message among Democrats as well as south suburban and other north Georgians who took the survey.

Important Considerations When Tailoring the Messages for Specific Audiences

Because we tested the messages as seen above with specific value and vision messages, our findings reflect the combinations as written. You may also find that a different value or vision resonates with your audiences. Every person is unique and holds different lived experiences. They may see the world through different frames, and they have been exposed to different narratives that shape their beliefs and perceived responsibilities. In that case, you can substitute in a different value message, but we recommend that you maintain the overall structure of value, barrier statement and visionary call to action.

Here are examples of other **value messages** you can substitute for each message set.

“My Georgia”: To connect more to the safety value that we know audiences resonate with, you could also use the message: “In neighborhoods across Georgia, our kids, neighbors and friends should be able to walk down the street and be safe from crime.”

“Opportunity”: To tap into larger conversations about the U.S. economy, you could also use the message, “No one should be crushed by medical debt or forced to choose between paying for prescriptions and paying for food.”

“Dreams”: To tap into conversations around how to overcome barriers to health equity, you could also use the message: “Because people created the laws and systems, we can make them more equitable.”

If you tailor the messages for an audience, avoid repeating the obstacles that might prevent them from joining. For the Choir, their perception that change isn't possible may prevent them from joining. For the Curious or Conflicted, avoid reinforcing their belief that it is an individual's personal responsibility to achieve their best health on their own accord. While there will not be a cut-and-dry message that will resonate perfectly every time with your audiences, with our findings, you will have a better understanding of how to tap into their values so your messages resonate with them.

Of Note:

Frames are mental structures that shape how people see the world. Frames in communications trigger mental shortcuts that help people understand the scope of an issue and point to solutions. People have different narratives, or stories that inform who they are, what they believe, and what people can be as a society and a nation. **Narratives** are the shared meaning people draw from those stories over time that reflect their cultural beliefs, norms and values and that influence how they process information and make decisions. But it isn't enough to just define the narrative. Many of the narratives that run counter to health equity are deeply rooted with long shelf lives because they reflect and uphold existing power structures. Using frames and narratives can help people understand concepts and make important connections.

Harmful Frame

Messages About Health Equity

- Deficits
- Scarcity
- Personal Responsibility
- Othering
- Historically Inaccurate
- Nearsighted

Better Frame

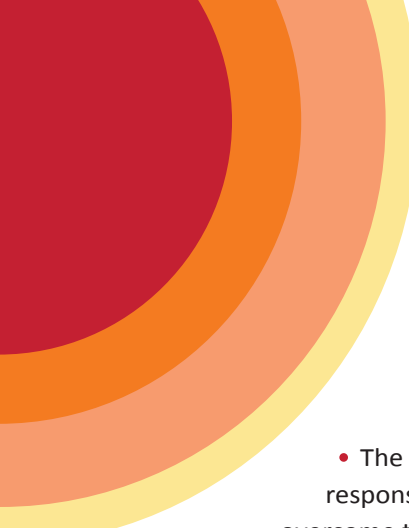
Messages to Use Instead

- Assets
- Abundance
- Belonging
- Collectivism
- Rooted in history
- Imaginative

Messaging Objectives for the Choir, Curious and Conflicted

The Choir, Curious and Conflicted audience segments help us understand the existing beliefs, differing ideologies and personal lived experiences that can impact how people perceive challenges holding Georgians back from achieving health equity. As we mentioned in the findings, 70% of Georgians agree with the statement that people have to take personal responsibility for their own health. This strongly held belief is one to always keep top of mind when communicating with people in Georgia about how to advance systems solutions because this mindset can inhibit progress to systemic solutions.

Helping people in these segments become less skeptical and more willing to take action requires setting messaging objectives that align with each segment's needs. The following objectives offer a messaging focus for each audience segment:



- Perhaps counterintuitively at first, the Choir can be the most negative about solutions. This is simply because these individuals have a heightened understanding of the barriers to health equity and that those barriers are systemic and therefore harder to solve. They still value and believe in the concept of health equity, so the messaging objective for the Choir is to show them that achieving health equity is indeed possible and to overcome their skepticism.

- The Curious segment is the largest in Georgia and has a tendency to believe the personal responsibility frame that it is up to each individual to achieve their best health on their own accord. To overcome this, the messaging objective for this audience segment is to help these individuals understand the concept of health equity and the system barriers at play.

- The Conflicted possesses strongly held personal responsibility beliefs and isn't likely to support systemic solutions. The messaging objective for this segment is therefore to educate these individuals around the importance of health equity. They will be difficult to convince that achieving health equity is necessary, and therefore we do not recommend that you focus your energy and resources here.

Incorporating the nuances we learned about each segment into messaging will enhance how the messages resonate with your audiences. It's helpful to think about which stage of readiness your audience may fall into — **Sharing Knowledge, Building Will and Reinforcing Action** — as mapped out in [Spitfire's Smart Chart](#)[®] tool for strategic communications. Sometimes moving through these stages happens quickly, and sometimes it takes a decade or more.

