PROMOTING HEALTH EQUITY IN 3D

building support to eliminate disparities and improve health

Metropolitan Group
the power of voice

Health equity means that everyone has what they need to be healthy.

To achieve this, we must create communities where healthy foods are available and affordable to everyone, regardless of who they are, where they live or how much they earn. Parks and walking/biking routes are plentiful and safe. Schools prioritize physical and mental health as critical components to educational success. Everywhere, the most convenient, affordable, accessible and desirable option is the healthiest one. Everyone expects this, helps create it, and will accept nothing less for their community—and for every community—from elected officials, decision-makers and each other.[1]

Addressing critical health issues—and tackling the deep inequities that exist in many communities—demands that we make this description a reality everywhere.

Without this fundamental shift, gaps will continue to widen in lifespan, health, incidence of diabetes and other chronic diseases, educational outcomes, people's ability to work, and other measures of equity and opportunity. The impact of this gap on our economy, education system and other measures has been well documented.[2]

This story is often told from the individual's perspective. Science and the news media tell us how certain groups of people—usually defined by race, ethnicity or socioeconomic status—experience more than their share of health challenges. Many public health efforts focus on helping those groups adopt different behaviors—eat healthier, move more, brush your teeth, quit smoking, reduce stress.

But the burden can't be solely on individuals to change themselves. There must be a simultaneous recognition of the systems, structures and policies our society has built over many years that may disproportionately advantage some people or communities over others. And there must be a concerted effort to disrupt the systems that foster inequity and to create access to every element of a healthy life.

To propel this shift, Metropolitan Group (MG) works in 3D—that is, our strategies and messages incorporate the three dimensions of:

Context–Factual information that describes an audience in physical, social and geographic terms—e.g. environment, income, education, race/ethnicity, socioeconomic status—and acknowledges issues of historic discrimination, racism, trauma and other factors that provide the "why" behind the data

Heart–Deeply held values, cultural perspective, worldview, and feelings about self and others informed by experience and often substantially shaped by exposure to adverse childhood experiences or trauma

Head–Thought patterns and reasoning that people use to make sense of information and make decisions

We developed this article as a thought starter for health communicators, advocates and strategists working to increase health equity and eliminate disparities. Consider the 3D approach to increase the impact of strategies including:

- Engaging communities most affected by health disparities. By working in 3D, you can ensure that your messages are relevant, respectful and empowering, while keeping the focus solidly on community change rather than individual blame and shame.
- Mobilizing policymakers and decision-makers to create change. The 3D approach keeps their focus at the system level and helps them see the opportunity to reinvest in communities that have been left behind.

The imperative to work in 3D

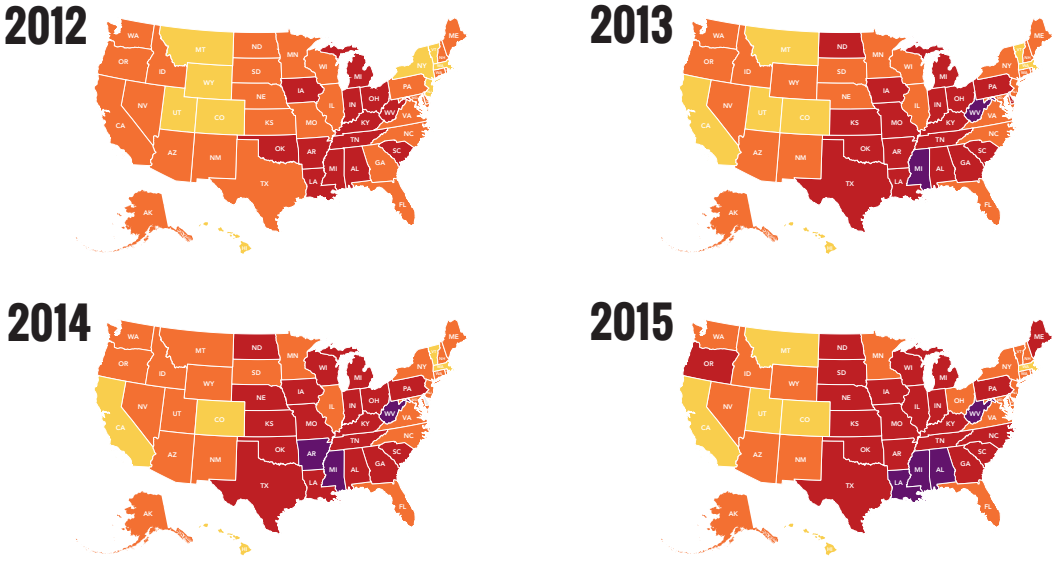
In local communities and nationwide, policies and systems—health care, education, employment, neighborhood investment and others—perpetuate persistent inequities in health among some communities—notably, those living in poverty and communities of color. This pattern is becoming ever more prominent and problematic as the income gap grows and the U.S. population reflects an emerging majority of people from racial and ethnic groups other than the white majority. Perhaps the most stark example is the spread of obesity and obesity-related diseases across the United States, a pattern that grew exponentially and persists in communities experiencing deep poverty, racially driven inequity and economic distress. (See Fig. 1.)

