Improving Population Health in a Politicized World: Understanding and Overcoming Communication Barriers

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Abstract
Public health scholars argue that significant improvements in population health will only be achieved through changes to the social, economic, and environmental conditions that shape health; individual behavior changes and improving access to health care will not be sufficient. While the public health literature supporting the social determinants of health is robust, these ideas face resistance among the public because they do not conform to the general public’s understanding of the causes of health and illness. In addition, efforts to communicate about health equity and the social determinants of health confront challenges related to the partisan cues and underlying values such messages contain. This paper presents empirical findings from a series of studies examining the effects of communication about public health policy issues, including health disparities, obesity, and vaccines. This synthesis demonstrates the importance of lessons from political psychology in health communication, focusing on the communication challenges of an increasingly politicized public health policy discourse. It concludes with a few recommendations for a future research agenda on effective communication strategies with the goal of building public consensus on what is needed to improve population health.
America in 2016: Divided in Politics and Health

One key characteristic of American life in 2016 is division: a divided political system, fragmented media, and growing gaps between the wealthy and poor. While in 2016 Americans gained the highest insurance coverage rate (90%) in American history due to the implementation of the Affordable Care Act,\(^1\) this population achievement belies unequal health across many population subgroups. African Americans, Latinos, and Native Americans have significantly worse health status, rates of chronic illness, and life expectancy than whites, as they have for many decades (Williams & Purdie-Vaughns, 2016). Recently, low- and middle-income whites’ relative advantages have been eroding as, health scholars argue, depression, suicide, and substance abuse (particularly prescription pain medications and heroin) have increased (see, e.g., Case and Deaton, 2016). The overall picture, then, is a divided America, divided not only in terms of political affinities but in our likelihood of being ill or well.

Health inequalities (whether by race or class) are not new to public health researchers, particularly the social epidemiologists who have been documenting subgroup differences in health for decades. Researchers have shown that the causal factors responsible for overall population health—and inequalities within—largely fall outside of the traditional health care system (i.e., access to health care and the quality of care received) (House, 2015). The factors that matter most are the social and economic resources people have at their disposal: income, educational opportunities, neighborhood environments, a supportive community of friends and loved ones, and a workplace that provides a low stress, hazard-free environment. These factors, in turn, are shaped by the larger structural forces and power dynamics that dictate where people live and the opportunities and resources they have. How, then, can we expect to improve population health and advance greater equity in health outcomes? The key conclusion from scholars working in this area is that improving population health requires policy action addressed at the social, economic, and environmental determinants of health. However, such policy action is made doubly challenging within the context of polarized political elites (and electorate) and current levels of public understanding of the factors that shape health.

In this white paper, I discuss empirical findings (based largely on my own research) on the communication challenges in health policy.\(^2\) The paper will first review studies on public understanding of the determinants of health and then introduce four distinct types of communication barriers that emerge from empirical communication studies: group beliefs, symbolic politics, motivated reasoning, and politicization. I conclude with four recommendations for more effective communication in which future research might invest.

Public Understanding of the Determinants of Health

Before considering how communication can shape public attitudes and opinions about policy, it is worthwhile to examine public understanding of the determinants of health. In

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\(^2\) This is not a meta-analysis or otherwise systematic review of research in this area, so should not be interpreted as anything more than my empirically-informed perspective from my corner of research.
general, Americans subscribe to a medical care- and behavior-focused view of the causes of poor health, believing those factors to be far more important than income, education, or race as influences on health (Robert & Booske, 2011).

Studies examining news media suggest that these beliefs privileging individual behaviors and health care over societal factors are both reflected in, and reinforced by, media. In one study examining news coverage of type 2 diabetes, fewer than 12% of articles referenced any social, environmental, or economic determinants of the illness (Gollust & Lantz, 2009). Similarly, Nagler and colleagues (2016) found that only 3% of health articles in local print news mentioned disparities or social determinants of health. Taken together, these findings are consistent with long-standing social psychological phenomena and news values: the public generally believes that individuals are responsible for their fate (and such attributions are even more strongly held among political conservatives) and journalists cover issues that affect identifiable individuals and on which people can act, rather than devoting attention to long-standing social ills.3

**Efforts to Communicate about Health Disparities and Social Determinants of Health**4

Because of these enduring trends in media and in public beliefs, communicating about the broader determinants of health and about inequities in health is bound to meet resistance either among people who are simply unaware of these issues (and thus find messages to be less credible) or who actively counter-argue the messages based on several sources of resistance. Research in political communication and political psychology points toward the theoretical factors that would produce such resistance, including group-related beliefs, values and symbolic politics, and motivated reasoning.