Excerpted from Spitfire's Smart Chart 4.0[®]:

Sharing Knowledge. In this stage, your audience members are still learning about the issue, so your task is to share information about the issue without overwhelming them. People in this stage of readiness need to know, care and believe before they can consider acting. The research findings tell us that while our Choir audience may not know the term "health equity," these individuals have an understanding of the topic and believe in the value. Our Curious audience falls heavily into this Sharing Knowledge category because these individuals need to better understand how health equity applies to broader topics beyond health care and health insurance.

Building Will. Many organizations find themselves in a situation where they have people who know, care and believe about their cause but don't take action. When that happens, it's time to motivate those individuals to act by identifying their barrier(s) to action. Your messaging needs to minimize or overcome the barrier. As the research findings indicate, our Choir audience is attuned to issues related to health equity, and these individuals are most primed and most willing to take action. While they are eager and willing to support efforts to advance health equity, because of their heightened understanding of systemic barriers to health equity, the Choir is more likely to feel that achieving health equity in Georgia is not possible. The Curious audience's barrier to taking action is a belief that it is an individual's own responsibility to achieve better health so the Curious is less likely to join an effort to address systemic obstacles to health equity.

Reinforcing Action. Once members of your audience take action, even minimal action, find ways to reinforce their support. Let them know how their action made a difference on the issue. It doesn't have to be a huge impact — just a meaningful one. They should feel positive for taking that action: pride, satisfaction and a desire to do more.

The following chart summarizes other top messaging considerations to keep in mind given the findings and recommendations above. The phrases and sentences in the “Try this ...” column are those that tested the best in the research. Some are included as just phrases because that is how they were tested, while others we tested as sentences. The first column describes how the phrase or sentence applies to the messaging concept.

Context of how message applies	Instead of saying...	Try this...	Why it works...
When describing the concept of barriers that prevent health equity...	Take action to ensure health equity.	Take action to remove barriers to achieving better health and well-being.	This acknowledges structural barriers that were put in place and can be removed when we take action together.
	Barriers to health or systems	Systemic barriers	<p>“Systemic barriers” includes what we mean by barriers and also the fact that the barriers are not the individual’s responsibility. We want to avoid that frame of personal responsibility that could influence some folks in the Curious segment.</p> <p>Systems alone brings audiences back to only thinking about hospital systems or health insurance systems, and they don’t consider the broader issues around health equity.</p>
When talking about specific facilitators or barriers to health equity...	<p>Ending laws and policies that negatively impact people in rural areas</p> <p>OR</p> <p>Maintaining our state’s infrastructure, including our roads and bridges</p>	<p>Access to healthy food</p> <p>and/or</p> <p>Being able to afford the cost of living</p> <p>and/or</p> <p>Access to maternal health care before, during and after pregnancy</p>	Concrete and familiar examples create immediate and clear connections to health in people’s minds.
When describing a vision for what Georgia could look like when health equity is achieved...	All Georgians, no exceptions, can achieve health equity and get what they need.	When we join together, we can create a prosperous and healthy Georgia.	This message is unifying, promotes prosperity, includes a call to action, and is positive rather than absolute or vague.
When describing interventions or solutions that would facilitate health equity...	<p>Reinventing systems</p> <p>OR</p> <p>Reinventing laws</p>	Increasing opportunities [with specifics]	<p>“Increasing opportunities” helps get immediate buy-in but is vague, so quickly pivot messages to the need for taking down barriers and show how, whenever possible.</p> <p>People like hearing about the specific actions organizations and leaders are taking to advance health equity.</p>

D. CONCLUSION

As with most messaging research, we've learned that there is no one right way to communicate about health equity in Georgia. While we knew that people hold different values and come from diverse backgrounds and experiences that shape their views, we learned that many Georgians aren't familiar with the phrase "health equity." Organizations may have more success in communicating with different audiences by saying what they mean instead of using that phrase, and they should use potential pathways to introduce the concept of health equity by talking about access to healthy food and maternal health care and the cost of living.

Using the message recommendations through this guide can help organizations better explain the concept of health equity to people across Georgia and help them to become more steadfast in their belief that health equity is important. The best messaging taps into their values and uses the specific messages we tested for the Choir, Curious and Conflicted segments.

We've also learned that even the Georgians who are most engaged and knowledgeable about the problem of health inequities remain skeptical that solutions to improve health equity are possible. This skepticism was evident across the state, which tells us that there is certainly work to do to motivate audiences to act by showing them with tangible examples that it is indeed possible. One way to do this is to repeat messages that tap into Georgians' core values. For instance, organizations in Georgia may decide to come together through an audience education campaign to share knowledge about health equity and gradually increase their willingness to act.

We hope this guide helps individual leaders, practitioners, nonprofit organizations and others engaging communities across Georgia to effectively motivate people to join together to co-create a future where all people in Georgia have the opportunity to maximize their health and well-being. If you have questions about the research, please reach out to Spitfire at info@spitfirestrategies.com.