Dozens of similar maps highlight other gaps in health conditions, education status, poverty, and other indicators of well-being and self-sufficiency. Huge portions of our population experience these negative outcomes largely because of systems created to protect the status quo and promote inequity. Communities in poverty don't have access to affordable, healthy food and safe places to be active. Schools suspend more African-American boys than any other student group. Low-wage jobs trap people in generations of poverty. Lack of affordable health coverage drives people into bankruptcy.

Figure 1: Adult obesity trend in the United States

Percentage of obese adults
(Body mass index of 30+)

- 0 - 9.9%
- 10 - 14.9%
- 15 - 19.9%
- 20 - 24.9%
- 25 - 29.9%
- 30 - 34.9%
- 35% +



Source: The State of Obesity[3]

These are the social determinants of health, which the World Health Organization defines as "the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness … in turn shaped by a wider set of forces: economics, social policies, and politics."[4] Yet much of the public narrative and many efforts to improve health are focused on individual behaviors and choices.

In large part, the focus on the individual is because of a national narrative built on values of self-sufficiency, self-determination and self-actualization—values MG consistently sees in our own focus groups and polling. **Values are powerful, immediate triggers.** Contemporary brain science helps us understand why.

Human decision-making, at its most fundamental level, emanates from our limbic system, a collection of brain structures that processes emotions. This part of our brain is responsible for all human behavior and all decision-making. Interestingly, it has no capacity for language, and it works fast—200 times faster than our cognitive brain. In tapping into values and feelings—"heart," in our model—people tap into the most primal aspect of who they are. Their cognitive brain—what we're calling "head"—then searches for data to validate or reject this initial values-driven assessment, a process that leads to personal conviction. All of us are hardwired to think this way.

Presented with straight-ahead facts and information about the health status of a population, people immediately layer in their own values and feelings, then look for data to make sense of it all. Arguments become lopsided, highlighting conditions and health outcomes—the "what"—without getting to the "why" behind those facts.

This leads to all sorts of judgment, bias and made-up stories about why Latino kids have higher rates of tooth decay, why people living on poverty wages smoke more than people who earn more, or who has diabetes and why. It also creates blame and defeat in communities that hear over and over that they are "more at risk," ignoring or even suppressing resilience factors and leaving out important backstories, such as lack of investment and structural racism. Research shows that these negative stereotypes pose a real threat to health.[5]

We focus in this article on working in 3D to shift policies, systems and norms. The same concepts can be used in campaigns that motivate people to change their behavior, helping to make them more effective and to avoid inadvertently derailing system and policy change. Working in 3D creates the opportunity to connect an issue with the existing, closely held values and worldview of stakeholder audiences and to drive real and meaningful long-term change.

Context

Use facts and information to define opportunity, not to create justifications or blame

Social determinants of health—ZIP code, household income, education, housing security, disease risk, etc.—have a profound influence on health and can help shape prevention efforts.

But as powerful as this information can be, using it alone, without integrating context about how those conditions came to be, along with the "heart" and "head" dimensions, can derail even the best-intentioned efforts.

Some risks:

- Confronted with a problem, people have a natural tendency to assign blame. So if data show that one group has higher rates of disease than another, the assumption is that they must be doing something wrong. This assumption inadvertently reinforces personal responsibility and individual action as the only solutions, making system or policy change more challenging.
- People also assume that unhealthy conditions happen naturally or, again, are the fault of the people living there. In reality, though, communities don't "fall into disrepair;" they are created that way, often because of historic discrimination and racism, lack of investment, and aggressive marketing of unhealthy products.
- Data taken out of context can make those directly affected by the problem feel resigned, overwhelmed, disempowered and stigmatized. And those not directly impacted can find a rationale for inaction because "it's not my problem." The result can be a failure to develop the public will among either group for making changes to public policy.
- Generalized facts about a group can lead people to paint diverse audiences with the same brush, ignoring the myriad differences within even a small population.