Messages about disparities in health outcomes across groups will always introduce group-related reactions. When people hear, for instance, about low- and middle-income whites’ increasing mortality rate (Case & Deaton, 2015), the public’s underlying beliefs about that group (e.g., identification, sympathy, warmth) would likely shape their response. This has been shown repeatedly in studies examining messages about racially-charged social policy issues such as affirmative action and welfare (e.g., Gilens, 1999; Kinder & Sanders, 1996). Surprisingly, the work I have done in this area does not yield such powerful group-related findings. For instance, a photo (of a black woman compared to a white woman) accompanying a mock news article about diabetes had no effect on attitudes about government spending on diabetes prevention (Gollust, Lantz, & Ubel, 2010). In a subsequent experimental study, a text-based reference to a patient’s racial group (black vs. white) similarly did not cause marked differences in attitudes about societal support for that patient’s health care (Gollust & Lynch, 2011). However, cues about the causes of bad health outcomes—using language that dovetails with long-standing racial stereotypes, such as that people are lazy or don’t take responsibility for themselves—did

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3 Evidence supporting these ideas is abundant; I draw from Herbert Gans’ work on news values and especially Linda Skitka’s work on causal attributions.

4 For other reviews of this area, see my co-authored work with Jeff Niederdeppe (Niederdeppe, Bigman, Gonzales, & Gollust, 2013) or his other work on framing and the social determinants of health (Niederdeppe, Bu, Borah, Kindig, & Robert, 2008) or an Institute of Medicine (2015) report to which Dr. Niederdeppe and I contributed entitled “Communicating to Advance the Public’s Health”.

influence outcomes, suggesting that in public health contexts, explicit racial cues may not activate outwardly resentful responses but implicit language may.5

While explicit group cues have not emerged as significant influences on attitudes in my research to date, symbolic or values-based cues embedded in population health messaging certainly are, reinforcing the well-known role of symbolic politics in public opinion formation (e.g., Sears, Lau, Tyler, & Allen, 1980). More specifically, we found that exposure to a news article describing the social determinants of diabetes led to polarization in views between Democrats and Republicans, likely because of the underlying cues about social responsibility for health that a social-determinants-oriented explanation implies (Gollust, Lantz, & Ubel, 2009). In follow-up work investigating public response to messages about the causes of health disparities, we found that predisposing personal responsibility values explained differences in anger arousal and counter-arguing between Democrats and Republicans (Gollust & Cappella, 2014). Finally, my work has also shown the importance of values about the fairness of health inequalities in shaping policy attitudes (Lynch & Gollust, 2010). All of these studies emphasize that communication about health equity and the social determinants of health will activate political values in the audience, whether this is intentional (such as in a campaign that emphasizes health equity as a social justice issue) or not (such as in a news article that reports on neighborhood influences on obesity). Overall, given the role of government in social policy changes that would promote more opportunity for health, anti-government values (and mistrust) are important symbolic barriers for any communication that aims to mobilize government intervention.

Finally, and related, motivated reasoning has emerged as a major area of inquiry in political communication; my research (and that of colleagues) suggests it’s no less important in health policy-related work (e.g., Strickland, Taber, & Lodge, 2011). Motivated reasoning is the process via which people process information selectively, to confirm and maintain prior beliefs rather than being persuaded by attitudinally incongruent information. In my empirical work, I have observed respondents’ motivated reasoning and biased processing of information on diabetes, obesity, soda policy, among other issues. From a health communication perspective, it is important to consider the factors that may induce motivated responses beyond typical political factors, such as partisanship. Research shows, for instance, that coffee drinkers are more likely to counter-argue studies that identify harms of caffeine (Liberman & Chaiken, 1992). Understanding the extent of health-relevant predispositions that may induce counter-arguing is a fruitful area for future research, such as beliefs about vaccines (Nyhan, Reifler, Richey, & Freed, 2014), or health care routines. Given increasing attention in health policy to reducing the delivery of so-called “low-value care” (such as PSA screening tests, or antibiotics for viral illness), we can anticipate “motivated” responses to health messaging on these topics among those who hold strong predispositions about the value of these routine health care services.6

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5 This is not to say that race doesn’t matter in attitudes about health policy, quite the contrary given the extent to which attitudes about Obamacare are tied up in racial dynamics (Tesler, 2012).
6 Peter Ubel has some interesting work on clinician resistance to de-innovation that is relevant here.
Evidence of the Extent of Politicization in Health

Scholars suggest that motivated reasoning, while a common response to any type of stimuli that relates to strongly-held views (whether coffee consumption or opinions on gun control), is even more pronounced in politicized contexts (Druckman, Peterson, & Slothuus, 2013). Although many factors may induce motivated responses, the heightened politicization of health issues is of concern because of the ease with which the public can identify what messages to reject or accept based on the message’s match with established cues from political discourse.

