Messaging Research Findings

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Ten Years of PUBLIC HEALTH Message Research: Central Findings

- **THE TERM “PUBLIC HEALTH” IS CONFUSING TO THE PUBLIC:** It conveys a range of meanings from Medicaid/Community Health Centers to restaurant inspections to general vague notions.

- **PREPAREDNESS AND CHRONIC DISEASE ISSUES ARE VIEWED AS DISTINCT AND DIFFERENT:** People respond more favorably to messages that distinguish between the two categories without pitting the importance of one against the other—rather than elevating the importance of one or the other, it brings both down. The most effective strategy is to make the case for each independently.

- **EFFECTIVE MESSAGES MUST STRESS VALUE, THE FUTURE/KIDS & ACCOUNTABILITY**
Ten Years of PREVENTION Message Research: Three Central Findings

- **“PREVENTION” IS POPULAR AND UNDERSTOOD TO MEAN IMPROVING HEALTH:** Across the political spectrum and coast-to-coast the term is highly popular.

- **AMERICANS LIKE AND GET THE VALUE OF PREVENTION:** The public already believes in & does not need to be convinced of quality of life value or cost savings for prevention– at the same time ROI and saving messages also do work well.

- **PERSONAL RESPONSIBILITY:** Is entrenched in public opinion on this issue. People accept a limited role for government – It’s up to each individual to keep themselves and their families healthy – but investments in the right types of LOCAL programs can help people take responsibility -- **making healthier choices easier choices.**

- **FUTURE, KIDS, LOCALIZATION & ACHIEVABLE GOALS:** Today’s kids could be the first generation to live shorter, less healthy lives than their parents… but we can turn it around. (or the first generation at risk for serious health problems – like heart attacks and diabetes – at an earlier age than their parents.)
On behalf of the Robert Wood Johnson Foundation and the Trust for America’s Health, Greenberg Quinlan Rosner Research conducted:

- A set of six focus groups conducted September 20-25, 2012 in Philadelphia, PA, Dallas, TX, and Columbus, OH. Four of groups were segregated by ideology (two groups of moderates, one each of liberal/progressives and conservatives). The other two groups were conducted among opinion elites (one of women and the other of men).

- A survey among 1,000 registered voters nationwide conducted November 15-20, 2012. Interviews were conducted by live telephone interviewers who reached 26 percent of all respondents on a cell phone. Upon completion of all interviewing, the results were weighted to reflect the total population of registered voters, balancing on regional and demographic characteristics according to known census estimates. The data are subject to a margin of error of +/- 3.1 percentage points at the 95 percent confidence level.
Thinking about the level of funding for prevention in the United States, do you think we should invest more in prevention, or do you think we should not invest more in prevention?

*A Continued Call for Investment in Prevention; Higher Intensity Than Before*

- **11/20/2012**
  - Invest more: 67
  - Do not invest more: 51
  - Invest more (Statement much): 24
  - Invest more (Statement Much): 18

- **4/18/2011**
  - Invest more: 66
  - Do not invest more: 30
  - Invest more (Statement much): 44
  - Invest more (Statement somewhat): 19

*The wording for the 11/12 survey was varied slightly*
Prevention Fund Draws Overwhelming Support

(SPLIT C) Now for something a little different. Let me read you a little information about the Prevention and Public Health Fund. The Prevention and Public Health Fund was created to invest up to 2 billion dollars annually in the prevention of disease, promotion of healthy living, and to help reduce health care costs. Now some people are proposing to cut the Prevention and Public Fund, while others say we need to maintain the funding.

(SPLIT D) Now for something a little different. Let me read you a little information about prevention. Some people have proposed a plan to invest up to 2 billion dollars annually in the prevention of disease, promotion of healthy living, and to help reduce health care costs. Now some people are proposing to cut this funding for investing in prevention, while others say we need to maintain the funding.

Do you favor or oppose maintaining funding for investing in prevention?

[Graph showing survey results]
Every individual is responsible for keeping themself healthy by being physically active, eating healthy, and not smoking. But there are resources and information we can provide to help people who want to make healthy choices for themselves.

Staying healthy is a personal choice and is determined by individual behaviors such as diet, exercise, not smoking, and getting regular doctor checkups.

First statement much
First statement somewhat
Second statement much
Second statement somewhat

Every individual is responsible for keeping themself healthy by being physically active, eating healthy, and not smoking. But there are resources and information we can provide to help people who want to make healthy choices for themselves.

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First statement much
First statement somewhat
Second statement much
Second statement somewhat

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Now I am going to read you some statements in support of increasing investments in making your local neighborhood, town, or area healthier. For each, please tell me whether this is a very convincing, somewhat convincing, a little convincing or not at all convincing reason to support more investment in making your local neighborhood, town, or area healthier.
Return On Investment is Top Economic Component

Now let me read you another short pair of statements, and please tell me which statement you believe best describes the reason to invest in making your local neighborhood, town, or area healthier. Which statement do you agree with more?

It will contain health care costs and save the country money in the long run by preventing people from getting sick in the first place.

It will help our local economy by creating good jobs, making businesses more efficient and profitable, and attracting new companies to our area.

The two statements above were chosen to test in the survey because they were the clear top two out of four tested in the groups. Focus group participants rejected two other statements: “It will improve the health and wealth of the entire U.S. and allow us to better compete with countries like China and India,” and “It will help businesses be more profitable by increasing worker productivity and cutting down on health care costs.”
Words That Work – Based on Testing

- Making healthy choices easier choices.
- A healthier America. Improving the health of ALL Americans.
- How active we are and what we eat are highly personal decisions. But these decisions are heavily influenced by the world around us. (outline barriers to being healthy.)
- This generation of kids is on track to live less healthy, shorter lives than their parents – but we can turn that around.
- Investing in prevention will save money, and it has real value as a cost-effective, common-sense way to keep people healthy and improve their quality of life.
- Prevention saves lives, reduces health care costs, and makes the country a healthier, more productive place. (improving health and lowering costs; lowering disease rates and reducing health care costs.)
- Return on investment
- Prevention is about health care vs. sick care.
Words That Work – Based on Testing

- Health starts where we live, learn, work and play. (to help talk about social determinants.)
- Proven prevention programs spare people from needless suffering and trips to the doctor's office.
- Connecting health at the doctor’s office with ways to stay healthy beyond the doctor’s office (people do not make the clinical vs. community distinction, see them working together).
- PARTNERSHIPS – public health departments play a crucial role as chief health strategists for communities, but they cannot do all that is needed on their own. To be effective in improving health in neighborhoods, workplaces and schools, strategies must involve a series of common sense partnerships.
- *Using specific examples and real results.*