Demographic information becomes a more powerful lever for change when it's put in the context of *how* these conditions have been created to hold one group back for the gain of another—rather than occurring naturally—and how they can change. This can help shift the narrative for policymakers and others not experiencing the disparity by illuminating systemic discrimination and structural causes and interrupting the tendency to blame the community or point to education as the solution. And for people directly affected, it creates hope and a call to action, rather than merely reinforcing the existence of disparity and inequity—facts they know all too well.

Here's how this might play out in a hypothetical community with low rates of physical activity:

- Decision-makers need to hear that people are facing elevated health risks and that a major cause is disinvestment in some areas. "People in this community have to take two buses to get to the grocery store and have not had sidewalks built or updated in 20 years. As a result, they do not have access to what they need to be healthy."
- People in the community don't need the facts because they already know and live them. Instead, they need to believe that they have the opportunity and right to demand something better. They need examples of real people creating change, and they need clear steps to take. "We have a right to demand more parks, sidewalks and healthy food for our children. Here's one positive thing that has happened, and here's how we can create more change."

This is much different than focusing on behavior change or using social marketing strategies to ask people to do something in exchange for an individual benefit (e.g., stop smoking and save money, eat better and have more energy). Again, while those strategies can be effective, used alone, they can inadvertently trip up policy change. For example, in efforts to promote breastfeeding, focusing solely on the health benefits had the unintended consequence of placing sole responsibility for babies' health on mothers. This, in turn, masked the policies and practices, such as maternity leave and a lack of lactation rooms in the workplace, that undermine women's efforts to breastfeed.[6]

In contrast, the 3D approach focuses on the obstacles to healthy behavior, illuminates the toll this takes on individual and community health, and focuses on what needs to change. Rather than asking someone in a food desert to eat more vegetables, it amplifies their voice to demand more reasonable access to fresh vegetables to eat.

Heart*

Understand and respect multicultural context and closely held values

Because of the way people's brains process information, their core values, cultural reality, worldview and life experiences inform their interpretation of facts and data. Put simply, values override facts every time. So it's crucial that, as communicators, we understand those values and experiences and work with our audiences to create messages that resonate with them. If not, our messages will fall flat or even backfire.

For example, in MG's work to promote healthy and effective parenting and prevent child abuse and neglect, the dominant values of family and privacy present considerable barriers. Researchers Axel Aubrun and Joseph Grady describe the "family bubble" in which "people tend to perceive the family as something like a free-standing world, into which the broader community should not and does not intrude."[7] This makes it harder for struggling parents to ask for help and deters caring and concerned family, friends and supportive professionals from offering help for fear of overstepping.

Health as a value is tricky. While most people say they value their health, when push comes to shove, it frequently seems to be overshadowed by other values. Take walking, for example. National surveys show that people know they should walk, know it's good for them and say they like it. But they have dozens of reasons why they don't walk, from time to footwear to safety. MG and Every Body Walk! worked with community members in several cities to explore what would motivate them to walk. Our research found that a sense of community and connection was much more powerful in motivating people to walk.

There's no replacement for engaging authentically with audiences and stakeholders to define values and filters.[8] Engagement also helps illuminate what might be standing in the way of people believing in or supporting community-level change, including historical experiences of being left out, alienated or silenced, or exposure to adverse childhood experiences and trauma. Those experiences indelibly shape people's perceptions, self-esteem and belief in their own ability to change a situation, along with their trust in other people and systems.

In the 3D approach, MG works closely with audiences to understand their life experiences and the way they see the world. For example, in work with Power to Decide, the campaign to prevent unplanned pregnancy, we heard the widespread opinion in some communities that although having a baby in high school is a bad idea, it usually works out. In fact, after the young mother's parents get over their shock or anger, they will probably throw her a baby shower. Young women who have given birth talk about how hard it is, but they say the experience turned their life around. And for young women growing up in poverty and unstable family circumstances, it's often hard to see what "better future" awaits them if they use contraception. This deeply held value and cultural norm is critically important to address if contraceptive campaigns are to take hold.

"Although many of us may think of ourselves as thinking creatures that feel, biologically we are feeling creatures that think."

–Jill Bolte Taylor
My Stroke of Insight: A Brain Scientist's Personal Journey

*While you often hear talk about making decisions "from the heart" instead of "from the head," all decision-making actually happens in the brain. For purposes of our 3D model, however, we are employing the colloquial references to "heart" and "head," knowing that they represent two different but closely related brain functions.