In short, my research (e.g., on the Affordable Care Act, obesity, health disparities, and vaccines) illuminates both the extensive reach of politicization of health issues and salient consequences. Obesity provides a paradigm case for the evolving politicization of a health issue. While public opinion data collected in 2001 suggests no systematic partisan differences in interpretation of obesity (see, e.g., Oliver & Lee, 2005), all of my obesity public opinion studies (data collected between 2009 and 2012) demonstrate partisan differences in opinion, beliefs, evaluation of messages as strong or credible, and message response (see e.g., Gollust, Barry & Niederdeppe, 2014). In other work, Erika Franklin Fowler and I have found high degrees of politicization in messaging about the HPV vaccine and mammography; further, we find that inclusion of political cues in health messaging about the HPV vaccine (i.e., indicating that politicians disagree about the merits of the vaccine) has consequences on lowered trust in medical authorities among a subset of participants (Fowler & Gollust, 2015). Interestingly, while scholars in political science and science communication have recently been debating the definitions and operationalization of politicization in expert discourse and their effects on the public (e.g., Bolsen, Druckman, & Cook, 2014) there is little research examining whether and to what extent the public actually perceives health issues as having politically-charged dimensions, an area my research team will be exploring soon.

Opportunities for Effective Communication

The barriers for communicating about population health are large, as described above, particularly within a political context wherein issues become readily interpreted within partisan schemas. And, communication as a means to shift public views is neither always possible nor the only, or best, route to policy and social change. With these caveats, below I outline some possibilities for more effective communication. While some of these ideas are supported by a little extant evidence, all could benefit from a robust interdisciplinary research agenda.

**Strategic communication using alternative values.** The traditional public health discourse about the factors that shape population health often employs (implicitly or explicitly) a values basis that is oriented toward political liberals (Kindig, 2015). Thus, to reduce the likelihood of knee-jerk motivated reasoning, communication that employs alternative values that could be used to engage non-liberals is needed. As an example, in my work we found that compared to public health-oriented messages about childhood obesity (that stress the

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7 Another approach to social change relies on shifting power dynamics to promote community action in a community organizing framework; see, e.g., Doran Schrantz, “Building Power, Building Health” at http://ssir.org/articles/entry/building_power_building_health#bio-footer
consequences of obesity on kids’ health long-term or on health care costs), messages that describe the consequences of childhood obesity on military readiness increased political conservatives’ interest in the problem, broadened their attributions of responsibility for the problem, and increased their policy support (Gollust, Niederdeppe, & Barry, 2013). As Kindig (2015) suggests, more work should continue in this vein.

**Values affirmation.** A related communication approach would affirm particular values as a strategy before offering a message that may come across as challenging or likely to induce reactance. This was a key premise of a Robert Wood Johnson Foundation (2010) report about communication, which offered the tip to “prime audiences about the connection with messages they already believe [to] make the concept more credible.” There is growing scholarship on the importance of a values affirmation exercise in mitigating the potential for motivated reasoning about social, political, and health issues (see, e.g., Cohen, Aronson, & Steele, 2000; Nyhan & Reifler, 2016; Reed & Aspinwall, 1998); but, research is needed on how it would operate as a messaging strategy in the context of health and/or health equity. This idea has potential, though, supported by my previous work which suggests that messages may be less polarizing when they include explicit content about the role of personal responsibility (Gollust & Cappella, 2014).

**Finding the right “villain”**. Another opportunity for communication that could yield more public support for population health improvement is to identify a “villain” toward which the public might transfer some antipathy (i.e., away from government). In one of my studies, independent of political ideology and partisanship, attitudes about soda companies (“Big Soda”) predicted support for policy action to target the environments that influence nutrition (like marketing, school food, and soda prices), with people who had more negative views of companies more likely to support these policies (Gollust, Barry, & Niederdeppe, 2014). This study suggests the promise of “demonizing” certain health-damaging entities. Implementing such an approach, however, is challenging. In subsequent work, our team found that messages about soda industry misdeeds affected beliefs about industry which in turn predicted policy support; however, these industry-impugning messages also were processed in biased ways, widening the gap between Republicans and Democrats in policy support after message exposure (Gollust, Barry & Niederdeppe 2016). This finding suggests that “common foes” may be hard to find.

**Using the right messenger.** Lastly, despite having conducted many experimental studies examining message effects, I have not yet examined the critical role of the credible messenger of scientific evidence. Many colleagues working across the political communication and science communication arenas (e.g., Skip Lupia, Dan Kahan) have offered important insights about the relationship between messenger and message effects. I look forward to future research to better characterize the types of messengers that might be effective at speaking across partisan, ideological, or values-based divides to build the public and political will to advance programmatic and policy strategies to improve population health.

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8 “A New Way to Talk about the Social Determinants of Health”, Available at: http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023
Conclusion

Communicating about science in general, and health in particular, faces numerous challenges related to public understanding of science, credibility of scientific evidence and scientists, and the widespread tendency to counter-argue facts and ideas which are inconsistent with prior beliefs. To be sure, all of these issues are barriers for communication about health equity. Moreover, communicating about disparities in health or about the non-medical factors (like income, or education) that shape health outcomes and opportunities among the public also confront the challenges associated with values, politics, and group-related affect described here. Interdisciplinary scholarship should continue to examine public response to messaging about group differences in health, and also monitor the changing discourse of health inequity. As new public health research continues to emerge about the declining progress of low-income whites, an important question for the future will be to examine how people respond to emergent frames about white declines versus relative disparity between races, and how evolving group identification in an increasingly fractured health discourse serves to promote—or erode—public support for improving population health as a whole.

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