Head

Use cognitive linguistic science to understand how people process information

The right words and persuasive language will align with the way people receive and process information. The wrong ones can send unintended signals that cause people to take an action opposite of what is intended or to tune out the entire message. Cognitive linguistics research and insights from social psychology provide valuable cues about the "head" dimension, or the way people process information.

With our thought partner Real Reason, we've been exploring how verbal and visual cues can influence people's perception of an issue. For example, often we assume that people choose to behave the way they do. Remember the earlier discussion about the tendency to look for someone to blame when things go wrong? In focus groups, we've heard that parents just need to feed their children better, that people should discipline their children, that people don't exercise because they're lazy. People are so ready to point the finger at themselves and others that they sometimes don't see the conditions that influence or even force their behaviors.

When we initiate a conversation about underlying conditions—the higher price of healthy food, the lack of support for parents of young children, the omnipresence of candy and junk food—people acknowledge these as problems but still talk about how they and others should just "try harder."

Given these cognitive defaults, **great care is needed to avoid language that prompts blame of individuals or reinforces individual action over policy and environmental change.** Here are three ways cognitive linguistic cues can shape—intentionally or not—the way people process information.

Reaction words

Certain words, on their own, can generate an association that is the opposite of what was intended. These need to be discovered by researching each particular topic, but there are some that should be avoided almost universally, including the following:

- **Responsibility.** It's almost impossible for most people to hear this word without thinking of it in a personal context. So even "community responsibility" immediately triggers judgments and blame about individual behaviors.
- **Choice or choose.** These words also suggest individual responsibility and bring in judgments about the "right" choice. MG experienced this when conducting research for Oregon Health Authority, when we tested language for the goal of "making the healthy choice the easy choice." The intention of this phrase is that the healthy options should be readily available. But in focus groups, people heard a message about personal choices as being either "good" or "bad" and pointed out that even if healthy choices are readily available, it's usually not "easy" to make a salad when you want a burger. As a result of this research, we recommended modifying the message to focus on making healthy **options** available to everyone.
- **Lifestyle.** This word pushes the same blame-the-individual buttons, with even more force. Most people can't hear about "healthy lifestyles" without thinking about, and judging, individual behaviors.

Reaction metaphors

In describing issues and conditions, communicators often use metaphors—for example, likening cancer to an opponent to beat or physical activity as a chore to complete. It is all too easy to unintentionally fall into metaphors created by proponents of individual responsibility, making it more difficult to emphasize environmental and policy change.

For example, in her book *Don't Buy It*, Anat Shenker-Osorio describes a study[9] by Stanford psychologists Paul Thibodeau and Lera Boroditsky that examined people's response to two different metaphors for crime. When crime was described as an opponent, a "virus ravaging the city," people were much more likely to support a

traditionally progressive approach based on prevention. When crime was described as an opponent, something to "fight back" or "beat," people were much more likely to support a traditionally conservative approach based on punishment. In fact, the metaphor used to describe crime was a stronger predictor of people's preferred solution than party identification.[10]

Similarly, in our work to reframe family support—to prevent child abuse and neglect without a default to individual responsibility that blamed "failed parents"—MG tested two metaphors, one grounded in nature and the other grounded in sports. The nature metaphor ("the child as the acorn and the parent as the tree") drew attention to the impact that environment (as a metaphor for the community) has on the successful growth of the child. The sports metaphor presented the parent as the quarterback ("calling the plays and carrying the ball") in raising their children, but pointed out how they rely on the other members of their team as well.

In testing with both family support professionals and parents, we found that the professionals overwhelmingly preferred the nature metaphor and were convinced that parents would reject the sports metaphor. Yet, testing with parents showed they preferred the "all together now" aspect of the sports metaphor by far. They said that it expanded their understanding of family support—reducing their judgment of parents who offered or accepted it—in ways the nature metaphor did not.

Reaction calls to action

Sometimes the right strategy is an intervention focused on individual behavior changes. That said, it's important to consider from the outset whether policy/system change is also needed now or in the future. If so, relying heavily on behavior-change messages can create the assumption that the issue is one of personal responsibility, which will make a future community-level or broader initiative more difficult.

For example, in its work to reduce tooth decay in baby teeth, Delta Dental of Colorado Foundation narrowed in on juice as a threat not fully understood by most people. Juice consumption among lower-income families is high, and most parents think juice is healthy. But even 100 percent juice contains about as much sugar as soda, contributing to cavities as well as to obesity. So Delta Dental of Colorado Foundation created a social marketing campaign to motivate families to cut back on juice and give their kids water. It also launched community-driven initiatives to change systems and policies at the local level.

Here's the caution: This behavior-focused message can imply that the reason kids have cavities is that parents give them juice. This reinforces the personal-responsibility frame, which defines the solution as telling parents to change their behaviors.

Delta Dental of Colorado Foundation is balancing this with messages that reinforce the community's role in passing policies and creating an environment that supports children's dental health (possibly through fluoridated water, taxes on sugar-sweetened beverages, funding for dental care, etc.). They're also building an action network to engage a range of community leaders as champions for oral health and working with *promotores* (Latino peer health educators) to both educate parents and meet with day care centers and other places that could adopt no-juice policies.

A similar association occurs when using checklists to guide people in healthy (usually individual) behaviors. We don't deny the value of these checklists in some circumstances, but it's vital to remember that their very existence can reinforce the notion of individual responsibility. As a result, it becomes harder to get audiences to see the need—or become advocates—for community and policy change. Adding some community-focused items to the checklist, as shown in Fig. 2, can help.

Developing messaging with "head"-based insights from cognitive linguistics and social psychology enables advocates to deliver information and calls to action that are more likely to be received, processed and acted upon.

Figure 2: Shifting the checklist from individual to community

This checklist says "individual responsibility"

To help children grow up at a healthy weight:

- ☐ Give them five servings of fruits and vegetables a day.
- ☐ Help them get active for at least 60 minutes each day.
- ☐ Avoid sugary drinks.

This checklist adds the concept of community-level change

To help your child–and all children–grow up at a healthy weight:

At home:

- ☐ Give your kids five servings of fruits and vegetables a day.
- ☐ Help them get active for at least 60 minutes each day.
- ☐ Avoid sugary drinks.

In the community:

- ☐ Ask your day care provider, principal, after-school programs and faith leader to serve healthy foods and drinks and to keep children active.
- ☐ Help organize a group walk to school to create and show that there is a safe route.
- ☐ Show your support for stores that carry healthy foods and beverages and restaurants that offer healthy kids' meals.

Putting It All Together

Layering the three dimensions of **Context, Heart** and **Head** allows MG to fully explore our audiences' situation, values and thought patterns. We use this 3D view to explore issues and develop our theory of change; identify, segment and prioritize audiences; create compelling messages; develop our strategy; and evaluate impact. More broadly, the 3D approach can also guide design of programmatic interventions.

As you apply a 3D approach in your work to shift systems and policies to eliminate disparities (or take on any public health intervention), consider the following.

Use **Context** to understand the opportunities and limitations confronting your audiences and why those exist:

- **Ground yourself in data about who is most affected by the condition you're addressing.** Look for information that explains not only who is affected but also what factors in their environment, history, culture and social structure may be the cause and why those circumstances exist.
- Rather than merely reporting disparities, **clearly communicate that they do not occur naturally–they are *caused*.** For example, rather than pointing to a lack of access to healthy food, talk about the fact that grocery stores do not operate in a neighborhood because of discrimination and zoning.
- **Go beyond race/ethnicity, income and education.** What else defines the environment? Don't overlook negative experiences such as trauma, chronic stress and systemic racism, which further define people's reality, are strong drivers of disparity and fundamentally shape worldview.
- **Be clear about who or what caused the circumstances that are creating disparities.** Use the active voice. Shenker-Osorio reminds us that "passive language obscures the choices behind these outcomes" and "prevents us from holding people in power accountable."[11]
- **Use the information you gather to begin prioritizing and segmenting audiences** based on who is experiencing health inequities and whose voices are maintaining the status quo. You'll segment them further as you conduct research to explore "heart" and "head."
- **Engage the audience in a strength-based exploration** of needs and solutions, and identify examples of how these kinds of actions are already working. Help them identify assets that already exist in the community that they can use to advance change.

Connect with their **Heart** by understanding values, cultural context and worldview:

- **Drop your own assumptions** about the problem and the solution. Motivating a community to act requires more than giving them compelling information.
- **Deeply and authentically engage the audience.** Use human-centered design strategies, focus and discussion groups, social media listening, or other strategies to explore values and beliefs; then craft messages and strategies together that build upon those emotionally compelling constructs. Create advisory groups made up of audience members to provide ongoing input. Continually seek feedback through programs and interventions.
- **Keep asking "why?"** to get to drivers, root causes and deeply held values. Why is that important? Why do you think that? Why do you think that came to be? If you get answers that indicate "what," keep asking … WHY is that?
- **Look for indicators about how the audience has felt about previous efforts** to address this or other disparities, and then work with them to create a new experience if the past experience wasn't good. For example, in our work with the National Youth Advocacy Coalition, young African-American men told us that previous HIV campaigns featuring sports or entertainment stars felt irrelevant and that the message they took away was that no one believed they knew what to do. The campaign we created with them, "You Know Different," reinforced that young men want to be responsible for their health and the health of others and created a more welcoming network for testing.
- **Explore–through observation, conversation and collaboration–and honor differences in culture, perspectives, traditions and experiences.** Create messages and strategies that build on that rich history.

Engage the **Head** by using words, imagery and phrases that increase the likelihood of attention, retention and action; avoid activating unhelpful defaults:

- **Don't assume you know** what language to use, any more than you know an audience's values or perspective without asking them. Listen carefully to the audience, test the language and consider inviting the audience to define the language themselves. Think of this as "getting out of your own way."
- **If you're using checklists to guide behavior, be sure to include community-level actions** to reinforce that the solution requires both individual and shared responsibility.
- **Avoid words and metaphors that generate undesired cognitive defaults.** Carefully test known reaction words like "responsibility," "choice," and "lifestyle" to see what associations they spark. Unpack existing metaphors to be sure they reinforce causality and the need for environmental and policy change. Work with the audience to find better words and metaphors.
- **Listen to the community**. Use the words they use, and work with them to create authentic language that resonates with their own life experiences.
- **Explore specific words that best convey the values you've uncovered.** For example, working with UnidosUS (formerly National Council of La Raza) on an early literacy campaign, parents told us that helping their children succeed in life was a much more motivating concept than helping them succeed in school. Together with parents, we created *Lee Y Seras* ("read and you will become"), a very strategic word choice, derived from the community and in cultural context, to reflect that ultimate desire.

Committing to long-term change

Social change is never easy. Health advocates seek to create long-term shifts in social norms, systems, policies and behaviors to reduce disparities, improve health and increase health equity. By starting with **Context** and layering in **Heart** and **Head**, change agents can look at the full story behind health disparities and honestly face the many shifts that need to happen to close the gap.

CASE STUDY:

Helping all children grow up at a healthy weight

–Robert Wood Johnson Foundation

In its work to help all children grow up at a healthy weight, one area of focus for the Robert Wood Johnson Foundation is to engage parents, especially those in communities most affected by childhood obesity, to demand healthy communities. MG conducted a national poll and focus groups to explore what would resonate with parents. We then used the three dimensions to create a message frame that aligns with core values, links personal and collective responsibility, offers a clear solution and evidence that it works, and invites people to join the effort. Here is a short summary of our findings, viewed through the 3D lens:

Context

- Many communities that have higher rates of childhood obesity also lack access to healthy food and places to be active. In nearly every case, this is because of historic, systemic discrimination, oppression, racism and lack of investment.
- Childhood obesity rates have leveled off and are declining in some places, but one-third of all kids are still overweight or obese.
- Children in communities of color and low-income communities continue to have high rates of obesity.
- Obesity rates are also higher in the southeastern U.S. and Appalachia.

Heart

- Providing a better future for children and protecting them from harm are overarching values, and parents value their own ability to do this.
- Fairness and equity are shared values.
- Emotions are strong around this issue, with parents trying to do the best they can, feeling a bit helpless and feeling defensive when a doctor tells them their child needs to lose weight.
- The number of children affected by childhood obesity and the fact that they will be the first generation to live shorter lives than their parents was new and sobering information.

Head

- The default frame is to blame parents and children for childhood obesity.
- People recognize environmental causes (marketing of unhealthy food, lack of P.E. in schools).
- Many parents have taken actions to create change but don't recognize the impact of their actions.
- "Ending childhood obesity" prompts personal responsibility and blame.
- "Helping kids grow up at a healthy weight" makes people more likely to consider environmental changes as a solution.
- By entering the conversation with an emphasis on community conditions rather than personal behaviors, parents stayed focused on steps they could take in the community to change conditions, rather than feeling ashamed or defensive about their behaviors at home or about their children's weight.

See rwjf.org/healthyweightmessaging for the message guide that resulted from this work.

JOIN THE CONVERSATION

Thank you for the input we've gotten along the way, including:

- Collaboration with Real Reason to explore cognitive linguistic theory and its application to the "head" dimension (realreason.org)
- Informal conversations with many of our clients and collaborators
- Presentations at the Centers for Disease Control and Prevention, National Physical Activity Society, Eliminating Disparities Conference, CDC Tobacco Control Action Academy and other venues
- Feedback on metgroup.com

We are continuing to explore the 3D approach to advancing health equity and are using this approach in our own public health efforts on behalf of public agencies, foundations, nonprofits and others. We invite our fellow practitioners, communicators and researchers to share their reaction and input.

To share input, request a presentation or learn more, please contact:

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About Metropolitan Group

At Metropolitan Group (MG), we do two things: we directly impact social change, and we build the capacity of organizations that drive social change.

About half of our work is designing and implementing campaigns and initiatives that change attitudes, behaviors, practices and policies. We are pioneers of public will building—creating shifts in normative community expectations to drive lasting change.

The other half is helping organizations develop effective strategic plans and powerful brands, raise funds, and build cultures that better help them drive social change.

We work at the intersections of environmental sustainability, public health and economic equity. We know from 28 years of experience that these issue areas are not silos, but rather, are inextricably linked.

metgroup.com

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Jennifer became fascinated with public health 20 years ago while working with the Centers for Disease Control and Prevention; she now leads MG's health practice. She is passionate about creating communities that make good health the norm and increase health equity. She works with nonprofits, foundations and public agencies on issues such as increasing access to health care, creating more options for healthy food and physical activity, preventing unplanned pregnancy, and linking good health and strong educational outcomes.

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Laura brings more than 28 years of professional experience to her role as president of Metropolitan Group. She has been with the firm since 1996. She is a national expert in communication and policy advocacy to advance equity and social justice. She has extensive experience developing and delivering training and technical assistance programs to help clients craft effective communication strategies to drive personal behavior change and advance public policy

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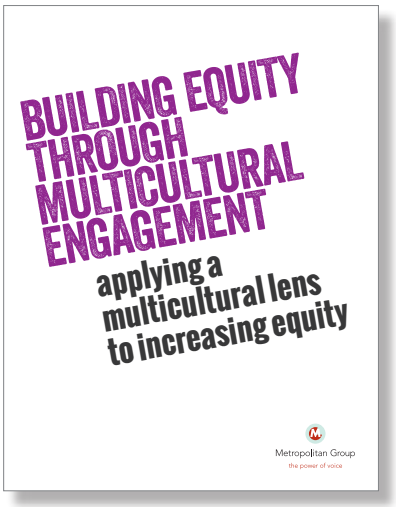
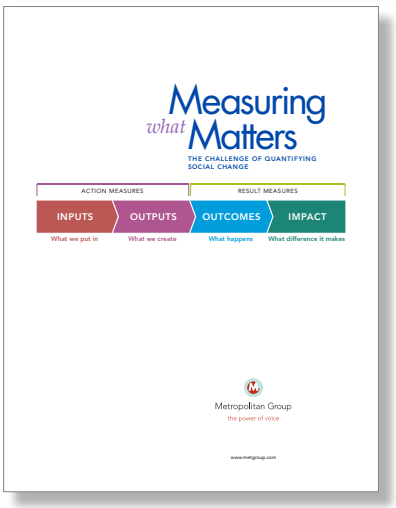
Kevin has more than 25 years of experience in strategic communication to help clients achieve measurable, sustainable social change. Over the course of his career, Kevin has worked extensively to promote a wide range of public health solutions, including smokefree environments, prevention of child abuse and neglect, chronic disease prevention, prevention of food insecurity, adult and child mental health, access to health care, addressing of developmental disabilities, and more.

Additional Resources Available at metgroup.com/ideas



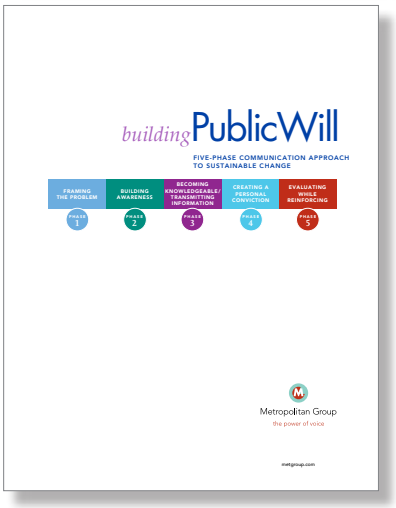
Building Equity Through Multicultural Engagement

Building equity is only possible—and lasting—when it is done through authentic engagement in a multicultural context.



Measuring what Matters

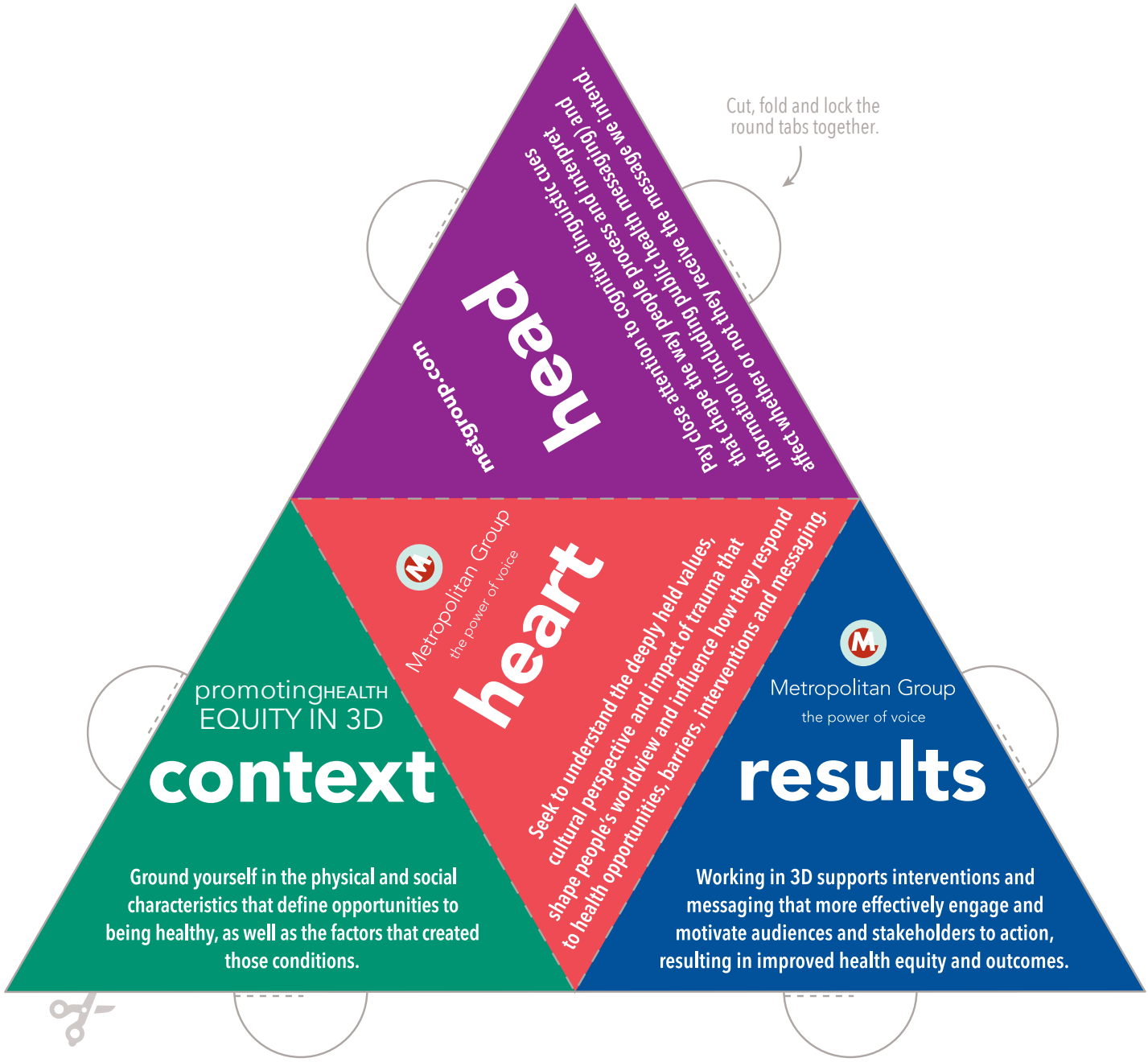
Measuring social change, from the actions we take to the results they generate, allows us to determine what's working and what's not and to make the modifications required to align our human, financial and political capital in pursuit of change.



Building Public Will

Download our article on building public will, a process that creates lasting impact by connecting issues with closely held values and using grassroots and traditional media strategies.

Feel free to cut out and assemble the pyramid below and use it as a reminder of the 3D approach to promoting health equity.



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